
**CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

# FISCAL YEAR 2021/2022

# MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

# OF THE SISKIYOU COUNTY MENTAL HEALTH PLAN

## SYSTEM FINDINGS REPORT

**Review Dates: July 26, 2022 to July 27, 2022**

**Siskiyou County Mental Health Plan**
**FY 2021/2022 Medi-Cal SMHS Triennial Review**
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## EXECUTIVE SUMMARY

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

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

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

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

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

DHCS conducted a virtual onsite review of the Siskiyou County MHP's Medi-Cal SMHS programs on July 26, 2022 to July 27, 2022. 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) 2021/2022 Annual Review Protocol for SMHS and Other Funded Programs (Protocol) to conduct the review.

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

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

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

This report details the findings from the Medi-Cal SMHS Triennial System Review of the Siskiyou County MHP. The report is organized according to the findings from each section of the FY 2021/2022 Protocol deemed out of compliance (OOC), or in partial compliance, with regulations and/or the terms of the contract between the MHP and DHCS.

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

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

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

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

## FINDINGS

## NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

### Question 1.2.7

**FINDING**
The MHP did not furnish evidence to demonstrate compliance with the Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must provide TFC services to all children and youth who meet medical necessity criteria for TFC.

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

- CLIN 16-00 Intensive Services Children and Youth – Screening & Referral
- CLIN 16-01 Intensive Services for Children & Youth – Intake-Assessment
- CLIN 16-02 Intensive Services Children and Youth Service Delivery
- TFC_Training_Resources_Toolkit_Final
- TFC Meeting Minutes

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides TFC services to all children and youth who meet medical necessity criteria for TFC. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it has struggled to find a TFC service provider in the county. The MHP stated that there is one (1) foster care agency in the county, however, it is unable to provide TFC services.

DHCS deems the MHP out of compliance with the Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care Services (TFC) for Medi-Cal Beneficiaries, 3rd Edition, January 2018.

### Question 1.2.8

**FINDING**
The MHP did not furnish evidence to demonstrate compliance with the Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must have an affirmative responsibility to determine if children and youth who meet medical necessity criteria need TFC.

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

- CLIN 16-00 Intensive Services Children and Youth – Screening & Referral
- CLIN 16-01 Intensive Services for Children & Youth – Intake-Assessment
- CLIN 16-02 Intensive Services Children and Youth Service Delivery
- TFC_Training_Resources_Toolkit_Final
- TFC Meeting Minutes
- 2019 Katie A Assessment Form

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP assesses all children and youth to determine if they meet medical necessity criteria for TFC. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP acknowledged that TFC criteria needed to be added to its current assessment form.

DHCS deems the MHP out of compliance with the Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018.

**Question 1.4.4**

**FINDING**

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

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

- #4701 Campus recert resubmit
- Charis Recert packet submission 9_2020
- DHCS 1735 SISKIYOU 4722 SHASTA HOST RECERT 12.10.21
- DHCS 1735 SISKIYOU 4798 5.27.20
- DHCS 1737 Form
- DHCS_ReCert_Approval Letter_4701
- Recert Campus 11_2020 Self Survey 11_2020
- Recertification Tracking Log and recent submissions

Internal Documents Reviewed:

- Siskiyou Provider Monitoring Report 7.11.22
- Siskiyou Provider Monitoring Report 7.25.22
- Siskiyou Provider Monitoring Report 8.12.22

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP certifies, or uses another MHP's certification documents to certify, the organizational providers that subcontract with the MHP to provide SMHS. Of the 14 active MHP providers, two (2) had overdue certifications. Per the discussion during the review, the MHP stated it was in the process of renewing one (1) provider contract and was pending the receipt of certification documentation for the other overdue site. Post review, the two (2) provider sites remained overdue.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 8.

## CARE COORDINATION AND CONTINUITY OF CARE

### Question 2.3.1

### FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 415(a). The MHP must make clinical consultation and training, including consultation and training on medications, available to a beneficiary's health care provider for beneficiaries whose mental illness is not being treated by the MHP or for beneficiaries who are receiving treatment from another health care provider in addition to receiving SMHS from the MHP.

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

- CLIN 312 Coordination of Physical and Mental Health Care
- CONSULTATION LOG 2021-2022
- Consultation Form Sample
- MEDS 16-02 Clinical Consultation & Training
- Lofthouse FY21-22 Fully Executed
- Fully Executed PHP_MOU 4-16-19
- 2.3.1 Consultation Note Sample

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP makes clinical consultation and training, including consultation and training on medications, available to a beneficiary's health care provider for beneficiaries whose mental illness is not being treated by the MHP. Per the discussion during the review, the MHP stated that it provided consultations on medications during the triennial review period, but that no trainings were conducted. Post review, the MHP submitted additional consultation materials, but did not provide any evidence showing that training was conducted.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 415(a).

## Question 2.4.1

### FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 370(a)(1). The MHP must ensure the MOU addresses the referral protocol between the MHP and MCP address the below listed requirements:

1. How the MHP will provide a referral to the MCP when the MHP determines that the beneficiary's mental illness would be responsive to physical health care based treatment.
2. How the MCP will provide a referral to the MHP when the MCP determines SMHS covered by the MHP may be required.

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

- CLIN 312 Coordination of Physical and Mental Health Care
- MCP-MHP completed referral forms (3)
- MHP-MCP completed referral forms (3)
- Fully Executed PHP_MOU 4-16-19

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident the MOU between the MHP and MCP addresses how the MCP will provide a referral to the MHP when the MCP determines SMHS covered by the MHP may be required. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that it was aware the MOU with its MCP did not include the required referral protocol and that the MHP was currently working with the MCP to revise the MOU to include this requirement. The MHP was provided the opportunity to submit its updated MOU post review, however, no additional evidence was submitted.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 370(a)(1).

## Question 2.4.2

### FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, subdivision 370(a)(5). The MHP must has a process for resolving disputes between the MHP and the MCP that includes a means for beneficiaries to receive medically necessary services, including SMHS and prescription drugs, while the disputes is being resolved. Also, 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 LMHP available to provide clinical consultation, including consultation on medications to the MCP provider responsible for the beneficiary's care.

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

- Fully Executed PHP_MOU 4-16-19
- MH and Partnership Quarterly MH Directors Meeting 4.29.2022
- MHP MCP meeting agenda 8-19-21
- MHP MCP QTR Meeting Agenda 4-29-22

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a process for resolving disputes between the MHP and the MCP that includes a means for beneficiaries to receive medically necessary services, including SMHS and prescription drugs, while disputes are being resolved. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that it was aware the MOU with its MCP did not include the required dispute resolution and continued service language and that the MHP was currently working with the MCP to revise the MOU to include this requirement. The MHP was provided the opportunity to submit its updated MOU post review, however, no additional evidence was submitted.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, subdivision 370(a)(5).

## ACCESS AND INFORMATION REQUIREMENTS

### Question 4.2.1

### FINDING

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

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

- ADMIN 208 Informing Materials
- Internal Provider Directory English 6_2022
- Internal Provider Directory Spanish 6_2022
- MHP_Beneficiary_Handbook LARGE print 2019
- MHP_BeneficiaryHandbookSPANISH
- Intake Forms
- Spanish forms & letters
- Spanish Informing & Education
- 4.2.1. BeneficiaryHandbookSPANISH-Siskiyou

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides all written materials for potential beneficiaries and beneficiaries in a font size no smaller than 12 point. The MHP's Spanish beneficiary handbook included incorrect font size. Per the discussion during the review, the MHP stated that it was unaware of this error and that it would update the handbook to meet this requirement. Post review, the MHP provided an updated Spanish Beneficiary Handbook that had the correct font size that it will implement moving forward.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(d)(6)(ii).

**Question 4.3.2**

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

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

The seven (7) test calls are summarized below.

**TEST CALL #1**
Test call was placed on Thursday, April 28, 2022, at 7:51 a.m. The call was immediately placed on hold. The caller waited on hold for approximately five (5) minutes before ending the call.

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

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

**TEST CALL #2**

Test call was placed on Monday, April 18, 2022, at 1:46 p.m. The call was answered after two (2) rings via a live operator. The caller requested assistance for what he/she described as feeling depressed, which included an inability to get out of bed and a feeling of overbearing sadness. The operator assessed the caller's need for urgent services, which the caller responded in the negative. The operator explained the assessment, medical necessity determination, and referral processes. The operator explained that assessments could be conducted over the phone as well as in person and provided the MHP's hours of operation and address. The operator provided information on where the caller could access urgent care services if there was an immediate need.

The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary's urgent condition.

**FINDING**

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

**TEST CALL #3**

Test call was placed on Monday, April 25, 2022, at 2:31 p.m. The call was answered after two (2) rings via a live operator. The caller asked the operator for information about mental health services in the county and explained he/she had been providing care for an elderly parent and had been feeling overwhelmed, isolated, and hopeless. The operator assessed the caller's need for urgent care services, which the caller responded in the negative. The operator informed the caller of the process of scheduling an assessment and appointment to see a therapist or clinician. The operator offered to schedule an appointment for the caller, but the caller declined. The operator provided information about walk-in services, hours of operation, and clinic locations.

The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary's urgent condition.

**FINDING**

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

**TEST CALL #4**

Test call was placed on Tuesday, November 30, 2021, at 3:29 p.m. The call was answered after two (2) rings via a live operator. The caller requested information about obtaining a refill for anxiety medication although he/she had not yet established a care provider in the county. The operator informed the caller that he/she would need to schedule an assessment and be established with the MHP. The operator explained the

assessment process, which included how medical necessity is determined. The operator provided information including location and hours of operation for the walk-in clinic.

The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was not provided information about services needed to treat a beneficiary's urgent condition.

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

**TEST CALL #5**
Test call was placed on Friday, December 10, 2021, at 7:46 a.m. The call was answered immediately via a recorded message stating the caller would be assisted by the next available representative. The caller waited on hold for approximately 14 minutes before ending the call.

The caller was not provided information on how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was not provided information about services needed to treat a beneficiary's urgent condition.

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

**TEST CALL #6**
Test call was placed on Tuesday, December 21, 2021, at 2:23 p.m. The call was answered after two (2) rings via a live operator. The caller asked how to file a complaint in the county. The operator provided information including how to obtain a grievance form, the timeline for grievance resolutions, and how to obtain assistance completing the grievance forms if necessary.

The caller was provided information about how to use the beneficiary problem resolution and fair hearing process.

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

**TEST CALL #7**
Test call was placed on Thursday, December 30, 2021, at 7:54 a.m. The call was answered after two (2) rings via a live operator. The caller asked how to file a complaint in the county. The operator offered to take the grievance over the phone, but the caller declined. The operator provided information including how to obtain a grievance form,

the timeline for grievance resolutions, and how to obtain assistance completing the grievance forms if necessary.

The caller was provided information about how to use the beneficiary problem resolution and fair hearing process.

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

**SUMMARY OF TEST CALL FINDINGS**

| Required Elements | Test Call Findings | | | | | | | Compliance Percentage |
|---|---|---|---|---|---|---|---|---|
| | #1 | #2 | #3 | #4 | #5 | #6 | #7 | |
| 1 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 0% |
| 2 | OOC | IN | IN | IN | OOC | N/A | N/A | 60% |
| 3 | N/A | IN | IN | OOC | OOC | N/A | N/A | 50% |
| 4 | N/A | N/A | N/A | N/A | N/A | IN | IN | 100% |

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

Repeat deficiency Yes

**Question 4.3.4**

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

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

- ADMIN 14-02 Access Line Calls English & Spanish
- Call log 11_2021
- Call Log 12_2021
- Call Log 4_2022
- 4.3.4. Log
- 4.3.4. NPI examples

While the MHP submitted evidence to demonstrate compliance with this requirement, five (5) of five (5) required DHCS test calls were not logged on the MHP's written log of initial request. The table below summarizes DHCS' findings pertaining to its test calls:

| Test Call # | Date of Call | Time of Call | Log Results | | |
|---|---|---|---|---|---|
| | | | Name of the Beneficiary | Date of the Request | Initial Disposition of the Request |
| 1 | 11/30/2021 | 3:29 p.m. | OOC | OOC | OOC |
| 2 | 12/10/2021 | 7:46 a.m. | OOC | OOC | OOC |
| 3 | 4/18/2022 | 1:46 p.m. | OOC | OOC | OOC |
| 4 | 4/25/2022 | 2:31 p.m. | OOC | OOC | OOC |
| 5 | 4/28/2022 | 7:51 a.m. | OOC | OOC | OOC |
| **Compliance Percentage** | | | **0%** | **0%** | **0%** |

*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 out of compliance with California Code of Regulations, title 9, section 1810, subdivision 405(f).

Repeat deficiency Yes

## COVERAGE AND AUTHORIZATION OF SERVICES

### Question 5.1.6

### FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 210(a)(3)(i). The MHP must not arbitrarily deny or reduce the amount, duration, or scope of medically necessary covered SMHS solely because of diagnosis, type of illness, or condition of the beneficiary.

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

- CLIN 300 Access Assessment and Treatment Planning for In-Network and …
- CLIN 310 Authorization for SMHS and Concurrent Review
- CLIN 16-05 Inpatient Treatment Authorization (TARS)
- SAR & Outpatient Auth LOG_FY 19-22
- SARs_10
- SAR Denial – Modification Sample with NOABD
- TAR Denial Sample with NOABD
- TAR sample
- 5.1.6 CLIN 310 Authorization of SMHS-Draft

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP does not arbitrarily deny or reduce the amount, duration, or scope of medically necessary covered SMHS solely because of diagnosis, type of illness, or condition of the beneficiary. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that this requirement needed to be added to its policy. Post review, the MHP submitted a compliant draft policy that it will implement moving forward.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 210(a)(3)(i).

## BENEFICIARY RIGHTS AND PROTECTIONS

### Question 6.1.5

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

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

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

- ADMIN 13-17 Beneficiary Problem Resolution
- Required Grievance & appeal Sample FY 19_20
- Required Grievance & Appeal Sample FY 19-20
- Beneficiary Log Fy 19 – Copy
- Beneficiary Log Fy 19_20
- Beneficiary Log Fy 20 – Copy
- Beneficiary Log Fy 20_21
- Exempt grievance log 20_21
- NOABD Appeal A.M.H.

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides written acknowledgement to the beneficiary that is postmarked within five (5) calendar days of receipt of the grievance. Per the discussion during the review, the MHP stated that the missing date of receipt information for the grievances in question would be researched and provided post review to demonstrate compliance. Post review, no additional evidence was provided.

In addition, DHCS reviewed grievance, appeals and expedited appeals samples to verify compliance with this requirement. The sample verification findings are as detailed below:

| | # OF SAMPLE REVIEWED | ACKNOWLEDGMENT | | COMPLIANCE PERCENTAGE |
|---|---|---|---|---|
| | | # IN | # OOC | |
| **GRIEVANCES** | **13** | **11** | **2** | **85%** |
| **APPEALS** | **1** | **0** | **1** | **0%** |

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

**Question 6.2.1**

**FINDING**
The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 416 and California Code of Regulations, title 9, section 1850, subdivision 205. The MHP must maintain a grievance and appeal log and record grievances, appeals, and expedited appeals in the log within one working day of the date of receipt of the grievance, appeal, or expedited appeal.

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

- ADMIN 13-17 Beneficiary Problem Resolution
- Required Grievance & appeal Sample FY 19_20
- Required Grievance & Appeal Sample FY 19-20
- Beneficiary Log Fy 19 – Copy
- Beneficiary Log Fy 19_20
- Beneficiary Log Fy 20 – Copy
- Beneficiary Log Fy 20_21
- Exempt grievance log 20_21

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP maintains a grievance and appeal log and records

grievances, appeals, and expedited appeals in the log within one (1) working day of the date of receipt of the grievance, appeal, or expedited appeal. Of the grievances and appeals reviewed by DHCS, it was not clear that one (1) grievance and one (1) appeal were logged within one working day of receipt. Per the discussion during the review, the MHP stated that it would research the missing date of receipt information for the grievance and appeal in question. No additional evidence was submitted post review.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 416 and California Code of Regulations, title 9, section 1850, subdivision 205.

**Question 6.3.2**

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

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

- ADMIN 13-17 Beneficiary Problem Resolution
- Required Grievance & appeal Sample FY 19_20
- Required Grievance & Appeal Sample FY 19-20
- Beneficiary Log Fy 19 – Copy
- Beneficiary Log Fy 19_20
- Beneficiary Log Fy 20 – Copy
- Beneficiary Log Fy 20_21
- Exempt grievance log 20_21

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP resolves each grievance as expeditiously as the beneficiary's health condition requires not to exceed 90 calendar days from the day the Contractor receives the grievance. Of the grievances reviewed by DHCS, it was not evident that one (1) grievance was resolved within the 90 day timeframe. Per the discussion during the review, the MHP stated that it would research this grievance and provide additional evidence of the receipt date post review to demonstrate this timeline was met. No additional evidence was submitted post review.

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

| | RESOLVED WITHIN TIMEFRAMES | | | REQUIRED NOTICE OF EXTENSION EVIDENT | COMPLIANCE PERCENTAGE |
|---|---|---|---|---|---|
| | # OF SAMPLE REVIEWED | # IN COMPLIANCE | # OOC | | |
| **GRIEVANCES** | **13** | **12** | **1** | **0** | **92%** |
| **APPEALS** | **1** | **0** | **1** | **0** | **0%** |

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

**Question 6.4.3**

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

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

- ADMIN 13-17 Beneficiary Problem Resolution
- Required Grievance & appeal Sample FY 19_20
- Required Grievance & Appeal Sample FY 19-20
- Beneficiary Log Fy 19 – Copy
- Beneficiary Log Fy 19_20
- Beneficiary Log Fy 20 – Copy
- Beneficiary Log Fy 20_21
- Exempt grievance log 20_21

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP resolves each appeal and provides notice, as expeditiously as the beneficiary's health condition requires, within 30 calendar days from the day the MHP receives the appeal. It was not clear that the one (1) appeal reviewed by DHCS was resolved within the 30 calendar day timeframe. Per the discussion during the review, the MHP stated that it would research the missing date of receipt information and would provide additional evidence post review to demonstrate the appeal was resolved within the required timeline. No additional evidence was submitted post review.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(a); 408(b)(2).