



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2022/2023

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

SYSTEM FINDINGS REPORT

Review Dates: January 24, 2023 to January 25, 2023

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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 review of the Kings County MHP's Medi-Cal SMHS programs on January 24, 2023 to January 25, 2023. 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) 2022/2023 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 Kings County MHP. The report is organized according to the findings from each section of the FY 2022/2023 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, the 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 1.1.4

FINDING

The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 438, subdivision 206(c)(1)(ii). The MHP require subcontracted providers to have hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation during which the provider offers services to non-Medi-Cal beneficiaries. If the provider only serves Medi-Cal beneficiaries, the MHP shall require that hours of operation are comparable to the hours the provider makes available for Medi-Cal services that are not covered by the MHP, or another MHP.

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

- Hours of Operation Executed Contract Exhibits
- Hours of Operation Template Scope of Work
- MHS ACT Excerpt from contract
- Hours of Operation
- A-047 Timely Access
- Adult SMHS Contract with Timely Access highlighted
- Kings QAPI Work Plan with Timely Access highlighted

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP requires subcontracted providers to have hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation during which the provider offers services to non-Medi-Cal beneficiaries. Per the discussion during the review, the MHP acknowledged the need to update its contracts to meet this requirement and would address this moving forward.

DHCS deems the MHP out of compliance with Code of Federal Regulations, title 42, section 438, subdivision 206(c)(1)(ii) and the MHP contract, exhibit A, attachment 8, section (4)(A)(3).

Question 1.2.7

FINDING

The MHP did not furnish evidence to demonstrate compliance with the BHIN No. 21-073 and 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

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children and youth who meet beneficiary access criteria for SMHS as medically necessary.

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

- Policy A-097 TFC Criteria
- Policy A-097 TFC
- TFC Aspiranet Sign-In sheet
- TFC KIND Sign-In Sheet
- TFC RFP 2019
- TFC RFP 2021
- TFC Screening tool
- TFC Training Material

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. Per the discussion during the review, the MHP stated that despite its efforts, which includes two request for proposals during the review period, it has been unable to establish a TFC provider.

DHCS deems the MHP out of compliance with the BHIN No. 21-073 and 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.

Repeat deficiency Yes

Question 1.2.8

FINDING

The MHP did not furnish evidence to demonstrate compliance with the BHIN No. 21-073 and 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 beneficiary access criteria for SMHS need TFC.

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

- TFC Aspiranet sign in sheet
- TFC Aspiranet TFC sign in sheet
- TFC KIND sign in sheet
- TFC RFP 2019
- TFC RFP 2021

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- TFC Screening tool
- TFC Training Material

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP assesses all children and youth to determine if they meet medical necessity criteria for TFC. Per the discussion during the review, the MHP stated that TFC is only assessed at Child Family Team (CFT) meetings, not at initial intake for services.

DHCS deems the MHP out of compliance with the BHIN No. 21-073 and Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018.

Repeat deficiency Yes

Question 1.3.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 20-008, California Welfare and Institution Code, section 5600, subdivision (a), 4(f), 5(e), 6(e) and 7(e). The MHP must use its 1991 Realignment funding to provide an array of community mental health services, including acute psychiatric inpatient hospital services provided in Institutions for Mental Disease (IMD), to target populations.

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

- CPT Exhibit A scope of Services 20-23
- CPT IMD Program Description online
- IMD Payment Process Policy
- Redacted PatchRate 07.28

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP utilizes its 1991 Realignment funding to provide an array of community mental health services, including acute psychiatric inpatient hospital services provided in Institutions for Mental Disease (IMD), to target populations. Per the discussion during the review, the MHP stated it had draft policies and contracts related to this services and that it would submit additional evidence post review. Post review, the MHP stated this requirement would be addressed through a corrective action plan.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 20-008 and California Welfare and Institution Code, section 5600, subdivision (a), 4(f), 5(e), 6(e) and 7(e).

Repeat deficiency Yes

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Question 1.3.2

FINDING

The MHP did not furnish evidence to demonstrate compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 20-008, California Welfare and Institutions Code, section 14053, subdivision (a) and (b)(3), United States Code, title 42, section 1396(a)(29)(B), (a)(16) and (h)(1)(c), and Code of Federal Regulations, title 42, section 441, subdivision 13 and section 435, subdivision 1009. The MHP must cover acute psychiatric inpatient hospital services provided in an Institution for Mental Disease (IMD) to Medi-Cal beneficiaries under the age of 21, or 65 years or older.

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

- IMD Payment Process Policy
- Programs Web Brochure-Crestwood Behavioral Health
- Redacted Patch Rate 07.28
- IMD FY 21-22 Expense Records

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP covers acute psychiatric inpatient hospital services provided in an IMD to Medi-Cal beneficiaries under the age of 21, or 65 years or older. Per the discussion during the review, the MHP stated it would submit evidence demonstrating this requirement. Post review, the MHP stated this requirement would be addressed through a corrective action plan.

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 20-008, California Welfare and Institutions Code, section 14053, subdivision (a) and (b)(3), United States Code, title 42, section 1396(a)(29)(B), (a)(16) and (h)(1)(c), and Code of Federal Regulations, title 42, section 441, subdivision 13 and section 435, subdivision 1009.

Repeat deficiency Yes

Question 1.4.4

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 435 and MHP contract, exhibit A, attachment 8, section 8(D). The MHP must certify, or use another MHP's certification documents to certify, the organizational providers that subcontract with the MHP to provide SMHS, in accordance with California Code of Regulations, title 9, section 1810, subsection 435.

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

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- Aspiranet Recert Protocol completed
- Certification Process and Materials
- MHP Provider Certification Log
- Kings County Provider Monitoring Report 1-10-23

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP certifies, or uses another MHP's certification documents to certify, the organizational providers that subcontract with the MHP to provide SMHS. Of the eight (8) MHP provider sites, two (2) had overdue certifications. Per the discussion during the review, the MHP acknowledged the overdue provider certifications and stated that it would submit additional documentation to correct these deficiencies. Post review, no additional evidence was provided to demonstrate compliance of this requirement.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 435 and MHP contract, exhibit A, attachment 8, section 8(D).

Repeat deficiency Yes

QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

Question 3.2.5

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, section 2(a)(4). The MHP must ensure the Quality Assessment and Performance Improvement (QAPI) Work Plan includes a description of mechanisms the Contractor has implemented to assess the accessibility of services within its service delivery area, including goals listed in the below requirements:

1. Responsiveness for the Contractor's 24-hour toll-free telephone number.
2. Timeliness for scheduling of routine appointments.
3. Timeliness of services for urgent conditions.
4. Access to after-hours care.

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

- 24-7 Access Line Test Call Report Form Apr-Jun 2022
- 24-7 Access Line Test Call Report Form Jan-Mar 2022
- 24-7 Access Line Test Call Report Form July-Sept 2022
- A-047 Timely Access
- A-050 24-7 Access Line
- Kings QAPI Work Plan with Timely Access highlighted
- Test Call Process and Training
- Urgent Conditions PIP

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While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP's QAPI Work Plan includes a description of mechanisms the MHP has implemented to assess the accessibility of services within its service delivery area to include responsiveness for the contracted provider's 24-hour toll-free telephone number. Per the discussion during the review, the MHP acknowledged the need to update the QAPI Work Plan to reflect metrics to assess access to after-hours care.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, section 2(a)(4).

Repeat deficiency Yes

Question 3.2.6

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, section 2(a)(5). The MHP must ensure the Quality Assessment and Performance Improvement (QAPI) Work Plan includes evidence of compliance with the requirements for cultural competence and linguistic competence.

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

- Kings QAPI Work Plan & Evaluation with Cult Comp highlighted
- Kings 22-23 Cultural Competency Plan

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP's QAPI Work Plan includes evidence of compliance with the requirements for cultural competence and linguistic competence. Per the discussion during the review, the MHP acknowledged the need to update the QAPI Work Plan to reflect metrics for implementing cultural competence and linguistic competence.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, section 2(a)(5).

Repeat deficiency Yes

Question 3.5.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, section 6(A); Code of Federal 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.

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

- MHP Practice Guidelines (English)
- MHP Practice Guidelines (Spanish)
- Practice Guidelines Training Materials
- A-099 Practice Guidelines
- Practice Guidelines dissemination email
- Practice Guidelines training notice
- Practice Guidelines website access

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. Per the discussion during the review, the MHP stated it uses the American Counseling Association (ACA) Code of Ethics as its practice guidelines. Post review, the MHP resubmitted the ACA Code of Ethics; however, this does not meet the contract requirements for practice guidelines.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, section 6(A); Code of Federal Regulations, title 42, section 438, subdivision 236(b); and California Code of Regulations, title 9, section 1810, subdivision 326.

Repeat deficiency Yes

Question 3.5.2

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, section 6(c); Code of Federal Regulations, title 42, section 438, subdivision 236(c); 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:

- MHP Practice Guidelines (English)
- MHP Practice Guidelines (Spanish)
- Practice Guidelines Training Materials
- A-099 Practice Guidelines.doc
- Practice Guidelines dissemination email
- Practice Guidelines training notice
- Practice Guidelines website access

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While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP disseminates the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries. Per the discussion during the review, the MHP stated it disseminates Code of Ethics practice guidelines to providers and provided a policy, which included dissemination requirements; however, it is not evident that the MHP has practice guidelines established that meet contract requirements.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, section 6(c); Code of Federal Regulations, title 42, section 438, subdivision 236(c); and California Code of Regulations, title 9, section 1810, subdivision 326.

Repeat deficiency Yes

ACCESS AND INFORMATION REQUIREMENTS

Question 4.1.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 438, subdivision 10(d)(6)(ii) and MHP Contract, exhibit A, attachment 11, section 3(A). The MHP shall provide all written materials for potential beneficiaries and beneficiaries in a font size no smaller than 12 point.

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

- A-084 MHP Informing Materials Policy & Procedure

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides all written materials for potential beneficiaries and beneficiaries in a font size no smaller than 12-point. The MHP did not submit sample informing materials and the policy submitted did not include this requirement. Per the discussion during the review, the MHP stated that it would update the informing material and policy. Post Review, the MHP submitted a draft policy with this requirement that it will implement moving forward.

DHCS deems the MHP out of compliance with Code of Federal Regulations, title 42, section 438, subdivision 10(d)(6)(ii) and MHP Contract, exhibit A, attachment 11, section 3(A).

Question 4.2.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 41(c)(4) & (e). The MHP must provide

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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:

- A-050 24-7 Access Line
- August 2022 Test Call Process and Training
- Test Call Process and Training

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides training for staff responsible for the statewide toll-free 24-hour telephone line to ensure linguistic capabilities. Per the discussion during the review, the MHP stated that it has no formal training process regarding the 24-hour toll-free telephone number for staff or the after-hours contractor. Post review, the MHP stated this requirement would be addressed through a corrective action plan.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 41(c)(4) & (e).

Question 4.2.2

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 Tuesday, December 20, 2022, at 11:33 a.m. The call was answered after three (3) rings via live operator. The caller requested information about accessing mental health services in the county concerning his/her child's mental health

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and his disruptive behavior in school. The operator provided the address, phone number, and hours of operation for the children's clinic. The operator stated that this clinic would be able to provide mental health services for the caller's child.

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 Monday, October 31, 2022, at 4:28 p.m. The call was answered after seven (7) rings via a live operator. The caller requested assistance with what he/she described as feeling depressed, unable to sleep, and bouts of crying. The operator assessed the caller's need for urgent care services, which the caller responded in the negative. The operator transferred the call to a second live operator who explained the screening and assessment process. The second operator provided information about the availability of walk-in services along with the MHP's office hours and location.

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 #3

Test call was placed on Thursday, December 29, 2022, at 5:12 p.m. The call was answered after one (1) ring via a live operator. The caller requested assistance with what he/she described as feeling depressed, unable to sleep, and bouts of crying. The operator assessed the caller's need for urgent care services, which the caller responded in the negative. The operator explained the screening and assessment process. The operator explained that walk-in services are available and provided the MHP's office location and telephone number. The operator stated that the access line is available 24/7 if needed.

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.

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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 Sunday, November 6, 2022, at 3:17 p.m. The call was answered after one (1) ring via a live operator. The operator assessed the caller's need for urgent care services, which the caller responded in the negative. The caller requested information about mental health services in the county and explained he/she had been providing care for an elderly parent and had been feeling overwhelmed, isolated, and hopeless. The operator asked the caller for personally identifying information, which the caller provided. The operator stated the caller had reached the after-hours service for the county. The operator explained the screening and assessment process and stated that walk-in services are available and provided the MHP's office hours and location. The operator explained that the access line is available 24/7 if needed.

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 #5

Test call was placed on Monday, November 14, 2022 at 3:38 p.m. The call was answered after three (3) rings via a live operator. The caller requested information about obtaining a refill for anxiety medication although he/she had not yet established a care provider in the county. The operator explained the screening and assessment process and provided the MHP's office hours and location. The operator advised the caller to contact his/her doctor for a medication refill. The operator confirmed the caller was new to the county and did not have a doctor. The operator stated the caller would need to contact a different phone number to transfer his/her Medi-Cal to the county and provided the number.

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

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TEST CALL #6

Test call was placed on Tuesday, December 27, 2022, at 9:45 a.m. The call was answered after one (1) ring via a live operator. The caller asked how to file a complaint in the county. The operator explained the beneficiary problem resolution and state fair hearing processes. The operator offered to transfer the caller to the Patients' Right's Advocate to file a complaint, which the caller declined. The operator informed the caller that he/she can pick up the grievance form at the clinic.

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 Wednesday, December 28, 2022, at 5:55 p.m. The call was answered after one (1) ring via a live operator. The caller asked how to file a complaint in the county. The operator explained that the caller could either speak to a supervisor or file a complaint in writing. The operator instructed the caller to hang up, dial a different telephone number, and ask for the Patients' Right's Advocate.

The caller was not provided information about how to use the beneficiary problem resolution and fair hearing process.

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

Repeat deficiency Yes

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Question 4.2.4

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code for Regulations, title 9, 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:

- A-050 24-7 Access Line
- Center Call Log
- 24 7 Access Line Test Call Report Form July-Sept 2022

While the MHP submitted evidence to demonstrate compliance with this requirement, three of five required DHCS test calls were not logged on the MHP's written log of initial request. 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	12/20/2022	11:33a.m.	OOC	OOC	OOC
2	10/31/2022	4:28 p.m.	OOC	OOC	OOC
3	12/29/2022	5:12 p.m.	IN	IN	IN
4	11/06/2022	3:17 p.m.	OOC	IN	IN
5	11/14/2022	3:38 p.m.	OOC	OOC	OOC
Compliance Percentage			20%	40%	40%

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

COVERAGE AND AUTHORIZATION OF SERVICES

Question 5.2.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with BHIN No. 22-017; California Code of Regulations, title 9, section 1810, subdivision 440(b); and Code of Federal Regulations, title 42, section 438, subdivision 210(a)(4), (b)(1),(2). The MHPs

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are required to operate a utilization management (UM) program that ensures beneficiaries have appropriate access to SMHS. The UM program must evaluate medical necessity, appropriateness and efficiency of services provided to Medi-Cal beneficiaries prospectively, such as through prior or concurrent authorization review procedures.

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

- Kepro Concurrent Review Policy & Procedure 22-017
- Executed Contract Kepro
- TARs
- Approver Licenses and Signature List
- NOABDs corresponding to SARs
- Utilization Review Tool
- Staff Signatures for TARs
- MCOs Tracker
- A-062 Service Authorization & Utilization Management Draft

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a UM program that evaluates medical necessity, appropriateness and efficiency of services provided to Medi-Cal beneficiaries prospectively, such as through prior or concurrent authorization review, procedures. Per the discussion during the review, the MHP stated its concurrent review is conducted through a contract provider and that it does not have a formal procedure to monitor or review the contractor's authorization decisions. Post Review, the MHP provided a draft policy for service authorization and utilization management that it will implement moving forward.

DHCS deems the MHP out of compliance with BHIN No. 22-017; California Code of Regulations, title 9, section 1810, subdivision 440(b); and Code of Federal Regulations, title 42, section 438, subdivision 210(a)(4), (b)(1),(2).

Question 5.2.5

FINDING

The MHP did not furnish evidence to demonstrate compliance with BHIN 22-016. Concurrent Review: In the absence of an MHP referral, MHPs shall conduct concurrent review of treatment authorizations following the first day of admission to a facility through discharge. MHPs may elect to authorize multiple days, based on the beneficiary's mental health condition, for as long as the services are medically necessary.

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

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- Kepro Concurrent Review P&P 22-017
- Executed Contract Kepro
- TARs
- CalMHSA Hospital Census Report
- TAR Sample
- A-062 Service Authorization & Utilization Management Draft

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP conducts concurrent review of treatment authorizations following the first day of admission to a facility through discharge. Per the discussion during the review, the MHP acknowledged the need to review its policies to include this information. Post Review, the MHP provided a draft policy for service authorization and utilization management that it will implement moving forward.

DHCS deems the MHP out of compliance with BHIN 22-016.

Question 5.2.6

FINDING

The MHP did not furnish evidence to demonstrate compliance with BHIN 22-017; Welfare and Institution Code, section 14197.1; and Health and Safety Code, section 1367.01(i), 1371.4(a). The MHPs must maintain telephone access to receive Psychiatric Inpatient Hospital or Psychiatric Health Facility (PHF) admission notifications and initial authorization requests 24-hours a day and 7 days a week.

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

- Kepro Concurrent Review P&P 22-017
- Executed Contract Kepro
- TARs

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP maintains telephone access to receive Psychiatric Inpatient Hospital or PHF admission notifications and initial authorization requests 24-hours a day and 7 days a week. Per the discussion during the review, the MHP stated that all psychiatric hospitals request initial authorizations via a provider's portal and that it would provide evidence this process post review. Post review, no additional evidence was provided.

DHCS deems the MHP out of compliance with BHIN 22-017; Welfare and Institution Code, section 14197.1; and Health and Safety Code, section 1367.01(i), 1371.4(a).

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Question 5.2.11

FINDING

The MHP did not furnish evidence to demonstrate compliance with BHIN 22-016. The MHP must utilize referral and/or concurrent review and authorization for all Crisis Residential Treatment Services (CRTS) and Adult Residential Treatment Services (ARTS). MHPs may not require prior authorization.

1. If the MHP refers a beneficiary to a facility for CRTS or ARTS, the referral may serve as the initial authorization as long as the MHP specifies the parameters (e.g., number of days authorized) of the authorization.
2. The MHP must then re-authorize medically necessary CRTS and ARTS services, as appropriate, concurrently with the beneficiary's stay and based on beneficiary's continued need for services.

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

- A-066 Specialty Mental Health Services (SMHS)
- P&P A-062 Service Authorization and Utilization Management Draft

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP utilizes referrals and/or concurrent review and authorization for all CRTS and ARTS. Per the discussion during the review, the MHP stated that it does not have CRTS or ARTS available within the county; however, it would update its policy to include this requirement. Post review, the MHP submitted a draft policy that it will implement moving forward.

DHCS deems the MHP out of compliance with BHIN 22-016.

Question 5.2.13

FINDING

The MHP did not furnish evidence to demonstrate compliance with BHIN 22-016. The MHPs must establish and implement policies regarding prior authorization and/or MHP referral requirements for outpatient SMHS.

- a. MHPs may not require prior authorization for the following services/service activities:
 - i. Crisis Intervention;
 - ii. Crisis Stabilization;
 - iii. Mental Health Services, including initial assessment;
 - iv. Targeted Case Management;
 - v. Intensive Care Coordination; and,
 - vi. Peer Support Services
 - vii. Medication Support Services.
- b. Prior authorization or MHP referral is required for the following services:
 - i. Intensive Home-Based Services
 - ii. Day Treatment Intensive

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- iii. Day Rehabilitation
- iv. Therapeutic Behavioral Services
- v. Therapeutic Foster Care

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

- A-055 TBS Policy
- A-056 IHBS ICC Policy
- TBS referral and re-authorization
- IHBS referral and re-authorization
- IHBS Referral Log
- TBS Log
- P&P A-062 Service Authorization and Utilization Management Draft

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP establishes and implements policies regarding prior authorization and/or MHP referral requirements for outpatient SMHS. Per the discussion during the review, the MHP stated that it would update its policy to include this language. Post review, the MHP submitted a draft policy that it will implement moving forward.

Post review, the MHP provided a draft policy to demonstrate compliance with this requirement; however, the MHP acknowledged this requirement would be addressed through a corrective action plan.

DHCS deems the MHP out of compliance with BHIN 22-016.

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, section 1(B)(5); Code of Federal Regulations, title 42, section 438, subdivision 406(b)(1) and 228(a), California Code of Regulation, title 9, section 1850, subdivision 205(d)(4); and MHSUDS IN 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

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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:

- A-023 Beneficiary Problem Resolution (Grievance and Appeals)
- Grievance log
- Grievance Samples
- Grievance Acknowledgment Template (English/Spanish)
- Grievance and Appeals Training
- Appeal Ex. Appeal Samples
- Notice of Acknowledgement of Appeal
- Appeals- SFH Log
- Kings MHP FY21-22 OCM-IM KCBH Beneficiary Handbook(E)
- Grievance Sample with Grievance Form
- Appeal Sample

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP acknowledges receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing. Of the 14 grievances and appeals reviewed, four (4) acknowledgement letters were sent beyond the five-calendar day timeline.

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	4	3	57%
APPEALS	7	6	1	86%

DHCS deems the MHP in partial compliance with the MHP contract, exhibit A, attachment 12, section 1(B)(5); Code of Federal Regulations, title 42, section 438, subdivision 406(b)(1), 228(a); California Code of Regulation, title 9, section 1850, subdivision 205(d)(4); and MHSUDS IN 18-010E

Repeat deficiency Yes

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Question 6.1.14

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 11, section 3(F)(3)(a-b) and Welfare and Institution Code, section 14727(a)(4) and (5). The MHP shall provide information to all beneficiaries, prospective beneficiaries, and members of the public on how to file a Discrimination Grievance with:

- a) The MHP and the Department if there is a concern of discrimination based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.
- b) The United States Department of Health and Human Services Office for Civil Rights if there is a concern of discrimination based on race, color, national origin, sex, age, or disability.

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

- A-023 Beneficiary Problem Resolution (Grievance & Appeals)
- Problem Resolution Information Material English & Spanish
- Grievance Samples
- Grievance Form English & Spanish
- Grievance Provider Training
- MHP Grievance Log
- Non-Discrimination Information Material English & Spanish

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides information to all beneficiaries, prospective beneficiaries, and members of the public on how to file a Discrimination Grievance. Per the discussion during the review, the MHP stated that it would update its policy to meet the contract requirements. Post review, no additional evidence was provided.

DHCS deems the MHP out of compliance with MHP contract, exhibit A, attachment 11, section 3(F)(3)(a-b) and Welfare and Institution Code, section 14727(a)(4) and (5).

Question 6.1.15

FINDING

The MHP did not furnish evidence to demonstrate compliance with the Welfare and Institution Code, section 14727(a)(4); Code of Federal Regulations, title 45, section 84.7; Code of Federal Regulations, title 34, section 106.8; Code of Federal Regulations, title 28, section 35.107; 42 United States Code, section 18116(a); California's Medicaid State Plan, Section 7, Attachments 7.2-A and 7.2-B; and MHP Contract, exhibit A, Attachment 12, section 4(A)(1). The MHP must designate a Discrimination Grievance Coordinator who is responsible for ensuring compliance with federal and state nondiscrimination requirements and investigating Discrimination Grievances related to

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any action that would be prohibited by, or out of compliance with, federal or state nondiscrimination law.

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

- A-023 Beneficiary Problem Resolution (Grievance & Appeals)
- Beneficiary Resolution Information Material English & Spanish
- Grievance Samples
- Grievance Form English & Spanish
- Grievance Training Material
- MHP Grievance Log
- Non-Discrimination Information Material English & Spanish

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has designated a Discrimination Grievance Coordinator who is responsible for ensuring compliance with federal and state nondiscrimination requirements and investigating Discrimination Grievances related to any action that would be prohibited by, or out of compliance with, federal or state nondiscrimination law. Per the discussion during the review, the MHP stated that it would update its policy to meet this requirement. Post review, no additional evidence was provided.

DHCS deems the MHP out of compliance with the Welfare and Institution Code, section 14727(a)(4); Code of Federal Regulations, title 45, section 84.7; Code of Federal Regulations, title 34, section 106.8; Code of Federal Regulations, title 28, section 35.107; 42 United States Code, section 18116(a); California's Medicaid State Plan, Section 7, Attachments 7.2-A and 7.2-B; and MHP Contract, exhibit A, Attachment 12, section 4(A)(1).

Question 6.1.16

FINDING

The MHP did not furnish evidence to demonstrate compliance with the Welfare and Institution Code, section 14727(a)(4); Code of Federal Regulations, title 45, section 84.7; Code of Federal Regulations, title 34, section 106.8; Code of Federal Regulations, title 28, section 35.107; 42 United States Code, section 18116(a); California's Medicaid State Plan, Section 7, Attachments 7.2-A and 7.2-B; and MHP Contract, exhibit A, Attachment 12, section 4(A)(2). The MHP shall adopt procedures to ensure the prompt and equitable resolution of discrimination-related complaints. The MHP shall not require a beneficiary to file a Discrimination Grievance with the MHP before filing the complaint directly with the DHCS Office of Civil Rights and the U.S. Health and Human Services Office for Civil Rights.

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

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- A-023 Beneficiary Problem Resolution (Grievance & Appeals)
- Beneficiary Resolution Information Material English & Spanish
- Grievance Samples
- Non-Discrimination Information Material English & Spanish
- Grievance Form English & Spanish
- Grievance Training Material
- Non-Discrimination Information Material English & Spanish
- MHP Grievance Log

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has adopted procedures to ensure the prompt and equitable resolution of discrimination-related complaints. Per the discussion during the review, the MHP stated it would update its policy to include this requirement. Post review, no additional evidence was provided.

DHCS deems the MHP out of compliance with the Welfare and Institution Code, section 14727(a)(4); Code of Federal Regulations, title 45, section 84.7; Code of Federal Regulations, title 34, section 106.8; Code of Federal Regulations, title 28, section 35.107; 42 United States Code, section 18116(a); California's Medicaid State Plan, Section 7, Attachments 7.2-A and 7.2-B; and MHP Contract, exhibit A, Attachment 12, section 4(A)(2).

Question 6.1.17

FINDING

The MHP did not furnish evidence to demonstrate compliance with MHP Contract, exhibit A, Attachment 12, section 4(A)(3) and California Medicaid State Plan, section 7, attachments 7.2-A and 7.2-B. Within ten calendar days of mailing a Discrimination Grievance resolution letter to a beneficiary, the MHP must submit the following information regarding the complaint to the DHCS Office of Civil Rights:

- a) The original complaint.
- b) The provider's or other accused party's response to the complaint.
- c) Contact information for the personnel primarily responsible for investigating and responding to the complaint on behalf of the MHP.
- d) Contact information for the beneficiary filing the complaint, and for the provider or other accused party that is the subject of the complaint.
- e) All correspondence with the beneficiary regarding the complaint, including, but not limited to, the Discrimination Grievance acknowledgment letter and resolution letter sent to the beneficiary.
- f) The results of the MHPs investigation, copies of any corrective action taken, and any other information that is relevant to the allegation(s) of discrimination.

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

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- A-023 Beneficiary Problem Resolution (Grievance & Appeals)
- Beneficiary Resolution Information Material English & Spanish
- Grievance Samples
- Non-Discrimination Information Material English & Spanish
- Grievance Form English & Spanish
- Grievance Training Material
- MHP Grievance Log

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP submits required information regarding a complaint to the DHCS Office of Civil Rights within ten calendar days of mailing a Discrimination Grievance resolution letter to a beneficiary. Per the discussion during the review, the MHP stated it would update its policy to include this requirement. Post review, no additional evidence was provided.

DHCS deems the MHP out of compliance with MHP Contract, exhibit A, Attachment 12, section 4(A)(3) and California Medicaid State Plan, section 7, attachments 7.2-A and 7.2-B.

Question 6.2.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 438, subdivision 416(a); California Code of Regulations, title 9, section 1850, subdivision 205(d)(1); and MHP Contract, exhibit A, attachment 12, section 2(A). 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:

- A-023 Beneficiary Problem Resolution (Grievance & Appeals)
- MHP Grievance Log FY 2022-2019
- MHP Internal Grievance Log
- Appeals- SFH Log
- Appeals with written request

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP maintains a grievance and appeal log and records grievances within one (1) working day of the date of receipt of the grievance. Of the seven grievances and appeals reviewed by DHCS, zero (0) were logged within the required timeframe. Per the discussion during the review, the MHP stated it would update its process to meet this requirement. Post review, the MHP resubmitted a modified grievance and appeal log that it will implement moving forward.

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DHCS deems the MHP out of compliance with Code of Federal Regulations, title 42, section 438, subdivision 416(a), California Code of Regulations, title 9, section 1850, subdivision 205(d)(1), and MHP Contract, exhibit A, attachment 12, section 2(A).

Repeat deficiency Yes

Question 6.3.2

FINDING

The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 438, subdivision 408(a)-(b)(1) and MHP Contract, exhibit A, attachment 12, section 3(C). 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:

- A-023 Beneficiary Problem Resolution
- Grievance Samples
- Grievance Sample Form English
- Grievance Sample Form Spanish
- MHP Internal Grievance ABGAR Log FY18-19, 19-20, 20-21

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP resolves 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. Of the seven (7) grievances reviewed by DHCS, one (1) was not resolved within the timeframe. Per the discussion during the review, the MHP stated it would review its policy and address this requirement. Post review, the MHP stated this requirement would be addressed through a corrective action plan.

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			COMPLIANCE PERCENTAGE
	# OF SAMPLE REVIEWED	# IN COMPLIANCE	# OOC	
GRIEVANCES	7	6	1	86%

DHCS deems the MHP in partial compliance with Code of Federal Regulations, title 42, section 438, subdivision 408(a)-(b)(1) and MHP Contract, exhibit A, attachment 12, section 3(C).

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Repeat deficiency Yes

Question 6.3.3

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1850, subdivision 206(c) and MHP Contract, exhibit A, attachment 12, section 3(E). The MHP must provide written notification to the beneficiary or the appropriate representative of the resolution of a grievance and documentation of the notification or efforts to notify the beneficiary, if he or she could not be contacted.

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

- A-023 Beneficiary Problem Resolution
- Grievance Samples
- Grievance Sample Form English
- Grievance Sample Form Spanish
- MHP Internal Grievance ABGAR Log FY18-19, 19-20, 20-21

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides a written notification to the beneficiary or the appropriate representative of the resolution of a grievance and documentation of the notification or efforts to notify the beneficiary, if he or she could not be contacted. Of the 14 grievances and appeals reviewed by DHCS, one (1) appeal did not have evidence of a notification. Per the discussion during the review, the MHP stated it would research the appeal in question. Post review, the MHP stated this requirement would be addressed through a corrective action plan.

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

	# OF SAMPLE REVIEWED	RESOLUTION NOTICE		COMPLIANCE PERCENTAGE
		# IN	# OOC	
GRIEVANCES	7	7	0	100%
APPEALS	7	6	1	86%

DHCS deems the MHP in partial compliance with California Code of Regulations, title 9, section 1850, subdivision 206(c) and MHP Contract, exhibit A, attachment 12, section 3(E).

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Repeat deficiency Yes

PROGRAM INTEGRITY

Question 7.1.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 438, subdivision 608(a)(1) and section 455, section 1(a)(1); and MHP Contract Exhibit A, Attachment 13, section 3(B). The MHP must have a Compliance program designed to detect and prevent fraud, waste and abuse.

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

- County of Kings HIPAA Policies and Board Resolution 19-045

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a compliance program designed to detect and prevent fraud, waste, and abuse. Per the discussion during the review, the MHP stated it is in the process of establishing its compliance program as it had previously relied on a contractor for these services. It is currently developing these policies and putting appropriate mechanisms in place moving forward.

DHCS deems the MHP out of compliance with Code of Federal Regulations, title 42, section 438, subdivision 608 (a)(1) and section 455, section 1(a)(1); and MHP Contract Exhibit A, Attachment 13, section 3(B).

Repeat deficiency Yes

Question 7.1.2

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attached 13, and Code of Federal Regulations, title 42, section 438, subdivision 608(a)(1)(i). The MHP Compliance program must include written policies, procedures, and standards of conduct that articulate the organization's commitment to comply with all applicable requirements and standards under the contract, and all applicable Federal and State requirements.

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

- County of Kings HIPAA Policies and Board Resolution 19-045

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a compliance program that include written policies,

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procedures, and standards of conduct that articulate the organization's commitment to comply with all applicable requirements and standards under the contract, and all applicable Federal and State requirements. Per the discussion during the review, the MHP stated it is in the process of establishing its compliance program as it had previously relied on a contractor for these services. It is currently developing these policies and putting appropriate mechanisms in place moving forward.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attached 13, and Code of Federal Regulations, title 42, section 438, subdivision 608(a)(1)(i).

Repeat deficiency Yes

Question 7.1.4

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attached 13, section 3(B)(7) and Code of Federal Regulations, title 42, section 438, subdivision 608(a)(1)(vii). The MHP must have established and implemented procedures and a system with dedicated staff for routine internal monitoring and auditing of compliance risks, prompt response to compliance issues as they are raised, investigation of potential compliance problems as identified in the course of self-evaluation and audits, correction of such problems promptly and thoroughly (or coordination of suspected criminal acts with law enforcement agencies) to reduce the potential for recurrence, and ongoing compliance with the requirements under the contract.

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

- County of Kings HIPAA Policies and Board Resolution 19-045

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP established and implemented procedures and a system with dedicated staff for routine internal monitoring and auditing of compliance risks, prompt response to compliance issues as they are raised, investigation of potential compliance problems as identified in the course of self-evaluation and audits, correction of such problems promptly and thoroughly to reduce the potential for recurrence, and ongoing compliance with the requirements under the contract. Per the discussion during the review, the MHP stated it is in the process of establishing its compliance program as it had previously relied on a contractor for these services. It is currently developing these policies and putting appropriate mechanisms in place moving forward.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attached 13, section 3(B)(7) and Code of Federal Regulations, title 42, section 438, subdivision 608(a)(1)(vii).

Repeat deficiency Yes

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Question 7.2.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 13, Code of Federal Regulations, title 42, section 438, subdivision 608(a)(4), (a)(7), (a)(2); and MHSUDS IN No. 19-034. The MHP must ensure the MHP, or any subcontractor, to the extent that the subcontractor is delegated responsibility by the MHP for coverage of services and payment of claims under the MHP Contract, shall implement and maintain arrangements or procedures designed to detect and prevent fraud, waste and abuse that include prompt reporting to DHCS as listed below:

1. Any potential fraud, waste, or abuse.
2. All overpayments identified or recovered, specifying the overpayments due to potential fraud.
3. Information about a change in a network provider's circumstances that may affect the network provider's eligibility to participate in the managed care program, including the termination of the provider agreement with the MHP.

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

- A-0XX Utilization Management and Utilization Review DRAFT
- Utilization Review Tool
- 21 22 UR Chart Review Results
- Example of Fraud Report and Correction sent to DHCS

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures the MHP, or any subcontractor, to the extent that the subcontractor is delegated responsibility by the MHP for coverage of services and payment of claims under the MHP Contract, shall implement and maintain arrangements or procedures designed to detect and prevent fraud, waste and abuse that include prompt reporting to DHCS. Per the discussion during the review, the MHP stated it is in the process of establishing its compliance program. The MHP submitted a draft policy addressing this requirement that it plans to implement moving forward once the compliance program is operationalized.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 13,, Code of Federal Regulations, title 42, section 438, subdivision 608(a)(4) , (a)(7), (a)(2); and MHSUDS IN No. 19-034.

Repeat deficiency Yes

Question 7.2.2

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 13. If the MHP identifies an issue or receives notification of a

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complaint concerning an incident of potential fraud, waste or abuse, in addition to notifying DHCS, the MHP must conduct an internal investigation to determine the validity of the issue/complaint, and develop and implement corrective action, if needed.

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

- County of Kings HIPAA Policies and Board Resolution 19-045
- A-0XX Utilization Management and Utilization Review DRAFT
- Utilization Review Tool
- 21 22 UR Chart Review Results
- Example of Fraud Report and Correction sent to DHCS

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP identifies an issue or receives notification of a complaint concerning an incident of potential fraud, waste or abuse; or the MHP conducts an internal investigation to determine the validity of the issue/complaint, and develops and implements corrective action if needed. Per the discussion during the review, the MHP stated it is in the process of establishing its compliance program. The MHP submitted a draft policy addressing this requirement that it plans to implement moving forward once the compliance program is operationalized.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 13.

Question 7.2.3

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 13, and Code of Federal Regulations, title 42, section 438, subdivision 608(a)(6). The MHP must implement and maintain written policies for all employees of the MHP, and of any contractor or agent, that provide detailed information about the False Claims Act and other Federal and State Laws, including information about rights of employees to be protected as whistleblowers.

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

- A-0XX Utilization Management and Utilization Review DRAFT
- Utilization Review Tool
- 21 22 UR Chart Review Results
- Example of Fraud Report and Correction sent to DHCS

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP implements and maintains written policies for all employees of the MHP, and of any contractor or agent, that provide detailed information about the False Claims Act and other Federal and State Laws, including information about rights

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of employees to be protected as whistleblowers. Per the discussion during the review, the MHP stated it is in the process of establishing its compliance program. The MHP submitted a draft policy addressing this requirement that it plans to implement moving forward once the compliance program is operationalized.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 13, and Code of Federal Regulations, title 42, section 438, subdivision 608(a)(6).

Repeat deficiency Yes

Question 7.2.4

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 13 and Code of Federal Regulations, title 42, section 438, subdivision 608(a)(8). The MHP must implement and maintain arrangements or procedures that include provision for the MHP's suspension of payments to a network provider for which there is a credible allegation of fraud.

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

- A-0XX Utilization Management and Utilization Review DRAFT
- Utilization Review Tool
- 21 22 UR Chart Review Results
- Example of Fraud Report and Correction sent to DHCS

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP implements and maintains arrangements or procedures that include provision for the MHP's suspension of payments to a network provider for which there is a credible allegation of fraud. Per the discussion during the review, the MHP state it is in the process of establishing its compliance program. The MHP submitted a draft policy addressing this requirement that it plans to implement moving forward once the compliance program is operationalized.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 13 and Code of Federal Regulations, title 42, section 438, subdivision 608(a)(8).

Repeat deficiency Yes

Question 7.3.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 438, subdivision 608(a)(5) and MHP Contract Exhibit A, Attachment 13, section 5. The MHP and/or any subcontractor, to the extent that the

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subcontractor is delegated responsibility by the MHP for coverage of services and payment of claims under the MHP Contract, shall implement and maintain arrangements or procedures designed to detect and prevent fraud, waste and abuse that include provisions to verify, by sampling or other methods, whether services that have been represented to have been delivered by network providers were received by beneficiaries and the application of such verification processes on a regular basis.

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

- A-0XX Service Verification
- Service Verification Letter

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP and/or any subcontractor, implements and maintains arrangements or procedures designed to detect and prevent fraud, waste and abuse that include provisions to verify, by sampling or other methods, whether services delivered are received by beneficiaries. Per the discussion during the review, the MHP is in the process of establishing its compliance program. The MHP submitted a draft policy addressing this requirement that it plans to implement moving forward once the compliance program is operationalized.

DHCS deems the MHP out of compliance with Code of Federal Regulations, title 42, section 438, subdivision. 608(a)(5) and MHP Contract Exhibit A, Attachment 13, section 5.

Repeat deficiency Yes

Question 7.4.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 455, subdivision 104(b) and MHP Contract Exhibit A, Attachment 13, section 6(A)(2)-(3). The MHP must ensure disclosures include:

- a) The name and address of any person (individual or corporation) with an ownership or control interest in the network provider.
- b) The address for corporate entities shall include, as applicable, a primary business address, every business location, and a P.O. Box address;
- c) Date of birth and Social Security Number (in the case of an individual);
- d) Other tax identification number (in the case of a corporation with an ownership or control interest in the managed care entity or in any subcontractor in which the managed care entity has a 5 percent or more interest);
- e) Whether the person (individual or corporation) with an ownership or control interest in the MHP's network provider is related to another person with ownership or control interest in the same or any other network provider of the MHP as a spouse, parent, child, or sibling; or whether the person (individual or

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corporation) with an ownership or control interest in any subcontractor in which the managed care entity has a 5 percent or more interest is related to another person with ownership or control interest in the managed care entity as a spouse, parent, child, or sibling;

- f) The name of any other disclosing entity in which the MHP or subcontracting network provider has an ownership or control interest; and
- g) The name, address, date of birth, and Social Security Number of any managing employee of the managed care entity.
- h) The MHP shall provide DHCS with all disclosures before entering into a network provider contract with the provider and annually thereafter and upon request from DHCS during the re-validation of enrollment process under 42 Code of Federal Regulations part 455.104.

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

- Provider Disclosure Elements Draft
- MHP Management Disclosures

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures disclosures contain information regarding ownership or control interest in the MHP's network provider and their relationship with others with controlling interest; or that the MHP discloses this information to DHCS and annually thereafter during the re-validation of enrollment process. Per the discussion during the review, the MHP stated it would update its provider disclosure policy to meet this requirement moving forward.

DHCS deems the MHP out of compliance with Code of Federal Regulations, title 42, section 455, subdivision 104(b) and MHP Contract Exhibit A, Attachment 13, section 6(A)(2)-(3).

Repeat deficiency Yes

Question 7.4.2

FINDING

The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 455, subdivision, 106(a)(1),(2) and MHP Contract Exhibit A, Attachment 13, section 6(C)(1)(a)-(b). The MHP must submit the following disclosures to DHCS regarding the MHP's management:

1. The identity of any person who is a managing employee of the MHP who has been convicted of a crime related to federal health care programs.
2. The identity of any person who is an agent of the MHP who has been convicted of a crime related to federal health care programs. For this purpose, the word "agent" has the meaning described in 42 Code of Federal Regulations part 455.101.

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

- Provider Disclosure Elements Draft
- MHP Management Disclosures

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP submits disclosures to DHCS regarding the MHP's management. Per the discussion during the review, the MHP stated it would update its provider disclosure policy moving forward to meet this requirement.

DHCS deems the MHP out of compliance with Code of Federal Regulations, title 42, section 455, subdivision, 106(a)(1),(2), and MHP Contract Exhibit A, Attachment 13, section 6(C)(1)(a)-(b).

Repeat deficiency Yes

Questions 7.5.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 438, subdivision 602(b)(d) and section 455, subdivision 436 and MHP Contract Exhibit A, Attachment 13. The MHP must have a process, at the time of hiring/contracting, to confirm the identity and exclusion status of all providers (employees, network providers, subcontractors, person's with ownership or control interest, managing employee/agent of the MHP). This includes checking the:

- a) Social Security Administration's Death Master File.
- b) National Plan and Provider Enumeration System (NPPES)
- c) Office of the Inspector General List of Excluded Providers and Entities (LEIE)
- d) System of Award Management (SAM)
- e) Department's Medi-Cal Suspended and Ineligible List (S&I List)

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

- A 0XX Staff Credentialing and Provider Verification DRAFT
- Nov 2022 Provider Credentialing

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a process, at the time of hiring or contracting, to confirm the identity and exclusion status of all providers. Per the discussion during the review, the MHP stated it is currently developing a policy that will be implemented moving forward once the compliance program is established.

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DHCS deems the MHP out of compliance with Code of Federal Regulations, title 42, section 438, subdivision 602(b)(d), section 455, subdivision 436 and MHP Contact Exhibit A, Attachment 13.

Repeat deficiency Yes

Questions 7.5.2

FINDING

The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 455, subdivision 436. The MHP must have a process to confirm monthly that no providers are included in the following:

- a) OIG List of Excluded Individuals/Entities (LEIE).
- b) System of Award Management (SAM) Excluded Parties List System (EPLS).
- c) DHCS Medi-Cal List of Suspended or Ineligible Providers (S&I List).

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

- A 0XX Staff Credentialing and Provider Verification DRAFT
- Nov 2022 Provider Credentialing

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a process to confirm monthly that no providers are included on the LEIE, EPLS, or the S&I List. Per the discussion during the review, the MHP stated it is currently developing a policy that will be implemented moving forward once the compliance program is established.

DHCS deems the MHP out of compliance with Code of Federal Regulations, title 42, section 455, subdivision 436.

Repeat deficiency Yes

Questions 7.5.3

FINDING

The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 438, subdivision 602(d). The MHP promptly notifies DHCS if the MHP finds a party that is excluded.

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

- A 0XX Staff Credentialing and Provider Verification DRAFT

The MHP did not submit evidence to demonstrate compliance that it has a process to promptly notify DHCS if the MHP finds a party that is excluded. Per the discussion

during the review, the MHP stated it is currently developing a policy that will be implemented moving forward once the compliance program is established.

DHCS deems the MHP out of compliance with Code of Federal Regulations, title 42, section 438, subdivision 602(d).

Repeat deficiency Yes