CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2020/2021

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW OF THE YOLO COUNTY MENTAL HEALTH PLAN

SYSTEM FINDINGS REPORT

Review Dates: May 25, 2021 to May 27, 2021

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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 Yolo County MHP's Medi-Cal SMHS programs on May 25, 2021 to May 27, 2021. 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) 2020/2021 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:

- Category 1: Network Adequacy and Availability of Services
- Category 2: Care Coordination and Continuity of Care
- Category 3: Quality Assurance and Performance Improvement
- Category 4: Access and Information Requirements

- Category 5: Coverage and Authorization of Services
- Category 5: Beneficiary Rights and Protections
- Category 6: Program Integrity

This report details the findings from the Medi-Cal SMHS Triennial System Review of the Yolo County MHP. The report is organized according to the findings from each section of the FY 2020/2021 Protocol 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.

FINDINGS

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

Question 1.1.3

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(i). The MHP must meet, and require its providers to meet, Department standards for timely access to care and services, taking into account the urgency of need for services.

Triennial review will focus on timeliness of all urgent appointments and physician appointments.

1. Urgent care appointments for services that do not require prior authorization: within 48 hours of the request for appointment
2. Urgent care appointments for services that require prior authorization: within 96 hours of the request for appointment

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

- Urgent-Emergent Request Log
- Age 0-20 Timeliness Raw Data
- Timely Access Report
- Yolo County NACT Timeliness Data
- Access Log Instructional Guide
- FY 19-20 Non Clinical PIP Timeliness Access Tracking
- P&P 5-1-009 Access and Availability of Services
- P&P 5-1-011 Intake and Care Coordination

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP met the timeliness standards for all urgent and physician appointments. Five (5) of the 50 urgent appointments did not meet the timeliness requirements for urgent appointments. Two (2) of the 50 psychiatric appointments exceeded the timeline.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(i).

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 1.2.6

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 have an established ICC Coordinator, as appropriate, who serves as the single point of accountability.

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

- CFT Meeting Summary
- CFT Training
- P&P 5-12-003
- Team Roster

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has an established ICC coordinator who serves as the single point of accountability. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that they do not have an ICC coordinator as a specific position but that each CFT team has an assigned facilitator. Furthermore, the MHP provided a post review evidence document that states that staff are assigned on a case-by-case basis to provide facilitation for CFTs. This document shows that some of the ICC responsibilities are assigned to those staff but the MHP does not designate one person who performs all of the ICC coordinator duties, nor does it designate a job title or class specification.

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 (TFC) Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 1.2.7

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:

- Post review explanation document

This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that TFC services are not being provided at this time, but the MHP has made efforts towards seeking a provider. However, the MHP's post evidence submission shows that no attempts were made to contract with a provider, only informal conversations with one (1) provider.

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 comply with CAP requirement addressing this finding of non-compliance.

Repeat deficiency Yes

Question 1.2.8

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:

- No evidence was submitted by the MHP

This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that it does not have a mechanism in place to determine if children and youth meet TFC criteria.

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 comply with CAP requirement addressing this finding of non-compliance.

Repeat deficiency Yes

QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

Question 3.3.3

FINDING
The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5. The MHP must ensure the MHP Quality Assessment and Performance Improvement program includes active participation by the MHP's practitioners and providers, as well as beneficiaries and family members, in the planning, design, and execution of the Quality Improvement program.

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

- QIC Sign In Sheet
- P&P 5-5-009 Quality Assurance and Performance Improvement
- QIC Minutes
- Sample NGR 1-4

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP's QAPI program includes active participation from beneficiaries and family members in the planning, design, and execution of the Quality Improvement program. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated neither family members nor beneficiaries are currently involved in the QAPI program.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

ACCESS AND INFORMATION REQUIREMENTS

Question 4.3.1

FINDING
The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 410(c)(4). The MHP must provide training for staff responsible for the statewide toll-free 24-hour telephone line to ensure linguistic capabilities.

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

- Access Line Script
- Access Log
- P&P 5-1-009 Access and Availability of Services
- P&P 5-1-016 Medi-Cal Provider Monitoring

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provided training for staff responsible for the statewide toll free 24 hour telephone line. This requirement was not included in any evidence provided by the MHP. Per the review discussion, the MHP stated training is provided to staff and contracted providers, but the MHP does not require that evidence be submitted to the MHP as proof that the training occurred and does not track the training.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 410(c)(4).

The MHP must comply with CAP requirement addressing this finding of non-compliance.

Question 4.3.2

FINDING

DHCS' review team made seven (7) calls to test the MHP's statewide 24/7 toll-free number. The seven (7) test calls must demonstrate compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1). The toll-free telephone number provides information to beneficiaries to the below listed requirements:

1. The MHP provides 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.
2. The toll-free telephone number provides information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met.
3. The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition.
4. The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.

The seven (7) test calls are summarized below.

TEST CALL #1

Test call was placed on Monday, March 1, 2021, at 9:08 a.m. The call was answered after one (1) ring via live operator who identified him/herself by name. The caller explained that his/her son was having behavior issues while distance learning. The caller described his/her son's troubling behavior, which included yelling and bursts of anger. The caller stated that his/her son's doctor recommended seeking mental health services. The operator explained that a mental health screening would be conducted to determine the type of services needed and then a referral would be sent to either Partnership Health Plan or the county MHP depending on the level of need. The operator proceeded to explain the remaining process and reiterated that the access line is available 24/7 if needed.

The caller was provided with information regarding how to obtain SMHS for a child having behavioral issues.

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 Thursday, February 25, 2021, at 5:06 p.m. The call was answered after one (1) ring via live operator. The operator stated that the caller reached the after-hours line. The caller explained he/she was feeling down, unable to sleep, and constantly crying. The operator proceeded to ask for the caller's name and if he/she had Medi-Cal. The caller provided his/her name and stated that he/she had Medi-Cal. The operator explained the screening process for mental health services in the county and the different options available depending on the level of need. No additional information about SMHS was provided to the caller.

The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, but was not provided information about services needed to treat a beneficiary's urgent condition.

FINDING

The call is deemed in *partial 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 Friday, February 26, 2021, at 1:53 p.m. The call was answered after one (1) ring via live operator who identified him/herself by name. The caller explained he/she was the sole caregiver for his/her ill mom. The caller was having a difficult time taking care of his/her mother and wanted to know what assistance was

available. The operator asked where the caller lived and whether the caller had Medi-Cal. The caller provided information on his/her location and confirmed he/she had Medi-Cal coverage. The operator explained the MHP's intake process, which consisted of a pre-screen and referral that would take about 10-15 minutes. The operator provided contact information for a nearby provider and recommended the caller connect with a counselor for support. The operator reminded the caller that the access line is open 24/7 if needed.

The caller was provided with information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, but was not provided information about services needed to treat a beneficiary's urgent condition.

FINDING
The call is deemed in *partial 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 Wednesday, February 24, 2021, at 1:15 p.m. The call was answered after one (1) ring via live operator who identified him/herself by name. The caller explained that he/she had just moved to the county and was almost out of his/her anxiety medication and wanted to see a doctor for a refill. The operator asked if the caller had Medi-Cal and the caller replied yes. The operator asked for the caller's name and address. The caller provided the requested information. The operator explained that in order to get a medication refill as a new patient in the county, the caller would need to begin the intake process, which includes a prescreening and referral process. Since this process was not immediate, the operator provided a phone number to call for medication assistance and also provided information on 24/7 urgent walk in services that would be able to assist with the caller's medication needs immediately.

The caller was provided with information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and 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 #5
Test call was placed on Thursday, May 13, 2021, at 7:15 p.m. The call was answered after one (1) ring via live operator who identified him/herself. The caller asked how to request a medication refill as a new patient in the county. The operator asked for the caller's Medi-Cal number and Social Security number. The caller declined to provide the requested information. The operator explained the screening process and offered to conduct an urgent assessment. The caller declined. The operator provided the caller with a clinic location and hours of operation. The operator also provided the caller with

information regarding the walk-in process. The operator asked the caller if medication was needed immediately and caller replied in the negative. The operator provided the caller with information regarding 24/7 urgent and crisis services.

The caller was provided information on how to access SMHS including SMHS required to assess whether medical necessity criteria are met. The caller was provided information on how to treat an 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, January 21, 2021, at 3:02 p.m. The call was answered after one (1) ring via a live operator who identified him/herself by name. The caller asked how he/she could file a complaint against a counselor. The operator provided the phone number to the grievance line. The operator explained that the caller would have to leave a message and someone would return his/her call regarding the compliant.

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 Thursday, May 13, 2021, at 10:50 p.m. The call was answered after one (1) ring via live operator who identified him/herself. The caller asked for assistance with filing a complaint about a therapist he/she was seeing through the county. The operator asked the caller for details and the caller declined stating he/she would be more comfortable filing the complaint anonymously. The operator provided information on the grievance process, including how to find grievance forms at the clinic locations, and how to file a grievance by calling or emailing the grievance coordinator directly.

The caller was provided information about how to use the beneficiary problem resolution and fair hearing processes.

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).

SUMMARY OF TEST CALL FINDINGS

Required Elements	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Not Applicable
2	IN	IN	IN	IN	IN	N/A	N/A	100%
3	N/A	OOC	OOC	IN	IN	N/A	N/A	50%
4	N/A	N/A	N/A	N/A	N/A	OOC	IN	50%

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 comply with CAP requirement addressing this finding of partial/non-compliance.

Question 4.3.4

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code for Regulations, title 9, chapter 11, section 1810, subdivision 405(f). The MHP must maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing. The written log(s) must contain name of the beneficiary, date of the request, and initial disposition of the request.

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

- Access Log Summary
- Access Log Data 7/1/2020-3/18/2021

While the MHP submitted evidence to demonstrate compliance with this requirement, five (5) out of the five (5) required DHCS test calls were not logged on the MHP's written log of initial requests. Per the discussion during the review, the MHP stated there have been issues with logging of calls such as a delay of up to two weeks. The table below summarizes DHCS' findings pertaining to its test calls:

Test Call #	Date of Call	Time of Call	Log Results		
			Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
1	3/1/2021	9:08 a.m.	OOC	OOC	OOC
2	2/25/2021	5:06 p.m.	OOC	OOC	OOC
3	2/26/2021	1:53 p.m.	OOC	OOC	OOC
4	2/24/2021	1:15 p.m.	OOC	OOC	OOC
5	5/13/2021	7:15 p.m.	OOC	OOC	OOC
Compliance Percentage			**0%**	**0%**	**0%**

Note: Only calls requesting information about SMHS, including services needed to treat a beneficiary's urgent condition, are required to be logged.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 405(f).

The MHP must comply with CAP requirement addressing this finding of out of compliance.

Repeat deficiency Yes

COVERAGE AND AUTHORIZATION OF SERVICES

Question 5.2.8

FINDING

The MHP did not furnish evidence to demonstrate compliance with MHSUDS IN 19-026. The MHP must review and make a decision regarding a provider's request for prior authorization as expeditiously as the beneficiary's mental health condition requires, and not to exceed five (5) business days from the MHP's receipt of the information reasonably necessary and requested by the MHP to make the determination.

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

- SAR samples
- CYF Form Intensive Home Based Services
- CYF Form Referral for Therapeutic Behavior Service
- P&P 5-1-015 Authorization of Outpatient SMHS
- SAR email date verification

DHCS reviewed samples of authorizations to verify compliance with regulatory requirements. The service authorization sample verification findings are detailed below:

Requirement	# of Services Authorizations in compliance	# of Service Authorizations out of compliance	Compliance Percentage
Regular Authorization: The MHP makes a decision regarding a provider's request for prior authorization not to exceed five (5) business days from the MHP's receipt of the information reasonably necessary and requested by the MHP to make the determination.	4	21	16%

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP reviews and makes a decision regarding a provider's request for prior authorization as expeditiously as the beneficiary's mental health condition requires, and not to exceed five (5) business days from the MHP's receipt of the information.

This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that the authorization requests were received via email. DHCS provided the MHP with five (5) additional business days to locate and submit the emails as evidence for verification. However, the post review evidence submitted by the MHP stated that majority of the submissions were sent via Barracuda encryption, which are automatically deleted after a period of time. Without evidence, DHCS was unable to validate the MHP met authorization timeliness standards and requirements during the triennial review period.

DHCS deems the MHP out of compliance with MHSUDS 19-026.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

BENEFICIARY RIGHTS AND PROTECTIONS

Question 6.1.5

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 the below listed requirements:

1. The MHP shall acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing.
2. The acknowledgment letter shall include the following:
    a. Date of receipt
    b. Name of representative to contact
    c. Telephone number of contact representative
    d. Address of Contractor
3. The written acknowledgement to the beneficiary must be postmarked within five (5) calendar days of receipt of the grievance.

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

- Grievance Log FY 18-19
- Grievance Log FY 19-20
- Grievance Log FY 20-21
- Appeal Log FY 18-19
- Appeal Log FY 19-20
- Appeal Log FY 20-21
- Grievance Samples
- Appeal Samples
- Acknowledgement Letter Samples

While the MHP submitted evidence to demonstrate compliance with this requirement, two (2) of 33 acknowledgment letters were not sent within five (5) calendar days of receipt of the grievance.

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	**33**	**31**	**2**	**94%**
APPEALS	**0**	**N/A**	**N/A**	**N/A**
EXPEDITED APPEALS	**1**	**1**	**0**	**100%**

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 comply with CAP requirement addressing this finding of partial compliance.