CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2022/2023

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE MARIN COUNTY MENTAL HEALTH PLAN

SYSTEM FINDINGS REPORT

Review Dates: February 7, 2023 to February 9, 2023

Marin County Mental Health Plan
FY 2022/2023 Medi-Cal SMHS Triennial Review
Systems Review Findings Report

TABLE OF CONTENTS

Marin County Mental Health Plan
FY 2022/2023 Medi-Cal SMHS Triennial Review
Systems Review Findings Report

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 Marin County MHP's Medi-Cal SMHS programs on February 7, 2023 to February 9, 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

- 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 Marin 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.

FINDINGS

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

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:

- Certification and re-certification forms
- Buckelew MAIL UR Report 09-21-22 Final
- North Marin Community Services 10-05-22 FINAL POC
- BHRS - 27 Excluded and Ineligible Provider List checks
- BHRS 36 Change of Provider Requests
- BHRS-28 Credentialing and Re-Credentialing Policy
- 21CY Approval Letter to Side By Side
- BHRS MC Site Certification Application Side by Side Application 2021
- DHCS 1735 MARIN 21CY RECERT NM CHG 6.3.21
- Sample of Provider Subcontracts
- MC Site Certifications Tracking Log

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 34 MHP provider sites, six (6) had overdue certifications. Per the discussion during the review, the MHP stated there was an error in the submission of certification documents to DHCS and it is in the process of correcting these certifications.

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).

QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

Question 3.3.3

FINDING
The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, section (3)(E) and California Code of Regulations title 9, section 1810, subdivision 440(a)(2)(A)-(C). The MHP must ensure the MHP Quality Assessment and Performance Improvement program includes active involvement in the planning, design and execution of the QI Program by the Contractor's practitioners and providers, beneficiaries who have accessed SMHS through the Contractor, family members, legal representatives, or other persons similarly involved with beneficiaries.

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

- Client Experience Survey
- POQI Result May 2019-June 2021
- grievances April-June 2022
- grievances Jan-March 2022
- grievances July-Sept 2022
- SIR mtg 4-20-22
- SIR mtg 7-20-22
- SIRs mtg 10-19-22
- QIC Minutes 04.25.22
- QIC Minutes 07.18.22
- QIC Minutes 10.17.22

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP includes active participation from beneficiaries and family members in the planning, design, and execution of the Quality Improvement program. Per the discussion during the review, the MHP stated it has experienced difficulty getting involvement from beneficiaries and beneficiary family members in the Quality Improvement Committee (QIC) and is currently looking at ways to improve participation.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, section (3)(E) and California Code of Regulations title 9, section 1810, subdivision 440(a)(2)(A)-(C).

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.

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

- BHRS 25 Documentation Requirements
- BHRS Clinical Documentation Guide July 2022 with CalAIM standards
- fee for service provider manual 22-23 v12-30 FINAL
- QM Corner July 2022
- BHRS 97 Service Delivery Practice Guidelines
- Fee For Service provider manual 22-23
- Fee for Service Types of Services

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has established practice guidelines, which meet the requirements of the MHP Contract. Per the discussion during the review, the MHP stated that staff are trained on practice guidelines and that this information can be disseminated for children services during the assessment and treatment planning process. Post review, the MHP submitted an updated provider manual; however, no evidence was submitted demonstrating practice guidelines were developed or used during the triennial review period.

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.

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:

- BHRS 25 Documentation Requirements
- BHRS Clinical Documentation Guide July 2022 with CalAIM standards
- fee for service provider manual 22-23 v12-30 FINAL
- QM Corner July 2022
- BHRS 97 Service Delivery Practice Guidelines
- Fee For Service provider manual 22-23
- Fee for Service Types of Services

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. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that practice guidelines are available and that it would provide evidence of the dissemination process post review. Post review, the MHP provided a new practice guideline policy that it would implement moving forward.

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.

ACCESS AND INFORMATION REQUIREMENTS

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 Thursday, December 22, 2022, at 10:17 a.m. The call was answered after six (6) rings via an answering machine with a recorded message, which repeated in the MHP's threshold language. A recorded message stated the caller should hang up and dial 911 or contact the Crisis Stabilization Unit if experiencing an urgent condition and provided the phone number. The recording then stated to leave a message containing personally identifying information for a return call. The caller ended the call.

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

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

TEST CALL #2
The call was placed on Friday, January 6, 2023 at 2:22 p.m. The call was answered after six (6) rings via an answering machine with a recorded message, which repeated in the MHP's threshold language. A recorded message stated the caller should hang up and dial 911 or contact the Crisis Stabilization Unit if experiencing an urgent condition and provided the phone number. The recording then stated to leave a message containing personally identifying information for a return call. The caller ended the call.

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

TEST CALL #3
Test call was placed on Monday, November 28, 2022, at 9:07 a.m. The call was answered after six (6) rings via an answering machine with a recorded message, which repeated in the MHP's threshold language. A recorded message stated the caller should hang up and dial 911 or contact the Crisis Stabilization Unit if experiencing an urgent condition and provided the phone number. The recording then stated to leave a message containing personally identifying information for a return call. The caller ended the call.

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

TEST CALL #4
Test call was placed on Monday, November 14, 2022, at 12:20 a.m. The call was answered after one (1) ring via recorded message, which provided the caller with the option to dial 911 if experiencing an emergency. After a brief hold, the call was

answered by 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 process for accessing mental health services including walk-in services for crisis, regular treatment services, and provided the address and hours of operation for the clinic. The operator informed the caller that the 24/7 crisis line is available if he/she needed to speak with staff for an immediate medication refill. The operator also advised the caller to go to the emergency room for an urgent condition or immediate medication refill.

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 Thursday, December 1, 2022, at 7:34 a.m. The call was answered after one (1) ring via recorded message, which provided the caller with the option to dial 911 if experiencing an emergency. After a brief hold, the call was answered by 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 requested personally identifying information, which the caller provided. The operator assessed the caller's need for urgent care services, which the caller responded in the negative. The operator stated the caller could call back during clinic business hours for an assessment and assistance transferring his/her Med-Cal to the county. The operator stated that if there was an urgent need for the medication refill the caller could call the psychiatric health line and provided the phone 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 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, January 6, 2023, at 1:29 p.m. The call was answered after six (6) rings via an answering machine with a recorded message, which repeated in the MHP's threshold language. A recorded message stated the caller should hang up and dial 911 or contact the Crisis Stabilization Unit if experiencing an urgent condition and provided the phone number. The recording then stated to leave a message containing personally identifying information for a return call. The caller ended the call.

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).

TEST CALL #7
Test call was placed on Sunday, January 15, 2023, at 6:44 p.m. The call was answered after one (1) ring via recorded message. After being transferred to a live operator, the caller requested information about how to file a complaint with a county clinician. The operator explained the caller could pick up a grievance form from a clinic, access the grievance form on the county website, or the grievance form could be mailed to the caller. The operator stated the caller could also file the grievance over the phone. The caller thanked the operator and ended the call.

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	IN	IN	IN	N/A	N/A	N/A	N/A	100%
2	OOC	OOC	OOC	IN	IN	N/A	N/A	40%
3	N/A	IN	IN	IN	IN	N/A	N/A	100%
4	N/A	N/A	N/A	N/A	N/A	OOC	IN	50%

Based on the test calls, DHCS deems the MHP *in partial compliance* with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1).

Repeat deficiency: Yes

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:

- Access Tracker
- AfterhoursCalls-Marin-2022_11_14_VeteransDay_105010
- AfterhoursCalls-Marin-2022_12-01_105010

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	12/22/2022	10:17 a.m.	OOC	OOC	OOC
2	1/6/2023	2:22 p.m.	OOC	OOC	OOC
3	11/28/2022	9:07 a.m.	OOC	OOC	OOC
4	11/14/2022	12:20 a.m.	IN	IN	IN
5	12/1/2022	7:34 a.m.	IN	IN	IN
Compliance Percentage			**40%**	**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

Question 4.3.6

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 has 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:

- BHRS-39 Cultural Humility Training Activities
- BHRS-57 Cultural Competence Policy
- BHRS Training List 2022
- Cultural Events Proposal Link

- Culturally Affirming Healing Practices 10.21.21 registration
- Culturally Affirming Healing Practices in Latinx Communities Evaluation
- Instructor's form_Edith Guillen-Nunez
- 5.24.22 Registration Report (1)
- ECPC Roster
- Training Participation

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has implemented a training program to improve the cultural competence skills for contract providers. Per the discussion during the review, the MHP stated it has a policy in place that requires staff and contract providers to complete appropriate trainings; however, the MHP does not monitor contract providers to ensure the appropriate hours of training occur. Post review, the MHP provided a training tracking spreadsheet; however, it was not clear providers were monitored or tracked for the required hours of training.

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

COVERAGE AND AUTHORIZATION OF SERVICES

Question 5.2.14

FINDING
The MHP did not furnish evidence to demonstrate compliance with BHIN 22-016. The MHPs must review and make a decision regarding a provider's request for prior authorization as expeditiously as the beneficiary's mental health condition requires, and not to exceed five (5) business days from the MHP's receipt of the information reasonably necessary and requested by the MHP to make the determination.

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

- BHRS Utilization Management description
- Mental Health Utilization Review Form
- Names and Signatures of SAR Approvals
- SAR samples
- SAR samples (post review)
- Seneca Authorization Requests Log 2022-2023
- St. Vincent's SAR Request Log

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

Authorization	# of Service Authorization In Compliance	# of Service Authorization Out of Compliance	Compliance Percentage
Regular Authorization: The MHP makes a decision regarding a provider's request for prior authorization, not to exceed five (5) business days from the MHP's receipt of the information reasonably necessary and requested by the MHP to make the determination.	9	1	90%

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident the MHP reviews and makes decision regarding a provider's request for prior authorization as expeditiously as the beneficiary's mental health condition requires, and not to exceed five (5) business days from the MHP's receipt of the information. Of the 10 Service Authorization Requests (SAR) reviewed by DHCS, one (1) was not completed within the timeframe. Per the discussion during the review, the MHP stated it would review its internal documentation and provide additional evidence to demonstrate the timelines were met. Post review, the MHP submitted additional logs and update samples; however, one (1) SAR remained out of compliance

DHCS deems the MHP in partial compliance with BHIN 22-016.

Repeat deficiency: Yes

Question 5.4.1

FINDING
The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 438, subdivision 404(a); MHSUDS IN No. 18-010E; and MHP Contract, exhibit A, Attachment 12, section 10(A)(1)-(6). The MHP must provide beneficiaries with a NOABD under the following circumstances:

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. (42 C.F.R. § 438.400(b)(1))
2) The reduction, suspension or termination of a previously authorized service. (42 C.F.R. § 438.400(b)(2))
3) The denial, in whole or in part, of a payment for service. (42 C.F.R. § 438.400(b)(3))

4) The failure to provide services in a timely manner. (42 C.F.R. § 438.400(b)(4))
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. (42 C.F.R. § 438.400(b)(5)).
6) The denial of a beneficiary's request to dispute financial liability, including cost sharing, copayments, premiums, deductibles, co-insurance, and other beneficiary financial liabilities. (42 C.F.R. § 438.400(b)(7))

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

- NOABD templates
- BHRS 33 - Notice of Adverse Benefit Determination (NOABD) to Medi-Cal Beneficiaries
- NOABD log Fiscal year 2022-2023
- NOABD log Fiscal year 2022-2023 updated for audit
- NOABD samples

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides beneficiaries with NOABDs for the failure to provide services in a timely manner. Per the discussion during the review, the MHP acknowledged that it struggles to provide services within contract timeliness standards and that this is a focal point for improvement. DHCS requested sample NOABDs sent to beneficiaries for failure to meet timeliness standards post review; however, none were provided.

DHCS deems the MHP out of compliance with Code of Federal Regulations, title 42, section 438, subdivision 404(a); MHSUDS IN No. 18-010E; and MHP Contract, exhibit A, Attachment 12, section 10(A)(1)-(6).

BENEFICIARY RIGHTS AND PROTECTIONS

Question 6.1.4

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 12, section 1(B)(2) and Code of Federal Regulations, title 42, section 438, subdivision 402(b) and 228(a). The MHP must have only one level of appeal for beneficiaries.

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

- BHRS 19 Grievance and Appeal Resolution
- DHCS_FY20-22 Grievance report-NO SU
- Grievance Appeal Change of Provider Consumer Rights Poster

- Grievance Brochure – English
- BHRS 19 Grievance and Appeal Resolution

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP only has one level of appeal for beneficiaries. Per the discussion during the review, the MHP stated it would review its policy and provide an update post review. Post review, the MHP submitted and updated its policy with the required language that it will implement moving forward.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 12, section 1(B)(2) and Code of Federal Regulations, title 42, section 438, subdivision 402(b) and 228(a).

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:

- BHRS-19 Grievance and Appeals
- BHRS 19 Grievance and Appeal Resolution
- Problem resolution informing materials
- Sample Grievances and Appeals
- FY2021 Grievance report-NO SU
- FY2122 Grievance report-NO SU
- Discrimination Coordinator
- Discrimination Grievance information and forms

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides all beneficiaries, prospective beneficiaries, and members of the public information for how to file a Discrimination Grievance. Per the discussion during the review, the MHP acknowledged it developed a policy with the required language; however, it was created after the triennial review period. Post

review, the MHP submitted additional evidence, including discrimination grievance informing material, that it will implement moving forward.

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 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:

- BHRS-19 Grievance and Appeals
- BHRS 19 Grievance and Appeal Resolution
- Problem resolution informing materials
- Sample Grievances and Appeals
- FY2021 Grievance report-NO SU
- FY2122 Grievance report-NO SU
- Discrimination Coordinator
- Discrimination Grievance information and forms

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP designates 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 acknowledged it developed a policy with the required language; however, it was created after the triennial review period. Post review, the MHP submitted additional discrimination grievance material including documentation of a designated Discrimination Grievance Coordinator.

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:

- BHRS-19 Grievance and Appeals
- BHRS 19 Grievance and Appeal Resolution
- Problem resolution informing materials
- Sample Grievances and Appeals
- FY2021 Grievance report-NO SU
- FY2122 Grievance report-NO SU
- Discrimination Coordinator
- Discrimination Grievance information and forms

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has procedures to ensure the prompt and equitable resolution of discrimination-related complaints. Per the discussion during the review, the MHP acknowledged it developed a policy with the required language; however, it was created after the triennial review period. Post review, the MHP submitted additional evidence, including discrimination grievance informing material, that it will implement moving forward.

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:

- BHRS-19 Grievance and Appeals
- BHRS 19 Grievance and Appeal Resolution
- Problem resolution informing materials
- Sample Grievances and Appeals
- FY2021 Grievance report-NO SU
- FY2122 Grievance report-NO SU
- Discrimination Coordinator
- Discrimination Grievance information and forms

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 acknowledged it developed a policy with the required language; however, it was created after the triennial review period. Post review, the MHP submitted additional evidence, including discrimination grievance informing material, that it will implement moving forward.

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.

FINDING

The MHP did not furnish evidence to demonstrate compliance with Code of Federal Regulations, title 42, section 438, subdivision 420(a)-(b) and MHP Contract Exhibit A, Attachment 12, section 9(B)(1)-(5). The MHP must continue the beneficiary's benefits if all of the following occur:

a) The beneficiary files the request for an appeal within 60 calendar days following the date on the adverse benefit determination notice;
b) The appeal involves the termination, suspension, or reduction of a previously authorized service;
c) The services were ordered by an authorized provider;
d) The period covered by the original authorization has not expired; and,
e) The beneficiary timely files for continuation of benefits.

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

- BHRS 33 Notice of Adverse Benefit Determination (NOABD) to Medi-Cal Beneficiaries
- BHRS-19 Grievance and Appeals
- State Fair Hearings
- BHRS 19 Grievance and Appeal Resolution

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP continues the beneficiary's benefits under the required circumstances. Per the discussion during the review, the MHP stated its policies address this requirement and would provide evidence of this post review. Post review, the MHP submitted an updated policy that outlines the circumstances in which a beneficiary's benefits can be continued that it will implement moving forward.

DHCS deems the MHP out of compliance with Code of Federal Regulations, title 42, section 438, subdivision 420(a)-(b) and MHP Contract Exhibit A, Attachment 12, section 9(B)(1)-(5).