



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2018/2019

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE KERN COUNTY MENTAL HEALTH PLAN

SYSTEM FINDINGS REPORT

Review Dates: April 23, 2019 and April 24, 2019

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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 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, section 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 Kern County MHPs Medi-Cal SMHS programs on April 23, 2018 and April 24, 2018. 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) 2018/2019 Annual Review Protocol for SMHS and Other Funded Programs (Protocol) to conduct the review (reference the Mental Health and Substance Use Disorder Services (MHSUDS) Information Notice 18-054).

The Medi-Cal system review evaluated the MHP's performance in the following categories:

- Section A: Network Adequacy and Availability of Services
- Section B: Care Coordination and Continuity of Care
- Section C: Quality Assurance and Performance Improvement
- Section D: Access and Information Requirements
- Section E: Coverage and Authorization of Services
- Section F: Beneficiary Rights and Protections
- Section G: Program Integrity

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- Section H: Other Regulatory and Contractual Requirement

This report details the findings from the Medi-Cal SMHS Triennial System Review of the Kern County MHP. The report is organized according to the findings from each section of the FY 2018/2019 Protocol. The findings are deemed out-of-compliance (OOC) or in partial compliance, with regulations and/or the terms of the contract between the MHP and DHCS. The findings from the Attestation and Chart Review are not included in this report.

For informational purposes, this findings report also includes additional information that may be useful for the MHP, including a description of calls testing compliance of the MHP's 24/7 toll-free telephone line and a section detailing information gathered for the "SURVEY ONLY" questions in the Protocol.

The MHP will have an opportunity to review the report for accuracy and appeal any of the findings of non-compliance (for both system 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 Plan of Correction (POC) is required for all items determined to be out-of-compliance. The MHP is required to submit a POC to DHCS within 60-days of receipt of the findings report for all system and chart review items deemed out-of-compliance. The POC 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 POC determined not to be effective, the MHP should propose an alternative corrective action plan to DHCS; and
- (5) Description of corrective actions required of the MHP's contracted providers to address findings.

Review Findings Overview

In DHCS' review, the Kern County MHP demonstrated numerous strengths, including but not limited to, the following examples:

- The MHP put in place the implementation of the PHQ-9 to determine severity of depression symptoms within adult mental health population.

Questions regarding this report may be directed to DHCS email inbox at MHSDCompliance@dhcs.ca.gov.

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FINDINGS

ACCESS AND INFORMATION REQUIREMENTS

REQUIREMENT
Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number: (Cal. Code Regs., tit. 9, §§ 1810.405(d) and 1810.410(e)(1))
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 SMHS, including SMHS 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.

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 it complies with California Code of Regulations, title 9, §§ 1810.405(d) and 1810.410(e)(1). Each MHP must provide 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, that will provide information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met and services needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearing processes. The seven (7) test calls are summarized below.

TEST CALL #1

Test call #1 was placed on Friday, December 7, 2018, at 7:49 a.m. The call was initially answered after six (6) rings via a live operator named Ellen. The caller requested information about accessing mental health services in the county. The operator provided the phone number for a clinic and said that the Psychiatric Evaluation Center was available 24/7. The operator also frequently checked on the caller's current mental status during the call. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and provided information about services needed to treat a beneficiary's urgent condition.

FINDING

DHCS deems the MHP in compliance with specific requirements in California Code of Regulations, title 9, §§ 1810.405(d) and 1810.410(e)(1).

TEST CALL #2

Test call #2 was placed on January 17, 2019, at 9:45 a.m. The call was initially 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 DHCS test caller

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then heard a recorded greeting and instructions to call 911 in an emergency. The caller was then placed on hold for two (2) minutes while the call was transferred to a live operator. The caller requested information about accessing mental health services in the county. The operator asked the caller to provide their name and contact information and advised the caller they were not in the county system. The operator advised the caller that someone from the county would contact them later in the week to schedule an assessment. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, nor was the caller provided information about services needed to treat a beneficiary's urgent condition.

FINDING

DHCS deems the MHP out-of-compliance with specific requirements in California Code of Regulations, title 9, §§ 1810.405(d) and 1810.410(e)(1).

TEST CALL #3

Test call #3 was placed on Tuesday, January 22, 2019, at 7:35 a.m. The call was initially answered after five (5) rings via a live operator named Lisa. The caller requested information about accessing mental health services in the county. The operator asked the caller if they were in crisis, felt like hurting others, or oneself. The caller stated in the negative. The operator asked the caller to provide their name, date-of-birth, and Medi-Cal number. The caller stated they were not comfortable providing that information. The operator then provided the hours of operation, Monday through Friday from 8:00 a.m. to 3:30 p.m., and the location of the Behavioral Health Recovery Services, at 2151 College Avenue, Bakersfield, CA. 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, nor was the caller provided information about services needed to treat a beneficiary's urgent condition.

FINDING

DHCS deems the MHP out-of-compliance with specific requirements in California Code of Regulations, title 9, §§ 1810.405(d) and 1810.410(e)(1).

TEST CALL #4

Test call #4 was placed on Tuesday, January 22, 2019, at 11:20 a.m. The call was initially answered after one (1) ring via a live operator named Yvonne. The caller requested information about accessing mental health services in the county. The operator asked the caller for her name and Medi-Cal number. The caller provided her name as Robin, but declined to provide a Medi-Cal number and stated she was calling to inquire about getting her anxiety medication refilled. The operator asked the caller if she was suicidal and in a safe location, or felt like hurting herself, or others, and if she needed to see someone immediately. The caller answered in the negative and that she was just calling for information on services. The operator asked if the caller was a resident of Kern County and receiving medication. The caller stated she had just moved there. The operator asked if caller had transferred her Medi-Cal to Riverside. The caller stated in the negative. The operator provided the caller with the process for transferring Medi-Cal Services. The caller asked if she needed to transfer services before receiving services in the county. The operator stated no. The operator then provided contact information for the caller to begin the process for transferring her Medi-Cal. The

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operator asked the caller for her location then provided the clinic location, hours of operation, telephone number, and the walk-in hours. After a brief discussion, the operator also informed the caller the county offers patients' free transportation to and from medical appointments. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and provided information about services needed to treat a beneficiary's urgent condition.

FINDING

DHCS deems the MHP in compliance with California Code of Regulations, title 9, §§ 1810.405(d) and 1810.410(e)(1).

TEST CALL #5

Test call #5 was placed on Monday, February 25, 2019, at 3:56 p.m. The call was initially answered after one (1) ring via a live operator. The caller requested information about accessing mental health services in the county including filing a complaint. The operator informed the caller there are three (3) different ways to receive the necessary forms for filing a complaint: 1) Walk-in services and obtaining the forms from the Patient Rights Office at 5121 Stockdale Hwy, Monday through Friday from 8:00 a.m. to 5:00 p.m.; 2) Having the forms mailed, or; 3) Calling the Patient Rights Office at 1-844-360-8250. The operator then inquired the caller's date-of-birth, type of insurance, veteran status, and ethnicity. The caller provided 8/1/1977, Medi-Cal for insurance, not a veteran, and was Caucasian for ethnicity. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and provided information about services needed to treat a beneficiary's urgent condition.

FINDING

DHCS deems the MHP in compliance with California Code of Regulations, title 9, §§ 1810.405(d) and 1810.410(e)(1).

TEST CALL #6

Test call #6 was placed on Tuesday, March 12, 2019, at 11:18 a.m. The call was initially answered after one (1) ring via a live operator. The caller requested information about accessing mental health services in the county. The operator asked the caller to provide their name and date-of-birth and advised the caller they were not in the county system. The caller stated they wanted to file a complaint. The operator then provided the caller with three (3) ways in which they could ascertain services: 1) Call the Patient Right Advocate at 844-360-8250; 2) Walk-in services at 5121 Stockdale Highway, Monday through Friday from 8:00 a.m. to 5:00 p.m., or; 3) Have the formed mailed. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and provided information about services needed to treat a beneficiary's urgent condition.

FINDING

DHCS deems the MHP in compliance with specific requirements in California Code of Regulations, title 9, §§ 1810.405(d) and 1810.410(e)(1).

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TEST CALL #7

Test call #7 was placed on Tuesday, March 19, 2019, at 1:54 p.m. The call was initially answered after one (1) ring via a live operator who identified herself as Mari. The caller requested information about accessing mental health services in the county. The operator asked the caller to provide their name, zip code, date-of-birth, ethnicity, and gender. The caller provided name, Toby Douglas, zip code, 93301, date-of-birth, 2-29-1955, ethnicity, white and gender, male. The operator then asked the caller if they were suicidal. The caller stated no. The operator then asked the caller if they would like to go to the 2151 College Avenue, Kern Medical Center for an assessment to access-of-care services, which is open for walk-in services Monday through Friday from 8:00 a.m. to 3:30 p.m. The caller stated yes. The operator also informed the caller that in the back of the facility there is a Safe House Center, which is, open 24/7, or they could call the Hotline, which is also available 24/7. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and provided information about services needed to treat a beneficiary's urgent condition.

FINDING

DHCS deems the MHP in compliance with California Code of Regulations, title 9, §§ 1810.405(d) and 1810.410(e)(1).

SUMMARY OF TEST CALL FINDINGS

Protocol Question	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Not Reviewed
2	IN	OUT	OUT	IN			IN	60%
3	IN	OUT	OUT	IN			IN	60%
4					IN	IN		100%

The MHP submitted evidence that demonstrates that it is in partial compliance with California Code of Regulations, title 9, §§ 1810.405(d) and 1810.410(e)(1). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
1) The MHP must maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing (Cal. Code Regs., tit. 9, §1810.405(f)).
2) The written log(s) contain the following required elements: (Cal. Code Regs., tit. 9, §1810.405(f)).
a) Name of the beneficiary.
b) Date of the request.
c) Initial disposition of the request.

FINDING

The MHP did furnish evidence to demonstrate it complies with California Code of Regulations, title 9, § 1810.405(f). The MHP must maintain a written log of the initial

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requests for SMHS from beneficiaries of the MHP. The requests must be recorded whether they are made via telephone, in writing, or in person. The log must contain the name of the beneficiary, the date of the request, and the initial disposition of the request.

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

- Kern County Call Log.

All five (5) of the required DHCS test calls were logged on the MHP’s access log. 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	12/7/2018	7:40 a.m.	IN	IN	IN
2	1/17/2019	9:45 a.m.	IN	IN	IN
3	1/22/2019	7:35 a.m.	IN	IN	IN
4	1/22/2019	11:20 a.m.	IN	IN	IN
7	3/19/2019	1:54 p.m.	IN	IN	IN
Compliance Percentage			100%	100%	100%

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-compliance with California Code of Regulations, title 9, § 1810.405(f). The MHP must complete a POC addressing this finding of non-compliance.

COVERAGE AND AUTHORIZATION OF SERVICES

REQUIREMENT
<p>For Standard Service/Treatment Authorizations decisions, the MHP shall provide notice as expeditiously as the beneficiary’s condition requires not to exceed 14-calendar days following receipt of the request for service, with a possible extension of up to 14 additional calendar days when:</p> <ul style="list-style-type: none"> a) The beneficiary, or the provider, requests extension; or, b) The MHP justifies (to DHCS upon request) a need for additional information and how the extension is in the beneficiary’s interest (MHP Contract, Ex. A, Att 6; 42 CFR § 438.210(d)(1)).

FINDING

Currently, the MHP does not have Standard Authorization Services. However, for Treatment Authorization, the MHP did not furnish evidence to demonstrate it complies with 42 CFR § 438.210(d)(1). For standard treatment authorization decisions, MHPs must provide notice as expeditiously as the beneficiary’s condition requires and within DHCS established timeframes

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that may not exceed 14-calendar days following receipt of the request for service, with a possible extension of up to 14 additional calendar days.

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

- Contracts;
- Day Treatment;
- Presumptive Transfer; and
- Second Opinion.

The DHCS reviewed a sample of 100-treatment authorization request as evidence of compliance with this requirement.

The treatment authorization services decision sample review findings are detailed below:

- Twenty-four of the 100-treatment authorizations were signed by an Associate Clinical Social Worker - not a licensed physician or a licensed mental health professional.

PROTOCOL REQUIREMENTS	TOTAL # TREATMENT AUTHORIZATION DECISION REVIEWED	TOTAL # TREATMENT AUTHORIZATION DECISIONS OOC	COMPLIANCE PERCENTAGE
MHP makes authorization decision and provides notice within 14 calendar days	100	24	76%

DHCS deems the MHP in partial compliance with 42 CFR § 438.210(d)(1). The MHP must complete a POC addressing this finding of non-compliance.

SURVEY ONLY FINDINGS

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

REQUIREMENT
The MHP must provide Therapeutic Foster Care (TFC) services to all children and youth who meet medical necessity criteria for TFC (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3 rd Edition, January 2018).

FINDING

The MHP furnish the following documentation as evidence to comply with this survey item requirement:

- Subcontract – Childnet Youth and Family Services, Inc.

SUGGESTED ACTION

DHCS is not requiring any action at this time.