CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2019/2020

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE VENTURA COUNTY MENTAL HEALTH PLAN

SYSTEM FINDINGS REPORT

Review Dates: 08/11/2020 to 08/13/2020

Ventura County Mental Health Plan
FY 2019/2020 Medi-Cal SMHS Triennial Review
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EXECUTIVE SUMMARY

The California Department of Health Care Services' (DHCS) mission is to provide Californians with access to affordable, integrated, high-quality health care including medical, dental, mental health, substance use treatment services, and long-term care. Our vision is to preserve and improve the overall health and well-being of all Californians.

DHCS helps provide Californians access to quality health care services that are delivered effectively and efficiently. As the single state Medicaid agency, DHCS administers California's Medicaid program (Medi-Cal). DHCS is responsible for administering the Medi-Cal Specialty Mental Health Services (SMHS) Waiver Program. SMHS are "carved-out" of the broader Medi-Cal program. The SMHS program operates under the authority of a waiver approved by the Centers for Medicare and Medicaid Services (CMS) under Section 1915(b) of the Social Security Act.

Medi-Cal is a federal/state partnership providing comprehensive health care to individuals and families who meet defined eligibility requirements. Medi-Cal coordinates and directs the delivery of important services to approximately 13.2 million Californians.

The SMHS program which provides SMHS to Medi-Cal beneficiaries through county Mental Health Plans (MHPs). The MHPs are required to provide or arrange for the provision of SMHS to beneficiaries' in their counties that meet SMHS medical necessity criteria, consistent with the beneficiaries' mental health treatment needs and goals as documented in the beneficiaries client plan.

In accordance with the California Code of Regulations, title 9, chapter 11, § 1810.380, DHCS conducts monitoring and oversight activities such as the Medi-Cal SMHS Triennial System and Chart Reviews to determine if the county MHPs are in compliance with state and federal laws and regulations and/or the contract between DHCS and the MHP.

DHCS conducted an onsite review of the Ventura County MHP's Medi-Cal SMHS programs on 08/11/2020 to 08/13/2020. The review consisted of an examination of the MHP's program and system operations, including chart documentation, to verify that medically necessary services are provided to Medi-Cal beneficiaries. DHCS utilized Fiscal Year (FY) 2019/2020 Annual Review Protocol for SMHS and Other Funded Programs (Protocol) to conduct the review.

The Medi-Cal SMHS Triennial System Review evaluated the MHP's performance in the following categories:

- Section A: Network Adequacy and Availability of Services
- Section B: Care Coordination and Continuity of Care
- Section C: Quality Assurance and Performance Improvement

- Section D: Access and Information Requirements
- Section E: Coverage and Authorization of Services
- Section F: Beneficiary Rights and Protections
- Section G: Program Integrity
- Section H: Other Regulatory and Contractual Requirement

This report details the findings from the Medi-Cal SMHS Triennial System Review of the Ventura County MHP. The report is organized according to the findings from each section of the FY 2019/2020 Protocol and the Attestation deemed out of compliance (OOC), or in partial compliance, with regulations and/or the terms of the contract between the MHP and DHCS.

For informational purposes, this findings report also includes additional information that may be useful for the MHP (e.g., a description of calls testing compliance of the MHP's 24/7 toll-free telephone line).

The MHP will have an opportunity to review the report for accuracy and appeal any of the findings of non-compliance (for both system review and chart review). The appeal must be submitted to DHCS in writing within 15 business days of receipt of the findings report. DHCS will adjudicate any appeals and/or technical corrections (e.g., calculation errors, etc.) submitted by the MHP and, if appropriate, send an amended report.

A Corrective Action Plan (CAP) is required for all items determined to be OOC or in partial compliance. The MHP is required to submit a CAP to DHCS within 60-days of receipt of the findings report for all system and chart review items deemed OOC. The CAP should include the following information:

(1) Description of corrective actions, including milestones;
(2) Timeline for implementation and/or completion of corrective actions;
(3) Proposed (or actual) evidence of correction that will be submitted to DHCS;
(4) Mechanisms for monitoring the effectiveness of corrective actions over time. If the CAP is determined to be ineffective, the MHP should inform their county liaison of any additional corrective actions taken to ensure compliance; and
(5) A description of corrective actions required of the MHP's contracted providers to address findings.

Review Findings Overview

- During the DHCS review, the Ventura County MHP demonstrated numerous strengths, including but not limited to the following examples:

    - Well established Quality Assurance and Improvement Program
    - Consistent tracking and logging mechanism for the 24/7 access line
    - Authorization of TARS

- DHCS identified opportunities for improvement in various areas, including:

- Monitoring timely delivery and tracking for notice of adverse benefit determination
- Obtaining TFC providers
- Developing a process for determining the needs for ICC and IHBS

Questions about this report may be directed to DHCS via email to MCBHDMonitoring@dhcs.ca.gov.

FINDINGS

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

QUESTION A.III.A

FINDING

The MHP did not furnish evidence to demonstrate compliance with the Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must provide Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) to all children and youth who meet medical necessity criteria for those services. Membership in the Katie A. subclass is not a prerequisite to receiving ICC and IHBS.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Children's Mental Health: Referrals for Assessment, Treatment and Periodic Screenings
- Children and Family Services Mental Health Referral Form for Assessment and Treatment
- Policy CA 52: Authorization of Therapeutic Behavioral Services (TBS), Intensive Home Based Services (IHBS), and Intensive Care Coordination (ICC)
- Initial Screening and Referral Form and Authorization for TBS/IHBS Eligibility
- Therapeutic Behavioral Services & Intensive Home Based Services Treatment Plan
- Operational Guideline: Intensive Home Based Services Procedures
- Agreement between County of Ventura and Aspiranet

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides ICC and IHBS to all children and youth who meet medical necessity criteria for those services and that membership in the Katie A. subclass is not a prerequisite to receiving these services. Furthermore, the MHP stated during the review that it has recently started to implement non Katie A. membership requirements for these services.

DHCS deems the MHP out of compliance with the Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must complete a CAP addressing this finding of non-compliance.

QUESTION A.III.B

FINDING

The MHP did not furnish evidence to demonstrate compliance with the Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must have an affirmative responsibility to determine if children and youth meet medical necessity criteria need ICC and IHBS.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Children's Mental Health: Referrals for Assessment, Treatment and Periodic Screenings
- Children and Family Services Mental Health Referral Form for Assessment and Treatment
- Policy CA 52: Authorization of Therapeutic Behavioral Services (TBS), Intensive Home Based Services (IHBS), and Intensive Care Coordination (ICC)
- Initial Screening and Referral Form and Authorization for TBS/IHBS Eligibility
- Therapeutic Behavioral Services & Intensive Home Based Services Treatment Plan
- Operational Guideline: Intensive Home Based Services Procedures
- Agreement between County of Ventura and Aspiranet

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP is assessing if children and youth who meet medical necessity criteria need ICC and IHBS.

DHCS deems the MHP out of compliance with the Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must complete a CAP addressing this finding of non-compliance.

QUESTION A.III.F

FINDING

The MHP did not furnish evidence to demonstrate compliance with the Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must provide TFC services to all children and youth who meet medical necessity criteria for TFC.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Policy: CFS CWS Placement: ITFC

- MHP's post review response: We are awaiting the establishment of TFC home by our Human Services Agencies. We are not able to provide services until these are in place.

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP is providing TFC services for Medi-Cal Beneficiaries. Furthermore, the MHP stated during the review that it has been difficult locating TFC providers.

DHCS deems the MHP out of compliance with the Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care Services (TFC) for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must complete a CAP addressing this finding of non-compliance.

QUESTION A.III.G

FINDING
The MHP did not furnish evidence to demonstrate compliance with the Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must have an affirmative responsibility to determine if children and youth who meet medical necessity criteria need TFC.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Policy: CFS CWS Placement: ITFC

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a process to determining the need for Therapeutic Foster Care.
DHCS deems the MHP out of compliance with the Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must complete a CAP addressing this finding of non-compliance.

QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

QUESTION C.I.D

FINDING
The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, and Federal Code of Regulations, title 42, section 438, subdivision 330(b) (3). The MHP must have mechanisms to detect both underutilization and overutilization of services.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Assessing Underutilization of Services document write up
- Performance Improvement Project
- Policy UR-02: Utilization Review for VCBH Contractors
- Quality Assessment & Performance Improvement Work Plan
- Quality Assessment & Performance Improvement Evaluation FY 18-19

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a mechanism to detect underutilization of services. Furthermore, the MHP stated during the review that it does not have a mechanism for underutilization and it is currently under development.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, and Federal Code of Regulations, title 42, section 438, subdivision 330(b)(3). The MHP must complete a CAP addressing this finding of non-compliance.

QUESTION C.I.E3

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5. The MHP must have mechanisms to assess beneficiary/family satisfaction by surveying beneficiary/family satisfaction at least annually, have mechanisms to assess beneficiary/family satisfaction by evaluating beneficiary grievance, appeals and fair hearings at least annually, and inform providers of the beneficiary/family satisfaction activities.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Policy QM-19: Performance Outcome Data Collection and Submission
- Treatment Perception Survey Results
- Treatment Percept Survey

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP informs providers of the beneficiary/family satisfaction activities. Furthermore, the MHP stated during the review, that the results are currently shared with executive staff but not providers.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5. The MHP must complete a CAP addressing this finding of non-compliance.

ACCESS AND INFORMATION REQUIREMENTS

QUESTION D.VI.B1-4

FINDING
DHCS' review team made seven calls to test the MHP's statewide 24/7 toll-free number. The seven test calls must demonstrate compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1). Each MHP must provide a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county, that will provide information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met and services needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearing processes. The seven test calls are summarized below.

TEST CALL #1
Test call was placed on Monday, December 16, 2019, at 4:03 p.m. The call was answered after two (2) rings via live operator. The caller requested information about accessing mental health services in the county for depression. The operator asked the caller if he/she had seen a primary care physician for depression and advised the caller that an appointment with a psychiatrist could take four or more weeks to obtain. The operator provided contact information for Beacon Health Strategies, the mental health service provider. The operator explained that after a brief screening, an authorization number would be given, and he/she would be provided a list of Medi-Cal providers to contact. The operator told the caller that he/she could call back on the access line for additional support or questions 24 hours a day. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and was the caller provided information about services needed to treat a beneficiary's urgent condition.

FINDING
The call is deemed in compliance with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #2
Test call was placed on Friday, December 27, 2019, at 2:00 p.m. The call was answered after one (1) ring via live operator. The operator introduced him/herself and asked the caller to provide his/her name. The caller requested information how to refill his/her medication. The operator provided information on the process to obtain an appointment and how to receive medication. The operator told the caller to reach out to his/her primary doctor first. The operator stated if he/she still wanted to see a psychiatrist, he/she could request an appointment for psychiatric medication. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and was the caller provided information about services needed to treat a beneficiary's urgent condition.

FINDING
The call is deemed in compliance with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #3
Test call was placed on Monday, January 13, 2020, at 11:00 p.m. The call was answered after one (1) ring via live operator. The operator provided his/her name and requested the caller's name. The caller requested information about accessing mental health services in the county for his/her child. The operator described the assessment process in detail including the referral process based on diagnosis criteria. The operator stated that the caller could leave a message for a counselor to call him/her back to conduct a screening during business hours. The operator assessed the caller's need for urgent care by asking if immediate services were required. The caller responded in the negative. The operator then advised the caller of the availability of the 24/7 access line for further support if needed. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and the caller was provided information about services needed to treat a beneficiary's urgent condition.

FINDING
The call is deemed in compliance with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #4
Test call was placed on Friday, January 17, 2020, at 7:33 a.m. The call was answered after two (2) rings via live operator. The operator asked for the caller's name. The caller provided his/her name. The operator asked if the caller was in a mental health crisis and followed up with additional questions to assess the caller's need for urgent care. The operator asked if the caller had seen a psychiatrist before or had outpatient mental health services in the county. The caller answered in the negative. Then the operator explained the two ways to receive outpatient services in Ventura County, beginning with a 15 to 20 minute screening to determine the level of needed care. The operator continued to explain the process to receive services in the county and provided resource information to the caller. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and was the caller provided information about services needed to treat a beneficiary's urgent condition.

FINDING
The call is deemed in compliance with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #5

Test call was placed on Friday, January 31, 2020, at 1:27 p.m. The call was answered after two (2) rings via a live operator. The caller described symptoms of depression to the operator. The operator asked the caller to provide his/her name, date of birth, and Medi-Cal number. The caller provided the requested information except for his/her Medi-Cal number. The operator asked additional questions to assess the caller's need for urgent care. The operator provided the caller with detailed information on available treatment options, including a mobile crisis team, outpatient services, and moderate to severe services. The caller was informed that Beacon provides individual therapy referrals for psychoses services and grief support groups. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, the caller was provided information about services needed to treat a beneficiary's urgent condition.

FINDING

The call is deemed in compliance with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #6

Test call was placed on Thursday, December 26, 2019, at 8:06 am. The call was answered after four (4) rings via live operator. The caller requested information about filing a complaint regarding a therapist he/she had seen via a county referral. The operator asked the caller to provide his/her name and contact information so the call could be logged. When the caller declined, the operator provided the toll free number where the caller would be provided instructions on the grievance process. The caller called the number provided. The toll free number lead to a recorded message and voice mail system with instructions for beneficiaries to leave personal identifying information, after which, the caller would receive a return call within one business day by an unidentified person, who would then take their complaint over the phone, and submit the grievance at that time. No additional information about the beneficiary problem resolution and fair hearing processes was provided to the caller. The caller was not provided information about how to use the beneficiary problem resolution and fair hearing processes.

FINDING

The call is deemed out of compliance with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #7

Test call was placed on Monday, January 13, 2020, at 7:25 am. The call was answered after two (2) rings via live operator. The caller asked the operator how to file a grievance with the county. The operator informed the caller that they have a grievance line and provided the caller with the telephone number. The operator informed the caller that he/she could transfer the caller to the grievance line. The operator asked the caller for his/her name and city of residence. The caller declined to provide any information. The

operator transferred the caller to the grievance line. The call was answered after three (3) rings via voice recording. The recording informed the caller what to do in an emergency or crisis and then requested the caller's name, telephone number, and grievance information. The recording stated to expect a return call in one day. The caller was not provided information about how to use the beneficiary problem resolution and fair hearing processes.

FINDING
The call is deemed out of compliance with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

SUMMARY OF TEST CALL FINDINGS

Required Elements	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
1	IN	IN	IN	IN	IN	IN	IN	100%
2	IN	IN	IN	IN	IN			100%
3	IN	IN	IN	IN	IN		IN	100%
4						OOC	OOC	0%

Based on the test calls, DHCS deems the MHP in partial compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1). The MHP must complete a CAP addressing this finding of partial out of compliance.

Repeat deficiency Yes

COVERAGE AND AUTHORIZATION OF SERVICES

QUESTION E.IV.A4

FINDING
The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 400. The MHP must provide beneficiaries with a Notice of Adverse Beneficiary Determination under the circumstances listed above.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- VCBH Service Request Log
- Sample of NOABDs

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP is monitoring and tracking NOABD issuance for failure to provide services in a timely manner. Furthermore, the MHP stated during the review that it currently does not have a mechanism to track NOABDs.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment. The MHP must complete a CAP addressing this finding of non-compliance.

BENEFICIARY RIGHTS AND PROTECTIONS

QUESTION F.I.E3

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 12, Federal Code of Regulations, title 42, section 438, subdivision 406(b)(1), and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-010E. The MHP must acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing meeting above listed standards.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Policy QM-18: Beneficiary Problem Resolution Processes
- Operational Guideline: QM 18 Beneficiary Problem Resolution Processes
- FY 2018-2019 Grievances and Appeals Log
- FY 2018-2019 Grievances and Appeals Samples

While the MHP submitted evidence to demonstrate compliance with this requirement, the MHP sample verification identified inconsistency in providing acknowledgment letters postmarked within five (5) calendar days of receipt of the grievances.

In addition, DHCS reviewed grievance, appeals and expedited appeals samples to verify compliance with this requirement. The sample verification findings are as detailed below;

	# OF SAMPLE REVIEWED	ACKNOWLEDGMENT		COMPLIANCE PERCENTAGE
		# IN	# OOC	
GRIEVANCES	**40**	**34**	**6**	**85%**
APPEALS	**1**	**1**	**0**	**100%**
EXPEDITED APPEALS	**N/A**	**N/A**	**N/A**	**N/A**

DHCS deems the MHP in partial compliance with the MHP contract, exhibit A, attachment 12, Federal Code of Regulations, title 42, section 438, subdivision 406(b)(1), and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-010E. The MHP must complete a CAP addressing this finding of partial compliance. This is a repeated deficiency identified in the previous triennial review.

QUESTION F.II.A1, A6

FINDING
The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 416 and California Code of Regulations, title 9, section 1850, subdivision 205. The MHP must adhere to the record keeping, monitoring, and review requirements as listed above.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- FY 2018-2019 Grievances and Appeals Log
- FY 2018-2019 Grievances and Appeals Samples

While the MHP submitted evidence to demonstrate compliance with this requirement, sample verification identified inconsistency in logging of grievances within one (1) working day of the date of receipt of the grievance and providing notice in writing to any provider identified by the beneficiary.

DHCS deems the MHP in partial compliance with Federal Code of Regulations, title 42, section 438, subdivision 416 and California Code of Regulations, title 9, section 1850, subdivision 205. The MHP must complete a CAP addressing this finding of partial compliance.

QUESTION F.III.B

FINDING
The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(a)-(b)(1). The MHP must resolve each grievance as expeditiously as the beneficiary's health condition requires not to exceed 90 calendar days from the day the Contractor receives the grievance

The MHP submitted the following documentation as evidence of compliance with this requirement:

- FY 2018-2019 Grievances and Appeals Log
- FY 2018-2019 Grievances and Appeals Samples

While the MHP submitted evidence to demonstrate compliance with this requirement, the grievance sample verification indicated one (1) grievance sample did exceeded 90 day timeline.

In addition, DHCS reviews grievances, appeals, and expedited appeal samples to verify compliance with standards. Results of the sample verifications are detailed below:

	RESOLVED WITHIN TIMEFRAMES			REQUIRED NOTICE OF EXTENSION EVIDENT	COMPLIANCE PERCENTAGE
	# OF SAMPLE REVIEWED	# IN COMPLIANCE	# OOC		
GRIEVANCES	**40**	**39**	**1**	**1**	**98%**
APPEALS	**1**	**1**			**100%**
EXPEDITED APPEALS	**N/A**	**N/A**	**N/A**		**N/A**

DHCS deems the MHP in partial compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(a)-(b)(1). The MHP must complete a CAP addressing this finding of partial compliance.

Repeat deficiency Yes