



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2022/2023

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE TUOLUMNE COUNTY MENTAL HEALTH PLAN

SYSTEM FINDINGS REPORT

Review Dates: February 21, 2023 to February 22, 2023

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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 review of the Tuolumne County MHP's Medi-Cal SMHS programs on February 21, 2023 to February 22, 2023. The review consisted of an examination of the MHP's program and system operations, including chart documentation, to verify that medically necessary services are provided to Medi-Cal beneficiaries. DHCS utilized Fiscal Year (FY) 2022/2023 Annual Review Protocol for SMHS and Other Funded Programs (Protocol) to conduct the review.

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

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

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- 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 Tuolumne County MHP. The report is organized according to the findings from each section of the FY 2022/2023 Protocol deemed out of compliance (OOC), or in partial compliance, with regulations and/or the terms of the contract between the MHP and DHCS.

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

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

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

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

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FINDINGS

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

Question 1.2.7

FINDING

The MHP did not furnish evidence to demonstrate compliance with the BHIN No. 21-073 and 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 beneficiary access criteria for SMHS as medically necessary.

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

- TFC Documentation
- Training Tracking
- Pathways to Well-Being and Enhanced Services CSOC Eligibility and Authorization Forms
- Kate A. Program Services Policy
- Case Administration Team Policy
- CSOC Eligibility Tool Sample 1
- CSOC Eligibility Tool Sample 2

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 does not currently have TFC available and it is working to develop a contract for this service.

DHCS deems the MHP out of compliance with the BHIN No. 21-073 and 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.

Repeat deficiency Yes

Question 1.4.4

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 435 and MHP contract, exhibit A, attachment 8, section 8(D). The MHP must certify, or use another MHP's certification

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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:

- MHP Re-Certification of County - Owned and operated Providers Self - Survey (Certifications)
- Tuolumne County Fire Department (Fire Annual Form)
- Correspondence to piggyback certification for PN 5553
- Provider File Update MC 5829 Rev 062021
- PFU Correspondence for PN 5549
- Provider Monitoring Report

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP certifies, or uses other MHP's certification documents to certify, the organizational providers that contract with the MHP to provide SMHS. Of the MHP's four (4) providers, two (2) had overdue certifications. Per the discussion during the review, the MHP stated that one (1) of the overdue providers was closed and will be working to address the other overdue certification. Post review, the MHP submitted additional evidence demonstrating communication with the providers; however, the certifications remained overdue.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 435 and MHP contract, exhibit A, attachment 8, section 8(D).

QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

Question 3.2.2

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, section 2(a)(1). The MHP must ensure the Quality Assessment and Performance Improvement (QAPI) Work Plan includes evidence of the monitoring activities including, but not limited to, review of beneficiary grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, provider appeals, and clinical records review.

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

- Tuolumne County Behavioral Health Grievance Analysis FY 2021 - 2022 Q3
- Tuolumne County Behavioral Health Department Quality Assurance Performance Improvement (QAPI) Annual Updated FY 21 - 22
- FY 22 – 23 Quality Assurance Plan (QAPI) Attachment

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While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP's QAPI work plan includes evidence of the monitoring activities including, but not limited to, review of beneficiary grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, provider appeals, and clinical records review. Per the discussion during the review, the MHP stated the QAPI Work Plan does not outline this requirement as it is documented in a separate attachment, which would be provided post review. Post review, the MHP provided the attachment that included grievance and appeals summary data; however, it is not evident that the MHP uses this data to monitor its service delivery system.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, section 2(a)(1).

Question 3.2.3

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, section 2(a)(2). The MHP must ensure the Quality Assessment and Performance Improvement (QAPI) Work Plan includes evidence that Quality Improvement activities, including performance improvement projects, have contributed to meaningful improvement in clinical care and beneficiary service.

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

- Quality Improvement (QI) Work Plan Data Details (FY 21 -22)
- Tuolumne County Behavioral Health Quality Management Committee (Meeting Minutes)
- Performance Improvement Project (PIP) Development & Implementation Tool
- Tuolumne County Behavioral Health Department Quality Assurance Performance Improvement (QAPI) FY 21-22
- Tuolumne County Behavioral Health Department Quality Assurance Performance Improvement (QAPI) FY 22-23
- QI Memo
- Tuolumne County Behavioral Health Department Quality Assurance Performance Improvement Implementation Plan
- FY 22 – 23 Quality Assurance Plan (QAPI) Attachment

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP's QAPI work plan includes evidence that Quality Improvement activities, including Performance Improvement Projects (PIP), have contributed to meaningful improvement in clinical care and beneficiary service. Per the discussion during the review, the MHP indicated the requirement is included in an attachment to the QAPI work plan, which would be provided post review. Post review, the MHP provided the attachment, which included reference to PIPs; however, it is not

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evident- that the MHP is identifying if the PIPs are contributing to meaningful clinical improvement.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, section 2(a)(2).

Question 3.2.4

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, section 2(a)(3). The MHP must ensure the Quality Assessment and Performance Improvement (QAPI) Work Plan includes a description of completed and in-process Quality Assessment and Performance Improvement activities including the below requirements:

1. Monitoring efforts for previously identified issues, including tracking issues over time.
2. Objectives, scope, and planned QAPI activities for each year.
3. Targeted areas of improvement or change in service delivery or program design.

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

- Tuolumne County Behavioral Health Department Quality Assurance Performance Improvement (QAPI) FY 22 – 23
- QI Work Plan Data Details FY 21 - 22
- Tuolumne County Behavioral Health Department Quality Assurance Performance Improvement (QAPI) FY 21 – 22
- Tuolumne County Behavioral Health Department Quality Assurance Performance Improvement Implementation Plan
- FY 22 – 23 Quality Assurance Plan (QAPI) Attachment

While the MHP submitted evidence to demonstrate with this requirement, it is not evident that the MHP's QAPI Work Plan includes a description of completed and in-process QAPI activities, which includes tracking issues over time; objectives, scope, and planned activities each year; and targeted areas of improvement. Per the discussion during the review, the MHP indicated the requirement is included in an attachment to the QAPI work plan, which would be provided post review. Post review, the MHP provided the attachment; however, it included summary data that does not address this requirement.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, section 2(a)(3).

Question 3.2.6

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FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, section 2(a)(5). The MHP must ensure the Quality Assessment and Performance Improvement (QAPI) Work Plan includes evidence of compliance with the requirements for cultural competence and linguistic competence.

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

- Language Line Protocol
- Tuolumne County Human Services Agency Manual of Policies and Procedures: Interpreters and Disability Resources
- Linguistic Proficiency and Training Standard
- Tuolumne County Behavioral Health Department Quality Assurance Performance Improvement (QAPI) FY 21 – 22
- Tuolumne County Behavioral Health Department Quality Assurance Performance Improvement (QAPI) FY 22 – 23
- Cultural Competence Plan Annual Update FY 20 - 21
- FY 22 – 23 Quality Assurance Plan (QAPI) Attachment

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP's QAPI Work Plan includes evidence of compliance with the linguistic competence requirements. Per the discussion during the review, the MHP indicated the requirement is included in an attachment to the QAPI work plan, which would be provided post review. Post review, the MHP provided the attachment; however, this requirement was not included.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, section 2(a)(5).

Question 3.5.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, section 6(A); Code of Federal Regulations, title 42, section 438, subdivision 236(b); and California Code of Regulations, title 9, section 1810, subdivision 326. The MHP must have practice guidelines, which meet the requirements of the MHP Contract.

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

- Medication Services - Practices (Policy Section: MH)
- Documentation Standards for Client Records (Policy Section: IS)
- Documentation Deadline Plan (Policy Number: CP)
- Service Code Definitions

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- Training tracking
- Problem list
- ICPM for Children Youth & Families
- Orientation Tracker
- Practice Guidelines

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has established practice guidelines that meet requirements of the MHP Contract. This requirement was not included in any evidence provided by the MHP. Per discussion during the review, the MHP stated it does not have Practice Guidelines that meet MHP Contract requirements; instead, it has a medication monitoring plan and clinical guidelines for physicians and nurse family practitioners. Post review, the MHP provide additional evidence; however, it was not evident practice guidelines have been established.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, section 6(A); Code of Federal Regulations, title 42, section 438, subdivision 236(b); and California Code of Regulations, title 9, section 1810, subdivision 326.

Question 3.5.2

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, section 6(c); Code of Federal Regulations, title 42, section 438, subdivision 236(c); and California Code of Regulations, title 9, section 1810, subdivision 326. The MHP must disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries.

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

- Medication Services - Practices (Policy Section: MH)
- Documentation Standards for Client Records (Policy Section: IS)
- Documentation Deadline Plan (Policy Number: CP)
- Practice Guidelines for Physicians and Family Nurse Practitioners and the Medication Monitoring Plan and Procedure
- Changes in Documentation with Cal - Aim (Additional Documents)
- Clinical Documentation Manual
- SLRP Progress notes Form
- Training Tracking
- Best Practices/ Ethical Practices: Assessment, Treatment Plan, Progress Notes & Documentation (Training)
- Orientation Tracker

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While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP disseminates practice guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it discusses and shares its guidelines with staff during trainings. Post review, the MHP provide additional evidence; however, it was not evident it has a process to disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, section 6(c); Code of Federal Regulations, title 42, section 438, subdivision 236(c); and California Code of Regulations, title 9, section 1810, subdivision 326.

Question 3.5.3

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, section 6(D); Code of Federal Regulations, title 42, section 438, subdivision 236(d); and California Code of Regulations, title 9, section 1810, subdivision 326. The MHP must take steps to assure that decisions for utilization management, beneficiary education, coverage of services, and any other area to which the guidelines apply are consistent with the guidelines adopted.

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

- Clinical Orientation Requirements
- Tuolumne County Behavioral Health Utilization Review FY 2021 - 2022 Q1
- Utilization Review (Policy Section: CP)
- Documentation Standards for Client Records (Policy Section: IS)
- Documentation Deadline Plan (Policy Number: CP)
- Policy: Plan of Care
- Care Administration Team (Policy and Procedure)
- URC Automation Tool
- Orientation Tracker
- Practice Guidelines for Physicians and Family Nurse Practitioners and the Medication Monitoring Plan and Procedure

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP takes steps to assure that decisions for utilization management, beneficiary education, coverage of services, and any other area to which the guidelines apply are consistent with the guidelines adopted. Per the discussion during the review, the MHP acknowledged that its practice guidelines do not meet the contract requirements and it does not have an established process to ensure consistent

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application of the guidelines. Post review, the MHP provide additional evidence; however, it was not evident that is it has a process in place to meet the requirement.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, section 6(D); Code of Federal Regulations, title 42, section 438, subdivision 236(d); and California Code of Regulations, title 9, section 1810, subdivision 326.

ACCESS AND INFORMATION REQUIREMENTS

Question 4.2.2

FINDING

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

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

The seven (7) test calls are summarized below.

TEST CALL #1

Test call was placed on Monday, January 9, 2023, at 10:24 a.m. The call was answered after one (1) ring via a live operator. The caller requested information about accessing mental health services in the county concerning his/her son's mental health and his disruptive behavior in school. The operator asked for the child's personally identifying information, which the caller provided. The operator explained the screening and assessment process.

The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met.

FINDING

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

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TEST CALL #2

Test call was placed on Tuesday, January 18, 2023, at 6:12 p.m. The call was answered after two (2) rings via a live operator. The caller requested assistance with what he/she described as feeling depressed, unable to sleep, and with bouts of crying. The operator assessed the caller's need for urgent care services, which the caller responded in the negative. The operator explained the screening and assessment process, types of services available, and hours of operation. The operator explained that someone will be available 24 hours a day via the after-hours line to provide crisis support.

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 Friday January 20, 2023, at 3:17 p.m. The call was answered after one (1) ring via live operator. The caller requested information on how to access mental health services and explained he/she had been providing care for an elderly parent and had been feeling overwhelmed, isolated, and hopeless. The operator explained that the Access Team will perform the screening and if he/she meets criteria, the county will conduct an assessment and make an appointment for services. The operator offered to connect the caller to the Access Team, which the caller declined. The operator provided the hours of operation and clinic address.

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 #4

Test call was placed on Monday, November 28, 2022, at 10:51 a.m. The call was answered after one (1) ring 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 explained the process for accessing mental health services, including the screening and assessment process. The operator provided the

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address to the crisis services facility and informed the caller that he/she should go to this facility if he/she ran out of medication or was experiencing an urgent condition.

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

FINDING

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

TEST CALL #5

Test call was placed on Wednesday, December 7, 2022, at 7:36 a.m. The call was answered after one (1) ring via a live operator. The caller requested assistance with what he/she described as feeling down the past couple of weeks, bouts of crying, and loss of appetite. The operator advised the caller that he/she had reached the after-hours staff and was instructed to call back during regular business hours.

The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was 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 Wednesday, December 7, 2022, at 8:11 a.m. The call was answered after one (1) ring via a live operator. The caller requested information for how to file a complaint about a therapist he/she was seeing through the county. The operator stated that caller could be transferred to a staff member for assistance filing a grievance over the phone or go to a clinic to pick up a grievance form. The caller stated he/she would prefer to pick up the grievance form at a clinic. The operator provided the clinic locations and hours of operation.

FINDING

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

TEST CALL #7

Test call was placed on Wednesday, January 18, 2023, at 5:10 p.m. The call was answered after two (2) rings via a live operator. The caller told the operator he/she wanted to file a complaint against a therapist. The operator informed the caller that he/she can pick up the grievance form in the clinic or file the complaint by calling during normal business hours.

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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	NA	IN	IN	NA	NA	NA	NA	100%
2	IN	IN	IN	IN	OOC	NA	NA	80%
3	IN	IN	OOC	IN	OOC	NA	NA	60%
4	NA	NA	NA	NA	NA	IN	IN	100%

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

Repeat deficiency Yes

COVERAGE AND AUTHORIZATION OF SERVICES

Question 5.2.1

FINDING

The MHP did not furnish evidence to demonstrate compliance with BHIN No. 22-017; California Code of Regulations, title 9, section 1810, subdivision 440(b); and Code of Federal Regulations, title 42, section 438, subdivision 210(a)(4), (b)(1),(2). The MHPs are required to operate a utilization management (UM) program that ensures beneficiaries have appropriate access to SMHS. The UM program must evaluate medical necessity, appropriateness and efficiency of services provided to Medi-Cal beneficiaries prospectively, such as through prior or concurrent authorization review procedures.

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

- Utilization Review (Policy Section: CP)
- Authorization of Specialty Mental Health Services (Policy Section: MH)
- Procedure for Processing Treatment Authorization Requests (TAR)

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- Tuolumne County Behavioral Health Utilization Review Committee (URC) Review Procedure
- Pathways to Well - Being and Enhanced Services CSOC Eligibility and Authorization
- URC Automation Tool
- CAIP Clinician Orientation Requirements
- FSP Clinician Orientation Requirements
- Outpatient Clinician Orientation Requirements
- Concurrent Review 1
- Concurrent Review 2
- Concurrent Review 3
- Concurrent Review Procedure
- Concurrent review sample 1 (1)
- Concurrent review sample 1 (2)
- Concurrent review sample 1 (3)

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a UM program that evaluates medical necessity, appropriateness and efficiency of services provided to Medi-Cal beneficiaries prospectively, such as through prior or concurrent authorization review procedures. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it will provide evidence that demonstrates this requirement post review. Post review, the MHP provided a procedure and beneficiary progress notes; however, it is not evident that the MHP documents and evaluates concurrent review authorizations.

DHCS deems the MHP out of compliance with BHIN No. 22-017; California Code of Regulations, title 9, section 1810, subdivision 440(b); and Code of Federal Regulations, title 42, section 438, subdivision 210(a)(4), (b)(1),(2).

Question 5.2.2

FINDING

The MHP did not furnish evidence to demonstrate compliance with BHIN 22-017; Code of Federal Regulations, title 42, section 438, subdivision 210(b)(1); and California Code of Regulations, title 9, section 1810, subdivision 440(b)(2)(i-ii). The MHP must establish and implement written policies and procedures for the authorization of psychiatric inpatient hospital services in accordance with BHIN 22-017 and shall have mechanisms in effect to ensure consistent application of review criteria for authorization decisions and shall consult with the requesting provider when appropriate. Authorization procedures and utilization management criteria shall:

- a. Be based on medical necessity and consistent with current evidence- based clinical practice guidelines, principles, and processes

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- b. Be developed with involvement from network providers, including, but not limited to, hospitals, organizational providers, and licensed mental health professionals acting within their respective scopes of practice
- c. Be evaluated, and updated as necessary, and at least annually, and be disclosed to the MHP's beneficiaries and network providers.

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

- Authorization of Specialty Mental Health Services (Policy Section: MH)
- Medication Services - Practices (Policy Section: MH)

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP's authorization procedures and utilization management criteria are developed with involvement from network providers, included but not limited to, hospitals, organizational providers, and licensed mental health professionals acting within their respective scopes of practice. Per the discussion during the review, the MHP stated it will provide evidence of involvement from network providers, hospitals, organization providers, and licensed mental health professionals in the establishment of its concurrent review process. Post review, no additional evidence was provided.

DHCS deems the MHP out of compliance with BHIN 22-017; Code of Federal Regulations, title 42, section 438, subdivision 210(b)(1); California Code of Regulations, title 9, section 1810, subdivision 440(b)(2)(i-ii).

Question 5.2.4

FINDING

The MHP did not furnish evidence to demonstrate compliance with BHIN 22-017 and Code of Federal Regulations, title 42, section 438, subdivision 10(g)(2)(iv). The MHP must comply with the following communication requirements:

1. Notify DHCS and contracting providers in writing of all services that require prior or concurrent authorization and ensure that all contracting providers are aware of the procedures and timeframes necessary to obtain authorization for these services
2. Disclose to DHCS, the MHP's providers, beneficiaries, and members of the public, upon request, the UM or utilization review policies and procedures that the MHP, or any entity that the MHP contracts with, uses to authorize, modify, or deny SMHS. The MHP may make the criteria or guidelines available through electronic communication means by posting them online
3. Ensure the beneficiary handbook includes the procedures for obtaining benefits, including any requirements for service authorizations and/or referrals for SMHS; and,
4. Provide written notification regarding authorization decisions in accordance with the established timeframes for the type of authorization.

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

- Authorization of Specialty Mental Health Services (Policy Section: MH)
- Medication Services - Practices (Policy Section: MH)
- Notice of Adverse Determination (NOABD) Notices Matrix
- Tuolumne County Mental Health Plan Beneficiary Handbook Specialty Mental Health Services

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP comply with notifying DHCS and providers regarding concurrent review procedures and relevant timeframes. Per the discussion during the review, the MHP stated it will provide sample notifications to DHCS and contracting providers. Post review, no additional documentation was provided.

DHCS deems the MHP out of compliance with BHIN 22-017 and Code of Federal Regulations, title 42, section 438, subdivision 10(g)(2)(iv).

Question 5.2.5

FINDING

The MHP did not furnish evidence to demonstrate compliance with BHIN 22-016. Concurrent Review: In the absence of an MHP referral, MHPs shall conduct concurrent review of treatment authorizations following the first day of admission to a facility through discharge. MHPs may elect to authorize multiple days, based on the beneficiary's mental health condition, for as long as the services are medically necessary.

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

- Authorization of Specialty Mental Health Services (Policy Section: MH)
- Procedure for Processing Treatment Authorization Requests (TAR)
- TAR Task List
- TAR Review Checklist
- Tracking Log
- Concurrent Review Procedure: Authorization Process for Psych Placement, Crisis Residential and Out of County

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP conducts concurrent review of treatment authorizations following the first day of admission to a facility through discharge. Per the discussion during the review, the MHP stated it will provide its policy and procedure documentation relating to adult outpatient processes. Post review, the MHP submitted a procedure

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document; however, it is not evident that the MHP evaluates concurrent review of treatment authorizations as outlined in the protocol.

DHCS deems the MHP out of compliance with BHIN 22-016.

Question 5.2.6

FINDING

The MHP did not furnish evidence to demonstrate compliance with BHIN 22-017; Welfare and Institution Code, section 14197.1; and Health and Safety Code, section 1367.01(i), 1371.4(a). The MHPs must maintain telephone access to receive Psychiatric Inpatient Hospital or Psychiatric Health Facility (PHF) admission notifications and initial authorization requests 24-hours a day and 7 days a week.

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

- Contract and Agreement Summary Sheet
- Agreement for Processional Services Crisis Call Center Services
- Crisis Services Documents
- Authorization of Specialty Mental Health Services (Policy Section: MH)
- Access to Behavioral Health Services Policy
- 24-7 Telephone Access Contract
- Call Log Background FY 20-21
- Call Log Background FY 21-22
- Call Log Background FY 22-23

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP maintains telephone access to receive Psychiatric Inpatient Hospital or PHF admission notifications and initial authorization requests 24-hours a day and 7 days a week. Per the discussion during the review, the MHP stated it receives notifications through its 24/7 access and fax line and during after-hours these requests are handled by the after-hours Access line contractor. DHCS requested evidence of the after-hours phone line process, including phone logs and procedures; however, no additional evidence was provided post review.

DHCS deems the MHP out of compliance with BHIN 22-017; Welfare and Institution Code, section 14197.1; and Health and Safety Code, section 1367.01(i), 1371.4(a).

Question 5.2.10

FINDING

The MHP did not furnish evidence to demonstrate compliance with BHIN 22-017; California Code of Regulations, title 9, section 1820, subdivision 230; and Welfare and

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Institution Code 14184.402, 14184.102 and 14184.400. Authorizing Administrative Days:

1. In order to conduct concurrent review and authorization for administrative day service claims, the MHP shall review that the hospital has documented having made at least one contact to a non-acute residential treatment facility per day (except weekends and holidays), starting with the day the beneficiary is placed on administrative day status.
2. Once five contacts have been made and documented, any remaining days within the seven-consecutive-day period from the day the beneficiary is placed on administrative day status can be authorized.
3. A hospital may make more than one contact on any given day within the seven-consecutive-day period; however, the hospital will not receive authorization for the days in which a contact has not been made until and unless all five required contacts are completed and documented.
4. Once the five-contact requirement is met, any remaining days within the seven-day period can be authorized without a contact having been made and documented.
5. MHPs may waive the requirements of five contacts per week if there are fewer than five appropriate, non-acute residential treatment facilities available as placement options for the beneficiary. The lack of appropriate, non-acute treatment facilities and the contacts made at appropriate facilities shall be documented to include the status of the placement, date of the contact, and the signature of the person making the contact. (If an MHP has been granted an exemption to 9 CCR § 1820.220, then the review of the MHP will be based upon the alternate procedure agreed to in the MHP contract.)

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

- Authorization of Specialty Mental Health Services (Policy Section: MH)
- Concurrent Review Procedure: Authorization Process for Psych Placement, Crisis Residential and Out of County

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP authorizes administrative days through its concurrent review process as required in contract. Per the discussion during the review, the MHP stated it has not had an administrative day authorization, however its concurrent review coordinator would track these as require in the policy. Post review, MHP provided a concurrent review procedure; however, it is not evident that administrative days would be tracked and documented in as required in the contract.

DHCS deems the MHP out of compliance with BHIN 22-017; California Code of Regulations, title 9, section 1820, subdivision 230; and Welfare and Institution Code 14184.402, 14184.102 and 14184.400.

Question 5.2.11

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FINDING

The MHP did not furnish evidence to demonstrate compliance with BHIN 22-016. The MHP must utilize referral and/or concurrent review and authorization for all Crisis Residential Treatment Services (CRTS) and Adult Residential Treatment Services (ARTS). MHPs may not require prior authorization.

1. If the MHP refers a beneficiary to a facility for CRTS or ARTS, the referral may serve as the initial authorization as long as the MHP specifies the parameters (e.g., number of days authorized) of the authorization.
2. The MHP must then re-authorize medically necessary CRTS and ARTS services, as appropriate, concurrently with the beneficiary's stay and based on beneficiary's continued need for services.

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

- Authorization of Specialty Mental Health Services (Policy Section: MH)
- Concurrent Review Procedure: Authorization Process for Psych Placement, Crisis Residential and Out of County
- Agreement for Processional Services Residential Services with Star View
- Concurrent Review

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP utilizes referral and/or concurrent review and authorization for all CRTS and ARTS. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it would provide its policy and procedure documentation relating to adult outpatient concurrent review. Post review, the MHP submitted a procedure document; however, it is not evident that the MHP utilizes concurrent review and authorization for all CRTS and ARTS.

DHCS deems the MHP out of compliance with BHIN 22-016.

Question 5.2.14

FINDING

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

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

- Authorization of Specialty Mental Health Services (Policy Section: MH)
- 14_SARs
- Tuolumne_5.1_Study Item

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- Tuolumne_5.2_Study Item

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

Authorization	# of Service Authorization In Compliance	# of Service Authorization Out of Compliance	Compliance Percentage
Regular Authorization: The MHP makes a decision regarding a provider's request for prior authorization, not to exceed five (5) business days from the MHP's receipt of the information reasonably necessary and requested by the MHP to make the determination.	2	3	40%

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP reviews and makes a decision regarding a provider's request for prior authorization as expeditiously as the beneficiary's mental health conditions requires, not to exceed five (5) business days from the MHP's receipt of the information. Of the five (5) Service Authorization Requests (SAR) reviewed by DHCS, three (3) were not authorized within the timeframe. Per the discussion during the review, the MHP stated it would provide additional evidence to demonstrate the timeframe was met. Post review, the MHP provided additional documentation; however, three (3) SARs remained out of compliance.

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

BENEFICIARY RIGHTS AND PROTECTIONS

Question 6.2.6

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1850, subdivision 205(d)(6) and MHP Contract, exhibit A, attachment 12, section 2(E). The MHP must provide notice, in writing, to any provider identified by the beneficiary or involved in the grievance, appeal, or expedited appeal of the final disposition of the beneficiary's grievance, appeal, or expedited appeal.

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

- Beneficiary Rights (Policy Section: QM)
- Tuolumne_6.1_Study Item
- Tuolumne__6.2_ Study Item_Grievance Log FY 21-22
- Tuolumne__6.2_ Study Item_Grievance Log FY 22-23
- Tuolumne__6.2_ Study Item_NOABD and Appeal Log FY 21-23
- Tuolumne__6.2_ Study Item_Tuolumne ABGAR FY 2020-21
- Tuolumne__6.2_ Study Item_Tuolumne County MCPAR_GA_Report_FY_2021-22
- Beneficiary Resolution Notification
- Grievance Log

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides notice, in writing, to any provider identified by the beneficiary or involved in the grievance, appeal, or expedited appeal of the final disposition of the beneficiary's grievance, appeal, or expedited appeal. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated its providers are county employed staff and grievances are discussed internally to maintain confidentiality. DHCS requested evidence of communication with providers identified in the grievance sample regarding the disposition; however, this evidence was not provided.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1850, subdivision 205(d)(6) and MHP Contract, exhibit A, attachment 12, section 2(E).