



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE MADERA COUNTY MENTAL HEALTH PLAN

SYSTEM FINDINGS REPORT

Review Dates: December 5, 2018 and December 6, 2018

**Madera County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
System Findings Report**

TABLE OF CONTENTS

EXECUTIVE SUMMARY	3
REVIEW FINDINGS OVERVIEW.....	4
FINDINGS.....	6
<i>NETWORK ADEQUACY AND AVAILABILITY OF SERVICES.....</i>	<i>6</i>
<i>CARE COORDINATION AND CONTINUITY OF CARE.....</i>	<i>10</i>
<i>QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT.....</i>	<i>14</i>
<i>ACCESS AND INFORMATION REQUIREMENTS.....</i>	<i>18</i>
<i>COVERAGE AND AUTHORIZATION OF SERVICES.....</i>	<i>25</i>
<i>BENEFICAIRY RIGHTS AND PROTECTIONS.....</i>	<i>29</i>
<i>PROGRAM INTEGRITY.....</i>	<i>32</i>
<i>OTHER REGULATORY AND CONTRACTUAL REQUIREMENTS.....</i>	<i>37</i>
<i>SURVEY ONLY FINDINGS.....</i>	<i>38</i>

**Madera County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
System 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 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 Madera County MHPs Medi-Cal SMHS program on December 5, 2018 and December 6, 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 SMHS Triennial 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

**Madera County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
System Findings Report**

- Section F: Beneficiary Rights and Protections
- Section G: Program Integrity
- Section H: Other Regulatory and Contractual Requirements

This report details the findings from the Medi-Cal SMHS Triennial System Review of the Madera County MHP. The report is organized according to the findings from each section of the FY 2018/2019 Protocol and the Attestation 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, 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 Madera County MHP demonstrated numerous strengths, including but not limited to, the following examples:

- The MHP is currently establishing a data-driven quality management program to measure compliance activities and the effectiveness of its service delivery system. This includes improving data mining and data analysis processes in collaboration with Kingsview staff.
- MHP maintains consistent communication with its respective Managed Care Plan (MCP) to coordinate care for the counties beneficiaries.
- The MHP implemented an Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS) training to improve the screening and coordination of services, which resulted in an increase of the beneficiaries receiving ICC/IHBS.

**Madera County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
System Findings Report**

DHCS' also identified opportunities for improvement in various areas, including but not limited to the following:

- It was determined that the MHP's grievance and appeal decision-making processes, the information described in the grievance response letters, and the Annual Beneficiary Grievance and Appeal Report (ABGAR) demonstrated several inconsistencies of how the requirements are being interpreted. DHCS recommends that the MHP work to increase staff knowledge on the grievance/appeals processes requirements, SMHS eligibility requirements, and the circumstances by which allow the MHP to deny services.
- The MHP's mechanisms to monitor systemic clinical care issues, including but not limited to, the meaningful quality of care concerns, utilization management, medication practice, clinical documentation, cultural competency, and the quality assurance program lacks in consistency and quality.
- The MHP lacks in tracking the Social Security Death Master (SSDM) file review and System of Award Management (SAM); as a result, citing the union issues as a barrier.

Questions about this report may be directed to DHCS via email to MHSDCompliance@dhcs.ca.gov.

**Madera County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
System Findings Report**

FINDINGS

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

REQUIREMENT
The MHP shall implement mechanisms to assess the capacity of service delivery for its beneficiaries. This includes monitoring the number, type, and geographic distribution of mental health services within the MHP's delivery system (MHP Contract, Ex. A, Att. 8; 42 CFR § 438.207(b)(2)).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 CFR Section 438.207(b)(2). The MHP must implement mechanisms to assess the capacity of service delivery for its beneficiaries. This includes monitoring the number, type, and geographic distribution of mental health services within the MHP's delivery system (MHP Contract, Ex. A, Att. 8; 42 CFR § 438.207(b)(2)).

The MHP did not submit evidence of compliance for this requirement.

DHCS deems the MHP out-of-compliance with 42 CFR Section 438.207(b)(2). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The MHP shall meet, and require its providers to meet, Department standards for timely access to care and services, taking into account the urgency of need for services (42 CFR § 438.206(c)(1)(i)).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 CFR Section 438.206(c)(1)(i). The MHP must meet, and require its network providers to meet State standards for timely access to care and services, taking into account the urgency for the need of SMHS.

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

- P&P 68.00 Network Adequacy: Time and Distance;
- Provider Contract Boilerplate;
- FY 2017/2018 MHP's Timeliness Data;
- Timely Access Data Reports;
- EQRO Report; and,
- QAPI Work Plan.

The MHP did not submit evidence it has adopted the statewide timely access standards. There is no evidence of the new standards systematically implemented and monitored in the QAPI Work Plan or in other data reports. The MHP's QAPI Work Plan under timely access does not comply with the statewide timely access to care standards pursuant to Welfare and

**Madera County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
System Findings Report**

Institutions (Welf. & Inst.) Code, Section 141197(d)(1) and California Code of Regulations, title 28, section 1300.67.2.2(c)(5)(D). Additionally, the data submitted and according to the onsite discussion, the MHP indicated that it does not track data for the newly adopted statewide timely access standards. The MHP also shared it started a work group to develop strategies on how to track data related to Network Adequacy and Access. Furthermore, the MHP did not submit policies and procedures to address the timely access standards and requirements. It is also unclear if the MHP requires its contracted providers to meet the requirement.

DHCS deems the MHP out-of-compliance with 42 CFR Section 438.206(c)(1)(i). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The MHP shall implement mechanisms to assess the accessibility of services within its service delivery area. This shall include: timeliness of scheduling routine appointments; timeliness of services for urgent conditions; and, access to after-hours care (MHP Contract, Ex. A, Att. 8).

FINDING

The MHP did not furnish evidence to demonstrate it complies with the MHP Contract, Exhibit A, Attachment 8, Provider Network. The MHP must implement mechanisms to assess the accessibility of services within its service delivery area.

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

- Initial Contact Report;
- P&P 68.00 Network Adequacy: Time and Distance;
- Timely Access Data Reports;
- Assessment Report; and,
- QAPI Work Plan.

The MHP also shared it started a work group to develop strategies on how to track data related to Network Adequacy and Access.

DHCS deems the MHP out-of-compliance with the MHP Contract, Exhibit A, Attachment 8, Quality Improvement System. The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The MHP shall establish mechanisms to ensure that network providers comply with the timely access requirements (42 CFR § 438.206(c)(1)(iv)).
The MHP shall monitor network providers regularly to determine compliance with timely access requirements (42 CFR § 438.206(c)(1)(v)).
The MHP shall take corrective action if there is a failure to comply with timely access requirements. (42 CFR § 438.206(c)(1)(vi).)

**Madera County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
System Findings Report**

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 CFR Sections 438.206(c)(1)(iv)-(vi). DHCS must ensure that each contract with a MHP complies with the following requirements for timely access. Each MHP must:

- Establish mechanisms to ensure compliance by network providers;
- Monitor network providers regularly to determine compliance; and,
- Take corrective action if there is a failure to comply by a network provider.

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

- P&P MHP 69.00 Network Data Reporting and Submission Requirements;
- MHP 70.00 Alternative Access Standards;
- MHP 71.00 Network Certification and Validation of Network Adequacy;
- Provider Contract Boilerplate;
- Network Adequacy Certification Letter; and,
- Network Adequacy Corrective Action Plan Report.

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP is monitoring network providers regularly to determine compliance with timely access requirements. The provider boilerplate does not address statewide timely access requirements and does not include evidence that the MHP updated the contract to adhere to the statewide timely access standards. The Network Adequacy Corrective Action Plan Report indicates there was no corrective action plan and no timely access data submitted to DHCS related to the Network Adequacy deficiencies. Additionally, the “Initial Contact Report” for timeliness data does not indicate standards are being met (e.g., timeliness to first appointment). The MHP also did not submit evidence that the MHP has policies and procedures in place to take corrective action for these requirements when needed.

DHCS deems the MHP out-of-compliance with 42 CFR Sections 438.206(c)(1)(iv)-(vi). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
If the MHP’s provider network is unable to provide necessary services to a particular beneficiary, the MHP shall adequately and timely cover the services out of network, for as long as the MHP’s provider network is unable to provide them (MHP Contract, Ex. A, Att. 7; 42 CFR § 438.206(b)(4)).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 CFR Section 438.206(b)(4). If the MHP’s provider network is unable to provide necessary services covered under the MHP Contract to a particular beneficiary, the MHP must adequately and timely cover the services out of network, for as long as the MHP’s provider network is unable to provide them.

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

**Madera County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
System Findings Report**

- 24/7 Access Call Script;
- P&P MHP 01.00 After Hours Telephone Coverage;
- MHP 02.00 After Hours Administrative Coverage;
- MHP 10.00 Out-of-County Mental Health Services;
- MHP 33.00 Day Treatment Program Requirements for Youth in Out-of-County Placements; and,
- MHP 41.00 Procedures for Compliance and Implementation of Senate Bill (SB) 745 and SB 785.

While the MHP submitted evidence to demonstrate compliance with this requirement, the MHP's 24/7 access line script did not address out-of-network provider availability when the MHP does not have adequate network providers available. The policies and procedures submitted during the network adequacy certification process only addressed out-of-network provider access for beneficiaries who live or are placed outside of Madera County and did not address out-of-network access for beneficiaries due to no providers being available within the network. It is recommended to revise the policies and procedures to address procedures for ensuring beneficiaries are informed and have access to out-of-network providers.

DHCS deems the MHP out-of-compliance with 42 CFR Section 438.206(b)(4). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The MHP must maintain and monitor network of appropriate providers that is supported by written agreements and is sufficient to provide access to ICC and IHBS for all eligible beneficiaries, including those with limited English proficiency (42 CFR § 438.206(b)(1)).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 CFR Section 438.206(b)(1). DHCS must ensure through its contracts that each MHP, consistent with the scope of its contracted services, maintains and monitors a network of appropriate providers that is supported by written agreements and is sufficient to provide adequate access to all services covered under the contract for all beneficiaries, including those with limited English proficiency or physical or mental disabilities.

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

- Network Adequacy Certification Data;
- Network Adequacy Certification Corrective Action Letter; and,
- Provider Contract Boilerplate.

While the MHP submitted evidence to demonstrate compliance with this requirement, the MHP did not meet network adequacy standard for the children's service providers. The MHP also did not submit a corrective action plan for being out-of-compliance with this requirement. During the onsite discussion, the MHP shared its changes to its ICC/IHBS screening and coordination process, which has resulted in an increase of beneficiaries meeting criteria to receive ICC/IHBS services.

**Madera County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
System Findings Report**

DHCS deems the MHP out-of-compliance with 42 CFR Section 438.206(b)(1). The MHP must complete a POC addressing this finding of non-compliance.

CARE COORDINATION AND CONTINUITY OF CARE

REQUIREMENT
The MHP shall ensure that each beneficiary has an ongoing source of care appropriate to his or her needs and a person or entity formally designated as primarily responsible for coordinating the services accessed by the beneficiary (MHP Contract, Ex. A, Att.10; 42 CFR § 438.208(b)(1)).
The beneficiary shall be provided information on how to contact their designated person or entity (MHP Contract, Ex. A, Att.10; 42 CFR § 438.208(b)(1)).

FINDING

The MHP did not furnish evidence to demonstrate it complies with the 42 CFR Section 438.208(b)(1). Each MHP must implement procedures to deliver care to and coordinate services for all MHP beneficiaries. These procedures must meet DHCS requirements and must ensure that each beneficiary has an ongoing source of care appropriate to his or her needs and a person or entity formally designated as primarily responsible for coordinating the services accessed by the beneficiary. The beneficiary must be provided information on how to contact their designated person or entity.

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

- P&P 28.00 Referral to Primary Care Physician (dated October 1, 2003);
- Memorandum of Understanding (MOU) with Managed Care Plans (MCP);
- Services Brochures;
- Duty Statements/Job Descriptions;
- Demographic Form and Fact Sheet Regarding Coordination of Care; and,
- Draft Referral Form between MHP and MCP.

While the MHP submitted evidence to demonstrate compliance with this requirement, the MHP does not have a mechanism in place to coordinate services between the MHP and the affiliated MCP. Additionally, the evidence submitted does include the specific requirement related to designating a person to be responsible for coordinating services for a beneficiary. According to the onsite discussion, the MHP shared there is no formal referral process between MHP and MCP. The MHP providers do not make direct referrals or contact the MCP to coordinate services. Instead, the MHP providers encourages the beneficiary to call the telephone number on the back of their beneficiary card. Furthermore, the MHP shared it drafted a referral form and plans to implement a process in 2019. According to the MHP, there is no specific “agreed upon policy” between the MHP and MCP regarding coordination of care even though it is described in the MOU.

**Madera County Mental Health Plan
 FY 2018/2019 Medi-Cal SMHS Triennial Review
 System Findings Report**

DHCS deems the MHP out-of-compliance with 42 CFR Section 438.208(b)(1). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The MHP shall coordinate the services the MHP furnishes to the beneficiary between settings of care, including appropriate discharge planning for short-term and long-term hospital and institutional stays (MHP Contract, Ex. A, Att.10; 42 CFR §§ 438.208(b)(2)(i)-(iv), and Cal. Code Regs., tit. 9 § 1810.415).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 CFR Sections 438.208(b)(2)(i)-(iv). Each MHP must implement procedures to deliver care to and coordinate services for all MHP beneficiaries. These procedures must meet DHCS requirements and must do the following:

- Coordinate the services the MHP furnishes to the beneficiary;
- Between settings of care, including appropriate discharge planning for short-term and long-term hospital and institutional stays;
- With the services the beneficiary receives from any other MHP;
- With the services the beneficiary receives in Fee-For-Service Medicaid; and,
- With the services the beneficiary receives from community and social support providers.

Additionally, the MHP did not furnish evidence to demonstrate it complies with California Code of Regulations, title 9, section 1810.415. The MHP must demonstrate evidence of coordination of physical and mental health care described in the specified requirement.

The MHP submitted the P&P 28.00 Referral to Primary Care Physician (Oct. 1, 2003) as evidence of compliance with this requirement.

While the MHP submitted evidence to demonstrate compliance with this requirement, the MHP’s policy does not address discharge planning between settings of care for short-term and long-term hospital and institutional stays.

DHCS deems the MHP out-of-compliance with 42 CFR Sections 438.208(b)(2)(i)-(iv) and California Code of Regulations, title 9, section 1810.415. The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The MHP shall share with the Department or other managed care entities serving the beneficiary the results of any identification and assessment of that beneficiary’s needs to prevent duplication of those activities (MHP Contract, Ex. A, Att.10; 42 CFR § 438.208(b)(4)).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 CFR Section 438.208(b)(4). Each MHP must implement procedures to deliver care to and coordinate

**Madera County Mental Health Plan
 FY 2018/2019 Medi-Cal SMHS Triennial Review
 System Findings Report**

services for all MHP beneficiaries. These procedures must meet DHCS requirements and must share with DHCS or other MHPs serving the beneficiary the results of any identification and assessment of that beneficiary’s needs to prevent duplication of those activities. The MHP submitted the following documentation as evidence of compliance with this requirement:

- P&P PRV 18.00 Protected Health Information (PHI) (June 4, 2010);
- PRV 6.00 Client Right to Notice of Privacy Practices (Feb. 23, 2007);
- PRV 19.00 Confidentiality and Security of Information (Feb. 26, 2004);
- PRV 12.00 Minimum Necessary Standard for Use and Disclosure of PHI (Oct. 1, 2003);
- PRV 13.00 Faxing PHI (Oct. 1, 2003);
- PRV. 21.00 Acknowledgement of Confidentiality – Mental Health Consumers;
- PRV 07.00 Mental Health Services: Authorization to Use, Disclose, and Exchange PHI;
- Notice of Private Practices;
- Release of Information Form; and,
- MOU with MCP.

While the MHP submitted evidence to demonstrate compliance with this requirement, the policies do not include the specific requirement related to the exchange of information procedure with the DHCS or other managed care entities serving the beneficiaries to prevent duplication.

DHCS deems the MHP out-of-compliance with 42 CFR Section 438.208(b)(4). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The MHP shall ensure that each provider furnishing services to beneficiaries maintains and shares, as appropriate, a beneficiary health record in accordance with professional standards (MHP Contract, Ex. A, Att.10; 42 CFR § 438.208(b)(5)).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 CFR Section 438.208(b)(5). Each MHP must implement procedures to deliver care to and coordinate services for all MHP beneficiaries. These procedures must meet DHCS requirements and must ensure that each provider furnishing services to beneficiaries maintains and shares, as appropriate, a beneficiary health record in accordance with professional standards.

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

- P&P PRV 18.00 Protected Health Information (PHI) (June 4, 2010);
- PRV 6.00 Client Right to Notice of Privacy Practices (Feb. 23, 2007);
- PRV 19.00 Confidentiality and Security of Information (Feb. 26, 2004);
- PRV 12.00 Minimum Necessary Standard for Use and Disclosure of PHI (Oct. 1, 2003);
- PRV 13.00 Faxing PHI (Oct. 1, 2003);
- PRV. 21.00 Acknowledgement of Confidentiality – Mental Health Consumers;
- PRV 07.00 Mental Health Services: Authorization to Use, Disclose and Exchange PHI;

**Madera County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
System Findings Report**

- Notice of Private Practices;
- Release of Information Form; and,
- MOU with MCP.

While the MHP submitted evidence to demonstrate compliance with this requirement, the policies do not include the specific requirement related to the mechanisms to ensure provider's maintain and share beneficiary health records as appropriate.

DHCS deems the MHP out-of-compliance with 42 CFR Section 438.208(b)(5). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
When the dispute involves an MCP continuing to provide services to a beneficiary the MCP believes requires SMHS from the MHP, the MHP shall identify and provide the MCP with the name and telephone number of a psychiatrist or other qualified licensed mental health provider available to provide clinical consultation, including consultation on medications to the MCP provider responsible for the beneficiary's care (Cal. Code Regs., tit. 9 § 1810.370(a)(5)).

FINDING

The MHP did not furnish evidence to demonstrate it complies with California Code of Regulations, title 9, section 1810.370(a)(5). The MHP must enter into an MOU with any Medi-Cal MCP that enrolls beneficiaries covered by the MHP. The MOU must, at a minimum, address a process for resolving disputes between the MHP and the Medi-Cal MCP that includes a means for beneficiaries to receive medically necessary services, including SMHS and prescription drugs, while the dispute is being resolved. When the dispute involves the Medi-Cal MCP continuing to provide services to a beneficiary the Medi-Cal MCP believes requires SMHS from the MHP, the MHP must identify and provide the Medi-Cal MCP with the name and telephone number of a psychiatrist or other qualified licensed mental health professional available to provide clinical consultation, including consultation on medications to the Medi-Cal MCP provider responsible for the beneficiary's care.

The MHP submitted the MOU with the affiliated MCP as evidence of compliance with this requirement.

While the MHP submitted evidence to demonstrate compliance with this requirement, the MOU does not include the requirement by which describing that the MHP must identify and provide the MCP with the name and telephone number of a psychiatrist or other qualified licensed mental health professional available to provide clinical consultation, including consultation on medications to the MCP provider responsible for the beneficiary's care.

DHCS deems the MHP out-of-compliance with California Code of Regulations, title 9, section 1810.370(a)(5). The MHP must complete a POC addressing this finding of non-compliance.

**Madera County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
System Findings Report**

QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

REQUIREMENT
The MHP has mechanisms to assess beneficiary/family satisfaction by evaluating beneficiary grievance, appeals and fair hearings at least annually (MHP Contract, Ex. A, Att. 5).

FINDING

The MHP did not furnish evidence to demonstrate it complies with the MHP Contract, Exhibit A, Attachment 5, Quality Improvement System. The MHP must implement mechanisms to assess beneficiary/family satisfaction. The MHP must assess beneficiary/family satisfaction by:

1. Surveying beneficiary/family satisfaction with the MHP’s services at least annually;
2. Evaluating beneficiary grievances, appeals and fair hearings at least annually;
3. Evaluating requests to change persons providing services at least annually; and,
4. The MHP must inform providers of the results of beneficiary/family satisfaction activities.

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

- Quality Management Committee Agenda and Minutes;
- A written statement submitted from MHP stating “process is not fully operational at this time;” and,
- Grievance Samples.

While the MHP submitted evidence to demonstrate compliance with this requirement, the discussion during the onsite interview confirmed the evidence submitted does not include mechanisms to assess and evaluate grievance, appeals, and fair hearings to drive meaningful and systemic improvements. In addition, the grievance samples submitted indicate clinical quality of care concerns in the areas of coordination of care, quality of care and scope of practice. Furthermore, the MHP did not provide evidence to demonstrate the grievance findings are reviewed by the MHP as part of the QAPI program.

DHCS deems the MHP out-of-compliance with the MHP Contract, Exhibit A, Attachment 5, Quality Improvement System. The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The MHP has mechanisms to address meaningful clinical issues affecting beneficiaries system-wide (MHP Contract, Ex. A, Att. 5).

FINDING

The MHP did not furnish evidence to demonstrate it complies with the MHP Contract, Exhibit A, Attachment 5, Quality Improvement System. The MHP must implement mechanisms to address meaningful clinical issues affecting beneficiaries system-wide.

**Madera County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
System Findings Report**

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

- Quality Management Committee Agenda and Minutes;
- A written statement submitted from MHP stating “process is not fully operational at this time;” and,
- Grievance Samples.

While the MHP submitted evidence to demonstrate compliance with this requirement, the discussion during the onsite interview confirmed the evidence submitted does not include mechanisms to assess and evaluate grievance, appeals, and fair hearings to drive meaningful and systemic improvements. In addition, the grievance samples submitted indicate clinical quality of care concerns in the areas of coordination of care, quality of care and scope of practice. Furthermore, the MHP did not provide evidence to demonstrate the grievance findings are reviewed by the MHP as part of the QAPI program.

DHCS deems the MHP out-of-compliance with the MHP Contract, Exhibit A, Attachment 5, Quality Improvement System. The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The Contractor has mechanisms to monitor appropriate and timely intervention of occurrences that raise quality of care concerns, take appropriate follow-up action when such an occurrence is identified, and evaluate the results of the intervention at least annually (MHP Contract, Ex. A, Att. 5).

FINDING

The MHP did not furnish evidence to demonstrate it complies with the MHP Contract, Exhibit A, Attachment 5, Quality Improvement System. The MHP must implement mechanisms to monitor appropriate and timely intervention of occurrences that raise quality of care concerns. The MHP must take appropriate follow-up action when such an occurrence is identified. The results of the intervention shall be evaluated by the Contractor at least annually.

The MHP submitted grievance samples as evidence of compliance with this requirement.

While the MHP submitted evidence to demonstrate compliance with this requirement, the grievance samples indicated clinical quality of care concerns in the areas of coordination of care, quality of care, and scope of practice. Furthermore, there was no evidence submitted to confirm this specified information was reviewed by the MHP as part of the QAPI program.

DHCS deems the MHP out-of-compliance with the MHP Contract, Exhibit A, Attachment 5, Quality Improvement System. The MHP must complete a POC addressing this finding of non-compliance.

**Madera County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
System Findings Report**

REQUIREMENT
The QAPI work plan includes evidence of compliance with the requirements for cultural competence and linguistic competence (MHP Contract, Ex. A, Att. 5).

FINDING

The MHP did not furnish evidence to demonstrate it complies with the MHP Contract, Exhibit A, Attachment 5, Quality Improvement System. The MHP must have a Quality Improvement (QI) Work Plan covering the current contract cycle with documented annual evaluations and documented revisions as needed. The QI Work Plan must include evidence of compliance with the requirements for cultural competence and linguistic competence specified in Attachments 7 and 11 of the MHP contract.

The MHP submitted the QAPI Work Plan as evidence of compliance with this requirement.

While the MHP submitted evidence to demonstrate compliance with this requirement, the MHP has not offered cultural competence training in the past. However, according to FY 2017-2018 QAPI Work Plan (reference page 38) and to the MHP's statement during the onsite interview, it has plans in FY 2018-2019 to implement cultural competence training through Relias.

DHCS deems the MHP out-of-compliance with the MHP Contract, Exhibit A, Attachment 5, Quality Improvement System. The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The MHP QAPI program includes active participation by the MHP's practitioners and providers, as well as beneficiaries and family members, in the planning, design and execution of the QI program (MHP Contract, Ex. A, Att. 5).

FINDING

The MHP did not furnish evidence to demonstrate it complies with the MHP Contract, Exhibit A, Attachment 5, Quality Improvement System. The QI Program must include active participation by the MHP's practitioners and providers, as well as beneficiaries and family members, in the planning, design and execution of the QI Program, as described in California Code of Regulations, title 9, sections 1810.440(a)(2)(A-C).

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

- QI Committee Roster;
- P&P QMP 8.00 Quality Management; and,
- Quality Management Committee Agenda and Minutes.

While the MHP submitted evidence to demonstrate compliance with this requirement, it did not provide proof of evidence that family members or beneficiaries participant in the Committee. According to the onsite discussion, the MHP stated it struggles to recruit beneficiaries and family members to participate in the Quality Management Committee.

**Madera County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
System Findings Report**

Additionally, the MHP shared recently it spoke with one beneficiary related to the possibility of joining the Quality Management Committee meetings. However, the MHP is pending confirmation of participation from the beneficiary. The MHP will continue to recruit beneficiary/family participation.

DHCS deems the MHP out-of-compliance with the MHP Contract, Exhibit A, Attachment 5, Quality Improvement System. The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The MHP shall operate a Utilization Management program that is responsible for assuring that beneficiaries have appropriate access to SMHS (MHP Contract, Ex. A, Att. 5).

FINDING

The MHP did not furnish evidence to demonstrate it complies with the MHP Contract, Exhibit A, Attachment 5, Utilization Management Program. The Contractor must operate a Utilization Management program that is responsible for assuring that beneficiaries have appropriate access to SMHS as required in California Code of Regulations, title 9, sections 1810.440(b)(1)-(3).

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

- P&P QMP 09.00 Interagency QI Committee;
- QMP 16.00 Quality Management Chart Review;
- QMP 15.00 Review of Utilization System (Oct. 14, 2015);
- QMP 10.00 Network Provider Chart Review;
- MHP 40.00 QI Review of Charts;
- Chart audit tools; and,
- Chart evaluation and audit results.

While the MHP submitted evidence to demonstrate compliance with this requirement, currently the MHP does not review the chart audit data for systemic monitoring or to conduct a trend analysis for access to SMHS. Currently, the outpatient SMHS chart review samples includes two charts per clinician per year and the audit is completed by the supervisors. Findings are addressed by the supervisors to the clinician for clinical documentation improvement, but not for the overall monitoring of the utilization management and access to SMHS. The MHP did not submit any other evidence to indicate the Utilization Management program is assuring that beneficiaries have appropriate access to SMHS.

DHCS deems the MHP out-of-compliance with the MHP Contract, Exhibit A, Attachment 5, Utilization Management Program. The MHP must complete a POC addressing this finding of non-compliance.

**Madera County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
System Findings Report**

ACCESS AND INFORMATION REQUIREMENTS

REQUIREMENT
Beneficiary information required in 42 CFR Section 438.10 (e.g., information about managed care, beneficiary handbook, provider directory) may only be provided electronically by the MHP if the beneficiary is informed that the information is available in paper form without charge upon request and provides it upon request within 5 business days (42 CFR § 438.10(c)(6)).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 CFR Section 438.10(c)(6). The MHP must ensure it provides the beneficiary information provided electronically to comply with all of the following conditions:

- The format is readily accessible;
- The information is placed in a location on the MHP’s website that is prominent and readily accessible;
- The information is provided in an electronic form which can be electronically retained and printed;
- The information is consistent with the content and language requirements; and,
- The beneficiary is informed that the information is available in paper form without charge upon request and provides it upon request within 5 business days.

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

- MHP website; and,
- P&P 5.00 Mental Health Provider Directory.

While the MHP submitted evidence to demonstrate compliance with this requirement, the MHP’s policy states that Madera County affiliated MCP will make provider network information available to beneficiaries in paper and electronic form upon request; however, it does not include the five business days timeline requirement. Additionally, other evidence reviewed did not indicate that beneficiaries are informed of the five business day’s timeline as required.

DHCS deems the MHP out-of-compliance with 42 CFR Section 438.10(c)(6). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The MHP shall make a good faith effort to give written notice of termination of a contracted provider, within 15 calendar days after receipt or issuance of the termination notice, to each beneficiary who was seen on a regular basis by the terminated provider (42 CFR § 438.10(f)(1)).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 CFR Section 438.10(f)(1). The MHP must make a good faith effort to give written notice of termination of a

**Madera County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
System Findings Report**

contracted provider, within 15-calendar days after receipt or issuance of the termination notice, to each beneficiary who received his or her primary care from, or was seen on a regular basis by, the terminated provider.

The MHP did not furnish evidence it complies with this requirement.

During the onsite interview, the MHP shared that all outpatient providers are employees of the MHP. According to the MHP's practice, when an MHP employee submits their resignation, they are required to meet with the beneficiary in person to inform them of their resignation. However, this practice was not documented in the MHP's policies and procedures and no sample of the notification documents/progress notes were submitted as evidence of compliance.

DHCS deems the MHP out-of-compliance with 42 CFR Section 438.10(f)(1). The MHP must complete a POC addressing this finding of non-compliance

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)).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.

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, chapter 11, sections 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 Thursday, October 4, 2018, at 10:33 p.m. The call was answered after one ring via a phone tree with a recorded greeting advising the caller they had reached Madera Behavioral Health. The phone tree provided the following information: if the caller was experiencing a medical or psychiatric emergency to hang up and dial 911 (in English and Spanish); press 1 if the caller was having an immediate concern regarding a mental health problem to be assessed for crisis or urgent care; if inquiring about an appointment or assessment to call back during business hours; if calling about a grievance regarding any service to contact the Quality Management Coordinator (provided phone number); where to pick-up formal grievance forms (located in the lobby of all clinics, provider offices, and via the website); how to use the beneficiary problem resolution and fair hearing processes; and informed the caller they could enter an extension at any time to reach an intended party.

**Madera County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
System Findings Report**

FINDINGS

DHCS deems the MHP in-compliance with specific requirements in California Code of Regulations, title 9, sections 1810.405(d) and 1810.410(e)(1). The MHP demonstrated compliance by MHP's toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.

TEST CALL #2

Test call #2 was placed on Wednesday, October 17, 2018, at 6:21 a.m. The call was initially answered after one ring via a phone tree. The pre-recorded voice message started by stating "You have reached Madera Behavioral Health. If you have a medical and/or psychiatric emergency to please hang up and dial 911," and the message was repeated in Spanish. The voice message instructed the caller to press #1, if the caller was experiencing an urgent mental health concern. The caller pressed #1 and a live person answered the call. The caller hung up. The caller called back to listen to the other options of the voice message. The voice message instructed the caller to call during business hours for appointment/assessment or information about SMHS. The phone message provided detailed information about the beneficiary problem resolution and fair hearing processes, including provided the phone number and how to access forms. The caller verified if the forms were located on the website. After the grievance information was provided, the phone tree automatically disconnected the call. The caller was provided with the opportunity to contact a live person, if they had an urgent mental health crisis. In addition, the caller was provided with an in-depth information on how to access forms to file a grievance through a formal or informal process. However, the voice message system does not provide the ability for the caller to receive information about accessing SMHS after hours. The caller was instructed to call back during the business hours.

FINDINGS

DHCS deems the MHP in-compliance with specific requirements in California Code of Regulations, title 9, sections 1810.405(d) and 1810.410(e)(1). The toll-free number providing information to beneficiaries about services needed to treat a beneficiary's urgent condition.

DHCS deems the MHP out-of-compliance with California Code of Regulations, title 9, sections 1810.405(d) and 1810.410(e)(1). The MHP did not demonstrate compliance by the toll-free number providing information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met.

TEST CALL #3

Test call #3 was placed on Friday, October 5, 2018, at 7:31 a.m. The call was answered after one ring via a phone tree identified as Madera County Behavioral Health. The message instructed the caller to dial 911 for a medical or psychiatric emergency and repeated the message in Spanish. The phone tree had options to connect the caller to specific staff and provided several options for filing a grievance. The phone tree provided an option to get immediate assistance for an urgent condition. However, the phone tree provided limited information about how to access SMHS. The phone tree instructed callers to call back during business hours to receive information about SMHS. The caller was not provided sufficient information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met.

**Madera County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
System Findings Report**

FINDINGS

DHCS deems the MHP in-compliance with specific requirements in California Code of Regulations, title 9, sections 1810.405(d) and 1810.410(e)(1). The MHP demonstrated compliance by the toll-free number providing information to beneficiaries about services needed to treat a beneficiary's urgent condition.

DHCS deems the MHP out-of-compliance with California Code of Regulations, title 9, sections 1810.405(d) and 1810.410(e)(1). The MHP did not demonstrate compliance by the toll-free number providing information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met.

TEST CALL #4

Test call #4 was placed on Wednesday, October 3, 2018, at 10:20 a.m. The call was initially answered after two rings via a live operator, which then was transferred to a second operator. The caller requested information about how to access SMHS in the county. The operator offered to schedule an assessment for the following week, provided the address to the county, and explained the process to the caller.

FINDINGS

DHCS deems the MHP in-compliance with California Code of Regulations, title 9, sections 1810.405(d) and 1810.410(e)(1). The toll-free number providing information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met.

TEST CALL #5

Test call #5 was placed on Monday, November 5, 2018, at 2:09 p.m. The call was initially answered after two rings via a live operator. The caller requested information about how to access SMHS for a child. The operator asked for the child's age and offered to transfer the caller to schedule an appointment. The caller declined the appointment and asked for information only. The operator provided information about the types of SMHS available; such as, an assessment, qualifications for services based on the medical necessity, and walk-in services available at a clinic, including provided the clinics address and business hours. The caller was provided information about how to access SMHS.

FINDINGS

DHCS deems the MHP in-compliance with California Code of Regulations, title 9, sections 1810.405(d) and 1810.410(e)(1). The toll-free number providing information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. Additionally, the MHP demonstrated compliance by the toll-free number providing information to beneficiaries about services needed to treat a beneficiary's urgent condition.

TEST CALL #6

Test call #6 was placed on Wednesday, October 3, 2018, at 9:10 a.m. The call was initially answered after one ring via a live operator. The caller requested information about how to file a complaint against a therapist in Madera County. The operator offered the caller several options: 1) how to file a complaint online; 2) to come into the office to pick-up a Grievance

**Madera County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
System Findings Report**

Form; 3) to mail the Grievance Form to the caller’s residence; and, 4) to transfer the caller to Melissa Noblett, who is oversees the grievances and complaints. The caller was interested in filing a complaint online or coming into office. The operator provided instructions on how to access the Grievance Form online, including informing the caller where to locate the form online. Additionally, the operator provided the caller with the address where to mail the form. The operator also provided the address to the clinic and directions how to get to the clinic. The operator did not provide additional information about how to SMHS to the caller. The caller was provided information on how to use the beneficiary problem resolution and fair hearing processes.

FINDINGS

DHCS deems the MHP in-compliance with specific requirements in California Code of Regulations, title 9, sections 1810.405(d) and 1810.410(e)(1). The MHP demonstrate compliance by MHP’s toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.

TEST CALL #7

Test call #7 was placed on Thursday, October 11, 2018, at 7:43 a.m. The call was initially answered after one ring via a phone tree. The phone tree recording provided the following: if this is an emergency to dial 911 (English and Spanish), press #1 to speak with live operator to determine emergent/crisis or urgent conditions, directing the beneficiary to call during the normal business hour for the information on the services, and grievance process information. The caller placed the second call to verify the live operator option to determine emergent/crisis or urgent conditions. Call was connected to the live operator after one ring and the caller ended the call immediately.

FINDINGS

DHCS deems the MHP out-of-compliance with California Code of Regulations, title 9, sections 1810.405(d) and 1810.410(e)(1). The MHP did not demonstrate compliance by the toll-free number providing SMHS information after business hours.

DHCS deems the MHP in-compliance with California Code of Regulations, title 9, sections 1810.405(d) and 1810.410(e)(1). The toll-free number providing information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. Additionally, the MHP demonstrated compliance by the toll-free number providing information to beneficiaries about services needed to treat a beneficiary’s urgent condition.

SUMMARY OF TEST CALL FINDINGS

Question	#1	#2	#3	#4	#5	#6	#7	
D.VI.B.1	IN	NA	IN	IN	IN	NA	NA	100%
D.VI.B.2	NA	OOC	OOC	IN	IN	NA	OOC	40%
D.VI.B.3	NA	IN	IN	NA	NA	NA	IN	100%
D.VI.B.4	IN	IN	IN	NA	NA	IN	IN	100%

**Madera County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
System Findings Report**

In addition to the seven (7) test calls, the MHP submitted the following documentation as evidence of compliance with California Code of Regulations, title 9, sections 1810.405(d) and 1810.410(e)(1):

- P&P 1.00 After hours telephone coverage; and,
- QMP 29.00 Test Calls.

While the MHP submitted evidence to demonstrate compliance with this requirement, the MHP's phone tree did not provide information on how to access SMHS after-hours and it directed the callers to call back during business hour to receive information regarding SMHS. During the onsite interview, the MHP reported that they are working with new a contract vendor to update the phone tree message to address this issue.

The MHP will submit a POC addressing the out-of-compliance findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides a statewide, toll-free telephone number 24 hours a day, 7 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, services needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearing processes.

Based on the test calls, DHCS deems the MHP in partial compliance with California Code of Regulations, title 9, sections 1810.405(d) and 1810.410(e)(1). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
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 not furnish evidence to demonstrate it complies with California Code of Regulations, title 9, section 1810.405(f). The MHP must maintain a written log of the initial 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. An MHP may submit requests to DHCS for approval of alternative mechanisms that will track initial requests for SMHS. The alternative mechanism must include the information required of the written log. The data in the alternative mechanism must be accessible to review by DHCS. Requests for approval for alternative mechanisms must be submitted as components of or changes to the MHP's Implementation Plan pursuant to California Code of Regulations, title 9, section 1810.310.

**Madera County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
System Findings Report**

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

- P&P 1.00 After hours telephone coverage; and,
- QMP 29.00 Test Calls.

While the MHP submitted evidence to demonstrate compliance with this requirement, there is insufficient evidence the MHP logs the requests made.

One out of the two calls of DHCS’ test calls were not 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
4	10/3/2018	10:20 AM	OOC	OOC	OOC
5	11/5/2018	2:09 PM	IN	IN	IN
Compliance Percentage			50%	50%	50%

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 1810.310. The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The Cultural Competence Committee (CCC) completes its Annual Report of CCC activities as required in the Cultural Competence Plan Requirement (CCPR) (Cal. Code Regs., tit. 9, § 1810.410).

FINDING

The MHP did not furnish evidence to demonstrate it complies with California Code of Regulations, title 9, section 1810.410. The MHPs must submit evidence of a completed CCC annual reports and a Cultural Competence Plan including, at a minimum:

- Goals and objectives of the committee;
- Evaluation of goals and objectives;
- Reviews and recommendations to county programs and services, as well as actions taken;
- Goals of Cultural Competence Plans;
- Human Resources report (i.e., workforce development and/or recruitment activities);
- County organizational assessment; and,
- Training Plans.

The MHP submitted P&P 44.00 Cultural Competence Plan as evidence of compliance with this requirement.

**Madera County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
System Findings Report**

While the MHP submitted evidence to demonstrate compliance with this requirement, the MHP did not submit evidence of the annual report. In addition, the onsite discussion revealed that the MHP's QMC does not report to QIC. The QIC operates as a reviewing body of the outpatient chart review, who reports to QMC. The QMC functions as an overarching Quality Assurance Committee. Furthermore, CCC was re-established in early 2018.

DHCS deems the MHP out-of-compliance with California Code of Regulations, title 9, section 1810.410. The MHP must complete a POC addressing this finding of non-compliance.

COVERAGE AND AUTHORIZATION OF SERVICES

REQUIREMENT
The MHP also requires providers to request authorization for additional SMHS provided concurrently with day treatment intensive or day rehabilitation, excluding services to treat emergency and urgent conditions. These services are provided with the same frequency as the concurrent day treatment intensive or day rehabilitation services (Cal. Code Regs., tit. 9, §§ 1810.227, 1810.216 and 1810.253)

FINDINGS

The MHP did not furnish evidence to demonstrate it complies with California Code of Regulations, title 9, section 1810.216. "Emergency Psychiatric Condition" means a condition that meets the criteria in Section 1820.205 when the beneficiary with the condition, due to a mental disorder, is a current danger to self or others, or immediately unable to provide for or utilize, food, shelter or clothing, and requires psychiatric inpatient hospital or psychiatric health facility services.

The MHP also did not furnish evidence to demonstrate it complies with California Code of Regulations, title 9, section 1810.227. "Mental Health Services" means individual or group therapies and interventions that are designed to provide reduction of mental disability and restoration, improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation and collateral.

Last, the MHP did not furnish evidence to demonstrate it complies with California Code of Regulations, title 9, section 1810.253. "Urgent Condition" means a situation experienced by a beneficiary that, without timely intervention, is highly likely to result in an immediate emergency psychiatric condition.

The MHP submitted the MHP's authorization P&P MHP 61.00 Documentation and Authorizations for Day Treatment and Day Treatment Rehabilitation as evidence of compliance with this requirement.

**Madera County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
System Findings Report**

While the MHP submitted evidence to demonstrate compliance with this requirement, the MHP did not furnish evidence it requires providers to request advance payment authorization for Day Treatment Authorization (DTI) and Day Rehabilitation (DR). DHCS reviewed the submitted policies and procedures (MHP 61.00), page 3 of 4, bullet number 10, and it does not address the requirements described above.

DHCS deems the MHP out-of-compliance with California Code of Regulations, title 9, sections 1810.227, 1810.216 and 1810.253. The MHP must complete a POC addressing this finding of non-compliance.

BENEFICIARY RIGHTS AND PROTECTIONS

REQUIREMENT
The MHP shall acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing (MHP Contract, Ex. A, Att. 12; 42 CFR § 438.406(b)(1)).
The written acknowledgement to the beneficiary must be postmarked within five (5) calendar days of receipt of the grievance (MHSUDS Information Notice 18-010E).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 CFR Section 438.406(b)(1). An MHP’s process for handling beneficiary grievances and appeals of adverse benefit determinations must acknowledge receipt of each grievance and appeal.

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

- P&P QMP 02.A3 and A4 Grievance/Appeals Acknowledgement Letter format in English and Spanish;
- QMP 1.00 Logging and Tracking of Complaints;
- QMP 2.00 Grievance Resolution Process;
- QMP 3.00 Problem Resolution Appeal Requirements;
- QMP 4.00 Problem Resolution Expedited Appeal Process;
- Grievance Log; and,
- Grievance Samples.

While the MHP submitted evidence to demonstrate compliance with this requirement, the Grievance Log and Grievance Samples indicated the MHP did not send acknowledgement forms within the five (5) calendar days period as required (Please reference FY 2016-2017: 63016 and 64904; and, FY 2017-2018:66276, 65323, 4899, 17826, and 23656). Additionally, the MHP did not send written acknowledgements on the three occasions (Please reference FY 2016-2017: 66102; and, FY 2017-2018: 61072 and 67058).

DHCS deems the MHP out-of-compliance with 42 CFR Section 438.406(b)(1). The MHP must complete a POC addressing this finding of non-compliance.

**Madera County Mental Health Plan
 FY 2018/2019 Medi-Cal SMHS Triennial Review
 System Findings Report**

REQUIREMENT
The MHP shall include a procedure to transmit issues identified as a result of the grievance, appeal or expedited appeal processes to the MHP's Quality Improvement Committee, the MHP's administration or another appropriate body within the Contractor's operations. The MHP shall consider these issues in the MHP's Quality Improvement Program, as required by California Code of Regulations, title 9, section 1810.440(a)(5) (MHP Contract, Ex. A, Att. 12; Cal. Code Regs., tit. 9, § 1850.205(c)(7)).

FINDING

The MHP did not furnish evidence it complies with California Code of Regulations, title 9, section 1850.205(c)(7). For the grievance, appeal, and expedited appeal processes, found in California Code of Regulations, title 9, sections 1850.206, 1850.207 and 1850.208 respectively, the MHP must ensure that a procedure is included by which issues identified as a result of the grievance, appeal, or expedited appeal processes are transmitted to the MHP's Quality Improvement Committee, the MHP's administration or another appropriate body within the MHP for consideration in the MHP's Quality Improvement Program as required by California Code of Regulations, title 9, section 1810.440(a)(5).

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

- P&P QMP 2.00 (5.11);
- QMP 3.00 (5.15); and,
- Grievance Samples.

While the MHP submitted evidence to demonstrate compliance with this requirement, it did not submit proof of its practice aligns with what is indicated in its policy: "The written record of grievances and appeals must be submitted at least quarterly to the MHP's quality improvement committee for systematic aggregation and analysis for quality improvement. Grievances and appeals reviewed must include, but not be limited to, those related to access to care, quality of care, and denial of services. Appropriate action must be taken to remedy any problems identified." In addition, the grievance samples indicated clinical quality of care concerns in the areas of coordination of care and quality of care and scope of practice. The MHP did not provide evidence that this information is reviewed by the MHP systemically as part of the QAPI program and/or by the QMC. During the onsite discussion, MHP reported that this is not in current practice.

DHCS deems the MHP out-of-compliance with California Code of Regulations, title 9, section 1850.205(c)(7). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The MHP shall provide the beneficiary a reasonable opportunity, in person and in writing, to present evidence and testimony and make legal and factual arguments. The MHP must inform the beneficiary of the limited time available for this sufficiently in advance of the resolution timeframe for appeals specified in Sections 438.408(b) and (c) in the case of expedited resolution (MHP Contract, Ex. A, Att. 12; 42 CFR § 438.406(b)(4)).

**Madera County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
System Findings Report**

FINDING

The MHP did not furnish evidence it complies with 42 CFR Section 438.406(b)(4). An MHP’s process for handling beneficiary grievances and appeals of adverse benefit determinations must provide the beneficiary a reasonable opportunity, in person and in writing, to present evidence and testimony and make legal and factual arguments. The MHP must inform the beneficiary of the limited time available for this sufficiently in advance of the resolution timeframe for appeals as specified in 42 CFR Sections 438.408(b) and (c) in the case of expedited resolution.

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

- P&P QMP 2.00; and,
- QMP 3.00; and,
- Grievance Samples.

While the MHP submitted evidence to demonstrate compliance with this requirement, the MHP’s policies and procedure did not address this requirement and no other evidence was submitted to support its practice. There were grievances processed or dismissed due to not meeting the grievance criteria when they should have been addressed as appeals for the adverse benefit determination and subject to a second opinion. There was no evidence the MHP provided a reasonable opportunity, in person and/or in writing, to present evidence and testimony to make legal and factual arguments for these cases.

DHCS deems the MHP out-of-compliance with 42 CFR Section 438.406(b)(4). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The MHP shall treat oral inquiries seeking to appeal an adverse benefit determination as appeals (to establish the earliest possible filing date for the appeal) and must confirm these oral inquiries in writing, unless the beneficiary or the provider requests expedited resolution (MHP Contract, Ex. A, Att. 12; 42 CFR § 438.406(b)(3)).

FINDING

The MHP did not furnish evidence it complies with 42 CFR Section 438.406(b)(3). An MHP’s process for handling beneficiary grievances and appeals of adverse benefit determinations must provide that oral inquiries seeking to appeal an adverse benefit determination are treated as appeals (to establish the earliest possible filing date for the appeal) and must be confirmed in writing, unless the beneficiary or the provider requests expedited resolution.

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

- P&P QMP 4.00 (5.6.2); and,
- Grievance Samples.

While the MHP submitted evidence to demonstrate compliance with this requirement, its policy does not include the following language to comply with this requirement, “Unless the

**Madera County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
System Findings Report**

beneficiary or the provider requests expedited resolution.” In addition, there was an adverse benefit determination made without following the proper appeals process. In this case, the MHP treated the request as a grievance, based on the oral inquiry from the beneficiary, when the case should have been addressed as an appeal for the adverse benefit determination, subject to a second opinion.

DHCS deems the MHP out-of-compliance with 42 CFR Section 438.406(b)(3). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The MHP shall adhere to the following record keeping, monitoring, and review requirement; each record shall include, but not be limited to, a general description of the reason for the appeal or grievance the date received, the date of each review or review meeting, resolution information for each level of the appeal or grievance, if applicable, and the date of resolution at each level, if applicable, and the name of the covered person whom the appeal or grievance was filed (42 CFR §§ 438.416(b)(1)-(6)).

FINDING

The MHP did not furnish evidence it complies with 42 CFR Sections 438.416(b)(1)-(6)). The record of each grievance or appeal must contain, at a minimum, all of the following information:

- (1) A general description of the reason for the appeal or grievance.
- (2) The date received.
- (3) The date of each review or, if applicable, review meeting.
- (4) Resolution at each level of the appeal or grievance, if applicable.
- (5) Date of resolution at each level, if applicable.
- (6) Name of the covered person for whom the appeal or grievance was filed.

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

- Grievance Samples;
- Grievance/Appeals forms;
- Grievance/Appeals Log;
- P&P QMP 1.00 (5.5);
- QMP 2.00 (5.3.2.1);
- Appeal Form;
- Client Rights Problem Resolution Guide; and,
- Grievance Form.

While the MHP submitted evidence to demonstrate compliance with this requirement, the policies and procedures and logs are missing the required field: “name of the covered person whom the appeal or grievance was filed.”

DHCS deems the MHP out-of-compliance with 42 CFR Sections 438.416(b)(1)-(6). The MHP must complete a POC addressing this finding of non-compliance.

**Madera County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
System Findings Report**

REQUIREMENT
The MHP's appeal process shall, at a minimum: Allows the beneficiary to have a reasonable opportunity to present evidence and testimony and make arguments of fact or law, in person and in writing (42 CFR § 438.406(b)(4)).
Allow the beneficiary, his or her representative, or the legal representative of a deceased beneficiary's estate, to be included as parties to the appeal (42 CFR § 438.406(b)(6)).

FINDING

The MHP did not furnish evidence it complies with 42 CFR Section 438.406(b)(4). An MHP's process for handling beneficiary grievances and appeals of adverse benefit determinations must provide the beneficiary a reasonable opportunity, in person and in writing, to present evidence and testimony and make legal and factual arguments. The MHP must inform the beneficiary of the limited time available for this sufficiently in advance of the resolution timeframe for appeals as specified in 42 CFR Sections 438.408(b) and (c) in the case of expedited resolution.

The MHP also did not furnish evidence it complies with 42 CFR Section 438.406(b)(6). An MHP's process for handling beneficiary grievances and appeals of adverse benefit determinations must include as parties to the appeal:

- (1) The beneficiary and his or her representative; or,
- (2) The legal representative of a deceased beneficiary's estate.

The MHP submitted its appeal form and informing materials as evidence of compliance with this requirement.

While the MHP submitted evidence to demonstrate compliance with this requirement, the MHP reported that they follow the requirement in practice; however, the grievance sample indicated inconsistency in documenting reasonable opportunities provided for the beneficiary to present evidence and testimony and make arguments of fact or law, in person and in writing. Additionally, the MHP does not have written policies and procedures to address these requirements. Furthermore, there were grievances responded to as grievances or dismissed due to not meeting the grievance criteria when they should have been addressed as appeals for the adverse benefit determination, subject to a second opinion. There was also no evidence the MHP allows the beneficiary to have a reasonable opportunity to present evidence and testimony to make arguments of fact or law, in person and in writing for those cases. It is recommended the MHP to include those requirements in its policies and procedures.

DHCS deems the MHP out-of-compliance with 42 CFR Sections 438.406(b)(4) and 438.406(b)(6). The MHP must complete a POC addressing this finding of non-compliance.

**Madera County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
System Findings Report**

REQUIREMENT
The MHP's expedited appeal process shall, at a minimum, inform beneficiaries of the limited time available to present evidence and testimony, in person and in writing, and make legal and factual arguments for an expedited appeal. The Contractor must inform beneficiaries of this sufficiently in advance of the resolution timeframe for the expedited appeal (42 CFR §§ 438.406(b)(4) and 438.408(b)-(c)).

FINDING

The MHP did not furnish evidence it complies with 42 CFR Section 438.406(b)(4). An MHP's process for handling beneficiary grievances and appeals of adverse benefit determinations must provide the beneficiary a reasonable opportunity, in person and in writing, to present evidence and testimony and make legal and factual arguments. The MHP must inform the beneficiary of the limited time available for this sufficiently in advance of the resolution timeframe for appeals as specified in 42 CFR Sections 438.408(b) and (c) in the case of expedited resolution.

The MHP did not also furnish evidence it complies with 42 CFR Sections 438.408(b)-(c). Paragraph (b) addresses the requirements for standard resolution of a grievance and notice to the affected parties, the timeframe is established by DHCS, but may not exceed 90 calendar days from the day the MHP receives the grievance. For standard resolution of an appeal and notice to the affected parties, DHCS must establish a timeframe that is no longer than 30 calendar days from the day the MHP receives the appeal. This timeframe may be extended under paragraph (c) of this section. For expedited resolution of an appeal and notice to affected parties, DHCS must establish a timeframe that is no longer than 72 hours after the MHP receives the appeal. This timeframe may be extended under paragraph (c) of this Section. Paragraph (c) addresses extension of timeframes, which indicates the MHP may extend the timeframes from paragraph (b) of this section by up to 14 calendar days if – The beneficiary requests the extension; or the MHP shows (to the satisfaction of DHCS agency, upon its request) that there is need for additional information and how the delay is in the enrollee's interest. If the MHP extends the timeframes not at the request of the beneficiary, it must complete all of the following:

- (1) Make reasonable efforts to give the beneficiary prompt oral notice of the delay.
- (2) Within 2 calendar days give the beneficiary written notice of the reason for the decision to extend the timeframe and inform the beneficiary of the right to file a grievance if he or she disagrees with that decision.
- (3) Resolve the appeal as expeditiously as the beneficiary's health condition requires and no later than the date the extension expires.

In the case of an MHP that fails to adhere to the notice and timing requirements in this Section, the beneficiary is deemed to have exhausted the MHP's appeals process. The beneficiary may initiate a State fair hearing.

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

- P&P QMP 3.00; and,
- QMP 4.00 (5.5).

**Madera County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
System Findings Report**

While the MHP submitted evidence to demonstrate compliance with this requirement, the MHP reported implementing these requirements in practice. However, the MHP does not have policies and procedures to address these requirements. It is recommended the MHP to develop policies and procedures to include specific language that notifies the beneficiary or their representative of the timeframe/time limit for submitting evidence or verbal arguments.

DHCS deems the MHP out-of-compliance with 42 CFR Sections 438.406(b)(4) and 438.408(b)-(c). The MHP must complete a POC addressing this finding of non-compliance.

PROGRAM INTEGRITY

REQUIREMENT
As a condition of enrollment, the MHP must require providers to consent to criminal background checks including fingerprinting when required to do so by DHCS or by the level of screening based on risk of fraud, waste or abuse as determined for that category of provider (42 CFR § 455.434(a)).

FINDING

The MHP did not furnish evidence it complies with 42 CFR Section 455.434(a). The State Medicaid agency - As a condition of enrollment, must require providers to consent to criminal background checks including fingerprinting when required to do so under State law or by the level of screening based on risk of fraud, waste or abuse as determined for that category of provider.

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

- P&P CMP 14.00 Disclosure of Ownership and Control Interest;
- CMP 14.A1 Disclosure Statement;
- Provider Contract Boilerplate;
- MHP Employee Disclosures; and,
- Sample Disclosures.

While the MHP submitted evidence to demonstrate compliance with this requirement, the MHP’s policies do not address the MHP providers’ requirement to consent to the criminal background check requirements, including fingerprinting when required.

DHCS deems the MHP out-of-compliance with 42 CFR Sections 455.434(a). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The MHP requires providers, or any person with a 5 percent (%) or more direct or indirect ownership interest in the provider, to submit fingerprints when applicable (42 CFR §§ 455.434(b)(1) and (2)).

**Madera County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
System Findings Report**

FINDING

The MHP did not furnish evidence it complies with 42 CFR Sections 455.434(b)(1) and (2). Must establish categorical risk levels for providers and provider categories who pose an increased financial risk of fraud, waste or abuse to the Medicaid program.

- 1) Upon the State Medicaid agency determining that a provider, or a person with a 5 percent or more direct or indirect ownership interest in the provider, meets the State Medicaid agency's criteria hereunder for criminal background checks as a “high” risk to the Medicaid program, the State Medicaid agency will require that each such provider or person submit fingerprints.

- 2) The State Medicaid agency must require a provider, or any person with a 5 percent or more direct or indirect ownership interest in the provider, to submit a set of fingerprints, in a form and manner to be determined by the State Medicaid agency, within 30 days upon request from CMS or the State Medicaid agency.

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

- P&P CMP 14.00 Disclosure of Ownership and Control Interest;
- CMP 14.A1 Disclosure Statement;
- Provider Contract Boilerplate;
- MHP Employee Disclosures; and,
- Sample Disclosures.

While the MHP submitted evidence to demonstrate compliance with this requirement, the MHP’s policies submitted did not address the MHP providers’ requirement to submit fingerprint for 5% or above interest and related to the fingerprint requirements.

DHCS deems the MHP out-of-compliance with 42 CFR Sections 455.434(b)(1) and (2). The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
Disclosures must include the name and address of any person (individual or corporation) with an ownership or control interest in the network provider.
The MHP shall provide DHCS with all disclosures before entering into a network provider contract with the provider and annually thereafter and upon request from DHCS during the re-validation of enrollment process under 42 CFR Section 455.104.

FINDING

The MHP did not furnish evidence it complies with 42 CFR Section 455.104. This requirement addresses the disclosure by Medicaid providers and fiscal agents related to information on ownership and control.

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

- Disclosure Blank Template;
- Sample Disclosures; and,

**Madera County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
System Findings Report**

- P&P CMP 14.00 Disclosure of Ownership and Control Interest.

While the MHP submitted evidence to demonstrate compliance with this requirement, one of four samples submitted was missing information per this requirement. However, the blank template included all required information. During the onsite discussion, the MHP stated that the receiving party should check the completed form, but there was no set protocol to ensure the required information is fully completed in the submitted disclosure forms.

DHCS deems the MHP out-of-compliance with 42 CFR Section 455.104. The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The MHP has a process, at the time of hiring/ contracting, to confirm the identity and exclusion status of all providers (employees, network providers, subcontractors, person's with ownership or control interest, managing employee/agent of the MHP). This includes checking the Social Security Administration's Death Master File and System of Award Management (SAM).
The MHP has a process to confirm monthly that no providers is on the System of Award Management (SAM) and Excluded Parties List System (EPLS) (42 CFR §§ 438.608(d) and 455.436).

FINDING

The MHP did not furnish evidence it complies with 42 CFR Section 438.608(d)

- 1) Contracts with a MHP must specify:
 - The retention policies for the treatment of recoveries of all overpayments from the MHP to a provider, including specifically the retention policies for the treatment of recoveries of overpayments due to fraud, waste, or abuse.
 - The process, timeframes, and documentation required for reporting the recovery of all overpayments.
 - The process, timeframes, and documentation required for payment of recoveries of overpayments to the State in situations where the MHP is not permitted to retain some or all of the recoveries of overpayments.
 - This provision does not apply to any amount of a recovery to be retained under False Claims Act cases or through other investigations.
- 2) Each MHP requires and has a mechanism for a network provider to report to the MHP when it has received an overpayment, to return the overpayment to the MHP within 60 calendar days after the date on which the overpayment was identified, and to notify the MHP in writing of the reason for the overpayment.
- 3) Each MHP must report annually to DHCS on their recoveries of overpayments.
- 4) DHCS must use the results of the information and documentation collected in paragraph (d)(1) of this Section and the report in paragraph (d)(3) of this Section for setting actuarially sound capitation rates for each MHP consistent with the requirements in 42 CFR Section 438.4.

**Madera County Mental Health Plan
 FY 2018/2019 Medi-Cal SMHS Triennial Review
 System Findings Report**

The MHP also did not furnish evidence it complies with 42 CFR Section 455.436. The State Medicaid agency must do all of the following:

- Confirm the identity and determine the exclusion status of providers and any person with an ownership or control interest or who is an agent or managing employee of the provider through routine checks of Federal databases.
- Check the Social Security Administration's Death Master File, the National Plan and Provider Enumeration System (NPPES), the List of Excluded Individuals/Entities (LEIE), the Excluded Parties List System (EPLS), and any such other databases as the Secretary may prescribe.
- Consult appropriate databases to confirm identity upon enrollment and reenrollment; and Check the LEIE and EPLS no less frequently than monthly.

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

- P&P CMP 10.00 Excluded Individuals and Entities;
- Reports of Database Queries;
- Tracking Logs; and,
- Contract with Vendor to Provide Service.

While the MHP submitted evidence to demonstrate compliance with this requirement, the evidences provided in the excluded provider database (e.g., logs, etc.) only addressed the National Plan and Provider Enumeration System (NPPES), Office of Inspector General's (OIG) List of Excluded Individual/Entities (LEIE) and Medi-Cal List of Suspended or Ineligible Providers (S&I List) checks. DHCS could not verify the current practice to check SAM and SSDMF. At the onsite review, the MHP reported a barrier of obtaining and utilizing the social security number of their own employees due to union contract limitations. The MHP also stated that it needs to meet and confer with labor unions in order to move forward with accurately checking SAM and SSDMF. Additionally, the MHP stated that they currently have access to both SAM and SSDMF databases, and it runs those two databases only with the employees' names, which does not provide the most accurate information for the MHP. DHCS requested evidence that the SAM and SSDMF database was checked. However, such evidence was not submitted. Instead, the MHP submitted the statement that the MHP's personnel department runs through the name and social security number through E-verify (work eligibility database system through Social Security and Homeland Security), which is a different system from the SAM and SSDMF. DHCS was unable to verify the MHP's compliance with the debased check requirements for the SAM and SSDMF.

DHCS deems the MHP out-of-compliance with 42 CFR Sections 438.608(d) and 455.436 The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The MHP ensures providers of services that require a license, registration or waiver maintain a current license, registration or waiver (Cal. Code Regs., tit. 9, § 1840.314(d) and 42 CFR § 455.412).

FINDING

**Madera County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
System Findings Report**

The MHP did not furnish evidence it complies with California Code of Regulations, title 9, section 1840.314(d). In order to receive Federal Financial Participation (FFP) for provider payments made by the MHP or for services delivered directly by the MHP, the MHP must assure that services must be provided within the scope of practice of the person delivering service, if professional licensure is required for the service.

The MHP did not furnish evidence it complies with 42 CFR Section 455.412. The State Medicaid agency must have a method for verifying that any provider purporting to be licensed in accordance with the laws of any State is licensed by such State. In addition, confirm that the provider's license has not expired and that there are no current limitations on the provider's license.

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

- P&P CRD 02.00 Review Approval of Network Provider Application Process;
- CRD 03.00 Credentialing Criteria for Network Providers;
- CRD 04.00 Re-Credentialing Process for Network Group Providers; and,
- Tracking Logs (Credential Verification).

While the MHP submitted evidence to demonstrate compliance with this requirement, the credential verification list had several providers with expired credential information.

DHCS deems the MHP out-of-compliance with the California Code of Regulations, title 9, section 1840.314(d) and 42 CFR Section 455.412. The MHP must complete a POC addressing this finding of non-compliance.

REQUIREMENT
The MHP verifies all ordering, rendering and referring providers have a current National Provider Identification (NPI) number (42 CFR §455.440).

FINDING

The MHP did not furnish evidence it complies with 42 CFR Section 455.440. The State Medicaid agency must require all claims for payment for items and services that were ordered or referred to contain the National Provider Identifier (NPI) of the physician or other professional who ordered or referred such items or services

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

- P&P CMP10.00 Excluded Individuals and Entities; and,
- Tracking Log (NPI Verification Report).

While the MHP submitted evidence to demonstrate compliance with this requirement, the NPI Verification Report (reference the submitted Tracking Log) indicated a provider missing a NPI.

DHCS deems the MHP out-of-compliance with 42 CFR Section 455.440. The MHP must complete a POC addressing this finding of non-compliance.

**Madera County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
System Findings Report**

OTHER REGULATORY AND CONTRACTUAL REQUIREMENTS

REQUIREMENT
The MHP must comply with the requirements of Welf. & Inst. Code Sections 14705(c) and 14712(e) regarding timely submission of its annual cost reports.

FINDING

The MHP did not furnish evidence it complies with Welf. & Inst. Code Section 14705(c). With regard to county operated facilities, clinics, or programs for which claims are submitted to DHCS for Medi-Cal reimbursement for SMHS to Medi-Cal eligible individuals, the county must ensure that all requirements necessary for Medi-Cal reimbursement for these services are complied with, including, but not limited to, utilization review and the submission of year-end cost reports by December 31 following the close of the fiscal year.

The MHP also did not furnish evidence it complies with Welf. & Inst. Code Section 14712(e). Whenever DHCS determines that a MHP has failed to comply with this chapter or any regulations, contractual requirements, state plan, or waivers adopted pursuant to this chapter, DHCS must notify the MHP in writing within 30-days of its determination and may impose sanctions, including, but not limited to, fines, penalties, the withholding of payments, special requirements, probationary or corrective actions, or any other actions deemed necessary to promptly ensure contract and performance compliance. If DHCS imposes fines or penalties, to the extent permitted by federal law and state law or contract, it may offset the fines from either of the following:

- 1) Funds from the Mental Health Subaccount, the Mental Health Equity Subaccount, and the Vehicle License Collection Account of the Local Revenue Fund and funds from the Mental Health Account and the Behavioral Health Subaccount of the Local Revenue Fund 2011.
- 2) Any other mental health realignment funds from which the Controller is authorized to make distributions to the counties, if the funds described in paragraph (1) are insufficient for the purposes described in this subdivision.

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

- P&P ACC 08.00 Medi-Cal Cost Report;
- ADM 11.00 Budget and Program Review; and,
- DHCS Cost Reporting Data.

While, the MHP submitted evidence to demonstrate compliance with this requirement; however, the cost reporting data indicates the MHP submitted the FY 2016-2017 cost report electronically on July, 23, 2018 and did not submit a hard copy until October 30, 2018.

DHCS deems the MHP out-of-compliance with Welf. & Inst. Code Sections 14705(c) and 14712(e). The MHP must complete a POC addressing this finding of non-compliance.

**Madera County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
System Findings Report**

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).

SURVEY FINDING

DHCS reviewed a copy of the meeting notice for TFC workgroup meeting as evidence for this survey item. Per the onsite discussion, the MHP participates in the TFC workgroup meeting in Fresno. However, the MHP currently does not have TFC providers and is not implementing TFC services.

SUGGESTED ACTION

DHCS recommends, at a minimum, the MHP continue to recruit TFC providers and implement TFC services in an effort to meet regulatory and/or contractual requirements, or to strengthen current processes in this area to ensure compliance in future reviews.

REQUIREMENT
The MHP has an affirmative responsibility to determine if children and youth who meet medical necessity criteria need 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).

SURVEY FINDING

DHCS reviewed a copy of the meeting notice for TFC workgroup meeting as evidence for this survey item. Per the onsite discussion, the MHP participates in the TFC workgroup meeting in Fresno. However, the MHP currently does not have TFC providers and is not implementing TFC services.

SUGGESTED ACTION

DHCS recommends, at a minimum, the MHP implement the following in an effort to meet regulatory and/or contractual requirements, or to strengthen current processes in this area to ensure compliance in future reviews:

- Continue to recruit TFC providers;
- Implement TFC services;
- Develop policies and procedures to address the requirements; and,
- Develop a training for TFC implementation.

**Madera County Mental Health Plan
FY 2018/2019 Medi-Cal SMHS Triennial Review
System Findings Report**

CARE COORDINATION AND CONTINUITY OF CARE

REQUIREMENT
The MHP shall implement a transition of care policy that is consistent with federal requirements and complies with the Department's transition of care policy (MHP Contract, Ex. A, Att.10; 42 CFR §§ 438.62(b)(1)-(2)).

SURVEY FINDING

The MHP furnished the MOU with the MCP as evidence to comply with this survey item requirement. Although the MOU addresses a transition of care policy; however, per the onsite discussion and the document submission, the MHP currently does not have a transition of care policy consistent with the federal requirements to comply with DHCS' transition of care policy.

SUGGESTED ACTION

DHCS recommends, at a minimum, the MHP develop internal and external transition of care policies in an effort to meet regulatory and/or contractual requirements, or to strengthen current processes in this area to ensure compliance in future reviews.

COVERAGE AND AUTHORIZATION OF SERVICES

REQUIREMENT
MHPs must review and make a decision regarding a provider's request for prior authorization within five (5) business days after receiving the request.

SURVEY FINDING

The MHP furnished the service authorization requests as evidence to comply with this survey item requirement. Although the MHP reported that its current practice is to strive for authorization within five business days; however, the MHP is currently not implementing five business days requirement.

SUGGESTED ACTION

DHCS recommends, at a minimum, the MHP to update its authorization policy to comply with DHCS' current authorization policy guidance in an effort to meet regulatory and/or contractual requirements, or to strengthen current processes in this area to ensure compliance in future reviews.