
# CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

## FISCAL YEAR 2020/2021

## MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

## OF THE SACRAMENTO COUNTY MENTAL HEALTH PLAN

## SYSTEM FINDINGS REPORT

**Review Dates: July 13, 2021 to July 15, 2021**

**Sacramento County Mental Health Plan**
**FY 2020/2021 Medi-Cal SMHS Triennial Review**
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## EXECUTIVE SUMMARY

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

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

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

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

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

DHCS conducted an onsite review of the Sacramento County MHP's Medi-Cal SMHS programs on July 13, 2021 to July 15, 2021. The review consisted of an examination of the MHP's program and system operations, including chart documentation, to verify that medically necessary services are provided to Medi-Cal beneficiaries. DHCS utilized Fiscal Year (FY) 2020/2021 Annual Review Protocol for SMHS and Other Funded Programs (Protocol) to conduct the review.

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

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

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

This report details the findings from the Medi-Cal SMHS Triennial System Review of the Sacramento County MHP. The report is organized according to the findings from each section of the FY 2020/2021 Protocol deemed out of compliance (OOC), or in partial compliance, with regulations and/or the terms of the contract between the MHP and DHCS.

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

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

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

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

## FINDINGS

## NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

### Question 1.4.4

**FINDING**
The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 8. 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:

- Medi-Cal Certification and Transmittal
- Site Certification Master

INTERNAL DOCUMENTS REVIEWED:

- Sacramento Provider Monitoring Report

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP certified providers that subcontract with the MHP to provide SMHS. Per the provider monitoring report, there was one (1) provider (1%) out of ninety three (93) providers that was not re-certified (99% compliance).

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 8. The MHP must comply with CAP the requirements addressing this finding of non-compliance.

## QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

### Question 3.1.4

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

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

- Sacramento County MHP Service Utilization
- MHP FY 19-20 Work Plan Report

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has mechanisms to detect both underutilization and overutilization of services. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that there were no mechanisms to identify under and over utilization of services.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, and Federal Code of Regulations, title 42, section 438, subdivision 330(b)(3).

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

**Question 3.1.7**

**FINDING**
The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5. The MHP shall inform providers of the beneficiary/family satisfaction activities.

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

- CPS-System June 20
- Survey Results summarized

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP informs providers of the beneficiary/family satisfaction activities. Per the discussion during the review, the MHP stated that an email is sent providers to inform them of the satisfaction activities but evidence was not provided to demonstrate compliance.

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

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

**ACCESS AND INFORMATION REQUIREMENTS**

**Question 4.2.2**

**FINDING**
The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 11, and Federal Code of Regulations, title 42, section 438, subdivision 10(d)(3). The MHP must make its written materials that are critical to

obtaining services available in the prevalent non-English languages in the county. This includes, at a minimum, the below listed materials:

1. provider directories,
2. beneficiary handbooks,
3. appeal and grievance notices,
4. denial and termination notices, and,
5. MHP's mental health education materials

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

- Informing Materials Translation Update Tracking
- P&P QM-03-08
- County Threshold Languages
- Email Notification of Farsi Inclusion
- MHP-Beneficiary Handbook-Farsi

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP made available its written materials that are critical to obtaining services in all prevalent non-English languages, specifically Farsi, which became a threshold language in Sacramento County in December 2020. Per the MHP's documentation, translating the beneficiary handbook into Farsi was in progress during May 2021. The provider directory was ready to post to its website; however the MHP had yet to do so. Per the discussion during the review, the MHP stated that the Farsi-translated beneficiary handbook would be completed by the following week. The MHP informed DHCS the completed Farsi-translated beneficiary handbook had been provided to beneficiaries five (5) days after the review, however it had not been accessible to beneficiaries prior to the system review for six (6) months as required by regulation.

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

A CAP will not be required for this finding of non-compliance.

**Question 4.3.2**

**FINDING**

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

1. The MHP provides a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county.
2. The toll-free telephone number provides information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met.
3. The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition.
4. The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.

The seven (7) test calls are summarized below.

**TEST CALL #1**

Test call was placed on Monday, February 22, 2021, at 10:48 a.m. The call was answered immediately via phone tree providing language capabilities in all languages spoken by beneficiaries in the county. A phone tree recording provided the caller with instructions to dial 911 in an emergency situation. After selecting the appropriate language and mental health services options, a live operator greeted the caller and identified him/herself by name. The caller explained that he/she was feeling symptoms of depression, such as feeling down, and asked how to get help. The operator asked the caller if he/she was in crisis. The caller replied in the negative. The operator advised the caller of the assessment process.

The caller was provided information on how to access SMHS including SMHS required to assess whether medical necessity criteria are met. The caller was provided information on how to treat an urgent condition.

**FINDING**

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

**TEST CALL #2**

Test call was placed on Tuesday, March 2, 2021, at 12:33 p.m. The call was answered after one (1) ring via a phone tree directing the caller to select a language option, which included the MHP's threshold languages. After selecting the option for English, the caller was provided a recorded greeting that instructed him/her to call 911 if the caller was in an emergency situation. The caller was then placed on hold for two (2) minutes while the call was transferred to a live operator who identified him/herself by name. The caller requested information about accessing mental health services in the county for his/her son who was acting out at school and home. The operator explained the referral process and provided information on how to access the provider information online. The operator explained that walk-in services were not available because of COVID-19, but that he/she would take the caller's information and send a referral to one of the

clinicians who conducted assessments. The operator indicated that the clinician would reach out in 1-3 business days via telephone to conduct an assessment.

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 #3**
Test call was placed on Thursday, March 18, 2021, at 3:23 p.m. The call was immediately answered via phone tree providing language capabilities in all languages spoken by beneficiaries in the county. After selecting the English option, the call was then transferred to a live operator who identified him/herself. The operator asked the caller if he/she needed immediate help and the caller replied in the negative. The caller explained that he/she was crying all the time, could not sleep, and did not have an appetite. The operator provided the caller with information on how to access SMHS. The operator provided the location and phone number of a walk-in clinic in the county.

The caller was provided information on how to access SMHS including SMHS required to assess whether medical necessity criteria are met. The caller was provided information on how to treat an urgent condition.

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

**TEST CALL #4**
Test call was placed on Monday, March 29, 2021, at 7:20 a.m. The call was answered after one (1) ring via live operator who identified him/herself by name. The caller requested information on how to refill his/her anxiety medication prescription as a new county resident. The operator assessed the caller's current condition by asking if the beneficiary required immediate or emergency services. The caller replied in the negative, but stated that he/she had been out of medication for four days. The operator asked if the caller had established care with a Sacramento County provider, to which the caller responded in the negative and stated that he/she had just moved to Sacramento County. The operator then informed the caller of the assessment process and offered three (3) options to the caller: first, call the beneficiary's previous provider and ask for an additional refill while processing through the assessment and intake with Sacramento County; second, call back on the access line during normal business hours and talk with a mental health specialist who would be able to assist with transferring the caller's Medi-Cal benefits to Sacramento County; and third, seek services from the Sacramento Urgent Care clinic that offers walk-in services, assessments, crisis information, assistance with transferring benefits, and would work with the beneficiary to

assist with refilling his/her anxiety medication prescription. The operator provided the walk-in clinic address, hours, and phone number.

The caller was provided information about how to access SMHS and was provided information about services needed to treat a beneficiary's urgent condition.

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

**TEST CALL #5**
Test call was placed on Wednesday, May 19, 2021, at 5:19 p.m. The call was answered after two (2) rings via live operator who identified him/herself. The operator asked if the caller needed an interpreter, the caller replied in the negative. The operator proceeded to ask if the caller was in crisis, the caller replied in the negative. The operator asked for the caller's name and phone number. The caller provided his/her name only. The caller explained that he/she was feeling down, could not sleep, and did not have an appetite. The operator informed the caller that he/she had reached the after-hours line and the Access Team office had closed at 4:30 p.m. The operator advised the caller that someone from the county would contact the caller in one (1) to three (3) business days for information. The operator proceeded to inform the caller to dial 911 for crisis assistance and that urgent care would take walk-in appointments. No additional information about SMHS was provided to the caller.

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 #6**
Test call was placed on Monday, February 22, 2021, at 11:19 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 offered to take information regarding a grievance. The caller declined and requested to remain anonymous. The operator explained the grievance process. The operator provided the caller with the phone number. The operator advised the caller that forms were located in local outpatient clinics. The caller was advised to call the access line during business hours of 8:00 a.m. to 5:00 p.m. to obtain clinic location(s) near the caller's residence. The caller advised the operator that they would call back during business hours.

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, May 19, 2021, at 9:42 a.m. The call was answered after one (1) ring via phone tree directing the caller to select a language option, which included the MHP's threshold languages. After selecting the option for English, the caller then heard a recorded greeting and instructions to call 911 in an emergency. The caller then selected the option for complaints/grievances. The call rang three (3) times before a message stated that the person was away from his/her desk and to leave a message for a return 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).

**SUMMARY OF TEST CALL FINDINGS**

| Required Elements | Test Call Findings | | | | | | | Compliance Percentage |
|---|---|---|---|---|---|---|---|---|
| | #1 | #2 | #3 | #4 | #5 | #6 | #7 | |
| 1 | IN | IN | IN | IN | IN | N/A | N/A | 100% |
| 2 | IN | IN | IN | IN | OOC | N/A | N/A | 80% |
| 3 | IN | IN | IN | IN | IN | N/A | N/A | 100% |
| 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).

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

Repeat deficiency Yes

**Question 4.3.4**

**FINDING**

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

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

- Access Line Sample Log-ISU#1
- Access Line Sample Log-ISU #2
- Access Line Sample Log-ISU #3
- Access Line Sample Log-Avatar #1
- Access Line Sample Log-Avatar #2
- Access Line Sample Log-Avatar #3
- After Hours Access Call Log

While the MHP submitted evidence to demonstrate compliance with this requirement, two (2) of five (5) required DHCS test calls did not have a disposition logged on the MHP's written log of initial requests. 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 | 2/22/2021 | 10:48 a.m. | IN | IN | IN |
| 2 | 3/2/2021 | 12:33 p.m. | IN | IN | OOC |
| 3 | 3/18/2021 | 3:23 p.m. | IN | IN | OOC |
| 4 | 3/29/2021 | 7:20 a.m. | IN | IN | IN |
| 5 | 5/19/2021 | 5:13 p.m. | IN | IN | IN |
| **Compliance Percentage** | | | **100%** | **100%** | **60%** |

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

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

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

Repeat deficiency Yes

**Question 4.4.5**

**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 plan for annual cultural competence training necessary to ensure the provision of culturally competent services including the below requirements:

1. There is a process that ensures that interpreters are trained and monitored for language competence (e.g., formal testing).

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

- BHIT Increasing Spanish Behavioral Health Clinic
- CBMS 1-Day Training Letter and Flyer
- CBMCS and MHI Training Report
- CBMCS On Going List
- CC Training Master Log
- CCC Annual Report-Cultural Competence Plan
- CC June meeting notes
- CCC Organization Structure
- Cultural Competence Plan 2020
- Health Equity and Multicultural Diversity Foundation Training
- Introduction to Interpreting in Behavioral Health Settings Training Registration
- P&P 02-01 Implementation of Cultural Competence
- Sacramento Behavioral Health Interpreter Training Registration Flyer
- Health Equity and Multicultural Diversity Sign In Sheet
- Increasing Spanish Terminology Sign In Sheet
- Evaluation to Interpreting in Behavioral Health Self-Assessment

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a process that ensures that interpreters are trained and monitored for language competence (e.g., formal testing). Per the discussion during the review, the MHP stated the language competence is assessed by a training followed by a formal test. However, the MHP only submitted a self-assessment and evidence of training as evidence for this requirement, but did not submit evidence of how interpreters are monitored for language competence, i.e., formal testing.

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

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

Repeat deficiency Yes

**Question 4.4.6**

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

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

- Cultural Competence Training Log
- Tracking of LMS
- Assurance of Cultural Competence
- P&P 02-01 Implementation of Cultural Competence
- Tracking System for required cultural competence training

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP verifies the implementation of training programs to improve the cultural competence skills of its contracted providers. Per the discussion during the review, the MHP stated it is currently not tracking the cultural competence training of its providers but has plans to implement a process to track this moving forward.

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

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

Repeat deficiency Yes

**COVERAGE AND AUTHORIZATION OF SERVICES**

**Question 5.1.2**

**FINDING**
The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 6, and Federal Code of Regulations, title 42, section 438, subdivision 210(b)(3). The MHP must have any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested be made by a health care professional who has appropriate clinical expertise in addressing the beneficiary's behavioral health needs.

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

- Approver Licenses and Signature List
- P&P 02-04 Authorization Requests
- Service Authorization Samples

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures a health care professional, who has appropriate clinical expertise in addressing a beneficiary's behavioral health needs, denies or authorizes a service in an amount, duration, or scope that is less than requested. Per the discussion during the review, the MHP stated that the original service authorization request (SAR) samples may not be the correct samples and would submit twenty-five (25) new SARs. The MHP did not submit additional SARs during the 5-business days post review evidence submission period. The MHP submitted electronic health record (EHR) service request evidence that demonstrated requests were not authorized by a health care professional.

In addition, DHCS inspected a sample of service authorizations to verify compliance with regulatory requirements.

The service authorization samples review findings are detailed below:

| Requirement | # of Service Authorizations in compliance | # of Service Authorizations out of compliance | Compliance Percentage |
|---|---|---|---|
| Service authorization approved or denied by licensed mental health or waivered/registered professionals | 7 | 17 | 32% |
| Adverse decisions based on criteria for medical necessit or emergency admission approved by a physician (or psychologist, per regulations | N/A | N/A | N/A |

DHCS deems the MHP in partial compliance with the MHP contract, exhibit A, attachment 6, and Federal Code of Regulations, title 42, section 438, subdivision 210(b)(3). The MHP must complete a CAP addressing this finding of partial compliance.

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

Repeat deficiency Yes

## Question 5.1.3

### FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 6, and Federal Code of Regulations, title 42, section 438, subdivision 210(c). The MHP must notify the requesting provider, and give the beneficiary written notice of any decision by the Contractor to deny a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested.

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

- Approver Licenses and Signature List
- P&P 02-04 Authorization Requests
- Service Authorization Samples
- NOABD Avatar Generation Screen
- P&P 02-01 Notice of Adverse Benefit Determination

While the MHP submitted evidence to demonstrate compliance with this requirement, there was one (1) of twelve (12) decision (8%) to deny a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested wherein the MHP did not notify the beneficiary in writing of the decision (92% compliance)

DHCS deems the MHP out of compliance with MHP contract; exhibit A, attachment 6, and Federal Code of Regulations, title 42, section 438, subdivision 210(c).

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

## Question 5.2.8

### FINDING

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

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

- Approver Licenses and Signature List
- P&P 02-04 Authorization Requests

- Service Authorization Samples
- Payment Authorization Tracker
- P&P 02-03 Urgent Service Request

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

| Requirement | # of Services Authorizations in compliance | # of Service Authorizations out of compliance | Compliance Percentage |
|---|---|---|---|
| Regular Authorization: The MHP makes a decision regarding a provider's request for prior authorization not to exceed five (5) business days from the MHP's receipt of the information reasonably necessary and requested by the MHP to make the determination. | 6 | 18 | 28% |

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP reviews and makes a decision regarding a provider's request for prior authorization as expeditiously as the beneficiary's mental health condition requires, and not to exceed five (5) business days from the MHP's receipt of the information. Per the discussion during the review, the MHP stated that the original service authorization request (SAR) samples may not be the correct samples and would submit twenty-five (25) new SARs. However, during the 5-business days post review evidence submission period, the MHP did not submit the additional SARs for review. The MHP did submit electronic health record (EHR) service request evidence that demonstrated requests were not authorized by a health care professional.

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

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

## BENEFICIARY RIGHTS AND PROTECTIONS

### Question 6.1.5

### FINDING

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

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

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

- Sample Grievances FY 19-20
- Sample Grievances FY 20-21
- Sample Appeals FY 19-20
- Sample Appeals FY 20-21
- Grievance and Appeal Log
- MHP Beneficiary Handbook
- P&P QM 03-01 Problem Resolution

While the MHP submitted evidence to demonstrate compliance with this requirement, one (1) of nineteen (19) acknowledgment letters (5%) was not sent within five (5) calendar days of receipt of the grievance (95% compliance)

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** | **19** | **18** | **1** | **95%** |
| **APPEALS** | **14** | **14** | **0** | **100%** |
| **EXPEDITED APPEALS** | **0** | **N/A** | **N/A** | **N/A** |

DHCS deems the MHP in partial compliance with the MHP contract, exhibit A, attachment 12, Federal Code of Regulations, title 42, section 438, subdivision 406(b)(1), and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-010E.

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

Repeat deficiency Yes

**Question 6.3.2**

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

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

- Sample Grievances FY 19-20
- Sample Grievances FY 20-21
- Sample Appeals FY 19-20
- Sample Appeals FY 20-21
- Grievance and Appeal Log
- MHP Beneficiary Handbook
- P&P QM 03-01 Problem Resolution
- Problem Resolution Training PowerPoint
- Grievance and Appeal Templates

While the MHP submitted evidence to demonstrate compliance with this requirement, one (1) of twenty (20) grievances was not resolved within the 90 day timeframe.

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

| | RESOLVED WITHIN TIMEFRAMES | | | REQUIRED NOTICE OF EXTENSION EVIDENT | COMPLIANCE PERCENTAGE |
|---|---|---|---|---|---|
| | # OF SAMPLE REVIEWED | # IN COMPLIANCE | # OOC | | |
| **GRIEVANCES** | **21** | **20** | **1** | **0** | **95%** |
| **APPEALS** | **14** | **13** | **1** | **0** | **93%** |
| **EXPEDITED APPEALS** | **0** | **N/A** | **N/A** | **N/A** | **N/A** |

DHCS deems the MHP in partial compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(a)-(b)(1).

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

**Question 6.4.3**

**FINDING**
The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(a); 408(b)(2). The MHP must resolve each appeal and provide notice, as expeditiously as the beneficiary's health condition requires, within 30 calendar days from the day the MHP receives the appeal.

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

- Sample Appeals FY 19-20
- Sample Appeals FY 20-21
- Grievance and Appeal Log
- P&P QM 03-01 Problem Resolution
- Problem Resolution Training PowerPoint
- Grievance and Appeal Templates

While the MHP submitted evidence to demonstrate compliance with this requirement, one (1) of fourteen (14) appeals (7%) was not resolved within the 30 calendar day timeframe (93% compliance).

DHCS deems the MHP in partial compliance with Federal Code of Regulations, title 42, section 438, subdivision 408.

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

## PROGRAM INTEGRITY

### Question 7.4.4

**FINDING**

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 455, subdivision 434(b)(1) and (2). The MHP's network providers must be required to submit updated disclosures. Disclosure must include all aspects listed below:

1. The name and address of any person (individual or corporation) with an ownership or control interest in the network provider.
2. The address for corporate entities shall include, as applicable, a primary business address, every business location, and a P.O. Box address;
3. Date of birth and Social Security Number (in the case of an individual);
4. 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);
5. Whether the person (individual or corporation) with an ownership or control interest in the Contractor's network provider is related to another person with ownership or control interest in the same or any other network provider of the Contractor as a spouse, parent, child, or sibling; or whether the person (individual or 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;
6. The name of any other disclosing entity in which the Contractor or subcontracting network provider has an ownership or control interest; and
7. The name, address, date of birth, and Social Security Number of any managing employee of the managed care entity.
8. 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

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

- Contractor Information Letter
- Contractor Medi-Cal Certification

- Sacramento County Contractor Information Letter
- Sacramento County MHP Medi-Cal Provider Disclosure Statement

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP's disclosure forms for its network providers include date of birth or Social Security number. Per the discussion during the review, the MHP stated that this information was collected on the credentialing form that is verified during the site certification process but is not included in their disclosure forms. Furthermore, the MHP does not track its network provider's disclosure forms.

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

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

Repeat deficiency Yes