



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2020/2021

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

SYSTEM FINDINGS REPORT

Review Dates: November 16, 2021 to November 18, 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 a virtual onsite review of the Colusa County MHP's Medi-Cal SMHS programs on November 16, 2021 to November 18, 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

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- Category 4: Access and Information Requirements
- Category 5: Coverage and Authorization of Services
- Category 6: Beneficiary Rights and Protections
- Category 7: Program Integrity

This report details the findings from the Medi-Cal SMHS Triennial System Review of the Colusa 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.

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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:

- Department Standards for Timely Access
- Intake Data Tracking_Aug.2020-Dec.2020
- Intake Data Tracking_Jan.2021-Aug.2021
- Corrective Action Plan for Timeliness
- Psychiatric Requests
- Urgent Service Request Log
- Timeliness NOABDs
- Most current FY contract with PHF_C21-070 St. Helena Hospital dba Adventist Health Vallejo-1st Mod
- Most current FY contract with PHF_C21-085 Restpadd Inc. (Redding)-6th Mod
- Most current FY contract with PHF_C21-086 Willow Glen Care Center, Inc.-5th Mod
- Most current FY contract with PHF_C21-090 Restpadd Health Corporation, LLC-3rd Mod
- Most current FY contract with PHF_C21-101 Shasta Regional Medical Center
- Most current FY contract with PHF_C21-106 North Valley Behavioral Health, LLC
- Most current FY contract with PHF_C21-178 Aurora Behavioral Health – Santa Rosa – 1st Modification

INTERNAL DOCUMENTS REVIEWED:

- Colusa_MHP_CAP Tool_CAP Response_(3.2.21)

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While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP meets, and requires its providers to meet, Department standards for timely access to care and services, taking into account the urgency of need for services. The MHP provided evidence of urgent and physician appointments, however many of the appointments were outside the required timelines. Per the discussion during the review, the MHP acknowledged challenges with meeting timeliness standards and provision of timely appointment services. The MHP stated that it has been difficult to recruit professional staff to maintain the timeliness standards.

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

Question 1.1.6

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulation, title 42, section 438, subdivision 206(c)(1)(iv), (v), and (vi). The MHP shall establish mechanisms to ensure that network providers comply with the below timely access requirements:

1. The MHP shall monitor network providers regularly to determine compliance with timely access requirements.
2. The MHP shall take corrective action if there is a failure to comply with timely access requirements.

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

- Department Standards for Timely Access
- Intake Data Tracking_Aug.2020-Dec.2020
- Intake Data Tracking_Jan.2021-Aug.2021
- QIC Meeting Minutes Aug 2020, Nov 2020, Feb 2021, May 2021, Aug 2021
- Previous Months of Intake Request Log with all data columns included

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has established mechanisms to ensure its network providers comply with timely access requirements. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that its only contractor began providing services for telepsychiatry in July of 2021 and it has not had issues with timely access. DHCS requested evidence of a monitoring process for this provider, however, the evidence submitted does not demonstrate psychiatric appointments are monitored or a corrective action process is in place.

DHCS deems the MHP out of compliance with Federal Code of Regulation, title 42, section 438, subdivision 206(c)(1)(iv), (v), and (vi).

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Question 1.2.2

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:

- ICC, IHBS and TFC Service Provision and Child and Family Teams 608.00
- Beneficiaries Receiving ICC & Care Coordinators
- Beneficiaries Receiving IHBS & Care Coordinators
- Add on Form with ICC-IHBS Added
- ICC-IHBS Screening Tool

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP determines if children and youth who meet medical necessity criteria need ICC and IHBS. Per the discussion during the review, the MHP stated it does not have a screening tool for ICC and IHBS; however, the MHP reported that staff informally discuss beneficiary needs during intake and assessment. Post review, the MHP provided a screening tool and an authorization form for ICC and IHBS that it will implement moving forward.

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.

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:

- ICC, IHBS and TFC Service Provision and Child and Family Teams 608.00
- TFC Narrative
- TFC Screening Tool
- TFC Training Materials found in Medi-Cal_Manual_Third_Edition

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- TFC training materials found in Training_Resources_Toolkit

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides TFC services to all children and youth who meet medical necessity criteria for TFC. 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 the ability to assess or provide TFC services to children and youth. Post review, the MHP provided a statement declaring that there are no children receiving TFC or TFC providers in the county or service area.

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.

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:

- ICC, IHBS and TFC Service Provision and Child and Family Teams 608.00
- TFC Narrative
- TFC Screening Tool
- TFC Training Materials found in Medi-Cal_Manual_Third_Edition
- TFC training materials found in Training_Resources_Toolkit

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP assesses children and youth to determine if they meet medical necessity criteria for TFC. 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 formal process or a screening tool in place to assess for TFC. The MHP stated it would have to develop a process to assess children and youth for the need for TFC services. Post review, the MHP provided a TFC screening tool it will implement moving forward.

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.

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Question 1.4.3

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 12(a) (1). The MHP must comply with following;

- The MHP shall give practitioners or groups of practitioners who apply to be MHP contract providers and with whom the MHP decides not to contract written notice of the reason for a decision not to contract.

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

- Termination of Contracted Provider Narrative
- Denial Notice for Contract Requests

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides written notice not to contract with practitioners or groups of practitioners. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP did not have a policy in place and stated it has not encountered a need, citing the lack of SMHS providers in the county. While the MHP developed and submitted a template to use for this process post review that the MHP intends to use moving forward, this process had not been implemented at the time of the review.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 12(a)(1).

Question 1.4.5

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 8. The MHP must monitor the performance of its contractors and network providers on an ongoing basis for compliance with the terms of the MHP contract and shall subject the contractors' performance to periodic formal review.

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

- Subcontractor Narrative

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP monitors the performance of its contracted providers. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it is not monitoring its telepsychiatry service provider

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it recently contracted with in July of 2021. The MHP has not implemented a monitoring process, formal or otherwise, for contracted providers.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 8.

CARE COORDINATION AND CONTINUITY OF CARE

Question 2.3.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 415(a). The MHP must make clinical consultation and training, including consultation and training on medications, available to a beneficiary's health care provider for beneficiaries whose mental illness is not being treated by the MHP or for beneficiaries who are receiving treatment from another health care provider in addition to receiving SMHS from the MHP.

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

- Provision of Clinical Consultation and Training for Physical Health Care Providers 545.01P
- Coordination of Physical and Mental Health Care Narrative

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP makes clinical consultation and training, including consultation and training on medications, available to a beneficiary's health care provider for beneficiaries whose mental illness is not being treated by the MHP or for beneficiaries who are receiving treatment from another health care provider in addition to receiving SMHS from the MHP. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that this has occurred informally but there are not specific trainings implemented due to lack of staffing. The MHP stated it is hiring a psychiatrist and clinical consultation will be included in the job description. DHCS requested evidence of this practice, however, no additional evidence was provided.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 415(a).

QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

Question 3.1.1

FINDING

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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(a)(e)(2). The MHP must have a written description of the Quality Assessment and Performance Improvement Program (QAPI) addressing the below listed requirements:

1. Clearly defines its structure and elements,
2. Assigns responsibility to appropriate individuals, and
3. Adopts or establishes quantitative measures to assess performance and identify and prioritize areas for improvement.

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

- QI Work Plan FY 19-20_FINAL
- QI Work Plan FY 20-21 FINAL
- QI Work Plan FY 21-22 FINAL
- QIC AGENDA Template_with assigned Staff

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a written QAPI that assigns responsibility to appropriate individuals. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that it has a work plan template that has assigned staff for each goal. Post review, the MHP provided a Quality Improvement Committee (QIC) Agenda however the MHP did not provide a QAPI work plan that has staff assigned for each goal.

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(a)(e)(2).

Question 3.1.3

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(a)(e)(2). The MHP must conduct performance-monitoring activities throughout the MHP's operations. These activities shall include, but not be limited to, beneficiary and system outcomes, utilization management, utilization review, provider appeals, credentialing and monitoring, and resolution of beneficiary grievances.

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

- Quality Improvement Committee Meeting 1102.02
- QI Work Plan FY 19-20_FINAL
- QI Work Plan FY 20-21 FINAL
- QI Work Plan FY 21-22 FINAL

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- Evaluation of QI Work Plan FY 18-19
- Evaluation of QI Work Plan FY 19-20
- Evaluation of QI Work Plan FY 20-21

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP conducts performance-monitoring activities throughout the MHP's operations. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it has had challenges with this requirement due to insufficient staffing for performance monitoring activities. DHCS requested evidence for this requirement, but no additional evidence was provided.

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(a)(e)(2).

Question 3.1.4

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:

- Quality Improvement Committee Meeting 1102.02
- QI Work Plan FY 19-20_FINAL
- QI Work Plan FY 20-21 FINAL
- QI Work Plan FY 21-22 FINAL

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has mechanisms to detect underutilization and overutilization of services. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it runs service utilization reports using the electronic health record system. The MHP stated that these reports would be provided post review; however, no additional evidence was provided.

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).

Question 3.1.10

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5. The MHP must have mechanisms for the below requirements:

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1. Monitor appropriate and timely intervention of occurrences that raise quality of care concerns.
2. Take appropriate follow-up action when such an occurrence is identified.
3. Evaluate the results of the intervention at least annually.

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

- QI Work Plan FY 19-20_FINAL
- QI Work Plan FY 20-21 FINAL
- QI Work Plan FY 21-22 FINAL
- Evaluation of QI Work Plan FY 18-19
- Evaluation of QI Work Plan FY 19-20
- Evaluation of QI Work Plan FY 20-21
- QIC Minutes August 4 2020
- QIC Minutes November 3 2020
- QIC Minutes February 16, 2021
- QIC Minutes May 11, 2021
- Email to Staff concerning COVID changes

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has mechanisms to monitor appropriate and timely intervention of occurrences that raise quality of care concerns; take appropriate follow-up action when such an occurrence is identified; and evaluate the results of the intervention at least annually. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that quality of care concerns are tracked by the front office staff on an internal form, as well the QIC meeting. Post review, the MHP provided an email as evidence for making changes due to COVID-19, however, this evidence failed to meet the criteria of this requirement.

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

Question 3.5.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, Federal Code of Regulations, title 42, section 438, subdivision 236(b), and California Code of Regulations, title 9, section 1810, subdivision 326. The MHP must have practice guidelines, which meet the requirements of the MHP Contract.

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

- Practice Guidelines and Outcome Tools 612.00
- Practice Guidelines Narrative

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- Provider Contract Boiler Plate
- CANS and PSC-35 604.00
- MORS 606.00
- MORS Training Materials

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has practice guidelines, which meet the requirements of the MHP Contract. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that there are informal discussions with clinicians on what practices they use when providing services to the beneficiary. The MHP stated it has not developed formal practice guidelines. DHCS requested evidence of these informal discussions, however no additional evidence was provided.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, Federal Code of Regulations, title 42, section 438, subdivision 236(b), and California Code of Regulations, title 9, section 1810, subdivision 326.

Question 3.5.2

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, Federal Code of Regulations, title 42, section 438, subdivision 236(b), and California Code of Regulations, title 9, section 1810, subdivision 326. The MHP must disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries.

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

- Practice Guidelines and Outcome Tools 612.00
- Practice Guidelines Narrative
- Provider Contract Boiler Plate
- CANS and PSC-35 604.00
- MORS 606.00
- MORS Training Materials

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP disseminates practice guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it does not use formalized practice guidelines, therefore it is unable to disseminate the practice guidelines to all providers, beneficiaries, and potential beneficiaries. DHCS requested evidence of how the MHP would disseminate practice guidelines or similar material, however, no additional evidence was provided.

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DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, Federal Code of Regulations, title 42, section 438, subdivision 236(b), and California Code of Regulations, title 9, section 1810, subdivision 326.

Question 3.5.3

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, Federal Code of Regulations, title 42, section 438, subdivision 236(b), and California Code of Regulations, title 9, section 1810, subdivision 326. The MHP must take steps to assure that decisions for utilization management, beneficiary education, coverage of services, and any other area to which the guidelines apply are consistent with the guidelines adopted.

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

- Practice Guidelines and Outcome Tools 612.00
- Practice Guidelines Narrative
- Provider Contract Boiler Plate
- CANS and PSC-35 604.00
- MORS 606.00
- MORS Training Materials

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP takes steps to assure that decisions for utilization management, beneficiary education, coverage of services, and any other area to which the guidelines apply are consistent with the guidelines adopted. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it has not developed formalized practice guidelines, therefore it cannot ensure guidelines are applied consistently throughout the system. DHCS requested additional evidence regarding practice guidelines; however, no additional evidence was provided.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, Federal Code of Regulations, title 42, section 438, subdivision 236(b), and California Code of Regulations, title 9, section 1810, subdivision 326.

ACCESS AND INFORMATION REQUIREMENTS

Question 4.1.1

FINDING

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The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(f)(1). The MHP must make a good faith effort to give written notice of termination of a contracted provider, within 15 calendar days after receipt or issuance of the termination notice, to each beneficiary who was seen on a regular basis by the terminated provider.

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

- Termination of Contracted Provider Narrative
- Client Termination Notice for Contracted Services

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP's process includes notifying beneficiaries within 15 calendar days after receipt or issuance of a provider's termination notice. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it has not terminated a contract with a provider and does not currently have a template in place to meet this requirement. While post review, the MHP submitted a template to use for this process that the MHP intends to implement moving forward, this process had not been implemented at the time of the review.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(f)(1).

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.

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TEST CALL #1

Test call was placed on Monday, December, 14, 2020, at 11:40 a.m. The call was initially answered after one (1) ring via a live operator. The caller requested information about accessing mental health services for his/her son's behavior and emotional issues. The operator asked the caller if he/she had Medi-Cal and the caller replied in the affirmative. The operator informed the caller about the intake and assessment process, medical necessity and referrals, hours of operation, clinic locations, and crisis information.

The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met.

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, March 19, 2021, at 9:55 a.m. The call was answered after one (1) ring via a live operator. The caller asked for help with symptoms of depression lasting more than two (2) weeks. The operator asked the caller if he/she had received services at Colusa MHP before, and whether the caller had Medi-Cal. The caller denied having received services at Colusa MHP and confirmed Medi-Cal coverage. The operator then requested the caller's Medi-Cal number or Social Security Number as a condition to provide the caller with information on how to access services. The caller was unable to provide his/her Medi-Cal number and did not want to provide his/her Social Security Number over the phone. The operator proceeded to ask if the caller was in crisis and the caller responded in the negative. The operator asked the caller's name, which the caller provided. The operator explained that he/she was unable to provide appointment services and information without the caller's Medi-Cal information and asked the caller to call back when he/she had their Medi-Cal number available. The operator instructed the caller to call back 24/7 if the caller felt he/she was in crisis.

The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria were met. The caller was 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

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Test call was placed on Thursday, December 3, 2020, at 1:28 p.m. The call was answered after one (1) ring via a live operator. The caller requested information about accessing mental health services for depression related to taking care of his/her elderly mother. The operator asked the caller to provide his/her name and contact information. The caller provided his/her name. The operator briefly explained how Medi-Cal coverage works in relation to managed care plans. The operator explained the intake and assessment process and also explained the availability of 24/7 crisis services. The operator asked the caller if he/she was in crisis. The caller replied in the negative. The operator provided clinic hours so the caller could call back with his/her Medi-Cal information and complete the intake process.

The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. 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 #4

Test call was placed on Friday, April 23, 2021, at 5:37 p.m. The call was answered immediately via a phone tree directing the caller to select a language option, which included the MHP's threshold language. The caller selected the option for English and was immediately transferred to a live operator. The caller stated that he/she needed assistance with a refill for anxiety medication as a new beneficiary in the county. The operator told the caller to call back on Monday at 8:00 a.m. because it was Friday and after hours. The caller asked what he/she was supposed to do without medication over the weekend. The operator stated caller could go to the emergency room. The operator stated that this was the caller's only option if he/she was out of medication. The operator stated that it was the patient's responsibility to call ahead for refills when he/she was running low and that the caller had reached crisis/suicide line and was not in a crisis. The caller acknowledged what the operator had said, but wanted to clarify that the telephone number was a 24/7 access line. The operator answered in the negative and reiterated that it was a crisis line for serious issues, such as suicide. The operator then asked if the caller could reach out to his/her primary care provider and the caller stated that he/she did not have one. The operator once again told the caller to either go to the emergency room or call back on Monday. No additional information about SMHS was provided to the caller. Upon ending the call the caller verified that he/she had called MHP's correct statewide 24/7 toll-free number.

The caller was not 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

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The call is deemed 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 #5

Test call was placed on Monday, December 7, 2020, at 11:30 p.m. The call was answered via a phone tree directing the caller to select a language option, which included the MHP's threshold languages. The caller selected the option for English and was immediately transferred to a live operator. The caller requested information about accessing mental health services for help with symptoms of depression. The operator assessed for urgent and crisis service needs by asking if the caller felt like harming himself/herself or others. The caller replied in the negative. The operator advised the caller of the screening process. The operator advised the caller of the walk-in process. The operator verified the caller's insurance and provided clinic address and hours of operation.

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 Friday, March 19, 2021, at 10:42 a.m. The call was answered after one (1) ring via a live operator. The caller asked how to file a complaint. The operator advised the caller that the grievance forms are located at the front desk of the clinic. The operator provided office hours and locations as well as instructions for completing and returning the form. The operator stated that Outside Patient's Rights Advocate would likely follow up regarding the grievance. The operator also offered to transfer the caller to the Outside Patients' Rights Advocate's voicemail so the caller could leave a message with personally identifying information and then wait for a return call to complete the grievance verbally.

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

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 #7

Test call was placed on Monday, December 7, 2020, at 7:36 a.m. The call was answered after three (3) rings via a phone tree that provided a menu of service options, including, crisis, information on how to access SMHS, how to treat an urgent condition,

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and information on how to use the beneficiary problem resolution process. After the recording, the phone tree directed the caller to select a language option, which included the MHP's threshold languages. After selecting the option for English, the call was answered immediately via a live operator. The caller requested information about how to file a complaint. The operator informed the caller how to file a complaint by picking up a grievance package at the office. The operator provided the office's hours of operation and also offered to mail a grievance package to the caller. The operator informed the caller that when he/she completed the package, the caller could either mail or drop the complaint at the office. The operator provided the address of the office.

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

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	IN	IN	N/A	N/A	100%
2	IN	OOC	IN	OOC	IN	N/A	N/A	60%
3	N/A	IN	IN	IN	IN	N/A	N/A	100%
4	N/A	N/A	N/A	N/A	N/A	IN	IN	100%

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).

Repeat deficiency Yes

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:

- Written Log of Requests 596.00

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- Access Log Documentation for Initial Request for Services (in person, phone contact, written request, crisis, routine) 301.01P
- Access Line call log.dates requested
- Call Log List 2020
- Call Log List 2021
- Intake Data Tracking_Aug.2020-Dec.2020
- Intake Data Tracking_Jan.2021-Aug.2021
- E. Davis Crisis Log 4.15-4.30
- E. Davis Crisis Response Log 12.5-12.6.20

While the MHP submitted evidence to demonstrate compliance with this requirement, three (3) of five (5) required DHCS test calls were not logged on the MHP's written log of initial requests as specified in regulations. 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	12/14/2020	11:40 a.m.	IN	IN	IN
2	3/19/2021	9:55 a.m.	IN	IN	IN
3	12/3/2020	1:28 p.m.	IN	IN	OOC
4	4/23/2021	5:37 p.m.	OOC	IN	IN
5	12/7/2020	11:30 p.m.	OOC	OOC	OOC
Compliance Percentage			60%	80%	60%

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 in partial compliance with California Code of Regulations, title 9, section 1810, subdivision 405(f).

Repeat deficiency Yes

Question 4.4.3

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 410. The MHP must complete its Annual Report of Cultural Competence Committee activities as required in the CCPR.

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

- 2020-2021 Cultural Competency Plan

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- 2020 (CY) Cultural Competency Plan_DRAFT of Red Line Evaluation

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP completes its Annual Report of Cultural Competence Committee activities as required in the CCPR. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that a summary would be provided post review. While post review, the MHP provided a draft version of its Cultural Competence Plan, no evidence of an annual update was received.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 410.

Question 4.4.6

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 410(c)(4). The MHP must have evidence of the implementation of training programs to improve the cultural competence skills of staff and contract providers.

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

- Cultural Humility Training_tracking
- Email regarding Cultural Competence training for contracted providers at Traditions
- Updated Provider Directory Nov 2021 in English and Spanish

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has implemented training programs to improve the cultural competence skills of all staff and contract providers. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that MHP staff have received cultural competence trainings but the contracted telepsychiatry providers have not. Post review, the MHP provided evidence demonstrating that contracted providers had not taken cultural competence trainings, but that these trainings would be set up soon.

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

Question 4.4.8

FINDING

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The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 410(e)(2)(B). The MHP must have evidence of referrals for beneficiaries who prefer to receive services in that threshold language, but who initially access services outside the specified geographic area, to a key point of contact that does have interpreter services in that threshold language.

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

- Threshold Language Referral Narrative

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has evidence of referrals for beneficiaries who prefer to receive services in that threshold language, but who initially access services outside the specified geographic area with interpreter services in threshold languages. Per the discussion during the review, the MHP has many bilingual providers and the MHP reserves slots for some provider caseloads however no evidence of this process was provided.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 410(e)(2)(B).

COVERAGE AND AUTHORIZATION OF SERVICES

Question 5.4.1

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 below:

1. The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of covered benefit.
2. The reduction, suspension or termination of a previously authorized service.
3. The denial, in whole or in part, of a payment for service.
4. The failure to provide services in a timely manner.
5. The failure to act within timeframes provided in 42 C.F.R. § 438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.
6. The denial of a beneficiary's request to dispute financial liability, including cost sharing and other beneficiary financial liabilities.

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

- Notice of Adverse Benefit Determination Forms 529.03
- NOABDs Sent 1 of 2
- NOABDs Sent 2 of 2

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- NOABD Log
- Timeliness NOABDs

While the MHP submitted evidence to demonstrate with this requirement, it is not evident that the MHP provides beneficiaries with Notice of Adverse Beneficiary Determinations (NOABD). This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP tracks timeliness requirements by having its front office staff complete the required NOABD when timeliness is not met. Post review, the MHP submitted additional timeliness NOABDs for beneficiaries that did not meet timeliness requirements, however, 25 out of 33 psychiatric appointment and zero (0) of the required urgent appointment NOABDs were provided to DHCS.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 400.

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, Appeals, and Expedite Appeals 310.02
- Beneficiary_Handbook – English
- Problem resolution informing materials
- Colusa County Implementation Plan
- Problem resolution forms
- Problem resolution informing materials

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- Link to MHP website with problem resolution materials
- Grievance Appeals Expedited Appeals Log.1
- Grievance Appeals Expedited Appeals Log.2
- Grievance Appeals Expedited Appeals Log.3
- Acknowledgement letter.1
- Acknowledgement letter.2
- Grievance Acknowledge Letter Sample.3
- Acknowledgement letter.4
- Grievance Sample.1
- Grievance letter Sample.2
- Grievance filed.3
- Grievance filed letter.4
- Grievance filed.Sample 5
- Copy of July 2020 – June 2021 CCBH Grievances filed for CCBH

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted by that the MHP acknowledges receipt of each grievance and appeal within five (5) calendar days. Per the discussion during the review, the MHP stated that this information is tracked in a log which would be submitted post review. The log submitted did not provide the date of when acknowledgement letters are sent to the beneficiary. The MHP submitted four (4) of seven (7) acknowledgement letters for the specified grievances. Of the provided letters, one (1) of four (4) was postmarked as required.

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	7	1	6	14%
APPEALS	N/A	N/A	N/A	N/A
EXPEDITED APPEALS	N/A	N/A	N/A	N/A

DHCS deems the MHP out of 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.

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Question 6.2.1

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 maintain a grievance and appeal log and record grievances, appeals, and expedited appeals in the log within one working day of the date of receipt of the grievance, appeal, or expedited appeal.

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

- Grievance, Appeals, and Expedite Appeals 310.02
- Grievance Sample.1
- Investigation documents Sample.2
- Grievance filed.3
- Grievance filed.Sample 5
- Grievance investigation log Sample.1
- Grievance Investigation Sample.4
- Grievance Investigation Sample.5
- Grievance Appeals Expedited Appeals Log.1
- Grievance Appeals Expedited Appeals Log.2
- Grievance Appeals Expedited Appeals Log.3
- Copy of July 2020 – June 2021 CCBH Grievances filed for CCBH
- Narrative

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident in the documentation submitted that the MHP records grievances and appeals in the log within one (1) working day of the date of receipt of the grievance and appeal. Per the discussion during the review, the MHP stated that all grievances, appeals, and expedited appeals are date stamped upon receipt. Post review, the MHP provided an updated grievance log, but this log does not show the receipt date of the grievances.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 416 and California Code of Regulations, title 9, section 1850, subdivision 205.

Question 6.4.8

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(e)(1). The MHP must include in the written Notice of Appeal Resolution (NAR) results of the resolution process and the date the process was completed.

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

- Grievance and Appeals, Including Expedited Appeals 310.01P
- Grievance, Appeals, and Expedite Appeals 310.02
- Behavioral Health Patient's Rights Complaint Process 560.01P
- ABGAR FY17-18
- ABGAR FY18-19
- ABGAR FY19-20
- ABGAR FY20-21
- Problem Resolution Guide_English
- Problem Resolution Guide_Spanish
- Appeals Tracking Narrative
- Grievance Appeals Expedited Appeals Log.1
- Grievance Appeals Expedited Appeals Log.2
- Grievance Appeals Expedited Appeals Log.3
- Appeal NOABD Template
- Instructions

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP includes in the written NAR results of the resolution process and the date the process was completed. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that a NAR template would be provided post review as evidence for this requirement. Post review, the MHP provided additional evidence, but the NAR template was not included.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(e)(1).

PROGRAM INTEGRITY

Questions 7.5.3

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 608(a)(2), (4). The MHP promptly notify DHCS if the MHP finds a party that is excluded.

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

- Colusa County Implementation Plan
- Excluded provider database verification report
- Excluded Providers 105.01P

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While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP promptly notifies DHCS if the MHP finds a party that is excluded. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that an excluded provider policy and procedure would be submitted, however, the document submitted does not identify a process to notify DHCS regarding excluded providers.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 608(a)(2), (4).