

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES  
MENTAL HEALTH SERVICES DIVISION  
PROGRAM OVERSIGHT AND COMPLIANCE

ANNUAL REVIEW PROTOCOL FOR SPECIALTY MENTAL  
HEALTH SERVICES AND OTHER FUNDED SERVICES

FISCAL YEAR (FY) 2017-2018

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# ENFORCEMENT AND CONSEQUENCES FOR NON-COMPLIANCE/TECHNICAL ASSISTANCE AND TRAINING

In accordance with Welfare and Institutions Code (WIC) Section 5614 this serves to notify the County Mental Health Plan (MHP) pursuant to California Code of Regulations (CCR), Title 9, Chapter 11, Sections 1810.325, 1810.380(b), 1810.385, and WIC Section 14712(e), that if the Department determines that an MHP is out of compliance with State or Federal laws and regulations or the terms of the contract between the MHP and the Department, the Department may take any or all of the following actions:

- (1) Require that the MHP develop a plan of correction. The plan of correction should include the following information:
  - a. Description of corrective actions, including milestones
  - b. Timeline for implementation and/or completion of corrective actions
  - c. Proposed (or actual) evidence of correction that will be submitted to DHCS
  - d. Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should propose an alternate corrective action plan to DHCS.
  - e. Description of corrective actions required of the MHP's contracted providers to address findings.
- (2) Withhold all or a portion of payments due to the MHP from the Department.
- (3) Impose civil penalties pursuant to Section 1810.385.
- (4) Terminate the contract with the MHP pursuant to Section 1810.323.
- (5) Take other actions deemed necessary to encourage and ensure contract and regulatory compliance.

If the Department determines that an action should be taken pursuant to Subsection (b), the Department shall provide the MHP with a written Notice of Noncompliance. The Notice of Noncompliance shall include:

- (1) A description of the violation
- (2) A description of any corrective action required by the Department and time limits for compliance.
- (3) A description of any and all proposed actions by the Department under this Section or Sections 1810.385 or 1810.323, and any related appeal rights.

The MHP may appeal, in writing:

1. A proposed contract termination to the Department within 15 working days after the date of receipt of the notice of termination, setting forth relevant facts and arguments. The Department must grant or deny the appeal within 30 calendar days after receipt of the appeal. In granting an appeal, the Department may take another action available under section 1810.380(b). The Department's election to take another action must not be appealable to the Department. Except for terminations pursuant to section 1810.325(c), the Department must suspend the termination date until the Department has acted on the MHP's appeal.
2. A Notice of Non-Compliance to the Department within 15 working days after the date of receipt of the notice of termination, setting forth relevant facts and arguments. The Department must grant or deny the appeal in whole or in part within 30 calendar days after receipt of the appeal. The Department must suspend any proposed action until the Department has acted on the MHP's appeal.

# LIST OF ABBREVIATIONS

24/7	24 HOURS A DAY/SEVEN DAYS A WEEK	MOE	MAINTENANCE OF EFFORT
APP	AID PAID PENDING	MOU	MEMORANDUM OF UNDERSTANDING
CCC	CULTURAL COMPETENCE COMMITTEE	N	NON-COMPLIANCE, FINDING OF
CCPR	CULTURAL COMPETENCE PLAN REQUIREMENTS	NOABD	NOTICE OF ADVERSE BENEFIT DETERMINATION
CCR	CALIFORNIA CODE OF REGULATIONS	NPPES	NATIONAL PLAN AND PROVIDER ENUMERATION SYSTEM
CFR	CODE OF FEDERAL REGULATIONS	OIG LEIE	OFFICE OF INSPECTOR GENERAL'S LIST OF EXCLUDED INDIVIDUALS/ENTITIES
CMS	CENTERS FOR MEDICARE AND MEDICAID SERVICES	P	PARTIAL COMPLIANCE
CPPP	COMMUNITY PROGRAM PLANNING PROCESS	P&Ps	POLICIES AND PROCEDURES
DHCS	DEPARTMENT OF HEALTH CARE SERVICES	PCP	PRIMARY CARE PHYSICIAN
DMH	[FORMER] DEPARTMENT OF MENTAL HEALTH (STATE)	PHI	PROTECTED HEALTH INFORMATION
EPSDT	EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT	PIP	PERFORMANCE IMPROVEMENT PROJECTS
EPLS/SAM	EXCLUDED PARTIES LIST SYSTEM/SYSTEM OF AWARD MANAGEMENT	PLW	PROFESSIONAL LICENSING WAIVER
FY	FISCAL YEAR	POA	POINT OF AUTHORIZATION
IMD	INSTITUTION FOR MENTAL DISEASES	PSC	PERSONAL SERVICES COORDINATOR
IP	IMPLEMENTATION PLAN	QAPI	QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT
ITWS	INFORMATION TECHNOLOGY WEB SERVICES	QIC	QUALITY IMPROVEMENT COMMITTEE
LEP	LIMITED ENGLISH PROFICIENT	RCL	RATE CLASSIFICATION LEVEL
LPHA	LICENSED PRACTITIONER OF THE HEALING ARTS	SD/MC	SHORT-DOYLE/MEDI-CAL
LPT	LICENSED PSYCHIATRIC TECHNICIAN	SMHS	SPECIALTY MENTAL HEALTH SERVICES
LVN	LICENSED VOCATIONAL NURSE	SNF	SKILLED NURSING FACILITY
M/C	MEDI-CAL	STP	SPECIALIZED TREATMENT PROGRAM
MCE	MEDICAL CARE EVALUATION	TAR	TREATMENT AUTHORIZATION REQUEST
MCMCP	MEDI-CAL MANAGED CARE PLAN	TBS	THERAPEUTIC BEHAVIORAL SERVICES
MHP	MENTAL HEALTH PLAN	TDD/TTY	TELECOMMUNICATION DEVICE FOR THE DEAF/ TEXT TELEPHONE/TELETYPE
MHRC	MENTAL HEALTH REHABILITATION CENTER	UM/UR	UTILIZATION MANAGEMENT/ UTILIZATION REVIEW
MHS	MENTAL HEALTH SERVICES	WIC	WELFARE AND INSTITUTIONS CODE
MHSA	MENTAL HEALTH SERVICES ACT	Y	YES – IN-COMPLIANCE

## **COUNTY MENTAL HEALTH PLAN ATTESTATION**

<b>Section B: Access</b>	
1.	The MHP must ensure that it makes a good faith effort to give affected beneficiaries written notice of termination of a contracted provider within 15 days after receipt or issuance of the termination notice to each enrollee who received his or her primary care from, or was seen on a regular basis by, the terminated provider. Code of Federal Regulations (CFR), title 42, section 438.10(f)(5).
2.	The MHP must have written policies regarding beneficiary rights. CFR, title 42, section 438.100(a),(b) and (d); DMH Letter No. 04-05.
3.	The MHP must ensure that it complies with cultural competence and linguistic requirements, including the development and implementation of a cultural competence plan. CCR, title 9, chapter 11, section 1810.410. Department of Mental Health (DMH) Information Notice 10-02, Enclosure, Criterion 7, Section III, C, Page 22, Criterion 7, Section IV, A, Page 22, Criterion 5, Section IV, A, Pages 18 & 19, and DMH Information Notice No. 10-17, Enclosure, Criterion 7, Section III, C, Page 17, Criterion 7, Section IV, A, Page 18, and Criterion 5, Section II, Page 14. Title VI, Civil Rights Act of 1964 (U.S. Code 42, section 2000d; CFR, title 45, Part 80).
4.	The MHP must maintain written policies and procedures concerning advance directives with respect to all adult beneficiaries receiving SMHS through the MHP or the MHP's contractors. CFR, title 42, sections 422.128, 438.3(j), and 489.100.
5.	The MHP must maintain written policies and procedures to ensure beneficiaries are not discriminated against based on whether or not the beneficiary has executed an advance directive. CFR, title 42, sections 438.3(j); 422.128(b)(1)(ii)(F) and 417.436(d)(iv).
6.	The MHP must maintain written policies and procedures that provides for the education of staff and the MHP's network providers concerning its policies and procedures (P&Ps) on advance directives. CFR, title 42, sections 438.3(j); 422.128(b)(1)(ii)(H) and 417.436(d)(1)(vi).

## **COUNTY MENTAL HEALTH PLAN ATTESTATION**

7.	When the MHP is involved in the placement, the MHP must provide the DHCS issued Medi-Cal Services for Children and Young Adults: Early & Periodic Screening, Diagnosis & Treatment (EPSDT) brochure, which includes information about accessing Therapeutic Behavioral Services (TBS) to Medi-Cal (MC) beneficiaries under 21 years of age and their representative in the following circumstances: At the time of admission to a Skilled Nursing Facility (SNF) with a Specialized Treatment Program (STP) for the mentally disordered; at the time of admission to a Mental Health Rehabilitation Center (MHRC) that has been designated as an Institution for Mental Diseases; at the time of placement in a Rate Classification Level (RCL) 13-14 foster care group home or Short Term Residential Therapeutic Program (STRTPs will become effective in January 2017); and at the time of placement in an RCL 12 foster care group home when the MHP is involved in the placement. <i>CCR, title 9, chapter 11, section 1810.310 (a)(1); DMH Letter No. 01-07, DMH Letter No. 04-04; DMH Letter No. 04-11; DMH Information Notice No. 08-38; MHP Contract</i>
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### **Section D: Beneficiary Protection**

8.	The MHP must ensure that its grievance, appeal and expedited appeal processes contain the requirements in CCR, title 9, chapter 11, and CFR, title 42 regulations. CFR, title 42, sections 438.402 and 438.406: CCR, title 9, chapter 11, sections 1850.205, 1850.206, 1850.207, and 1850.208.
9.	The MHP must ensure that staff making decisions on grievance, appeal, and expedited appeals have the appropriate clinical expertise to treat the beneficiary's condition. CFR, title 42, section 438.406(a)(3)(ii), and CCR, title 9, chapter 11, section 1850.205(c)(9).
10.	The MHP must ensure that when it denies a request for expedited appeal resolution, it will make reasonable efforts to give the beneficiary and his or her representative prompt oral notice of the denial of the request for an expedited appeal and provide written notice within two calendar days of the date of the denial. The written notice of the denial of the request for an expedited appeal is not a Notice of Adverse Benefit Determination (NOABD) as defined in CCR, title 9, chapter 11, section 1810.230.5. CFR, title 42, section 438.408(d)(2)(ii), and CCR, title 9, chapter 11, section 1850.208(f)(2).
11.	The MHP must ensure that it posts notices explaining grievance, appeal, and expedited appeal process procedures in locations at all MHP provider sites sufficient to ensure that the information is readily available to both beneficiaries and provider staff. CCR, title 9, chapter 11, section 1850.205(c)(1)(B).
12.	The MHP must ensure that forms that may be used to file grievances, appeals and expedited appeals, and self-addressed envelopes are available for beneficiaries to pick up at all MHP provider sites without having to make a verbal or written request to anyone. CCR, title 9, chapter 11, section 1850.205(c)(1)(C).
13.	The MHP must ensure that individuals making decisions on grievances and appeals were not involved in any previous level of review or decision-making. CFR, title 42, section 438.406(a)(3)(i).

## **COUNTY MENTAL HEALTH PLAN ATTESTATION**

<b>Section E: Funding, Reporting, and Contracting Requirements</b>	
14.	The MHP must ensure that it contracts with disproportionate share and traditional hospitals when the hospital meets selection criteria unless the MHP has obtained an exemption. CCR, title 9, chapter 11, section 1810.430(a)(b) and (c).
15.	The MHP must ensure that the Fee-for-Service/Medi-Cal contract hospital rates negotiated by the MHP are submitted annually. CCR, title 9, chapter 11, section 1810.375(c), and WIC, section 5614 (b)(4).
16.	The County must submit Client and Service Information (CSI) System data, including but not limited to, client demographics and descriptions of services provided to each client. The CSI data shall be submitted no later than 60 days after the end of the month in which the services were provided. CCR, title 9, chapter 14, section 3530.10.
17.	The MHP must deposit its local matching funds per the schedule developed by the Department. If the county elects not to apply Maintenance of Effort funds, the MHP must be in compliance with WIC, section 17608.05(c) prohibiting the county from using the loss of these funds for realignment purposes. WIC, Section 17608.05
18.	The MHP may not decrease the proportion of its funding expended for children's services below the proportion expended in the 1983-1984 fiscal year unless a determination has been made by the governing body in a noticed public hearing that the need for new or expanded services to persons under age 18 has significantly decreased. WIC, Section 5704.5
19.	The MHP must allocate (for services to persons under age 18) 50% of any new funding received for new or expanded mental health programs until the amount expended for mental health services to persons under age 18 equals not less than 25% of the county's gross budget for mental health or not less than the percentage of persons under age 18 in the total county population, whichever percentage is less. WIC, Section 5704.6
<b>Section G: Provider Relations</b>	
20.	The MHP must have written policies and procedures for selection, retention, credentialing and re-credentialing of providers; the provider selection policies and procedures must not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment. CFR, title 42, section 438.214(a)-(e).
21.	The MHP must ensure that it oversees and is accountable for any functions and responsibilities that it delegates to any subcontractor and before any delegation evaluates the prospective subcontractor's ability to perform the activities to be delegated. CFR, title 42, section 438.230(a).
22.	The MHP must ensure that it provides the information specified in CFR, title 42, section 438.10(g)(1) about the grievance system to all providers and subcontractors at the time they enter into a contract. CFR, title 42, section 438.414.

**SECTION A      NETWORK ADEQUACY AND ARRAY OF SERVICES**

<b>CRITERIA</b>		<b>FINDING Y   N</b>		<b>INSTRUCTIONS TO REVIEWERS</b>
1.	Does the MHP have a current Implementation Plan, which meets title 9 requirements?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Implementation Plan</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• MHP must submit to DHCS any proposed changes in the policies, processes, and procedures that would modify its Implementation Plan.</li> <li>• Verify Implementation Plan is reflective of current MHP policies, procedures, and practices.</li> </ul>



**SECTION A NETWORK ADEQUACY AND ARRAY OF SERVICES**

CRITERIA		FINDING Y N		INSTRUCTIONS TO REVIEWERS
2.	Regarding the array of SMHS offered the MHP's beneficiaries:			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures #_____</li> <li><input type="checkbox"/> Implementation Plan</li> <li><input type="checkbox"/> Medi-Cal Eligibility and Utilization Data Analysis Reports</li> <li><input type="checkbox"/> Capacity Data Reports</li> <li><input type="checkbox"/> MHP Service Map</li> <li><input type="checkbox"/> Target population data</li> <li><input type="checkbox"/> Performance Outcomes System data</li> <li><input type="checkbox"/> Cultural Competence Plan</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review evidence the MHP reviews capacity of its service providers.</li> <li>• Review data and documentation that services and programs at all levels have the capacity to provide culturally competent services.</li> <li>• Review county specific POS data report.</li> <li>• CCR, title 9, chapter 11, section 1810.247. Specialty Mental Health Services definition:               <ul style="list-style-type: none"> <li>(a) Rehabilitative Mental Health Services, including:                   <ol style="list-style-type: none"> <li>1) Mental health services;</li> <li>2) Medication support services;</li> <li>3) Day treatment intensive;</li> </ol> </li> </ul> </li> </ul>
2a.	Does the MHP provide or arrange for the provision of an appropriate range of SMHS to meet the needs of its beneficiaries?			
2b.	Are services encouraged in every geographic area to ensure access by members of the target populations for all age groups?			

**SECTION A NETWORK ADEQUACY AND ARRAY OF SERVICES**

CRITERIA		FINDING Y N		INSTRUCTIONS TO REVIEWERS
2c.	Are services planned and delivered so that persons in all ethnic groups are served with programs that meet their cultural needs?			4) Day rehabilitation; 5) Crisis intervention; 6) Crisis stabilization; 7) Adult residential treatment services; 8) Crisis residential treatment services; 9) Psychiatric health facility services; (b) Psychiatric Inpatient Hospital Services; (c) Targeted Case Management; (d) Psychiatrist Services (e) Psychologist Services; (f) EPSDT Supplemental Specialty Mental Health Services (i.e., ICC, IHBS, TBS); (g) Psychiatric Nursing Facility Services <ul style="list-style-type: none"> <li>• Review service maps and data indicating location of MHP's services.</li> <li>• Review evidence services are planned and delivered to serve the cultural needs of all ethnic groups.</li> <li>• Ask the MHP how it provides flexible services in rural areas to meet the needs of the indigent and uninsured.</li> </ul>
2d.	Are services in rural areas designed and developed in flexible ways to meet the needs of the indigent and uninsured?			
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, sections 1810.247 and 1810.310</li> <li>• WIC, sections 5600.2 to 5600.9, 5600.35(a), and 5614</li> </ul>		<b><u>OUT OF COMPLIANCE:</u></b> <ul style="list-style-type: none"> <li>• MHP's Implementation Plan is not current</li> <li>• MHP's Implementation Plan does not include required elements</li> <li>• To the extent resources are available; evidence the county is not maintaining the program principles as required under WIC (Sections 5600.2 to 5600.9) regulations.</li> <li>• To the extent resources are available, evidence the county is not organized to provide an array of treatment options in every geographic area to the target population categories as described in the WIC (Sections 5600.2 to 5600.9) regulations.</li> <li>• The MHP does not ensure services are available to beneficiaries 24/7 when medically necessary</li> </ul>		

**SECTION A NETWORK ADEQUACY AND ARRAY OF SERVICES**

CRITERIA		FINDING Y N		INSTRUCTIONS TO REVIEWERS
3.	Does the MHP maintain and monitor a network of appropriate providers that is supported by written agreements that consider the following:			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Data analysis of factors identified in 3a-h</p> <p><input type="checkbox"/> Provider contracts</p> <p><input type="checkbox"/> Maps of geographic locations where services are provided</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• “Network” includes all providers (individual, group, and organizational), including county and contract providers.</li> <li>• Written agreement means MHP written contracts with its individual, group, and organizational providers.</li> <li>• Review evidence the MHP considered and/or made changes to its network of providers based on the data and analysis of identified factors.</li> <li>• (3c.) Ask the MHP if its network includes specialization regarding trauma-informed care</li> </ul>
3a.	The anticipated number of Medi-Cal eligible clients?			
3b.	The expected utilization of services?			
3c.	The number and types of providers in terms of training, experience and specialization needed to meet expected utilization?			
3d.	The number of network providers who are not accepting new beneficiaries?			
3e.	The geographic location of providers and their accessibility to beneficiaries, considering distance, travel time, means of transportation ordinarily used by Medi-Cal beneficiaries and physical access for disabled beneficiaries?			
3f.	The ability of network providers to communicate with limited English proficient beneficiaries in their preferred language?			
3g.	The ability of network providers to ensure the following:			
	1) physical access			
	2) reasonable accommodations			
	3) culturally competent communications; and			
	4) accessible equipment for beneficiaries with physical or mental disabilities?			
3h.	The availability of triage lines or screening systems?			
3i.	The use of telemedicine, e-visits, and/or other evolving and innovative technological solutions?			

**SECTION A NETWORK ADEQUACY AND ARRAY OF SERVICES**

CRITERIA		FINDING Y N	INSTRUCTIONS TO REVIEWERS
<ul style="list-style-type: none"> <li>CFR, title 42, sections 438.206(b)(1) and 438.68</li> <li>CCR, title 9, chapter 11, section 1810.310 (a)(5)(B)</li> <li>MHP Contract</li> <li>CMS/DHCS, section 1915(b) waiver</li> </ul>			<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>The MHP is not maintaining and monitoring the network of providers that is supported by written agreements.</li> <li>The MHP, in establishing and maintaining the network, did not consider the factors listed in 3a-e as per title 9 and title 42 regulations.</li> </ul>
4.	Regarding timely access to services:		<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Provider contract boilerplate</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>Review evidence the MHP has adopted statewide standards for timely access</li> </ul>
4a.	Does the MHP 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 services?		
4b.	Does the MHP ensure that its providers offer hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation offered to commercial beneficiaries or comparable to Medicaid fee-for-service, if the provider serves only Medicaid beneficiaries?		<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Provider contract boilerplate</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>Review evidence the MHP’s providers offer hours of operation</li> </ul>

**SECTION A      NETWORK ADEQUACY AND ARRAY OF SERVICES**

<b>CRITERIA</b>		<b>FINDING Y   N</b>		<b>INSTRUCTIONS TO REVIEWERS</b>
4c.	Does the MHP ensure services are available to beneficiaries 24/7 when medically necessary?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Program description for 24/7 services available to beneficiaries</li> <li><input type="checkbox"/> Program descriptions for pre-crisis and crisis services (e.g. mobile crisis response, crisis stabilization, crisis residential, etc.)</li> <li><input type="checkbox"/> Provider contracts</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• This requirement applies to the MHP’s network of providers; not each individual provider.</li> <li>• Review and collect data and documentation describing the provision of pre-crisis and crisis services.</li> <li>• The focus of pre-crisis services is to offer ideas and strategies to improve the person’s situation, and help access what is needed to avoid crisis.</li> <li>• The focus of crisis services is stabilization and crisis resolution, assessment of precipitating and attending factors, and recommendations for meeting identified needs.</li> </ul> <p>Ask the MHP about its efforts to reduce inappropriate and/or over-utilization of higher level care/placements (e.g., crisis stabilization, crisis residential, inpatient acute psychiatric hospitalization) and emergency services (i.e., emergency departments, ambulance, EMTs, etc.) by its beneficiaries.</p>

**SECTION A      NETWORK ADEQUACY AND ARRAY OF SERVICES**

CRITERIA		FINDING Y   N		INSTRUCTIONS TO REVIEWERS
4d.	1) Has the MHP established mechanisms to ensure compliance by network providers?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Evidence the MHP is monitoring timely access (e.g., tracking tools, database, etc.)</p> <p><input type="checkbox"/> Monitoring process and tools</p> <p><input type="checkbox"/> Provider contract boilerplate</p> <p><input type="checkbox"/> Timely access data</p> <p><input type="checkbox"/> Evidence of corrective action plans</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review provider contracts to verify inclusion of the MHP’s timeliness standards.</li> <li>• Review timeliness data that indicates standards are being met (e.g. timeline for first appointment).</li> <li>• Review monitoring results and evidence of MHP action(s) when or if providers do not meet timeliness standards.</li> <li>• Review evidence that the MHP has policies and processes in place to take corrective action, when needed.</li> <li>• Review a random sample of corrective actions issued to providers during the triennial review period.</li> </ul>
	2) Does the MHP monitor network providers regularly to determine compliance?			
	3) Does the MHP take corrective action if there is a failure to comply by a network provider?			

**SECTION A      NETWORK ADEQUACY AND ARRAY OF SERVICES**

CRITERIA		FINDING Y N	INSTRUCTIONS TO REVIEWERS
<ul style="list-style-type: none"> <li>• CFR, title 42, sections 438.206(c)(1)</li> <li>• CCR, title 9, chapter 11, section 1810.310 (a)(5)(B)</li> <li>• MHP Contract</li> <li>• CMS/DHCS, section 1915(b) waiver</li> </ul>			<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>• The MHP is not maintaining and monitoring the network of providers that is supported by written agreements.</li> <li>• The MHP has not established timely access standards.</li> <li>• The MHP’s provider contracts do not include language about timely access standards or monitoring mechanisms.</li> <li>• The MHP does not take corrective action if there is a failure to comply with timely access standards</li> </ul>
5a.	<p>Regarding the MHP’s implementation of Pathways to Wellbeing (Katie A Settlement Agreement):</p> <p>1) Does the MHP have a mechanism in place to ensure appropriate identification of Katie A subclass members?</p>		<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Katie A Subclass identification data</li> <li><input type="checkbox"/> ICC/IHBS eligibility data</li> <li><input type="checkbox"/> Provider contracts</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review evidence the MHP is assessing its capacity to serve children/youth eligible for ICC and IHBS services.</li> <li>• Review evidence the MHP’s network of providers have the capacity to provide ICC and IHBS services.</li> </ul>
	<p>2) Does the MHP have a mechanism in place to identify children who are eligible for ICC and IHBS services?</p>		

**SECTION A NETWORK ADEQUACY AND ARRAY OF SERVICES**

CRITERIA		FINDING Y N		INSTRUCTIONS TO REVIEWERS
5b.	Does the MHP maintain and monitor an appropriate network of providers to meet the anticipated need of children/youth eligible for ICC and IHBS services?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Capacity assessment data</li> <li><input type="checkbox"/> Provider contracts</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review evidence the MHP is assessing its capacity to serve children/youth eligible for ICC and IHBS services.</li> <li>• Review evidence the MHP’s network of providers have the capacity to provide ICC and IHBS services.</li> <li>• Discuss MHP’s plan to meet network adequacy requirements if the MHP is not in compliance.</li> </ul>
5c.	Does the MHP have a mechanism to ensure appropriate participation in Child and Family Team (CFT) meetings?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> CFT meeting agendas and minutes, including list of meeting participants</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review evidence the MHP ensures its participation in CFT meetings.</li> <li>• Review communications and coordination among CFT members to verify participation of children/youth and their families.</li> </ul>



**SECTION A NETWORK ADEQUACY AND ARRAY OF SERVICES**

CRITERIA		FINDING Y N		INSTRUCTIONS TO REVIEWERS
5d.	Does the MHP have a mechanism to ensure all children/youth referred and/or screened by the MHP's county partners (i.e., child welfare) receive an assessment, and/or referral to a MCP for non-specialty mental health services, by a licensed mental health professional or other professional designated by the MHP?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Screening, referral and assessment tools</li> <li><input type="checkbox"/> Tracking tools</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review evidence the MHP has a mechanism to track referrals from the county child welfare department.</li> <li>• Review evidence the MHP tracks referrals to MCP partners for non-specialty mental health services.</li> <li>• Review evidence the MHP provides a Notice of Adverse Benefit Determination to children/youth determined not to meet SMHS criteria and referred to MCP.</li> </ul>
<ul style="list-style-type: none"> <li>• <i>Katie A Settlement Agreement</i></li> <li>• <i>Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care for Medi-Cal Beneficiaries</i></li> </ul>				<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>• MHP does not have a mechanism in place to ensure appropriate identification of Katie A subclass members</li> <li>• MHP does not have a mechanism in place to assess its capacity to serve children and youth eligible for ICC and IHBS services</li> <li>• MHP does not ensure active participation of children/youth and their families in CFT meetings</li> </ul>

**SECTION A NETWORK ADEQUACY AND ARRAY OF SERVICES**

CRITERIA		FINDING Y N		INSTRUCTIONS TO REVIEWERS
6.	Regarding therapeutic foster care service model services (referred to hereafter as "TFC"):			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Capacity assessment data</p> <p><input type="checkbox"/> Provider contracts</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review evidence the mechanism is adequate to provide access to children/youth in the county who meet TFC medical necessity criteria.</li> <li>• Ask the MHP to describe steps taken to ensure TFC services will be available to children/youth who require this service.</li> <li>• Ask the MHP about its projected timeframe for having TFC available to children/youth</li> </ul>
6a.	<p><b>SURVEY ONLY</b></p> <p>1) Does the MHP have a mechanism in place for providing medically necessary TFC services, either by contracting with a TFC agency or establishing a county owned and operated TFC agency?</p>			
	<p><b>SURVEY ONLY</b></p> <p>2) If the MHP does not have a mechanism in place to provide TFC, has the MHP taken steps to ensure that TFC will be available to children/youth who require this service, either through contracting with a TFC agency or establishing a county owned and operated TFC Agency?</p>			
<ul style="list-style-type: none"> <li>• State Plan Amendment 09-004</li> <li>• MHSUDS Information Notice No. 17-009</li> <li>• MHSUDS Information Notice No. 17-021</li> </ul>				<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>• The MHP does not have a mechanism to provide access to TFC for children/youth who meet TFC service criteria.</li> <li>• The MHP has not taken steps to ensure TFC services will be available.</li> </ul>

**SECTION A NETWORK ADEQUACY AND ARRAY OF SERVICES**

CRITERIA		FINDING Y N		INSTRUCTIONS TO REVIEWERS
7.	Regarding Continuum of Care Reform (CCR):			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Capacity assessment data</p> <p><input type="checkbox"/> Provider contracts</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>Review evidence the mechanism is adequate to provide access to mental health services for children/youth in the county who meet STRTP placement criteria.</li> <li>Review the MHP's policies and procedures regarding due process for STRTP providers.</li> <li>Review evidence the mechanism is adequate to provide access to mental health services for children/youth.</li> </ul>
7a.	<p><b>SURVEY ONLY</b></p> <p>Does the MHP maintain an appropriate network of Short Term Residential Therapeutic Programs (STRTPs) for children/youth who have been determined to meet STRTP placement criteria?</p>			
<ul style="list-style-type: none"> <li><i>Welfare and Institutions Code §§ 4096, 5600.3(a)</i></li> </ul>				<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>The MHP does not have a mechanism to provide access to mental health services for children/youth who meet STRTP placement criteria.</li> <li>The MHP does not have policies and procedures regarding due process for STRTP providers.</li> <li>The MHP does not have a mechanism to provide access to mental health services through FFAs.</li> </ul>

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CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
1.	Regarding the beneficiary handbook:			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Beneficiary Booklet</p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Client Intake Packet</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review evidence that a booklet is issued upon first receiving an SMHS and upon request.</li> <li>• Prior to onsite, verify the MHP’s threshold language(s) per the DHCS MHSD Information Notice No. 13-09, dated 4/30/2013.</li> <li>• Check availability of culturally and linguistically appropriate written information in threshold languages in the beneficiary booklet.</li> <li>• Confirm the MHP’s threshold language(s): _____</li> </ul>
1a.	Does the Mental Health Plan (MHP) provide beneficiaries with a beneficiary handbook upon request and when first receiving a Specialty Mental Health Service (SMHS)?			
<ul style="list-style-type: none"> <li>• <i>CFR, title 42, section 438.10</i></li> <li>• <i>CCR, title 9, chapter 11, section 1810.360(d)</i></li> <li>• <i>CMS/DHCS section 1915(b) Waiver</i></li> <li>• <i>CCR, title 9, chapter 11, section 1810.410(c)(3)</i></li> <li>• <i>DMH Information Notice No. 10-17, Enclosure, Page 18</i></li> <li>• <i>DMH Information Notice No. 10-02, Enclosure, Page 23</i></li> <li>• <i>DHCS MHSD Information Notice No. 13-09, dated 4/30/2013</i></li> </ul>				<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>• No evidence that the MHP is providing a booklet to beneficiaries upon first receiving a Specialty Mental Health Service.</li> <li>• Evidence reviewed indicates the MHP does not provide a booklet upon request.</li> <li>• Beneficiary booklet is not available in English and in the threshold language(s).</li> </ul>

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CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
2.	Regarding the provider directory:			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Provider directory</p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Client Intake Packet</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review evidence that a provider directory is issued upon first receiving an SMHS and upon request.</li> <li>• Prior to onsite, verify the MHP's threshold language(s) per the DHCS MHSD Information Notice No. 13-09, dated 4/30/2013.</li> </ul>
2a.	Does the MHP provide beneficiaries with a current provider directory upon request and when first receiving a SMHS?			

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<p>2b.</p>	<p>Does the MHP provider directory contain the following required elements:</p> <ol style="list-style-type: none"> <li>1) Names of provider(s), as well as any group affiliation?</li> <li>2) Street address(es)?</li> <li>3) Telephone number(s)?</li> <li>4) Website URL, as appropriate?</li> <li>5) Specialty, as appropriate?</li> <li>6) Whether the provider will accept new beneficiaries?</li> <li>7) The provider’s cultural and linguistic capabilities, including languages (including ASL) offered by the provider or a skilled interpreter?</li> <li>8) Whether the provider has completed cultural competence training?</li> <li>9) Whether the provider’s office/facility has accommodations for people with physical disabilities, including offices, exam rooms, and equipment?</li> </ol>		<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Provider directory</li> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• When reviewing larger counties, a regionalized provider list is acceptable.</li> <li>• The provider directory should include organizational, group, and individual providers including county owned and operated providers. Small counties may only have county owned and/or operated providers.</li> <li>• Provider directory should include child/youth and adult/older providers.</li> <li>• At a minimum, the services are to be categorized by psychiatric inpatient hospital, Mental Health Services, Targeted Case Management, Intensive Care Coordination, Intensive Home Based Services, Therapeutic Foster Care (agency), TBS and/or all other SMHS.</li> <li>• The provider directory should be current and accurately reflect providers accepting new Medi-Cal beneficiaries.</li> <li>• MHP may denote providers accepting new beneficiaries by adding a footnote instructing beneficiaries to contact providers.</li> <li>• Specialty may include specialization in trauma-informed care.</li> <li>• Alternatives and options for culturally appropriate services may include services for transition-age youth, veterans, older adults, Lesbian, Gay, Bisexual, and Transgender or Questioning (LGBTQ), etc.</li> <li>• Review evidence the MHP is monitoring cultural competence training of providers.</li> <li>• Review evidence the MHP updates the information included in its paper provider directory at least monthly and the electronic</li> </ul>
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CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
				<p>directory no later than 30 calendar days after the MHP receives updated provider information.</p> <ul style="list-style-type: none"> <li>Review evidence the provider directory is available on the MHP’s website in a machine readable file and format.</li> </ul>
<ul style="list-style-type: none"> <li>CFR, title 42, section 438.10(f)(6)(i) and 438.206(a)</li> <li>CCR, title 9, chapter 11, section 1810.410</li> <li>DMH Information Notice Nos. 10-02 and 10-17,</li> <li>CMS/DHCS, section 1915(b) Waiver</li> <li>MHP Contract</li> </ul>				<p><b>OUT OF COMPLIANCE:</b></p> <ul style="list-style-type: none"> <li>No evidence that the MHP is providing a provider directory to beneficiaries upon first receiving a Specialty Mental Health Service and upon request</li> <li>Provider directory is not available in English and, when applicable, in the threshold language(s).</li> <li>The provider directory does not contain the names, locations, telephone numbers, website URLs and/or non-English languages spoken by contracted providers.</li> <li>The provider directory does not contain cultural/linguistic alternatives and options.</li> <li>The provider directory does not include whether the provider has completed cultural competence training.</li> <li>The provider directory does not include whether the provider’s office/facility has accommodations for people with physical disabilities, including offices, exam rooms and equipment.</li> <li>The provider directory does not contain minimum required categories.</li> <li>The provider directory does not include a means to identify providers who are not accepting new beneficiaries.</li> </ul>

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CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
3.	Is there evidence that the MHP is making efforts to include culture-specific providers and services in the range of programs offered?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Provider list</li> <li><input type="checkbox"/> Provider contracts with culture-specific providers</li> <li><input type="checkbox"/> Provider contracts with provisions for cultural services</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Does the MHP have evidence of mechanisms in place to track progress for the inclusion of culture-specific providers and services in the range of programs offered?</li> <li>• Refer to MHP’s Cultural Competence Plan Requirements (CCPR) for the definition of ethnic, racial, culture-specific specialties.</li> <li>• Review evidence that the county/contractor has available, as appropriate, alternatives and options that accommodates the beneficiary’s individual preference.</li> <li>• Review evidence that the county/contractor provides culture-specific programs or referrals to community-based, culturally-appropriate, and non-traditional mental health providers.</li> <li>• Look for ethnic and cultural specific providers. The county may also include evidence of efforts to include additional culture-specific community providers and services in the range of programs offered by the county (e.g., older adults, veterans, and lesbian, gay, bisexual and transgender, etc.). Please note: counties may define underserved racial, ethnic, and cultural populations based on the MHP’s service populations and disparities identified in the CCPR.</li> </ul>



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CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
<ul style="list-style-type: none"> <li>• <i>CFR, title 42, section 438.206(c)(2)</i></li> <li>• <i>CCR, title 9, chapter 11, sections 1810.110(a) and 1810.410</i></li> <li>• <i>CCR, tile 9, section 3320(a)(2)</i></li> <li>• <i>DMH Information Notice No. 10-02, Enclosure, Page 24 and DMH Information Notice No. 10-17, Enclosure, Page 20</i></li> <li>• <i>CMS/DHCS section 1915(b) Waiver</i></li> <li>• <i>MHP Contract</i></li> </ul>				<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>• No evidence the MHP is making efforts to include culture-specific providers and services.</li> </ul>
4.	Whenever feasible and at the request of the beneficiary, does the MHP provide an opportunity to change persons providing the SMHS, including the right to use culture-specific providers?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Beneficiary booklet</li> <li><input type="checkbox"/> Change of Provider request form</li> <li><input type="checkbox"/> Change of Provider Logs</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Ask the MHP to describe the processes for changing providers.</li> <li>• Ask the MHP for the policy that describes the process.</li> <li>• Ask the MHP how these requests are tracked.</li> <li>• Review the requests/outcomes. Ask the MHP to show you examples of such a request being made, including initial request and the documented outcome.</li> <li>• If change request is denied, review evidence documenting the reason for the denial.</li> </ul>

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CRITERIA		FINDING Y    N	INSTRUCTIONS TO REVIEWERS
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, sections 1810.310(4)(A) and 1830.225(a),(b)</li> <li>• CCR, title 9, section 3320(a)(2)</li> <li>• CFR, title 42, section 438.6(m)</li> <li>• DMH Information Notice No. 10-02, Enclosure, Page 24 and DMH Information Notice No. 10-17, Enclosure, Page 20</li> <li>• MHP Contract, Exhibit E</li> </ul>			<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>• No evidence that the MHP provides an opportunity to change persons providing SMHS, including the right to use culture-specific providers.</li> </ul>
5a.	<p>Regarding language and format of written materials:</p> <p>Does the MHP make its written materials that are critical to obtaining services available to beneficiaries in the MHP’s threshold languages, including, at a minimum:</p> <ol style="list-style-type: none"> <li>1) Provider directory?</li> <li>2) Beneficiary handbook?</li> <li>3) Appeal and grievance notices?</li> <li>4) Denial and termination notices?</li> </ol>		<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Beneficiary handbook</li> <li><input type="checkbox"/> Provider directory</li> <li><input type="checkbox"/> Appeal and grievance notices</li> <li><input type="checkbox"/> Denial and termination notices</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Written materials apply to informing materials (e.g. beneficiary booklet, general program literature, forms, etc.).</li> <li>• Confirm the MHP’s threshold language(s): _____</li> </ul>

**SECTION B      ACCESS**

CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
5b.	1) Does the MHP make its written informing materials available in alternative formats (e.g., large print, audio, video) upon request and at no cost to the beneficiary?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Written informing materials in alternative formats</p> <p><input type="checkbox"/> Written informing materials in alternative formats in the MHP's threshold languages</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Written materials apply to informing materials (e.g. beneficiary booklet, general program literature, forms, etc.).</li> <li>• Review evidence of the alternative formats available.</li> <li>• Review evidence that large print documents are available in 18 point font.</li> <li>• Ask the MHP how it inform beneficiaries that information is available in alternative formats and how to access those formats.</li> <li>• Are the alternative formats available in the threshold language(s) (e.g., large print, audio versions, or braille)?</li> </ul>
	2) Does the MHP inform beneficiaries that information is available in alternative formats?			
	3) Does the MHP inform beneficiaries how to access alternative formats?			

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5c.	Does the MHP make auxiliary aids and services (e.g., TTY/TDY) available to beneficiaries upon request and at no cost?		<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Policies and Procedures # _____</li><li><input type="checkbox"/> Evidence of auxiliary aids and services</li><li><input type="checkbox"/> Posted notices and signs</li><li><input type="checkbox"/> Other evidence deemed appropriate by review team</li></ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"><li>• Written materials apply to informing materials (e.g. beneficiary booklet, general program literature, forms, etc.).</li><li>• Review evidence of the auxiliary aids and services</li><li>• Auxiliary aids and services include: (1) Qualified interpreters on-site or through video remote interpreting (VRI) services, as defined in 28 CFR 35.104 and 36.303(b); note takers; real-time computer-aided transcription services; written materials; exchange of written notes; telephone handset amplifiers; assistive listening devices; assistive listening systems; telephones compatible with hearing aids; closed caption decoders; open and closed captioning, including real-time captioning; voice, text, and video-based telecommunication products and systems, text telephones (TTYs), videophones, and captioned telephones, or equally effective telecommunications devices; videotext displays; accessible electronic and information technology; or other effective methods of making aurally delivered information available to individuals who are deaf or hard of hearing; (2) Qualified readers; taped texts; audio recordings; Braille materials and displays; screen reader software; magnification software; optical readers; secondary auditory programs; large print materials; accessible electronic and information technology; or other effective methods of making visually delivered materials available to individuals who are blind or have low</li></ul>
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CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
				vision; (3) Acquisition or modification of equipment and devices; and (4) Other similar services and actions. (45 CFR §92.4) <ul style="list-style-type: none"> <li>• How does the MHP inform beneficiaries of the availability of auxiliary aids and services and how to access those aids?</li> </ul>
5d.	Does the MHP ensure its written materials include taglines in the prevalent non-English languages in the state explaining the availability of written translation or oral interpretation to understand the information provided, as well as the toll-free and TTY/TDY telephone numbers for the MHP?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Written materials with evidence of taglines</li> <li><input type="checkbox"/> Posted notices and signs</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Written materials apply to informing materials (e.g. beneficiary booklet, general program literature, forms, etc.).</li> <li>• Taglines mean short statements written in non-English languages that indicate the availability of language assistance services free of charge. (45 CFR §92.4)</li> <li>• Review evidence the MHP includes a large print tagline and information on how to request auxiliary aids and services, including the provision of the materials in alternate formats.</li> </ul>

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CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
5e.	Does the MHP ensure its written materials comply with the following:			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Written materials</p> <p><input type="checkbox"/> Alternative formats</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>Written materials apply to informing materials (e.g. beneficiary booklet, general program literature, forms, etc.).</li> </ul>
	1) Use easily understood language and format (e.g., 6 <sup>th</sup> grade reading level)?			
	2) Use a font size no smaller than 12 point?			
5f.	Does the MHP have a mechanism for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and/or culturally appropriate field testing)?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Contracts with vendors for translated materials</p> <p><input type="checkbox"/> Samples of translated materials tested for accuracy</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>Review documentation the MHP has implemented a process for ensuring the accuracy of translated materials</li> </ul>
<ul style="list-style-type: none"> <li>CFR, title 42, section 438.10(d)(i),(ii)</li> <li>CCR, title 9, chapter 11, sections 1810.110(a) and 1810.410(e)(4)</li> <li>CFR, title 42, section 438.10(d)(2)</li> <li>MHP Contract</li> </ul>		<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>Informing materials and additional written materials in English and the threshold language(s) are not made available in alternative formats.</li> <li>There is no evidence the MHP is informing beneficiaries that information is available in alternative formats and how to access those formats.</li> </ul>		

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CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
6.	Review evidence that Limited English Proficient (LEP) individuals are informed of the following in a language they understand:			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Beneficiary booklet</p> <p><input type="checkbox"/> Samples of signs and posters</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1810.410, requires that there be policies and procedures to assist beneficiaries who need oral interpreter services in languages other than threshold languages to access the SMHS or related services available through “Key points of contact.”</li> <li>• Interpreter services mean oral and sign language.</li> <li>• CFR, title 42, section 438.10 (c)(4) and (5) requires MHPs to make oral interpretation services available and make these services available free of charge to each potential beneficiary and beneficiary. This applies to all non-English languages, not just those that the State identifies as threshold languages.</li> <li>• Review evidence that beneficiaries are informed in writing in English and other languages of their rights to language assistance services, including posting of this right.</li> </ul>
6a.	LEP individuals have a right to free language assistance services.			
6b.	LEP individuals are informed how to access free language assistance services.			

**SECTION B      ACCESS**

CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
6c.	Does the MHP have a mechanism to ensure that interpreter services are offered to LEP individuals?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Beneficiary booklet</li> <li><input type="checkbox"/> Intake packet or client acknowledgement form</li> <li><input type="checkbox"/> Utilization Review documentation of interpreter services offered to clients</li> <li><input type="checkbox"/> Contracts with vendors for Interpreter services</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review evidence the MHP has policies and procedures to assist beneficiaries who need oral interpreter services in languages other than threshold languages to access SMHS or related services through key points of contact.</li> <li>• Interpreter services mean oral and sign language.</li> <li>• Ask the MHP how it informs all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing (CCPR, Criterion 7).</li> </ul>



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CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
6d.	Does the MHP have policies, procedures, and practices that comply with the following requirements of Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973:			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Beneficiary booklet</p> <p><input type="checkbox"/> Posted signs and/or notices</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>Review MHP policies and procedures regarding language access and interpreter services.</li> <li>If under rare circumstances a family member and/or child is used as an interpreter (e.g., monolingual parent will not communicate using MHP interpreter), the MHP's policies and procedures should require that the reason/justification is well documented.</li> </ul>
	1) Prohibiting the expectation that family members provide interpreter services?			
	2) A client may choose to use a family member or friend as an interpreter after being informed of the availability of free interpreter services?			
	3) Minor children should not be used as interpreters?			
<ul style="list-style-type: none"> <li>CFR, title 42, section 438.10 (c)(4) , 438.6(f)(1), 438.100(d), CFR, title 28, Part 35, 35.160(b)(1), CFR, title 28, Part 36, 36.303(c)</li> <li>CCR, title 9, chapter 11, section 1810.410(a)-(e)</li> <li>DMH Information Notice No. 10-02, Enclosure, Page 22, and DMH Information Notice No. 10-17, Enclosure, Page 17</li> <li>Title VI, Civil Rights Act of 1964 (U.S. Code 42, section 2000d; CFR, title 45, Part 80)</li> <li>MHP Contract</li> <li>CMS/DHCS, section 1915(b) waiver</li> </ul>				<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>No evidence that LEP individuals are informed of the right to free language assistance services.</li> <li>No evidence that LEP individuals are informed how to access free language assistance services.</li> <li>No documentation that the MHP offered interpreter services to assist beneficiaries who need interpreter services.</li> </ul>

**SECTION B    ACCESS**

<b>CRITERIA</b>		<b>FINDING</b>		<b>INSTRUCTIONS TO REVIEWERS</b>
		<b>Y</b>	<b>N</b>	
7.	Regarding outreach efforts for the purpose of providing information to beneficiaries and providers regarding access under the MHP:			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Evidence of community information and education plans</li> <li><input type="checkbox"/> Calendar of community events</li> <li><input type="checkbox"/> Fliers, outreach posters, sign-in sheets from community events</li> <li><input type="checkbox"/> Cultural Competence Plan</li> <li><input type="checkbox"/> Implementation Plan</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Ask the MHP to describe its outreach efforts to inform all Medi-Cal beneficiaries of available services under the consolidation of specialty mental health services.</li> <li>• Review evidence of MHP community information and education plans (e.g., number of community presentations or forums and locations used to disseminate information, etc.).</li> </ul>
7a.	Is there evidence of community information and education plans or policies that enable Medi-Cal beneficiaries to access SMHS?			

**SECTION B      ACCESS**

CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
7b.	Is there evidence of outreach for informing under-served target populations of the availability of cultural and linguistic services and programs?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Outreach calendars and tracking reports</li> <li><input type="checkbox"/> Fliers, outreach posters, sign-in sheets from community events</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review evidence of MHP’s outreach efforts (e.g., calendar of events, sign-in sheets, tracking logs, etc.).</li> <li>• “Under-served target populations” are beneficiaries with specific cultural and linguistic needs identified in the MHP’s CCPR. Under-served communities are those groups who have low levels of access and/or use of mental health services, and who face pervasive institutional and socioeconomic barriers to obtaining health and mental health care.</li> <li>• Ask the MHP how the under-served target populations are identified in the CCPR.</li> </ul>
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, sections 1810.310(2)(B) and 1810.410</li> <li>• Information Notice 10-02 and Information Notice 10-17</li> <li>• MHP Contract</li> <li>• CMS/DHCS, section 1915(b) waiver</li> </ul>				<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Not following Cultural Competence Plan Requirements (CCPR).</li> <li>• No evidence of community information and education plans.</li> <li>• No evidence of outreach to under-served target populations identified in the MHP’s CCPR.</li> </ul>

**SECTION B      ACCESS**

CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
8.	Regarding mental health services available to persons who are homeless and hard-to-reach individuals:			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Outreach calendars and tracking reports</li> <li><input type="checkbox"/> Fliers, outreach posters, sign-in sheets from community events</li> <li><input type="checkbox"/> Mobile response unit schedule/calendar</li> <li><input type="checkbox"/> Evidence of referrals or linkages with other social service agencies/services (e.g., homeless shelters, veterans services, law enforcement, churches, schools, etc.)</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Assertive outreach should make mental health services available to homeless and hard-to-reach individuals with mental disabilities.</li> <li>• Review evidence of assertive outreach to persons who are homeless or hard-to-reach (e.g., calendar of events, sign-in sheets, tracking logs, etc.).</li> <li>• “Hard-to-reach individuals” refers to any special population as defined by the MHP (e.g., older adults, veterans, geographically hard to reach).</li> </ul>
8a.	Is there evidence of assertive outreach to persons who are homeless with mental disabilities?			
8b.	Is there evidence of assertive outreach to hard-to-reach individuals with mental disabilities?			
<ul style="list-style-type: none"> <li>• <i>WIC, section 5600.2(d)</i></li> </ul>				<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>• No evidence of any assertive outreach efforts to persons who are homeless and hard-to-reach individuals.</li> </ul>

**SECTION B      ACCESS**

<b>CRITERIA</b>		<b>FINDING Y P N</b>			<b>INSTRUCTIONS TO REVIEWERS</b>
9a.	<p>Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number:</p> <ol style="list-style-type: none"> <li>1) Does the MHP 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?</li> <li>2) Does the toll-free telephone number provide 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?</li> <li>3) Does the toll-free telephone number provide information to beneficiaries about services needed to treat a beneficiary's urgent condition?</li> <li>4) Does the toll-free telephone number provide information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes?</li> </ol>				<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> DHCS test call worksheets</li> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Contracts/documentation of vendors providing language access for 24/7 statewide toll free line</li> <li><input type="checkbox"/> Test call scripts</li> <li><input type="checkbox"/> MHP test call results</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• DHCS review team members will test the 24/7 toll-free telephone number in English and other language(s).</li> <li>• Information should be made available to all callers without regard to Medi-Cal status.</li> <li>• Results for each requirement will be calculated based on the test call findings.</li> </ul> <p><b><u>Compliance %:</u></b> _____</p> <p>Formula for calculating percentage: Total number of test calls meeting requirements/ Total number of test calls made (applicable to each requirement) by DHCS</p>

**SECTION B    ACCESS**

CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
9b.	Does the MHP provide a statewide (24/7) toll-free telephone number that provides adequate TTY/TDD or Telecommunications Relay Services?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> DHCS Test Calls</li> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Contracts/documentation of vendors providing service</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• TTY (Text Telephone/Teletype)/TDD (Telecommunication Device for the Deaf) is an electronic device for text communication via a telephone line, used when one or more of the parties have hearing or speech difficulties. A Telecommunications Relay Service is an operator service that allows people who are Deaf, Hard-of-Hearing, Speech-Disabled, or Deaf and Blind to place calls to standard telephone users via a keyboard or assistive device. Originally, relay services were designed to be connected through a TTY/TDD or other assistive telephone device.</li> <li>• If TTY/TDD or Telecommunications Relay Services are utilized, how are beneficiaries informed of the toll-free telephone number?</li> <li>• Ask the MHP to provide evidence of TTY/TDD or Telecommunications Relay Services, including how the MHP ensures linguistic capabilities in all languages.</li> <li>• Review practices that the MHP has in place for meeting clients' language needs.</li> </ul>

**SECTION B      ACCESS**

CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
9c.	Does the MHP provide training for staff responsible for the statewide toll-free 24-hour telephone line to ensure linguistic capabilities?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Documentation of training plan, training records, and training activities</li> <li><input type="checkbox"/> Training materials</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review evidence of training for all staff responsible for the 24/7 statewide toll-free telephone line</li> <li>• Ask the MHP about frequency and content of training</li> </ul>
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1)</li> <li>• CFR, title 42, section 438.406 (a)(1)</li> <li>• DMH Information Notice No. 10-02, Enclosure, Page 21, and DMH Information Notice No. 10-17, Enclosure, Page 16</li> <li>• MHP Contract</li> </ul>		<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>• MHP does not meet 24/7 toll-free requirements as evidenced by the results of DHCS test calls.</li> <li>• Lack of linguistic capacity, including TTY/TDD or Telecommunications Relay Services, in all languages spoken by beneficiaries of the county as evidenced by the results of DHCS test calls</li> </ul>		

**SECTION B      ACCESS**

CRITERIA		FINDING Y   P   N			INSTRUCTIONS TO REVIEWERS
10.  10a.	<p>Regarding the written log of initial requests for SMHS:</p> <p>Does the MHP maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing?</p>				<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Written Log(s) of Initial Requests</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review evidence the log(s) are maintained for all requests made by phone, in person or in writing. MHP may maintain the log electronically.</li> <li>• Review the written logs for required information pertaining to the DHCS test calls.</li> <li>• Test calls only requesting information about the MHP’s Problem Resolution and State Fair Hearing processes are not required by regulation to be logged.</li> <li>• Initial dispositions may include, but are not limited to: caller provided with clinic hours/location, beneficiary scheduled for assessment with [Provider] at [Date/time], warm hand off to 24 hour Crisis Clinician, etc.</li> </ul>



**SECTION B      ACCESS**

CRITERIA		FINDING Y P N			INSTRUCTIONS TO REVIEWERS
10b.	<p>Does the written log(s) contain the following required elements:</p> <ol style="list-style-type: none"> <li>1) Name of the beneficiary?</li> <li>2) Date of the request?</li> <li>3) Initial disposition of the request?</li> </ol>				<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Written Log(s) of Initial Requests</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review the written logs for required information pertaining to the DHCS test calls.</li> <li>• Test calls only requesting information about the MHP’s Problem Resolution and State Fair Hearing processes are not required by regulation to be logged.</li> <li>• Initial dispositions may include, but are not limited to: caller provided with clinic hours/location, beneficiary scheduled for assessment with [Provider] at [Date/time], warm hand off to 24 hour Crisis Clinician, etc.</li> </ul> <p><b><u>Compliance %:</u></b> _____            Formula for calculating percentage: Total number of test calls logged with required elements/Total number of test calls made by DHCS</p>
<ul style="list-style-type: none"> <li>• <i>CCR, title 9, chapter 11, section 1810.405(f)</i></li> </ul>					<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Written log of initial requests does not meet Title 9 requirements.</li> <li>• MHP does not log requests made by phone, in person, or in writing.</li> <li>• The DHCS test calls of initial requests are not evident on the written log</li> </ul>

**SECTION B    ACCESS**

CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
11.	Has the MHP updated its Cultural Competence Plan annually in accordance with regulations?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Cultural Competence Plan</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review the MHP’s Cultural Competence Plan to determine if it has been updated annually during the triennial review period.</li> <li>• Review data collected (Criterion 2) and strategies identified (Criterion 3) in the CCP.</li> <li>• Ask the MHP how it determines priorities for strategies from year to year.</li> </ul>
<ul style="list-style-type: none"> <li>• CCR title 9, section 1810.410</li> <li>• DMH Information Notice 10-02 and 10-17</li> </ul>		<p><b><u>OUT OF COMPLIANCE</u></b></p> <ul style="list-style-type: none"> <li>• MHP does not have a current CCP</li> <li>• MHP did not furnish evidence its CCP is updated annually</li> </ul>		

**SECTION B    ACCESS**

CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
12.	Regarding the MHP's Cultural Competence Committee (CCC):			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Organizational Chart</li> <li><input type="checkbox"/> CCC Agendas and Meeting Minutes</li> <li><input type="checkbox"/> Cultural Competence Plan</li> <li><input type="checkbox"/> QI Program review documentation</li> <li><input type="checkbox"/> QIC Agendas and Minutes</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review policies, procedures, and practices that assure members of the CCC will be reflective of the community including county management level and line staff, clients and family members from ethnic, racial, and cultural groups, youth and families, providers, community partners, contractors, and other members as necessary (CCPR Criterion 4).</li> <li>• If the MHP does not have a CCC, review evidence another committee or group reviews cultural competence issues (e.g., Quality Improvement Committee).</li> </ul>
12a.	Does the MHP have a CCC or other group that addresses cultural issues and has participation from cultural groups that is reflective of the community?			

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CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
12b.	<p>Does the MHP have evidence of policies, procedures, and practices that demonstrate the CCC activities include the following:</p> <p>1) Participates in overall planning and implementation of services at the county?</p> <p>2) Provides reports to the Quality Assurance and/or the Quality Improvement Program?</p>			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Organizational Chart</p> <p><input type="checkbox"/> CCC Agendas and Meeting Minutes</p> <p><input type="checkbox"/> Cultural Competence Plan</p> <p><input type="checkbox"/> QI Program review documentation</p> <p><input type="checkbox"/> QIC Agendas and Minutes</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review evidence the CCC (or another committee focused on cultural competence) participates in overall planning and implementation of services at the county.</li> <li>• Review evidence of the CCC’s policy and planning recommendations and the MHP’s response</li> <li>• Review evidence the CCC reports to the QI Program</li> </ul>

**SECTION B      ACCESS**

CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
12c.	Does the CCC complete its Annual Report of CCC activities as required in the CCPR?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> CCC Annual Report(s)</li> <li><input type="checkbox"/> Cultural Competence Plan</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review the MHP’s Cultural Competence Plan</li> <li>• Review completed CCC reports</li> <li>• Annual report of activities to include:               <ul style="list-style-type: none"> <li>○ Goals and objectives of the committee</li> <li>○ Evaluation of goals and objectives</li> <li>○ Reviews and recommendations to county programs and services, as well as actions taken</li> <li>○ Goals of Cultural Competence Plans</li> <li>○ Human Resources report (i.e., workforce development and/or recruitment activities)</li> <li>○ County organizational assessment</li> <li>○ Training plans</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• CCR title 9, section 1810.410</li> <li>• DMH Information Notice 10-02 and 10-17</li> </ul>		<p><b><u>OUT OF COMPLIANCE</u></b></p> <ul style="list-style-type: none"> <li>• MHP does not have an established Cultural Competence Committee</li> <li>• MHP does not have policies, procedures or practices to ensure its CCC participates in planning and implementation of services in the county</li> <li>• MHP does not demonstrate evidence the CCC reports to the QA/QI Program</li> <li>• CCC does not complete an Annual Report of CCC Activities</li> </ul>		

**SECTION B      ACCESS**

CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
13a.	Regarding the MHP’s plan for annual cultural competence training necessary to ensure the provision of culturally competent services:			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures #_____</p> <p><input type="checkbox"/> Cultural Competence Plan</p> <p><input type="checkbox"/> Cultural Competence Training Plan</p> <p><input type="checkbox"/> Documentation of training for administrative and management staff</p> <p><input type="checkbox"/> Documentation of training for persons providing SMHS employed by or contracting with the MHP</p> <p><input type="checkbox"/> Documentation of training for interpreters and bilingual staff</p> <p><input type="checkbox"/> Training materials/curricula</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Ask MHP to describe its process for ensuring that interpreters are trained and monitored for language competence.</li> <li>• Determine if pre/post tests for fluency are part of bilingual pay policy.</li> <li>• Ask the MHP if interpreters are trained utilizing the Mental Health Interpreter Training curriculum and/or if interpreters receive general training on mental health systems.</li> </ul>
	1) Is there a plan for cultural competency training for the administrative and management staff of the MHP?			
	2) Is there a plan for cultural competency training for persons providing SMHS employed by or contracting with the MHP?			
	3) Is there a process that ensures that interpreters are trained and monitored for language competence (e.g., formal testing)?			

**SECTION B      ACCESS**

<b>CRITERIA</b>		<b>FINDING Y    N</b>		<b>INSTRUCTIONS TO REVIEWERS</b>
13b.	Does the MHP have evidence of the implementation of training programs to improve the cultural competence skills of staff and contract providers?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Documentation of tracking mechanisms to ensure all staff receive required annual training</li> <li><input type="checkbox"/> MHP Provider Contract</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review evidence that cultural competency training plans have been implemented during the triennial review period.</li> <li>• Review the MHP’s Annual Training Report as required by the CCPR, DMH Information Notice 10-02.</li> <li>• Review evidence the MHP has a mechanism to track the participation of all staff in required cultural competence trainings.</li> <li>• Review evidence the MHP tracks participation of its contract providers in required cultural competence training.</li> </ul>
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1810.410 (a)-(e)</li> <li>• DMH Information Notice No. 10-02, Enclosure, Pages 16 &amp; 22 and DMH Information Notice No. 10-17, Enclosure, Pages 13 &amp; 17</li> <li>• MHP Contract</li> </ul>				<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>• No evidence that the MHP has developed a plan to provide cultural competency training for all MHP staff and contracted providers to provide interpreter or other support services to beneficiaries.</li> <li>• No evidence that the MHP has implemented training programs.</li> <li>• No evidence that the MHP has a process in place to ensure that interpreters are trained and monitored for language competence (e.g., formal testing).</li> </ul>

**SECTION C      COVERAGE AND AUTHORIZATION OF SERVICES**

CRITERIA		FINDING Y P N		INSTRUCTIONS TO REVIEWERS
1.	Regarding the Treatment Authorization Requests (TARs) for hospital services:			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Sample of TARs</p> <p><input type="checkbox"/> List of MHP licensed/waivered/registered staff responsible for reviewing TARs during sample period</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Fee for Service hospitals must submit a TAR to the MHP Point of Authorization of the beneficiary.</li> <li>• Review random sample of a minimum of 100 TARs for inpatient hospital services to determine if qualified mental health professionals are approving/denying TARs in accordance with title 9 regulations. DHCS will identify the sample parameters during the review.</li> <li>• Obtain list of MHP licensed/waivered/registered staff responsible for reviewing TARs during sample period and match it with the signature on the TARs.</li> </ul> <p><b><u>Compliance %:</u></b> _____</p> <p>Formula for calculating percentage: Total number of TARs reviewed that comply with regulatory requirements/Total number of TARs reviewed.</p>
1a.	Are the TARs being approved or denied by licensed mental health or waived/registered professionals of the beneficiary's MHP in accordance with title 9 regulations?			



**SECTION C      COVERAGE AND AUTHORIZATION OF SERVICES**

CRITERIA		FINDING Y P N		INSTRUCTIONS TO REVIEWERS
1b.	Does the MHP approve or deny TARs within 14 calendar days of the receipt of the TAR and in accordance with title 9 regulations?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Sample of TARs</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review random sample of 100 TARs. DHCS will identify the sample parameters during the review.</li> <li>• Verify number of days between receipt date and approval date for each TAR reviewed.</li> <li>• CCR, title 9, chapter 11, section 1810.242 states: “Receipt” means the receipt of a Treatment Authorization Request or other document. The “date of receipt” means the date the document was received as indicated by a date stamp made by the receiver or the fax date recorded on the document. For documents submitted by mail, the postmark date must be used as the date of receipt in the absence of a date/time stamp made by the receiver.</li> <li>• If MHP grants an extension, is the MHP notifying the beneficiary of the extension per CCR title 9, section 1820.220(i)?</li> </ul> <p><b><u>Compliance %:</u></b> _____</p> <p>Formula for calculating percentage: Total number of TARs reviewed that comply with regulatory requirements/Total number of TARs reviewed.</p>

**SECTION C      COVERAGE AND AUTHORIZATION OF SERVICES**

CRITERIA		FINDING Y P N		INSTRUCTIONS TO REVIEWERS
1c.	<p>Are all adverse decisions regarding hospital requests for payment authorization that were based on criteria for medical necessity or emergency admission being reviewed and approved in accordance with title 9 regulations by:</p> <p>1) a physician, or</p> <p>2) at the discretion of the MHP, by a psychologist for patients admitted by a psychologist and who received services under the psychologist's scope of practice?</p>			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Sample of TARs</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>Review random sample of TARs reflecting adverse determinations (i.e., denials or modifications) by the MHP.</li> <li>Adverse decision is based on medical necessity criteria.</li> <li>Check TARs for evidence or supporting documentation of physician review or, when applicable, of psychologist review.</li> <li>Check if an NOABD is issued to the beneficiary within 3 days when adverse decisions are rendered.</li> </ul> <p><b><u>Compliance %:</u></b> _____</p> <ul style="list-style-type: none"> <li>Formula for calculating percentage: Total number of TARs reviewed that comply with regulatory requirements/Total number of TARs with adverse decisions reviewed.</li> </ul>
<ul style="list-style-type: none"> <li>CCR, title 9, chapter 11, sections 1810.242, 1820.220(c),(d), 1820.220 (f), 1820.220 (h), and 1820.215.</li> <li>CFR, title 42, section 438.210(d)</li> </ul>		<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>TARs not being approved or denied by qualified staff in accordance with title 9 regulations.</li> <li>Physician or, when applicable, a psychologist is not reviewing adverse decisions.</li> <li>No physician signature regarding adverse decisions on the TAR or no evidence or supporting documentation of physician review.</li> <li>The MHP is not approving or denying TARs within 14 calendar days of the receipt of the TAR and in accordance with title 9 regulations.</li> </ul>		

**SECTION C      COVERAGE AND AUTHORIZATION OF SERVICES**

CRITERIA		FINDING Y P N		INSTRUCTIONS TO REVIEWERS
2.	Regarding Standard Authorizations Requests for non-hospital SMHS:			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Payment authorization checklist/tools</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Have the MHP describe the providers and non-hospital specialty mental health services subject to payment authorization.</li> <li>• Review the procedure/system for informing providers and county staff of the need to request an MHP payment authorization. An MHP payment authorization refers to a written, electronic, or verbal authorization given by an MHP to a service provider.</li> <li>• Determine if MHP requires authorization for ICC and IHBS.</li> </ul>
2a.	Does the MHP have written policies and procedures for initial and continuing authorizations of SMHS as a condition of reimbursement?			
2b.	Are payment authorization requests being approved or denied by licensed mental health professionals or waived/registered professionals of the beneficiary's MHP?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Sample of Standard Authorization Requests (SARs)</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p>

**SECTION C      COVERAGE AND AUTHORIZATION OF SERVICES**

CRITERIA		FINDING Y P N		INSTRUCTIONS TO REVIEWERS
2c.	For standard authorization decisions, does the MHP make an authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and within 14 calendar days following receipt of the request for service with a possible extension of up to 14 additional days?			<p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>Review a random sample of payment authorization requests (50 per medium/large county, 25 per small county).</li> <li>CFR, title 42, section 438.210(b)(3) Licensed psychiatric technicians and licensed vocational nurses may approve or deny such requests only when the provider indicates that the beneficiary to whom the SMHS will be delivered has an urgent condition. (defined in Section 1810.253)</li> <li>Verify the process complies with CFR title 42 regulations</li> <li>Extension for an additional 14 calendar days is permissible, if:               <ul style="list-style-type: none"> <li>The beneficiary requests the extension</li> <li>The MHP identifies need for additional information and documents the need and how the extension is in the beneficiary's best interest.</li> </ul> </li> <li>If an extension is requested, review the process for notifying the beneficiary and request a random sample of the written notifications.</li> <li>For cases in which a provider indicates, or the MHP determines, that following the standard timeframe could seriously jeopardize the beneficiary's life or health or ability to attain, maintain, or regain maximum function, the MHP must make an expedited authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and no later than 72 hours after receipt of the request for services.</li> </ul>
2d.	For expedited authorization decisions, does the MHP make an expedited authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and within 72 hours following receipt of the request for service or, when applicable, within 14 calendar days of an extension?			
<ul style="list-style-type: none"> <li>CFR, title 42, section 438.210(b)(3)</li> <li>CFR, title 42, section 438.210(d)(1),(2)</li> <li>CCR, title 9, chapter 11, sections 1810.253, 1830.220, 1810.365, and 1830.215 (a-g)</li> </ul>				<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>MHP is not using appropriate staff to approve/deny authorizations.</li> <li>MHP is using Licensed Psychiatric Technicians (LPTs) and LVNs when an urgent condition does not exist.</li> <li>The MHP is not making authorization decisions within the required timeframes.</li> <li>The MHP is not providing notices within the required timeframes.</li> <li>The MHP does not have a process for expedited authorization decisions.</li> </ul>

**SECTION C      COVERAGE AND AUTHORIZATION OF SERVICES**

CRITERIA		FINDING Y P N			INSTRUCTIONS TO REVIEWERS
3.	Regarding payment authorization for Day Treatment Intensive and Day Rehabilitation Services:				<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Sample of DTI/DR Authorizations</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>Review Day Treatment Intensive and Day Rehabilitation authorizations (20 per large/medium county, 10 per small county).</li> <li>Review Day Treatment policies and procedures</li> <li>Check that the procedure/system has assurances that payment is not being made without prior authorization for services provided more than 5 days per week.</li> </ul> <p><b><u>Compliance %:</u></b> _____</p> <ul style="list-style-type: none"> <li>Formula for calculating percentage: Total number of Day Treatment Authorizations reviewed that comply with regulatory requirements/Total number of Day Treatment Authorizations reviewed</li> </ul>
3a.	The MHP requires providers to request advance payment authorization for Day Treatment Authorization and Day Rehabilitation in accordance with MHP Contract:				
	1) In advance of service delivery when services will be provided for more than 5 days per week				
	2) At least every 3 months for continuation of Day Treatment Intensive				
	3) At least every 6 months for continuation of Day Rehabilitation				
	4) The MHP requires providers to request authorization for mental health services provided concurrently with day treatment intensive and day rehabilitation, excluding services to treat emergency and urgent conditions.				
<ul style="list-style-type: none"> <li>CCR, title 9, chapter 11, sections 1830.215 (e) and 1840.318.</li> <li>DMH Information Notice 02-06, Enclosures, Pages 1-5</li> <li>DMH Letter No. 03-03</li> </ul>		<b><u>OUT OF COMPLIANCE:</u></b>			<ul style="list-style-type: none"> <li>Not following title 9 regulations.</li> <li>No payment authorization system in place that meets requirements.</li> </ul>

**SECTION C      COVERAGE AND AUTHORIZATION OF SERVICES**

CRITERIA		FINDING Y P N		INSTRUCTIONS TO REVIEWERS
4.	Regarding out-of-plan services to beneficiaries placed out of county:			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Authorizations for Out-of-Plan Services</p> <p><input type="checkbox"/> Provider Manual for Out-of-Plan Services</p> <p><input type="checkbox"/> Contract Template for Out-of-Plan Services</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review SARS and authorization decisions for out-of-county services.</li> <li>• Review policies and procedures for providing out-of-plan services to beneficiaries placed out of county.</li> <li>• Review evidence the MHP complies with requirements regarding authorization, documentation, provision and reimbursement of services when a child is in a KinGAP or Aid Adoptive Parents (AAP) aid code and residing outside his or her county of origin.</li> </ul>
4a.	Does the MHP provide out-of-plan services to beneficiaries placed out of county?			
4b.	Does the MHP ensure that it complies with the timelines for processing or submitting authorization requests for children in a AAP or KinGAP aid code living outside his or her county of origin?			
4c.	Does the MHP have a mechanism to ensure it complies with the use of standardized contract, authorization procedure, documentation standards and forms issued by DHCS, unless exempted?			

**SECTION C      COVERAGE AND AUTHORIZATION OF SERVICES**

CRITERIA		FINDING Y P N		INSTRUCTIONS TO REVIEWERS
4d.	Regarding presumptive transfer:  <b>SURVEY ONLY:</b> 1) Does the MHP have a mechanism to ensure timely provision of mental health services to foster children upon presumptive transfer to the MHP from the MHP in the county of original jurisdiction?			<b><u>SUGGESTED DOCUMENTATION:</u></b> <input type="checkbox"/> Policies and Procedures # _____ <input type="checkbox"/> Other evidence deemed appropriate by review team  <b><u>GUIDANCE:</u></b> <ul style="list-style-type: none"> <li>Review evidence the MHP's policies and procedures comply with the requirements of MHSUDS IN No. 17-032</li> <li>Review evidence the MHP's policies and procedures do not delay timely provision of SMHS to the child</li> </ul>
	<b>SURVEY ONLY:</b> 2) Has the MHP identified a single point of contact or unit with a dedicated phone number and/or email address for the purpose of presumptive transfer?			<b><u>SUGGESTED DOCUMENTATION:</u></b> <input type="checkbox"/> Policies and Procedures # _____ <input type="checkbox"/> Contact Information <input type="checkbox"/> MHP Website <input type="checkbox"/> Other evidence deemed appropriate by review team
	<b>SURVEY ONLY:</b> 3) Has the MHP posted the contact information to its public website to ensure timely communication?			<b><u>GUIDANCE:</u></b> <ul style="list-style-type: none"> <li>Review evidence the MHP has identified a single point of contact and telephone number and/or email address</li> <li>Verify the contact information is posted publicly on the MHP's website</li> </ul>

**SECTION C      COVERAGE AND AUTHORIZATION OF SERVICES**

CRITERIA		FINDING Y P N	INSTRUCTIONS TO REVIEWERS
4e.	If an exception to presumptive transfer exists, does the MHP ensure access for foster care children outside its county of adjudication?		<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Authorizations for Out-of-Plan Services</li> <li><input type="checkbox"/> Provider Manual for Out-of-Plan Services</li> <li><input type="checkbox"/> Contract Template for Out-of-Plan Services</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review SARS and authorization decisions for out-of-county services.</li> <li>• Review policies and procedures for providing out-of-plan services to beneficiaries placed out of county</li> </ul>
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1830.220(b)(3) and (b)(4)(A); sections 1810.220.5, 1830.220 (b)(3), and b(4)(A),</li> <li>• WIC sections, 11376, 16125, 14716; 14717, 14684, 14718 and 16125</li> <li>• DMH Information Notice No. 09-06,</li> <li>• DMH Information Notice No. 97-06</li> <li>• DMH Information Notice No. 08-24</li> <li>• Welfare and Institutions Code section 14717.1</li> <li>• MHSUDS Information Notice No. 17-032</li> </ul>			<p><b><u>OUT OF COMPLIANCE</u></b></p> <ul style="list-style-type: none"> <li>• The MHP does not provide out-out-plan services to beneficiaries placed out of county.</li> <li>• The MHP does not have a mechanism or process to ensure it complies with the timelines for processing and submitting authorization requests for children in a AAP or KinGAP aid code living outside his/her county of origin.</li> <li>• The MHP does not ensure it complies with the use of standardized contract, authorization procedure, documentation standards and forms issued by DHCS.</li> <li>• The MHP does not have policies and procedures regarding presumptive transfer.</li> <li>• The MHP’s policies and procedures do not ensure timely provision of SMHS to foster children upon presumptive transfer.</li> <li>• The MHP has not identified a single point of contact or unit with the MHP for the purpose of presumptive transfer.</li> <li>• The MHP has not posted the contact information publicly on its website.</li> <li>• The MHP does not ensure access for foster care children outside its county of adjudication</li> </ul>



**SECTION C      COVERAGE AND AUTHORIZATION OF SERVICES**

CRITERIA		FINDING Y P N		INSTRUCTIONS TO REVIEWERS
5.	Regarding consistency in the authorization process:			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> UM review tools (e.g., chart review tools, inter-rater reliability tools, etc.)</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Ask the MHP to describe their UM procedures to review for consistency in authorization decisions.</li> <li>• What actions does the MHP take to ensure consistency in authorization decisions?</li> </ul>
5a.	Does the MHP have a mechanism to ensure consistent application of review criteria for authorization decisions?			
5b.	Is there evidence that the MHP is reviewing Utilization Management (UM) activities annually, including monitoring activities to ensure that the MHP meets the established standards for authorization decision making?			
<ul style="list-style-type: none"> <li>• <i>MHP Contract, Exhibit A, Attachment 1</i></li> </ul>				<p><b><u>OUT OF COMPLIANCE</u></b></p> <ul style="list-style-type: none"> <li>• MHP does not have a mechanism to ensure consistent application of authorization decisions</li> </ul>

**SECTION C      COVERAGE AND AUTHORIZATION OF SERVICES**

<p>6a.</p>	<p>Regarding Notices of Adverse Benefit Determination (NOABDs):</p> <p>Does the MHP provide a beneficiary with a NOABD under the following circumstances:</p> <ol style="list-style-type: none"> <li>1) The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit?</li> <li>2) The reduction, suspension, or termination of a previously authorized service?</li> <li>3) The denial, in whole or in part, of a payment for service?</li> <li>4) The failure to provide services in a timely manner?</li> <li>5) The failure to act within timeframes provided in 42 C.F.R. §438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals?</li> <li>6) The denial of a beneficiary's request to dispute financial liability, including cost sharing and other beneficiary financial liabilities?</li> </ol>		<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Sample NOABDs</li> <li><input type="checkbox"/> Tracking Mechanism</li> <li><input type="checkbox"/> Assessment Results</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE (applies to questions 5a-5e):</u></b></p> <ul style="list-style-type: none"> <li>• Review NOAs and NOABDs issued during the triennial review period.</li> <li>• Verify the MHP is issuing NOABDs in accordance with title 42 requirements.</li> <li>• The MHP must retain copies of all NOABDs issued to the beneficiaries in a centralized file accessible to the Department.</li> <li>• Ask the MHP how it monitors its network providers and subcontractors compliance with the NOABD requirements.</li> <li>• Review the results of assessment determinations and verify NOABDs were sent to beneficiaries with an adverse benefit determination.</li> <li>• Review evidence of referrals to MCPs and verify NOABDs were sent to beneficiaries referred to MCPs for mental health services.</li> <li>• Review the MHP's grievance and appeal log and verify NOABDs were sent to beneficiaries when the MHP failed to meet timelines for resolution of grievances and appeals.</li> <li>• Review the MHP's timeliness data and EQRO report and verify that NOABDs were sent to beneficiaries when the MHP failed to provide service in a timely manner.</li> </ul> <p><b><u>Compliance %:</u></b> _____</p>
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**SECTION C      COVERAGE AND AUTHORIZATION OF SERVICES**

CRITERIA		FINDING Y P N			INSTRUCTIONS TO REVIEWERS
					Formula for calculating percentage: Total number of NOABDs reviewed that comply with regulatory requirements/Total number of NOABDs reviewed in each category

**SECTION C      COVERAGE AND AUTHORIZATION OF SERVICES**

<p>6b.</p>	<p>Does the MHP ensure the contents of the NOABD contains the following:</p> <ol style="list-style-type: none"> <li>1) The adverse benefit determination the MHP has made or intends to make?</li> <li>2) The reasons for the adverse benefit determination?</li> <li>3) The right for the beneficiary to be provided, upon request and free of charge, reasonable access to and copies of all documents, records, and other information relevant to the adverse benefit determination?</li> <li>4) The beneficiary’s right to request an appeal of the MHP’s adverse benefit determination, including information on the MHP’s one level of appeal and the beneficiary’s right to request a State fair hearing?</li> <li>5) The procedures for the beneficiary to exercise his/her rights?</li> <li>6) The circumstances under which an appeal process can be expedited and how to request it?</li> <li>7) The beneficiary’s right to have benefits continue pending resolution of the appeal and how to request that benefits be continued?</li> </ol>		<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Sample NOABDs</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE (applies to questions 5a-5e):</u></b></p> <ul style="list-style-type: none"> <li>• Review NOAs and NOABDs issued during the triennial review period.</li> <li>• Verify the MHP is issuing NOABDs in accordance with title 42 requirements.</li> </ul>
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**SECTION C      COVERAGE AND AUTHORIZATION OF SERVICES**

CRITERIA		FINDING Y P N		INSTRUCTIONS TO REVIEWERS
6c.	Does the MHP provide for a second opinion from a qualified health care professional within the MHP network or arrange for the beneficiary to obtain a second opinion outside the MHP network, at no cost to the beneficiary?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures #_____</li> <li><input type="checkbox"/> Sample of second opinion requests and determinations</li> <li><input type="checkbox"/> Second opinion tracking documentation</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review documentation of second opinion requests and determinations. Ask the MHP to show you at least 2 examples of such a request being made, including initial request and the documented outcome.</li> <li>• MHP network includes individual, group, and organizational providers.</li> </ul>
<ul style="list-style-type: none"> <li>• <i>CFR, title 42, sections 438.10(c), 438.400(b) and 438.404(c)(2)</i></li> <li>• <i>CCR, title 9, chapter 11, sections 1830.205(a),(b)(1),(2),(3), 1850.210 (a)-(j) and 1850.212</i></li> <li>• <i>DMH Letter No. 05-03</i></li> <li>• <i>MHP Contract</i></li> <li>• <i>CFR, title 42, section 438.206(b)(3)</i></li> <li>• <i>CCR, title 9, chapter 11, section 1810.405(e)</i></li> </ul>				<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>• There is evidence the MHP is not issuing NOABDs per regulations.</li> <li>• The MHP is not using the revised versions of NOABDs dated June 1, 2005.</li> <li>• No evidence the MHP provides for a second opinion from a qualified health care professional within the MHP network.</li> <li>• No evidence that the MHP is arranging for a second opinion outside the MHP network, at no cost to the beneficiary.</li> <li>• The MHP does not provide for a second opinion process in accordance with title 9 and title 42 regulations.</li> </ul>

**SECTION C      COVERAGE AND AUTHORIZATION OF SERVICES**

CRITERIA		FINDING Y P N		INSTRUCTIONS TO REVIEWERS
7.	<p>Does the MHP have a policy and procedure in place which ensures that Forms JV-220 (Application Regarding Psychotropic Medication), JV-220(A) (Physician’s Statement—Attachment), JV-221 (Proof of Notice: Application Regarding Psychotropic Medication), JV-222 (Input on Application Regarding Psychotropic Medication), and JV-223 (Order Regarding Application for Psychotropic Medication) will be completed and in the beneficiary’s medical record when psychotropic medications are prescribed under the following circumstances:</p> <p>1) When a child is under the jurisdiction of the juvenile court and living in an out-of-home placement and the child’s physician is asking for an order:</p> <ul style="list-style-type: none"> <li>• Giving permission for the child to receive a psychotropic medication that is not currently authorized <i>or</i></li> <li>• Renewing an order for a psychotropic medication that was previous authorized for the child because the order is due to expire?</li> </ul> <p>2) For a child who is a ward of the juvenile court and living in a foster care placement, as defined in Welfare and Institutions Code Section 727.4?</p>			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Sample of JV220 (series) forms in beneficiary medical records</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Use of the forms is optional for a child who is a ward of the juvenile court and living in an out-of-home facility that is not considered a foster care placement as defined in <i>Welfare and Institutions Code Section 727.4</i>, unless one of the forms is required by a local rule of court.</li> <li>• Use of the forms is not required if the court has previously entered an order giving the child’s parent the authority to approve or deny the administration of psychotropic medication to the child.</li> <li>• The JV220 does not replace the need for a medication consent form to be completed. A physician could review with the beneficiary the elements in the JV220 that are some of the elements required to be covered as part of the medication consent form but medication consent needs to be completed and signed. The consent could document that the JV220 information was reviewed with the beneficiary and the JV220 could be attached to the medication consent form.</li> <li>• Review evidence the MHP tracks JV 220 requirements and documents.</li> </ul>
<ul style="list-style-type: none"> <li>• <i>Judicial Council Forms, JV 219</i></li> </ul>				<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>• MHP does provide evidence of a policy or procedure to ensure Form JV-220 is completed when a child is under the jurisdiction of the juvenile court and living in an out-of-home placement and the child’s physician is asking for an order or for a child who is a ward of the juvenile court and living in a foster care placement.</li> </ul>

**SECTION D      BENEFICIARY PROTECTIONS**

CRITERIA		FINDING Y P N		INSTRUCTIONS TO REVIEWERS
1.	<p>Has the MHP developed a beneficiary problem resolution process that meets title 9 and title 42 regulatory requirements for each of the following:</p> <p>1) A grievance process.</p> <p>2) An appeal process.</p> <p>3) An expedited appeal process.</p>			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Beneficiary handbook</p> <p><input type="checkbox"/> Problem Resolution Informing Materials</p> <p><input type="checkbox"/> Problem Resolution forms</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• A beneficiary may file a grievance either orally or in writing, at any time.</li> <li>• Following the receipt of a NOABD by the MHP, a beneficiary has 60 calendar days from the date on the NOABD in which to file a request for an appeal.</li> <li>• A beneficiary may request and appeal either orally or in writing. Further, unless the beneficiary requests an expedited resolution, an oral appeal must be followed by a written, signed appeal.</li> <li>• Review evidence that oral inquiries seeking to appeal an adverse benefit determination are treated as appeals (to establish the earliest possible filing date for the appeal).</li> <li>• CCR, title 9, chapter 11, section 1850.208 (a)(b) The expedited appeal process must, at a minimum: <ul style="list-style-type: none"> <li>(a) Be used when the MHP determines, or the beneficiary and/or the beneficiary’s provider certifies, that taking the time for a standard appeal resolution could seriously jeopardize the beneficiary’s life, health or ability to attain, maintain, or regain maximum function.</li> </ul> </li> </ul>

**SECTION D      BENEFICIARY PROTECTIONS**

CRITERIA		FINDING Y P N		INSTRUCTIONS TO REVIEWERS
				<p>(b) Allow the beneficiary to file the request for an expedited appeal orally without requiring that the request be followed by a written appeal.</p> <ul style="list-style-type: none"> <li>• MHP to resolve and notify within 72 hours after receipt of expedited appeal.</li> <li>• Verify the MHP only has one level of appeal.</li> <li>• Review MHP's definitions of grievances and appeals for consistency with 42 C.F.R. 438.400(b)</li> </ul>
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, sections 1850.206 (a) (b), 1850.207, and 1850.208 (a) (b)</li> <li>• CFR, title 42, section 438.402 Subpart F</li> </ul>		<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>• MHP beneficiary problem resolution process does not meet title 9 and title 42 regulatory requirements.</li> </ul>		
2a.	<p>The MHP is required to maintain a grievance, appeal, and expedited appeal log(s) that records the grievances, appeals, and expedited appeals within one working day of the date of receipt of the grievance, appeal, or expedited appeal.</p> <p>The log must include:</p> <ol style="list-style-type: none"> <li>1) The name or identifier of the beneficiary.</li> <li>2) The date of receipt of the grievance, appeal, and expedited appeal.</li> <li>3) A general description of the reason for the appeal or grievance.</li> <li>4) The date of each review or, if applicable, review meeting.</li> <li>5) The resolution at each level of the appeal or grievance, if applicable.</li> </ol>			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Grievance, Appeals, Expedited Appeals</li> <li><input type="checkbox"/> Grievance, Appeals, Expedited Appeals Log(s)</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review logs to determine if required elements are logged</li> <li>• Review a sample of grievances, appeals, and/or expedited appeals (20 grievances and appeals per medium/large county), (10 grievances and appeals per small county); review sample of any expedited appeals received.</li> <li>• Verify information is present for each grievance, appeal and expedited appeal.</li> <li>• Examples of reviews and review meetings include, but are not limited to: <ul style="list-style-type: none"> <li>○ MHP Grievance Coordinator reviews the grievance/appeal documentation</li> </ul> </li> </ul>



**SECTION D      BENEFICIARY PROTECTIONS**

CRITERIA		FINDING Y P N		INSTRUCTIONS TO REVIEWERS
	6) The date of resolution at each level, if applicable.			<ul style="list-style-type: none"> <li>○ MHP Grievance Coordinator meets with subject of the grievance</li> <li>○ MHP Grievance Coordinator meets with subject's clinical supervisor</li> </ul> <p><b>Compliance %:</b> _____            Formula for calculating percentage: Total number of GAEA logged by MHP/Total number of GAEA received by MHP</p>
2b.	Does the MHP's log match data reported in the Annual Beneficiary Grievance and Appeal report submitted to DHCS?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Grievance, Appeals, Expedited Appeals Log(s)</li> <li><input type="checkbox"/> Annual Beneficiary Grievance and Appeal Report(s)</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• MHP is required to submit an annual report that summarizes beneficiary grievances, appeals, and expedited appeals received during the fiscal year.</li> <li>• The report must include the total number of grievances, appeals, and expedited appeals by type, subject areas, and disposition.</li> </ul>
	<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1850.205(d)(1)</li> <li>• CCR, title 9, chapter 11, section 1810.375(a)</li> </ul>			<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Log(s) do not contain this information on all grievances/appeals/expedited appeals</li> <li>• The log(s) do not match the Annual Beneficiary Grievance and Appeal report</li> </ul>
3.				<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> </ul>

**SECTION D      BENEFICIARY PROTECTIONS**

CRITERIA		FINDING Y P N			INSTRUCTIONS TO REVIEWERS
3a.	<p>Regarding established timeframes for grievances, appeals, and expedited appeals:</p> <p>1) Does the MHP ensure that grievances are resolved within established timeframes?</p> <p>2) Does the MHP ensure that appeals are resolved within established timeframes?</p> <p>3) Does the MHP ensure that expedited appeals are resolved within established timeframes?</p>				<p><input type="checkbox"/> Grievances, Appeals, and Expedited Appeals</p> <p><input type="checkbox"/> Grievance, Appeals, Expedited Appeals Log(s)</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>Review logs and sample grievances, appeals and/or expedited appeals to verify the MHP is meeting established timeframes for resolving grievances, appeals, and expedited appeals.</li> <li>The timeframe for standard resolution of a grievance may not exceed 90 calendar days from the day the MHP receives the grievance.</li> <li>The timeframe for standard resolution of an appeal may not exceed 30 calendar days from the day the MHP receives the appeal.</li> <li>The timeframe for expedited resolution of an appeal may not exceed 72 hours from the time the MHP receives the request for expedited appeal.</li> </ul> <p><b><u>Compliance %:</u></b> _____            Formula for calculating percentage: Total number of G/A/EA resolved within established timeframes/Total number of G/A/EA reviewed</p>
3b.	<p>If the MHP extends the timeframe for resolution of a grievance or appeal, does the MHP ensure required notice(s) of an extension are given to beneficiaries in accordance with 42 C.F.R. §438.408(c)?</p>				<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Grievances, Appeals, and Expedited Appeals</p> <p><input type="checkbox"/> Grievance, Appeals, Expedited Appeals Log(s)</p>

**SECTION D      BENEFICIARY PROTECTIONS**

CRITERIA		FINDING Y P N		INSTRUCTIONS TO REVIEWERS
				<input type="checkbox"/> Notification letter template <input type="checkbox"/> Sample notification letters <input type="checkbox"/> Other evidence deemed appropriate by review team  <b><u>GUIDANCE:</u></b> <ul style="list-style-type: none"> <li>MHP must make reasonable efforts to give the beneficiary prompt oral notice of the delay and, within 2 calendar days, give the beneficiary written notice of the reason for the decision to extend the timeframe and inform the beneficiary of his/her right to file a grievance if he/she disagrees with the decision to extend the timeframe.</li> <li>MHP must resolve the appeal as expeditiously as the beneficiary's condition requires and no later than the date the extension expires.</li> <li>Review samples of the notices sent to beneficiaries.</li> </ul>
<ul style="list-style-type: none"> <li>CFR, title 42, sections 438.408(a),(b)(1)(2)(3), (c)</li> <li>CCR, title 9, chapter 11, section 1850.206(b)</li> <li>CCR, title 9, chapter 11, section 1850.207(c)</li> <li>CCR, title 9, chapter 11, section 1850.208.</li> </ul>				<b><u>OUT OF COMPLIANCE:</u></b> <ul style="list-style-type: none"> <li>MHP does not have a mechanism to ensure that grievances, appeals, and/or expedited appeals are resolved within established timeframes</li> <li>MHP does not furnish evidence it is notifying beneficiaries when the timeframe is extended</li> </ul>
4.	Regarding notification to beneficiaries:			<b><u>SUGGESTED DOCUMENTATION:</u></b> <input type="checkbox"/> Policies and Procedures # _____ <input type="checkbox"/> Grievances, Appeals, and Expedited Appeals <input type="checkbox"/> Grievance, Appeals, Expedited Appeals Log(s) <input type="checkbox"/> Acknowledgement letter template <input type="checkbox"/> Disposition letter template <input type="checkbox"/> Sample notification letters
4a.	1) Does the MHP provide written acknowledgement of each grievance to the beneficiary in writing?  2) Is the MHP notifying beneficiaries, or their representatives, of the grievance disposition, and is this being documented?			

**SECTION D      BENEFICIARY PROTECTIONS**

CRITERIA		FINDING Y P N			INSTRUCTIONS TO REVIEWERS
					<input type="checkbox"/> Other evidence deemed appropriate by review team
4b.	1) Does the MHP provide written acknowledgement of each appeal to the beneficiary in writing?  2) Is the MHP notifying beneficiaries, or their representatives, of the appeal disposition, and is this being documented?				<b><u>GUIDANCE:</u></b> <ul style="list-style-type: none"> <li>Review at least 10-15 completed grievances, appeals, and expedited appeals (e.g., grievance, acknowledgement, decision letter, provider notification, etc.), if MHP has received any during review cycle.</li> <li>Unless extension was requested, grievance or appeal disposition timeframes are no later than 60 calendar days for grievances; 45 calendar days for appeals, and 3 working days for expedited appeals.</li> </ul>
4c.	1) Does the MHP provide written acknowledgement of each expedited appeal to the beneficiary in writing?  2) Is the MHP notifying beneficiaries, or their representatives, of the expedited appeal disposition, and is this being documented?				<b><u>Compliance %:</u></b> _____ Formula for calculating percentage: Total number of beneficiaries appropriately notified /Total number of GAEA reviewed
<ul style="list-style-type: none"> <li>CFR, title 42, section 438.406(a)(2)</li> <li>CCR, title 9, chapter 11, section 1850.205(d)(4)</li> <li>CFR, title 42, section 438.408(d)(1)(2)</li> <li>CCR, title 9, chapter 11, sections 1850.206(b),(c), 1850.207(c),(h), and 1850.208(d),(e)</li> </ul>		<b><u>OUT OF COMPLIANCE:</u></b>			<ul style="list-style-type: none"> <li>MHP not acknowledging the receipt of each grievance/appeals/expedited appeal in writing.</li> <li>The MHP is not notifying the beneficiary or their representatives of the grievance or appeal disposition.</li> </ul>

**SECTION D      BENEFICIARY PROTECTIONS**

CRITERIA		FINDING Y P N		INSTRUCTIONS TO REVIEWERS
5.	Does the written notice of the appeal resolution include the following:			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Sample written notices of appeal resolution</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>Review evidence that the MHP advised the beneficiary of the right to request a State fair hearing if the beneficiary is dissatisfied with the appeal decision.</li> <li>“Notice” refers to notice of disposition to beneficiaries or their representatives.</li> <li>DMH Letter No. 05-03 states; Effective July 1, 2005, beneficiaries will be required to exhaust the MHP’s problem resolution process prior to filing for a State fair hearing.</li> </ul>
	1) The results of the resolution process and the date it was completed?			
	2) Notification of the right and how to request a State fair hearing, if beneficiary is dissatisfied with the appeal decision?			
	3) The right to request and receive benefits while the hearing is pending and how to make the request?			
<ul style="list-style-type: none"> <li>CFR, title 42, section 438.408I(1),(2)(as modified by the waiver renewal request of August, 2002 and CMS letter, August 22, 2003)</li> <li>CCR, title 9, chapter 11, section 1850.207(h)(3)</li> <li>DMH Letter No. 05-03</li> </ul>				<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>The written notice does not include requirements 5a and 5b.</li> </ul>
6.	Is the MHP notifying those providers cited by the beneficiary (or otherwise involved in the grievance, appeal, or expedited appeal) of the final disposition of the beneficiary’s grievance, appeal or expedited appeal?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Notification letter templates</p> <p><input type="checkbox"/> Sample written notices to providers</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p>

**SECTION D      BENEFICIARY PROTECTIONS**

CRITERIA		FINDING Y P N		INSTRUCTIONS TO REVIEWERS
				<ul style="list-style-type: none"> <li>Ask the MHP how its providers are notified of final disposition. Review evidence of provider notification.</li> <li>Ask the MHP how it provides information about the grievance system to all providers and subcontractors.</li> </ul>
<ul style="list-style-type: none"> <li>CCR, title 9, chapter 11, section 1850.205(d)(6)</li> </ul>		<b><u>OUT OF COMPLIANCE:</u></b> <ul style="list-style-type: none"> <li>The MHP is not notifying the provider of the grievance, appeal or expedited appeal disposition.</li> </ul>		
7.	Does the MHP ensure services are continued while an appeal or State fair hearing is pending?			<b><u>SUGGESTED DOCUMENTATION:</u></b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Documentation of continued services for beneficiaries pending appeals and/or State Fair Hearings</li> <li><input type="checkbox"/> Documentation of written notice to beneficiaries, if Aid Paid Pending (APP) criteria are met</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <b><u>GUIDANCE:</u></b> <ul style="list-style-type: none"> <li>Beneficiaries must have met APP criteria per CCR, title 22, section 51014.2 (i.e., beneficiary made a request for an appeal within 10 days of the date the NOABD was mailed or given to the beneficiary or, if the effective date of the change is more than 10 days from the NOABD date, before the effective date of the change).</li> </ul>
<ul style="list-style-type: none"> <li>CFR, title 42, section 438.420</li> <li>CCR, title 9, chapter 11, section 1850.215</li> <li>CCR, title 22, section 51014.2</li> <li>DMH Letter No. 05-03</li> </ul>		<b><u>OUT OF COMPLIANCE:</u></b> <ul style="list-style-type: none"> <li>When APP criteria have been met, the MHP is not continuing SMHS as required.</li> </ul>		

**SECTION D      BENEFICIARY PROTECTIONS**

CRITERIA		FINDING Y P N		INSTRUCTIONS TO REVIEWERS
8.	Regarding notice to the Quality Improvement Committee (QIC) and subsequent action:			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> QIC Meeting Agendas and Minutes</p> <p><input type="checkbox"/> QIC Work Plan</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• MHP to identify issues resulting from grievances, appeals and/or expedited appeals.</li> <li>• MHP to provide evidence the QIC, the MHP’s administration, or another appropriate body within the MHP was made aware of identified issues resulting from grievances, appeals and/or expedited appeals.</li> <li>• Review Annual Beneficiary Grievance and Appeal Report to verify issues identified (by category) are addressed by the QIC.</li> </ul>
8a.	1) Does the MHP have procedures by which issues identified as a result of the <u>grievance process</u> are transmitted to the MHP’s QIC, the MHP’s administration or another appropriate body within the MHP’s organization?			
	2) Does the MHP have procedures by which issues identified as a result of the <u>appeal process</u> are transmitted to the MHP’s QIC, the MHP’s administration, or another appropriate body within the MHP’s organization?			
	3) Does the MHP have procedures by which issues identified as a result of the <u>expedited appeal process</u> are transmitted to the MHP’s QIC, the MHP’s administration or another appropriate body within the MHP’s organization?			
8b.	When applicable, has there been subsequent implementation of needed system changes?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> QIC Meeting Agendas and Minutes</p> <p><input type="checkbox"/> QIC Work Plan</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p>

**SECTION D      BENEFICIARY PROTECTIONS**

CRITERIA		FINDING Y P N		INSTRUCTIONS TO REVIEWERS
				<ul style="list-style-type: none"> <li>MHP to describe and give documented examples of implemented system changes resulting from grievances, appeals and/or expedited appeals.</li> </ul>
<i>CCR, title 9, chapter 11, sections 1850.205(c)(7), 1850.206, 1850.207 and 1850.208.</i>		<b><u>OUT OF COMPLIANCE:</u></b> <ul style="list-style-type: none"> <li>The MHP does not have procedures in place.</li> <li>Evidence procedures not being followed.</li> <li>Implementation of needed system changes not taking place.</li> </ul>		



**SECTION E      FUNDING, REPORTING AND CONTRACTING REQUIREMENTS**

CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
1.	Did the MHP comply with the requirements of W&I Code Sections 14705(c) and 14712(e) regarding timely submission of its annual cost reports?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Evidence of submission of annual cost report</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Verify the MHP submitted its most recent annual cost reports by December 31<sup>st</sup></li> <li>• Verify the MHP sent a hard copy of its cost reports to DHCS</li> </ul>
<ul style="list-style-type: none"> <li>• <i>Welfare and Institutions Code Sections 14705(c) and 14712(e)</i></li> <li>• <i>MHSUDS IN No. 17-025</i></li> </ul>				<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>• The MHP did not submit its cost reports by the deadline.</li> <li>• The MHP did not mail a hard copy of its cost reports to DHCS</li> </ul>

**SECTION F      INTERFACE WITH PHYSICAL HEALTHCARE**

CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
1.	Regarding coordination of physical and mental health care:  A. Primary Care Physicians (PCPs) when no Medi-Cal Managed Care Plans are present  B. PCPs who do not belong to a Medi-Cal Managed Care Plan  C. Federally Qualified Health Centers, Indian Health Centers, or Rural Health Clinics			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Training agendas, minutes, sign-in sheets</li> <li><input type="checkbox"/> Training materials</li> <li><input type="checkbox"/> Calendar of training events</li> <li><input type="checkbox"/> Log of consultation and TA activities</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1810.415(a) states: 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 treated by the MHP or for beneficiaries who are receiving treatment from another health care provider in addition to receiving specialty mental health services from the MHP.</li> <li>• MHP to describe the processes in place for providing consultation and training, including consulting and training on medications.</li> <li>• Review evidence that clinical consultation and trainings have been conducted during the triennial review period.</li> </ul>
1a.	Does the MHP have a process in place to provide clinical consultation and training, including consultation and training on medications?			

**SECTION F    INTERFACE WITH PHYSICAL HEALTH CARE**

CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
1b.	Does the MHP have a process in place for the exchange of medical record information that maintains confidentiality in accordance with applicable State and federal laws and regulations?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Release of Information forms</p> <p><input type="checkbox"/> MOU(s)</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review Confidentiality/HIPAA policies and forms</li> </ul>
<ul style="list-style-type: none"> <li>• <i>CFR, title 42, Part 438, section 438.208</i></li> <li>• <i>DMH Information Notice No. 97-06</i></li> <li>• <i>CCR title 9, chapter 11, section 1810.415(a),(b),(c)</i></li> </ul>		<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>• There are no processes in place for 1a-b.</li> </ul>		

**SECTION F    INTERFACE WITH PHYSICAL HEALTH CARE**

CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
2.	Regarding Memorandums of Understanding (MOUs) with Medi-Cal Managed Care Plans (MCPs):			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> MOU(s) with MCP(s)</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• If MHP does not have MOU(s) in place, review evidence the MHP has made a good faith effort to enter into an MOU.</li> <li>• Per Title 9, Section 1810.370, the MOUs shall address the following:               <ul style="list-style-type: none"> <li>○ Referral protocols between plans</li> <li>○ The availability of clinical consultation, including consultation on medications</li> <li>○ Management of a beneficiary's care, including procedures for the exchange of medical record information</li> <li>○ Procedures for providing beneficiaries with services necessary to the treatment of mental illnesses covered by the MHP</li> <li>○ A process for resolving disputes between the MHP and the MCP that includes a means for beneficiaries to receive medically necessary services</li> </ul> </li> </ul>
2a.	Does the MHP have MOUs in place with any Medi-Cal MCP that enrolls beneficiaries covered by the MHP? If not, does the MHP have documentation that a "good faith effort" was made to enter into an MOU?			

**SECTION F    INTERFACE WITH PHYSICAL HEALTH CARE**

CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
2b.	Does the MHP have a process for resolving disputes between the MHP and MCPs that include a means for beneficiaries to receive medically necessary services, including specialty mental health services and prescription drugs, while the dispute is being resolved?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> MOU(s) with MCP(s)</p> <p><input type="checkbox"/> Evidence of notification to beneficiaries (e.g., templates, samples, etc.)</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• MHP to describe process for resolving disputes between MHP and MCP.</li> <li>• Review evidence of MOU language which ensures a means for beneficiaries to receive medically necessary services, including SMHS and prescription drugs, while the dispute is being resolved.</li> </ul>
2c.	Does the MHP have a mechanism for monitoring and assessing the effectiveness of any MOU with a physical health care plan?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Monitoring tools</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• MHP to describe process for monitoring and assessing the effectiveness of MOU(s) with physical health care plans.</li> </ul>

**SECTION F    INTERFACE WITH PHYSICAL HEALTH CARE**

CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
2d.	Does the MHP have a referral protocol between MHP and Medi-Cal Managed Care Plan to ensure continuity of care?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Referral protocol, forms and/or tools</p> <p><input type="checkbox"/> Referral tracking mechanism</p> <p><input type="checkbox"/> Sample referrals</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• MHP to describe referral procedures between MHP and MCP.</li> <li>• MHP to describe mechanism for tracking referrals between MHP and MCP.</li> </ul>
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, sections 1810.370 and 1810.415</li> <li>• MHP Contract</li> </ul>				<p><b><u>OUT OF COMPLIANCE</u></b></p> <ul style="list-style-type: none"> <li>• MHP does not have MOU(s) with MCP(s)</li> <li>• MHP does not demonstrate evidence a good faith effort was made to enter into an MOU</li> <li>• MHP does not have a process for resolving disputes and/or a mechanism for ensuring services continue during dispute resolution</li> <li>• MHP does not have a mechanism for monitoring and assessing the effectiveness of any MOU</li> <li>• MHP does not have a referral protocol to ensure continuity of care</li> </ul>

**SECTION G PROVIDER RELATIONS**

CRITERIA		FINDING Y P N		INSTRUCTIONS TO REVIEWERS
1.	Does the MHP have an ongoing monitoring system in place that ensures all contracted individual, group, and organizational providers utilized by the MHP are in compliance with the documentation standards requirements as per the MHP contract?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures #_____</li> <li><input type="checkbox"/> Chart audit/monitoring tools</li> <li><input type="checkbox"/> Chart documentation manual</li> <li><input type="checkbox"/> Chart documentation training materials</li> <li><input type="checkbox"/> Chart audit reports (including reports showing disallowances)</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Monitoring of contracted individual, group, and organizational providers may be by way of the contract/written agreements with these providers.</li> <li>• Review the evidence of how the MHP monitors the individual, group and organizational providers to ensure documentation standards are being met.</li> <li>• Review MHP monitoring activities of documentation standards.</li> <li>• All types of providers (including ordering and referring providers) should be monitored for compliance with documentation standards.</li> <li>• Verify the MHP requires the NPI number of ordering, referring, and rendering providers to be included on all claims for payment.</li> </ul>
<ul style="list-style-type: none"> <li>• CFR, title 42 sections 455.400 - 455.470, 455.410</li> <li>• CCR, title 9, chapter 11, sections 1810.110(a), 1810.435(a)(b)(4) and (c)(7), 1840.112, and 1840.314</li> </ul>		<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>• The MHP does not have a monitoring system in place.</li> <li>• The MHP has no documentation of monitoring activities.</li> </ul>		

**SECTION G PROVIDER RELATIONS**

CRITERIA		FINDING Y P N	INSTRUCTIONS TO REVIEWERS
<ul style="list-style-type: none"> <li>MHP Contract</li> </ul>			<p><b>OUT OF COMPLIANCE:</b> The MHP does not monitor its providers to ensure compliance with the requirement.</p>
2.	Regarding the MHP's ongoing monitoring of county-owned and operated and contracted organizational providers:		<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> MHP's Certification and Re-certification protocol</li> <li><input type="checkbox"/> Evidence of onsite certification/recertification of contracted organizational providers or county owned and operated self-certified providers</li> <li><input type="checkbox"/> Sample(s) of completed certification documentation</li> <li><input type="checkbox"/> Mechanism to track certification and re-certification status of providers</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review sample of provider certification and re-certification packets (3-5 randomly selected from provider list) to verify certification dates, fire clearance, contract, etc.</li> <li>• Ask the MHP how it informs and/or trains providers about relevant changes in state and federal policies and regulations.</li> <li>• Review evidence the MHP terminates or denies enrollment if the provider fails to permit access to provider locations for any site visits under §455.432</li> </ul>
2a.	Does the MHP have an ongoing monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified as per title 9 regulations?		



**SECTION G PROVIDER RELATIONS**

CRITERIA		FINDING Y P N			INSTRUCTIONS TO REVIEWERS
2b.	Is there evidence the MHP's monitoring system is effective?				<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence of onsite certification/recertification of contracted organizational providers or county owned and operated self-certified providers</li> <li><input type="checkbox"/> DHCS' Overdue Provider Report</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• DHCS to identify overdue re-certifications prior to the onsite review.</li> <li>• If DHCS identifies providers overdue for re-certification, the MHP may provide evidence it <i>previously</i> submitted transmittals to update provider status <u>prior to onsite review date</u>.</li> </ul> <p><b><u>Compliance %:</u></b> _____            Formula for calculating percentage: Total number of overdue providers/Total number of providers</p>
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1810.435 (d)</li> <li>• MHP Contract</li> </ul>					<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>• The MHP does not have a monitoring system in place.</li> <li>• The MHP is not following certification and recertification requirements as per title 9 regulations.</li> <li>• Re-certifications are overdue</li> </ul>

**SECTION G PROVIDER RELATIONS**

<p>3a.</p>	<p>Do all contracts or written agreements between the MHP and any network provider specify the following:</p> <ol style="list-style-type: none"><li>1) The delegated activities or obligations, and related reporting responsibilities?</li><li>2) The subcontractor agrees to perform the delegated activities and reporting responsibilities in compliance with the MHP’s contract obligations?</li><li>3) Remedies in instances where the State or the MHP determine the subcontractor has not performed satisfactorily?</li><li>4) The subcontractor agrees to comply with all applicable Medicaid laws, regulations, and contract provisions, including the terms of the 1915(b) Waiver and any Special Terms and Conditions?</li><li>5) The subcontractor may be subject to audit, evaluation and inspection of any books, records, contracts, computer or electronic systems that pertain to any aspect of the services and activities performed, in accordance with 42 C.F.R. §§ 438.3(h) and 438.230(c)(3)?</li><li>6) The subcontractor will make available, for purposes of an audit, evaluation or inspection, its premises, physical facilities, equipment, books, records, contracts, computer or other electronic systems relating to Medi-Cal beneficiaries?</li></ol>		<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Provider contracts and written agreements</li><li><input type="checkbox"/> Evidence of provider compliance with reporting requirements</li><li><input type="checkbox"/> Other evidence deemed appropriate by review team</li></ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Review provider contracts for required language.</li><li><input type="checkbox"/> Review evidence the MHP requires its network providers to comply with all reporting requirements.</li></ul>
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**SECTION G PROVIDER RELATIONS**

CRITERIA		FINDING Y P N		INSTRUCTIONS TO REVIEWERS
	<p>7) The right to audit will exist through 10 years from the final data of the contract period or from the date of completion of any audit, whichever is later?</p> <p>8) If the State, CMS, or the HHS Inspector General (Office of Inspector General) determines that there is a reasonable possibility of fraud or similar risk, the State, CMS, or the HHS Inspector General may inspect, evaluate, and audit the subcontractor at any time.</p>			
<ul style="list-style-type: none"> <li>42 C.F.R. section 438.230(c)</li> </ul>		<p><b>OUT OF COMPLIANCE:</b></p> <ul style="list-style-type: none"> <li>The MHP's provider contracts do not include the required language.</li> </ul>		

**SECTION H      PROGRAM INTEGRITY**

CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
1.	Does the MHP have a mandatory compliance plan that is designed to guard against fraud and abuse as required in CFR, title 42, subpart E, section 438.608?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Compliance Plan</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>Review MHP Compliance Plan</li> </ul>
2.	Regarding the MHP's procedures designed to guard against fraud, waste, and abuse:			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Compliance Plan</p> <p><input type="checkbox"/> Standards of Conduct</p> <p><input type="checkbox"/> Acknowledgement form signed by employees</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>Review MHP written administrative and management policies and procedures, and standards of conduct.</li> </ul>
2a.	Does the MHP have written policies, procedures, and standards of conduct that articulate the organization's commitment to comply with all applicable federal and State standards?			

**SECTION H      PROGRAM INTEGRITY**

CRITERIA		FINDING Y   N		INSTRUCTIONS TO REVIEWERS
2b.	Did the MHP designate a compliance officer who is responsible for developing and implementing policies, procedures, and practices designed to ensure compliance with the requirements of the contract and who reports directly to the MHP Director?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures #_____</li> <li><input type="checkbox"/> Organizational Chart</li> <li><input type="checkbox"/> Duty Statement of Compliance Officer</li> <li><input type="checkbox"/> Compliance Plan</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review evidence the compliance officer is accountable to senior management.</li> <li>• If the Compliance Officer reports to Agency Director, ask MHP how the Compliance officer works with the MHP staff to fulfill obligations. What is the communication process?</li> </ul>
2c.	Does the MHP have a regulatory compliance committee at the senior management level charged with overseeing the organization's compliance program and its compliance with requirements under the contract?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures #_____</li> <li><input type="checkbox"/> Compliance Plan</li> <li><input type="checkbox"/> Organizational Chart</li> <li><input type="checkbox"/> Compliance Committee agendas, minutes, roster</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review evidence the compliance committee is accountable to senior management.</li> </ul>

**SECTION H      PROGRAM INTEGRITY**

CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
2d.	Is there evidence of effective training and education for the compliance officer?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Training certificates (other evidence of completed training)</li> <li><input type="checkbox"/> Training curriculum</li> <li><input type="checkbox"/> Duty Statement of Compliance Officer</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review evidence of specialized training and education for compliance officer.</li> <li>• Review evidence of policies identifying training and educational requirements for the compliance officer.</li> </ul>
2e.	Is there evidence of effective training and education for the MHP’s employees and contract providers?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Compliance Plan</li> <li><input type="checkbox"/> Tracking mechanism (e.g., log) to ensure all staff and contractors complete training</li> <li><input type="checkbox"/> Sample training curriculum</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review evidence of compliance training and education for employees and contract providers.</li> <li>• Review evidence of policies identifying training and educational requirements for the compliance officer.</li> </ul>

**SECTION H      PROGRAM INTEGRITY**

CRITERIA		FINDING Y   N		INSTRUCTIONS TO REVIEWERS
2f.	Does the MHP ensure effective lines of communication between the compliance officer and the organization’s employees and/or contract providers?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Compliance Plan</li> <li><input type="checkbox"/> Signage/Notices to staff</li> <li><input type="checkbox"/> Compliance training materials for staff</li> <li><input type="checkbox"/> Compliance Hotline</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review examples of communication (i.e., newsletters; memos, postings, etc.).</li> </ul>
2g.	Does the MHP ensure enforcement of the standards through well publicized disciplinary guidelines?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Compliance Plan</li> <li><input type="checkbox"/> Employee Acknowledgement of Receipt</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review evidence of disciplinary guidelines and how MHP will enforce those standards.</li> </ul>

**SECTION H      PROGRAM INTEGRITY**

CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
2h.	Does the MHP have a system with dedicated staff for routine internal monitoring and auditing of compliance risks?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Compliance Plan</p> <p><input type="checkbox"/> Monitoring and auditing tools</p> <p><input type="checkbox"/> Monitoring and auditing results</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p>
2i.	Does the MHP have a mechanism for prompt response to compliance issues and investigation of potential compliance problems as identified in the course of self-evaluation and audits?			<p><b><u>GUIDANCE:</u></b></p> <p>Review monitoring, auditing, policies and procedures.</p>
2j.	Does the MHP have a provision for a prompt response to detected offenses and for development of corrective action initiatives relating to the MHP’s Contract?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Compliance Plan</p> <p><input type="checkbox"/> Evidence of corrective actions implemented</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review policies and procedures to determine how the MHP defines “prompt response.”</li> <li>• Review evidence of prompt response for detected offenses and corrective action plans.</li> <li>• Review evidence the MHP coordinates with law enforcement agencies for suspected criminal acts.</li> </ul>



**SECTION H      PROGRAM INTEGRITY**

CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
2k.	<b>SURVEY ONLY:</b> Does the MHP have a provision for prompt reporting of all overpayments identified or recovered, specifying the overpayments due to potential fraud, waste and abuse?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Compliance Plan</li> <li><input type="checkbox"/> Monitoring protocols</li> <li><input type="checkbox"/> Evidence of tracking of overpayments to providers</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review evidence the MHP monitors overpayments to providers.</li> </ul>
2l.	Does the MHP have provision for prompt notification to the State when it receives information about changes in a beneficiary's eligibility?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Compliance Plan</li> <li><input type="checkbox"/> Sample notifications</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul>
2m.	Does the MHP have provision for prompt notification to the State when it receives information about a change in a network provider's eligibility to participate in the managed care program, including the termination of the provider agreement with the MHP?			<p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review evidence the MHP has a mechanism to report changes in a beneficiary's circumstances, including changes in residence and/or death of a beneficiary.</li> <li>• Review evidence the MHP has a mechanism to report changes in a network provider's circumstances</li> </ul>
<ul style="list-style-type: none"> <li>• <i>CFR, title 42, sections 438.10, 438.604, 438.606, 438.608 and 438.610</i></li> <li>• <i>MHP Contract</i></li> </ul>		<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>• The County/MHP does not have written P&amp;Ps on each of the required elements.</li> <li>• The MHP does not meet the required Program Integrity Requirements.</li> </ul>		

**SECTION H**      **PROGRAM INTEGRITY**

CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
3.	Regarding verification of services:			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Tools for verifying services were furnished</p> <p><input type="checkbox"/> Evidence of service verification activities</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Refer to MHP Contract, Program Integrity Requirements. Pursuant to title 42, CFR, section 455.1(a)(2), the Contractor must have a way to verify with beneficiaries that services were actually provided. “Under authority of the sections 1902 (a)(4), 1903 (i)(2) and 1909 of the Social Security Act, Subpart A provides State plan requirements for the identification, investigation and referral of suspected fraud and abuse cases. In addition, the subpart requires the state have a method to verify whether <u>services reimbursed by Medicaid</u> were actually furnished to the <i>beneficiaries</i>.</li> <li>• MHP to provide documented evidence regarding their verification method, date of implementation, frequency, and sample size in accordance with this requirement.</li> <li>• MHP to provide documented evidence regarding their findings and actions taken.</li> <li>• Review tracking documents or logs.</li> <li>• MHP to provide documented evidence that services reimbursed by Medicaid/Medi-Cal that were not received by the beneficiary were recouped.</li> <li>• MHP may determine service verification method. Examples of methodologies may include, but are not limited to:               <ul style="list-style-type: none"> <li>○ Sending Evidence of Service letters to beneficiaries</li> <li>○ Sign-in/sign-out sheets for group services</li> </ul> </li> </ul>
3a.	Does the MHP have a method to verify whether services reimbursed by Medicaid were actually furnished to the beneficiaries?			
3b.	When unable to verify services were furnished to beneficiaries, does the MHP have a mechanism in place to ensure appropriate actions are taken?			

**SECTION H      PROGRAM INTEGRITY**

CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
				<ul style="list-style-type: none"> <li>○ Call scripts/logs</li> </ul>
<ul style="list-style-type: none"> <li>• CFR, title 42, sections 455.1(a)(2) and 455.20 (a)</li> <li>• MHP Contract, Program Integrity Requirements</li> <li>• Social Security Act, Subpart A, Sections 1902(a)(4), 1903(i)(2) and 1909</li> </ul>		<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>• The MHP does not have policies/procedures in place to verify and track beneficiary receipt of services</li> <li>• MHP is not in compliance with regulatory and contractual requirements regarding Program Integrity Requirements, Service Verification.</li> <li>• No appropriate actions taken by MHP upon discovery that services reimbursed by Medicaid/Medi-Cal were actually furnished to the recipients.</li> <li>• Implementation of needed system changes not taking place.</li> <li>• The MHP does not have a method to verify with the beneficiary that services reimbursed by Medicaid/Medi-Cal were received.</li> </ul>		
4.	Regarding disclosures of ownership, control and relationship information:			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Provider contracts with reporting requirements</li> <li><input type="checkbox"/> Monitoring and tracking tools</li> <li><input type="checkbox"/> Results of monitoring activities</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review MHP verification of disclosure of ownership, control and relationship information from individual providers, agents, and managing employees.</li> <li>• The MHP is responsible to monitor and obtain the required information from their contracted providers, regardless of for-profit or non-profit status.</li> <li>• In the event that, in the future, any person obtains an interest of 5% or more of any mortgage, deed of trust, note or other</li> </ul>
4a.	Does the MHP ensure that it collects the disclosure of ownership, control, and relationship information from its providers and managing employees, including agents and managing agents, as required in CFR, title 42, sections 455.101, 455.104 and 455.416 and in Exhibit A of the MHP Contract, Program Integrity Requirements?			

**SECTION H      PROGRAM INTEGRITY**

CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
				obligation secured by Contractor, and that interest equals at least 5% of Contractor's property or assets, then the Contractor will make the disclosures set forth in subsection 2(a).
4b.	Does the MHP require its providers to consent to criminal background checks as a condition of enrollment per 42 CFR 455.434(a)?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Provider contracts</li> <li><input type="checkbox"/> Monitoring and tracking tools</li> <li><input type="checkbox"/> Results of monitoring activities</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul>
4c.	Does the MHP require providers, or any person with a 5 percent or more direct or indirect ownership interest in the provider to submit a set of fingerprints per 42 CFR 455.434(b)(2)?			<p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review evidence the MHP requires providers, or any person with a 5 percent or more direct or indirect ownership interest in the provider to submit a set of fingerprints.</li> <li>• The MHP must terminate the enrollment of any provider where any person with a 5 percent or greater direct or indirect ownership interest in the provider did not submit timely and accurate information and cooperate with any screening methods required in CFR, title 42, section 455.416.</li> <li>• Review evidence the MHP denies enrollment or terminates the enrollment of any provider where any person with a 5 percent or greater direct or indirect ownership interest in the provider has been convicted of a criminal offense related to that person's involvement with the Medicare, Medicaid, or title XXI program in the last 10 years.</li> </ul>
<ul style="list-style-type: none"> <li>• <i>CFR, title 42, sections 455.101, 455.104, and 455.416</i></li> <li>• <i>MHP Contract, Program Integrity Requirements</i></li> </ul>				<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>• No evidence that the MHP ensures that any of the entities ranging from providers, managing employees, agents, and managing agents in the MHP require disclosure of ownership, control, and relationship information.</li> </ul>

**SECTION H**      **PROGRAM INTEGRITY**

CRITERIA		FINDING Y N	INSTRUCTIONS TO REVIEWERS
			<ul style="list-style-type: none"> <li>MHP not in compliance with CFR regulations and with regulatory and contractual requirements regarding Program Integrity Requirements, Disclosure of ownership, control and relationship information.</li> </ul>
5a.	<p>Regarding monitoring and verification of provider eligibility:</p> <p>Does the MHP ensure the following requirements are met:</p> <p>1) Is there evidence that the MHP has a process in place to verify new and current (prior to contracting/employing and monthly thereafter) providers, including contractors, are not on the Office of Inspector General List of Excluded Individuals/Entities (LEIE)?</p> <p>2) Is there evidence that the MHP has a process in place to verify new and current (prior to contracting/employing and monthly thereafter) providers and contractors are not on the DHCS Medi-Cal List of Suspended or Ineligible Providers?</p> <p>3) Is there evidence that the MHP has a process in place to verify new and current (prior to contracting/employing) providers and contractors are not in the Social Security Administration’s Death Master File?</p> <p>4) Is there evidence that the MHP has a process in place to verify the accuracy of new and current (upon enrollment and re-enrollment)</p>		<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____ <input type="checkbox"/></p> <p>Reports of database queries</p> <p><input type="checkbox"/> Tracking logs</p> <p><input type="checkbox"/> Contract with vendor to provide service</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>The Excluded Parties List System (EPLS) has been integrated into the System Award Management (SAM) database.</li> <li>The MHP does not employ or contract with providers excluded from participation in Federal health care programs under CFR, title 42, section 1128 or section 1128A of the Social Security Act or CFR, title 42, section 438.214.</li> <li>Verify the MHP is checking required databases: <a href="http://oig.hhs.gov/exclusions/exclusions_list.asp">http://oig.hhs.gov/exclusions/exclusions_list.asp</a> and <a href="https://mcweb.apps.prdocammis.medicall.ca.gov/references/sandi">https://mcweb.apps.prdocammis.medicall.ca.gov/references/sandi</a> and <a href="https://www.sam.gov/portal/SAM/#1">https://www.sam.gov/portal/SAM/#1</a></li> <li>Verify frequency of monitoring efforts. Per 42 CFR Section 455.436, MHPs are required to check the LEIE and SAM databases no less frequently than monthly.</li> <li>The Social Security Death Master File is required to be checked upon enrollment.</li> </ul>

**SECTION H**      **PROGRAM INTEGRITY**

CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
	<p>providers and contractors in the National Plan and Provider Enumeration System (NPPES)?</p> <p>5) Is there evidence the MHP has a process in place to verify new and current (prior to contracting/employing and monthly thereafter) providers and contractors are not in the Excluded Parties List System/System Award Management (EPLS/SAM) database?</p>			<ul style="list-style-type: none"> <li>• The National Plan and Provider Enumeration System databases is required to be checked upon enrollment and re-enrollment (i.e., certification) of the provider.</li> <li>• Review the MHP written policies and procedures to ensure that the MHP is not employing or contracting with excluded providers and contractors. Verify that the MHP is following its written P&amp;Ps.</li> </ul>
5b.	<p>When an excluded provider/contractor is identified by the MHP, does the MHP have a mechanism in place to take appropriate corrective action?</p>			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Evidence of corrective action measures</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review policies and procedures regarding the identification of an excluded provider and action(s) taken by the MHP. Action(s) taken must include: <ul style="list-style-type: none"> <li>○ The immediate cessation of billing services on behalf of the MHP.</li> <li>○ Prevention of the future filing of claims for services rendered by the excluded provider.</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• <i>CFR, title 42, sections 438.214(d), 438.610, 455.400-455.470, 455.436(b)</i></li> <li>• <i>DMH Letter No. 10-05</i></li> <li>• <i>MHP Contract, Program Integrity Requirements</i></li> </ul>		<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>• There is no evidence that the MHP verifies that its new and current providers and contractors are not on the Excluded Provider List(s).</li> <li>• There is no evidence that the MHP has taken immediate action, as required in Title 42, in response to identifying a provider was on the Excluded Provider List(s).</li> </ul>		

**SECTION H      PROGRAM INTEGRITY**

CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
6.	Does the MHP confirm that providers' licenses have not expired and there are no current limitations on the providers' licenses?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Tracking logs</p> <p><input type="checkbox"/> Verification reports</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• MHP to verify that providers are licensed in accordance with state law.</li> <li>• Review evidence the MHP confirms eligibility of registered providers.</li> <li>• Review the MHPs policies and procedures for submitting a Professional Licensing Waiver (PLW) request to DHCS.</li> </ul>
7.	Does the MHP verify that all ordering, rendering, and referring providers have a current National Provider Identifier (NPI) number?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Tracking logs</p> <p><input type="checkbox"/> Verification reports</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• MHP to verify that all ordering, referring and rendering providers, including contract providers, have a current NPI number</li> </ul>
<ul style="list-style-type: none"> <li>• CFR, title 42, sections 455.410, 455.412 and 455.440</li> </ul>				<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>• MHP does not have a mechanism to confirm providers' licenses have not expired</li> <li>• MHP does not have a mechanism to confirm providers' licenses do not have current limitations</li> </ul>

**SECTION I      QUALITY IMPROVEMENT**

CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
1.	Regarding the MHP's Quality Assessment and Performance Improvement (QAPI) Program:			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> QAPI Program Description</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>Review QAPI Program description to verify it includes all required elements</li> <li>QAPI Program is inclusive of Quality Improvement (QI)</li> <li>QI Program description and work plan may be offered as evidence of compliance for the QAPI program requirements if all required elements are included.</li> </ul>
1a.	Does the MHP have a written description of the QAPI Program which clearly defines the QAPI Program's structure and elements, assigns responsibility to appropriate individuals, and adopts or establishes quantitative measures to assess performance and to identify and prioritize area(s) for improvement?			
1b.	Is there evidence the MHP's QAPI Program is evaluated annually and updated as necessary?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Annual QAPI Program Evaluation</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>Review evidence of annual QAPI Program evaluations, including goals met, continued or modified and the rationale for selecting new goals</li> </ul>
<ul style="list-style-type: none"> <li>CCR, title 9, § 1810.440(a)(6)</li> <li>42 C.F.R. § 438.240(e)</li> <li>MHP Contract</li> </ul>				<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>MHP does not have a written description of the QAPI program which meets contractual requirements</li> <li>MHP does not evaluate QAPI program annually</li> </ul>



**SECTION I      QUALITY IMPROVEMENT**

CRITERIA		FINDING Y   N		INSTRUCTIONS TO REVIEWERS
2.  2a.	Regarding mechanisms to assess beneficiary/ family satisfaction:  Does the MHP survey beneficiary/family satisfaction with the Contractor’s services at least annually?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Beneficiary/Family Satisfaction Survey Sample</li> <li><input type="checkbox"/> Survey Results</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review evidence surveys were conducted in all threshold languages.</li> <li>• Activities related to beneficiary satisfaction can include surveys, outreach, education, focus groups, and other related activities.</li> <li>• Refer to current External Quality Review Organization (EQRO) report regarding consumer satisfaction survey, if applicable.</li> <li>• Review evidence of changes made based on results.</li> </ul>
2b.	Does the MHP evaluate beneficiary grievances, appeals, and fair hearings at least annually?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> QI agenda and minutes</li> <li><input type="checkbox"/> Analysis of grievances, appeals, and fair hearings</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review evidence the MHP is evaluating beneficiary grievances, appeals, fair hearings to determine if there are trends or areas needing quality improvement.</li> </ul>

**SECTION I      QUALITY IMPROVEMENT**

CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
2c.	Does the MHP evaluate requests to change persons providing services at least annually?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> QI agendas and minutes</li> <li><input type="checkbox"/> Analysis of change of provider requests</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review evidence the MHP is evaluating change of provider requests to determine if there are trends or areas needing quality improvement.</li> </ul>
2d.	Does the MHP inform providers of the results of beneficiary/family satisfaction activities?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Sample(s) notification(s) to providers</li> <li><input type="checkbox"/> Beneficiary/family satisfaction reports</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review MHP’s mechanism for informing providers of results.</li> <li>• Does the MHP have a procedure for addressing any negative survey results with providers?</li> </ul>
<ul style="list-style-type: none"> <li>• <i>MHP Contract</i></li> </ul>		<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>• MHP does not have a process for surveying beneficiaries and/or family members about their satisfaction with care</li> <li>• MHP does not evaluate grievances, appeals, or fair hearings at least annually</li> <li>• MHP does not evaluate requests to change persons providing services at least annually</li> <li>• MHP does not inform providers of the results of beneficiary/family satisfaction activities</li> </ul>		

**SECTION I      QUALITY IMPROVEMENT**

CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
3.	Regarding monitoring of medication practices:			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Monitoring tools</p> <p><input type="checkbox"/> Monitoring results</p> <p><input type="checkbox"/> Training protocols</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>The monitoring mechanism must be under the supervision of a person licensed to prescribe or dispense prescription drugs.</li> </ul>
3a.	Does the MHP have mechanisms to monitor the safety and effectiveness of medication practices at least annually?			
3b.	Does the MHP have a policy and procedure in place regarding monitoring of psychotropic medication use, including monitoring psychotropic medication use for children/youth?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Monitoring tools</p> <p><input type="checkbox"/> Monitoring results</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>Review the policy to determine if it specifically addresses monitoring psychotropic medication use for children / youth</li> <li>Review evidence of psychotropic medication monitoring by the MHP</li> </ul>

**SECTION I      QUALITY IMPROVEMENT**

CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
3c.	If a quality of care concern or an outlier is identified related to psychotropic medication use is there evidence that the MHP took appropriate action to address the concern?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Evidence of corrective actions</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>Review evidence of corrective actions taken to address quality of care concerns related to psychotropic medication use.</li> </ul>
4.	Does the MHP have mechanisms to address meaningful clinical issues affecting beneficiaries system-wide?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> QAPI Work Plan</p> <p><input type="checkbox"/> QIC agendas and/or minutes</p> <p><input type="checkbox"/> Clinical Performance Improvement Projects (PIPs)/(EQRO)</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>MHP to describe mechanisms to address meaningful clinical issues affecting beneficiaries system wide.</li> <li>MHP to describe clinical PIPs during triennial period.</li> </ul>

**SECTION I      QUALITY IMPROVEMENT**

CRITERIA		FINDING Y   N		INSTRUCTIONS TO REVIEWERS
5.	Does the MHP have mechanisms to monitor appropriate and timely intervention of occurrences that raise quality of care concerns and take appropriate follow-up action when such an occurrence is identified?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> QAPI Work Plan</li> <li><input type="checkbox"/> QIC agendas and/or minutes</li> <li><input type="checkbox"/> Monitoring tools</li> <li><input type="checkbox"/> Monitoring results</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• MHP to describe mechanisms to monitor quality of care occurrences and appropriate follow up action.</li> </ul>
<ul style="list-style-type: none"> <li>• <i>MHP Contract</i></li> </ul>				<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>• MHP does not have mechanisms to monitor the safety and effectiveness of medication practices at least annually</li> <li>• MHP does not have mechanisms to address significant clinical issues affecting beneficiaries</li> <li>• MHP does not have mechanisms to address occurrences that raise quality of care concerns</li> </ul>

**SECTION I      QUALITY IMPROVEMENT**

CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
6.  6a.	Regarding the QAPI Work Plan:  Does the MHP have a QAPI Work Plan covering the current contract cycle with documented annual evaluations and documented revisions as needed?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> QAPI Work Plan</p> <p><input type="checkbox"/> QAPI Work Plan evaluations</p> <p><input type="checkbox"/> QIC agendas and/or minutes</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review the MHP’s QAPI Work Plan for required contractual elements.</li> <li>• Review the QI Evaluations for goals, completed goals, goals continued from year to year, and new goals each year.</li> </ul>
6b.	Does the QAPI Work Plan include 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?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> QAPI Work Plan</p> <p><input type="checkbox"/> QAPI Work Plan evaluations</p> <p><input type="checkbox"/> QIC agendas and/or minutes</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review the MHP’s QAPI Work Plan for required contractual elements.</li> </ul>

**SECTION I      QUALITY IMPROVEMENT**

CRITERIA		FINDING Y   N		INSTRUCTIONS TO REVIEWERS
6c.	Does the QAPI Work Plan include evidence that QM activities, including performance improvement projects, have contributed to meaningful improvement in clinical care and beneficiary service?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> QAPI Work Plan</li> <li><input type="checkbox"/> QAPI Work Plan evaluations</li> <li><input type="checkbox"/> QIC agendas and/or minutes</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review the MHP’s QAPI Work Plan for required contractual elements.</li> </ul>
6d.	<p>Does the QAPI work plan include a description of completed and in-process QAPI activities, including:</p> <ol style="list-style-type: none"> <li>1) Monitoring efforts for previously identified issues, including tracking issues over time?</li> <li>2) Objectives, scope, and planned QAPI activities for each year?</li> <li>3) Targeted areas of improvement or change in service delivery or program design?</li> </ol>			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> QAPI Work Plan</li> <li><input type="checkbox"/> QAPI Work Plan evaluations</li> <li><input type="checkbox"/> QIC agendas and/or minutes</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review the MHP’s QAPI Work Plan for required contractual elements.</li> <li>• Review the QI Evaluations for goals, completed goals, goals continued from year to year, and new goals each year.</li> </ul>

**SECTION I      QUALITY IMPROVEMENT**

CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
6e.	Does the QAPI work plan include a description of mechanisms the Contractor has implemented to assess the accessibility of services within its service delivery area, including goals for:			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> QAPI Work Plan</p> <p><input type="checkbox"/> QIC agendas and/or minutes</p> <p><input type="checkbox"/> Monitoring tools</p> <p><input type="checkbox"/> Monitoring results</p> <p><input type="checkbox"/> Test Call procedures</p> <p><input type="checkbox"/> Provider contracts</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• MHP to have standards/goals for accessibility of services and mechanisms to assess services within its service delivery area.</li> </ul>
	1) Responsiveness for the Contractor's 24-hour toll-free telephone number?			
	2) Timeliness for scheduling of routine appointments?			
	3) Timeliness of services for urgent conditions?			
	4) Access to after-hours care?			



**SECTION I      QUALITY IMPROVEMENT**

CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
6f.	Does the QAPI work plan include evidence of compliance with the requirements for cultural competence and linguistic competence?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> QAPI Work Plan,</li> <li><input type="checkbox"/> QIC agendas and/or minutes</li> <li><input type="checkbox"/> Cultural Competence Plan</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review evidence the MHP has a current Cultural Competence Plan.</li> <li>• Review evidence the QAPI Work Plan includes goals and activities related to cultural and linguistic competence.</li> </ul>
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1810.440(a)(5)</li> <li>• DMH Information Notice No. 10-17, Enclosures, Pages 18 &amp; 19, and DMH Information Notice No. 10-02, Enclosure, Page 23</li> <li>• CFR, title 42, Part 438-Managed Care, sections 438.204, 438.240 and 438.358.</li> <li>• MHP Contract</li> <li>• CCR, tit. 9 1810.410</li> </ul>		<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>• The MHP does not have a QAPI Work Plan that meets regulatory and contractual requirements.</li> <li>• The work plan does not evaluate the effectiveness of the QI program and show how QI activities have contributed to improvement in clinical care and beneficiary service.</li> </ul>		

**SECTION I      QUALITY IMPROVEMENT**

CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
7a.	<p>Regarding the QI Program:</p> <p>Is the QIC involved in or overseeing the following QI activities:</p> <ol style="list-style-type: none"> <li>1) Recommending policy decisions?</li> <li>2) Reviewing and evaluating the results of QI activities?</li> <li>3) Instituting needed QI actions?</li> <li>4) Ensuring follow-up of QI processes?</li> <li>5) Documenting QI committee meeting minutes?</li> </ol>			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> QI agenda and minutes</li> <li><input type="checkbox"/> Evidence of planning, design and execution activities</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review evidence of the involvement of providers, beneficiaries, and family members in planning, design, and execution of the QI program, including evaluating data.</li> <li>• Review evidence of the MHP’s recruitment and selection process for participation in the QI program</li> </ul>
7b.	<p>Does the MHP QI program 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?</p>			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> QIC roster</li> <li><input type="checkbox"/> QI agenda and minutes</li> <li><input type="checkbox"/> Evidence of planning, design and execution activities</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review evidence of the involvement of providers, beneficiaries, and family members in planning, design, and execution of the QI program, including evaluating data.</li> <li>• Review evidence of the MHP’s recruitment and selection process for participation in the QI program</li> </ul>

**SECTION I      QUALITY IMPROVEMENT**

CRITERIA		FINDING Y N	INSTRUCTIONS TO REVIEWERS
<ul style="list-style-type: none"> <li>MHP Contract</li> </ul>			<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>MHP does not provide evidence the QIC is involved in or overseeing QI activities</li> <li>MHP does not provide evidence the QI program includes active participation of the MHPs practitioners and providers, as well as beneficiaries and family members in the planning, design, and execution of the QI program</li> </ul>
8.	Regarding QI activities in accordance with the MHP contract:		<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Data to measure against identified goals</li> <li><input type="checkbox"/> QI agenda and minutes</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>MHP should have baseline statistics with goals for the year, as well as, annual evaluations and updates.</li> <li>Review data used to measure against identified goals.</li> </ul>
8a.	Does the MHP collect and analyze data to measure against the goals or prioritized areas of improvement that have been identified?		
8b.	Does the MHP obtain input from providers, beneficiaries and family members in identifying barriers to delivery of clinical care and administrative services?		<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> QI agenda and minutes</li> <li><input type="checkbox"/> Samples of input received</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>MHP to describe mechanisms for obtaining input from providers, beneficiaries and family members in identifying barriers to delivery of clinical care and administrative services.</li> </ul>

**SECTION I      QUALITY IMPROVEMENT**

<b>CRITERIA</b>		<b>FINDING Y    N</b>	<b>INSTRUCTIONS TO REVIEWERS</b>
<ul style="list-style-type: none"> <li>CCR title 9, section 1819.440(a)(5)</li> <li>MHP Contract</li> </ul>			<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>MHP does not collect and/or analyze data to measure against goals and priorities</li> </ul>
<p>9.</p> <p>9a.</p>	<p>Regarding the Utilization Management Program:</p> <p>Does the MHP’s Utilization Management (UM) Program evaluate medical necessity, appropriateness and efficiency of services provided to Medi-Cal beneficiaries prospectively or retrospectively?</p>		<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> UM evaluation tools</li> <li><input type="checkbox"/> Evaluation and audit results</li> <li><input type="checkbox"/> Chart audit tools</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>MHP to describe UM process for evaluating medical necessity/</li> <li>MHP to describe chart audit sampling methodology.</li> <li>MHP to describe process for disallowing claims for services not meeting medical necessity criteria.</li> <li>Review evidence of actions taken based on results.</li> </ul>
<ul style="list-style-type: none"> <li>MHP Contract</li> </ul>			<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>MHP does not evaluate medical necessity, appropriateness and efficiency of services provided to Medi-Cal beneficiaries prospectively or retrospectively</li> <li>MHP does not recoup funds for services not meeting medical necessity criteria</li> </ul>

**SECTION I      QUALITY IMPROVEMENT**

CRITERIA		FINDING Y    N		INSTRUCTIONS TO REVIEWERS
10.	Regarding the adoption of practice guidelines:			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> MHP’s Practice Guidelines</li> <li><input type="checkbox"/> Provider Manual</li> <li><input type="checkbox"/> Provider contract boilerplate</li> <li><input type="checkbox"/> Other evidence deemed appropriate by the review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• The practice guidelines must meet the following requirements:               <ul style="list-style-type: none"> <li>• They are based on valid and reliable clinical evidence or a consensus of health care professionals in the applicable field.</li> <li>• They consider the needs of beneficiaries.</li> <li>• They are adopted in consultation with contracting health care professionals.</li> <li>• They are reviewed and updated periodically as appropriate.</li> </ul> </li> </ul>
10a.	Does the MHP have practice guidelines, which meet the requirements of the MHP contract, in compliance with 42 CFR 438.236 and CCR title 9, section 1810.326?			
10b.	Does the MHP disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries?			
10c.	Does the MHP take steps to assure that decisions for utilization management, beneficiary education, coverage of services, and any other areas to which the guidelines apply are consistent with the guidelines adopted?			
<ul style="list-style-type: none"> <li>• <i>MHP Contract</i></li> <li>• <i>42 CFR 438.236</i></li> </ul>				<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>• MHP has not adopted practice guidelines</li> <li>• MHP’s practice guidelines do not meet the requirements</li> <li>• MHP does not disseminate its practice guidelines to its providers and/or beneficiaries</li> <li>• MHP does not take steps to assure that decisions for utilization management, beneficiary education, coverage of services, and other areas are consistent with the guidelines</li> </ul>

**SECTION J      MENTAL HEALTH SERVICES ACT (MHSA)**

CRITERIA		FINDING Y P N		INSTRUCTIONS TO REVIEWERS
1.	Regarding the WIC 5847 requirement for county mental health programs to prepare and submit a three-year program and expenditure plan and annual update:			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Evidence of circulation methods and posting</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• The County must provide evidence of circulation methods, posting date, and 30-day public comment period.</li> <li>• The County must provide evidence of a public hearing at the close of the 30-day comment period.</li> <li>• The MHP must provide documentation of where and when the draft plan was posted (i.e., a copy of a website page with the date of the posting, copy of the public notice and evidence of the 30-day public comment period).</li> <li>• Review public comments received and the MHP's response to comments</li> </ul>
1a.	Is there evidence that the County circulated a draft plan and annual update for public review and comment for at least 30 calendar days?			

**SECTION J      MENTAL HEALTH SERVICES ACT (MHSA)**

CRITERIA		FINDING Y P N		INSTRUCTIONS TO REVIEWERS
1b.	Is there evidence that the mental health board conducts a public hearing at the close of the 30-day public comment period?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Board agenda and minutes</li> <li><input type="checkbox"/> Written summary and analysis of any substantive recommendations</li> <li><input type="checkbox"/> Written description of substantive changes made to the proposed Three-Year Program and Expenditure Plan or Annual Update</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• The MHP must provide a summary and analysis of any substantive recommendations.</li> <li>• The MHP must provide a description of any substantive changes made to the Plan or annual update.</li> </ul>
<ul style="list-style-type: none"> <li>• WIC 5847</li> <li>• WIC 5848(a)</li> <li>• WIC 5848(b)</li> <li>• CCR, title 9, section 3315 and section 3200.270</li> <li>• County Performance Contract</li> </ul>		<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>• County has not completed a 30 day comment period.</li> <li>• County has not conducted a hearing at the end of the comment period.</li> <li>• Stakeholder process did not meet Title 9 requirements.</li> </ul>		

**SECTION J      MENTAL HEALTH SERVICES ACT (MHSA)**

CRITERIA		FINDING Y P N		INSTRUCTIONS TO REVIEWERS
2.	Regarding the Community Program Planning Process (CPPP):			<b><u>SUGGESTED DOCUMENTATION:</u></b> <input type="checkbox"/> Policies and Procedures # _____ <input type="checkbox"/> Sign-in sheets/participation lists <input type="checkbox"/> Evidence of stakeholder notification (e.g., advertisements, postings, etc.) <input type="checkbox"/> Evidence of outreach to clients with SMI, SED, and their families <input type="checkbox"/> County demographic data
2a.	Does the County ensure that stakeholders have the opportunity to participate?			
2b.	Does the County ensure that stakeholders participating in the CPPP reflect the diversity of demographics of the County, including but not limited to, geographic location, age, gender, and race/ethnicity?			



**SECTION J      MENTAL HEALTH SERVICES ACT (MHSA)**

CRITERIA		FINDING Y P N		INSTRUCTIONS TO REVIEWERS
2c.	Does the County conduct outreach to clients with Serious Mental Illness (SMI) and/or Serious Emotional Disturbance (SED), and their family members, to ensure the opportunity to participate in the CPPP?			<input type="checkbox"/> Other evidence deemed appropriate by review team  <b><u>GUIDANCE:</u></b> <ul style="list-style-type: none"> <li>• Participation of stakeholders is defined in CCR, title 9, chapter 11, section 3200.210. Stakeholder participation should include representatives of unserved and/or underserved populations and family members of unserved and/or underserved populations.</li> <li>• Per W&amp;I Code 5948(a) Each three-year program and expenditure plan and update shall be developed with local stakeholders, including adults and seniors with severe mental illness, families of children, adults, and seniors with severe mental illness, providers of services, law enforcement agencies, education, social services agencies, veterans, representatives from veteran’s organizations, providers of alcohol and drug services, health care organizations, and other important interests. Counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations. A draft plan and update shall be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested a copy of the draft plans.</li> <li>• Ask the MHP about stakeholder input received and the MHP’s response to the stakeholder input</li> </ul>

**SECTION J      MENTAL HEALTH SERVICES ACT (MHSA)**

CRITERIA		FINDING Y P N	INSTRUCTIONS TO REVIEWERS
<ul style="list-style-type: none"> <li>CCR, title 9, chapter 14, sections 3200.270, 3300, 3310, and 3315</li> <li>Welfare and Institutions Code 5848(a)</li> <li>County Performance Contract</li> </ul>			<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>MHP did not provide evidence that clients with SMI or SED and their families were involved in the CPPP</li> <li>MHP did not provide evidence that stakeholder participation included representatives of unserved and/or underserved populations</li> <li>MHP did not provide evidence that stakeholder participation reflected the diversity of the demographics of the County</li> </ul>
3.  3a.	<p>Regarding Community Services and Supports requirements:</p> <p>Has the County established peer support and family education support services or expanded these services to meet the needs and preferences of clients and/or family members?</p>		<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Evidence of peer support and family education services (e.g., program descriptions, etc.)</li> <li><input type="checkbox"/> Evidence of outreach to diverse racial/ethnic, cultural, and linguistic populations</li> <li><input type="checkbox"/> County demographic data of client population</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul>
3b.	<p>Has the County conducted outreach to provide equal opportunities for peers who share the diverse racial/ethnic, cultural, and linguistic characteristics of the individuals/clients served?</p>		<p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>County to provide evidence that it has established peer support and family education support services.</li> <li>Ask County to describe outreach efforts to reach diverse populations.</li> </ul>
<ul style="list-style-type: none"> <li>CCR, title 9, chapter 14, section 3610</li> </ul>			<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>County has not established peer support and family education support services</li> <li>County has not expanded peer support and/or family education support services</li> <li>County does not provide evidence it conducted outreach to diverse population to ensure equal opportunities for peers who share diverse racial/ethnic, cultural and linguistic characteristics of clients served</li> </ul>

**SECTION J      MENTAL HEALTH SERVICES ACT (MHSA)**

CRITERIA		FINDING Y P N		INSTRUCTIONS TO REVIEWERS
4.	Regarding the County's Capacity to Implement Mental Health Services Act (MHSA) Programs:			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> Assessment report</p> <p><input type="checkbox"/> County demographic data</p> <p><input type="checkbox"/> County penetration rate data</p> <p><input type="checkbox"/> List of service providers meeting the needs of racially and ethnically diverse populations</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b> Review evidence of assessment including required elements.</p>
4a.	Does the County conduct an assessment of its capacity to implement the proposed programs/services?			
4b.	Does the assessment include:			
	1) The strengths and limitations of the County and service providers that impact their ability to meet the needs of racially and ethnically diverse populations?			
	2) Bilingual proficiency in threshold languages?			
	3) Percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to the percentage of the total population needing services and the total population being served?			
<ul style="list-style-type: none"> <li>CCR, title 9, chapter 14, section 3650(5)</li> </ul>				<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>County did not provide an assessment of its capacity to implement proposed MHSA programs/services which meets title 9 requirements</li> </ul>

**SECTION J      MENTAL HEALTH SERVICES ACT (MHSA)**

CRITERIA		FINDING Y P N		INSTRUCTIONS TO REVIEWERS
5.  5a.	Regarding Full Service Partnerships (FSP):  Does the County designate a Personal Service Coordinator (PSC)/Case Manager for each client, and when appropriate the client’s family, to be the single point of responsibility for that client/family?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Evidence a PSC/Case Manager is assigned to FSP clients</li> <li><input type="checkbox"/> List of PSC/Case Managers assigned to FSP Clients</li> <li><input type="checkbox"/> Duty statement/job description for PSC/Case Manager</li> <li><input type="checkbox"/> Mechanism to track assignment of PSC/Case Manager to FSP clients</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review evidence County designated PSC/Case Manager for a sample of FSP clients and their families.</li> <li>• How does the County track FSP clients and their families?</li> <li>• What is the process for assigning a PSC/Case Manager to a client/family?</li> </ul>

**SECTION J      MENTAL HEALTH SERVICES ACT (MHSA)**

CRITERIA		FINDING Y P N		INSTRUCTIONS TO REVIEWERS
5b.	Does the County ensure the PSC/Case Manager is responsible for developing an Individual Services and Supports Plan (ISSP) with the client and, when appropriate, the client's family?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <p><input type="checkbox"/> Policies and Procedures # _____</p> <p><input type="checkbox"/> ISSP sample</p> <p><input type="checkbox"/> Other evidence deemed appropriate by review team</p> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review evidence the PSC/Case Manager is responsible for developing an ISSP with the client and, when appropriate, the client's family.</li> <li>• Review a sample of ISSP's developed for FSP clients.</li> <li>• Review a sample of ISSP's developed for family members of FSP clients.</li> </ul>

**SECTION J      MENTAL HEALTH SERVICES ACT (MHSA)**

CRITERIA		FINDING Y P N		INSTRUCTIONS TO REVIEWERS
5c.	Does the County ensure the PSC/Case Manager is culturally and linguistically competent or, at a minimum, is educated and trained in linguistic and cultural competence and has knowledge of available resources within the client/family's racial/ethnic community?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> List of PSC/Case Managers assigned to FSP Clients</li> <li><input type="checkbox"/> Duty statement/job description for PSC/Case Manager</li> <li><input type="checkbox"/> Evidence of training and educational opportunities for PSC/Case Managers in linguistic and cultural competence</li> <li><input type="checkbox"/> List of available community resources</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• County to provide documentation of PSC/Case Manager's education and/or training in linguistic and cultural competence.</li> </ul>

**SECTION J      MENTAL HEALTH SERVICES ACT (MHSA)**

CRITERIA		FINDING Y P N		INSTRUCTIONS TO REVIEWERS
5d.	Does the County ensure that a PSC/Case Manager or other qualified individual known to the client/family is available to respond to the client/family 24 hours a day, 7 days a week to provide after-hours interventions?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Duty statement/job description for PSC/Case Manager</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Small counties may meet this requirement through use of peers or community partners, such as community based organizations, known to the client/family.</li> <li>• Ask the MHP if it received any grievances related to PCS/Case manager not being available 24/7</li> </ul>
5e.	Does the County provide FSP services to all age groups (i.e., older adults, adults, transition-age youth, and children/youth)?			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> Evidence FSP services provided to all age groups</li> <li><input type="checkbox"/> List of FSP clients</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• County to provide evidence FSP services provided to all age groups.</li> </ul>

**SECTION J      MENTAL HEALTH SERVICES ACT (MHSA)**

CRITERIA		FINDING Y P N	INSTRUCTIONS TO REVIEWERS
<ul style="list-style-type: none"> <li>CCR, title 9, chapter 14, section 3620</li> </ul>			<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>County has not assigned PCS/Case Manager to be the single point of contact for FSP clients</li> <li>County has not assigned PCS/Case Manager, or other person known to the client, to be available 24 hours a day, 7 days a week</li> <li>The County does not ensure the PSC/Case Manager is trained in linguistic and cultural competence and/or has knowledge of available community resources</li> <li>County does not provide FSP services to all age groups</li> </ul>
6a.	<p>Regarding the County's MHSA Issue Resolution Process:</p> <p>Does the County have in place an Issue Resolution Process to resolve issues related to the MHSA community planning process, consistency between approved MHSA plans and program implementation, and the provision of MHSA funded mental health services?</p>		<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> MHSA Issue Submission Form</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>County Performance Contracts require that Counties adopt an Issue Resolution Process in order to resolve issues related to the MHSA community planning process, consistency between approved MHSA plans and program implementation, and the provision of MHSA funded mental health services</li> </ul>



**SECTION J      MENTAL HEALTH SERVICES ACT (MHSA)**

CRITERIA		FINDING Y P N		INSTRUCTIONS TO REVIEWERS
6b.	<p>Does the County’s Issue Resolution Log contain the following information:</p> <ol style="list-style-type: none"> <li>1) Dates the issues were received?</li> <li>2) A brief description of the issues?</li> <li>3) Final resolution outcomes of those issues?</li> <li>4) The date the final issue resolution was reached?</li> </ol>			<p><b><u>SUGGESTED DOCUMENTATION:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policies and Procedures # _____</li> <li><input type="checkbox"/> MHSA Issue Resolution Log</li> <li><input type="checkbox"/> Other evidence deemed appropriate by review team</li> </ul> <p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Counties are required to keep and update an Issue Resolution Log to handle client disputes and complaints.</li> <li>• The Issue Resolution Log may reflect all grievances, regardless of program type; MHSA issues should be noted.</li> <li>• Tracking log must include dates, brief description of the issue(s), final resolution.</li> </ul> <p><b><u>Compliance %:</u></b> _____            Formula for calculating percentage: Total number of MHSA Issues logged that comply with contractual requirements/Total number of MHSA Issues received</p>
<ul style="list-style-type: none"> <li>• WIC 5650</li> <li>• WIC 5651</li> <li>• County Performance Contract</li> </ul>				<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>• County does not keep an Issue Resolution Log.</li> <li>• County did not include dates, explanation of issues, outcomes, or dates of outcomes.</li> </ul>

**SECTION K      CHART REVIEW—NON-HOSPITAL SERVICES**

**PLEASE NOTE: CHART REVIEW PROTOCOL ITEMS WILL BE REVIEWED FOR EACH CHART IDENTIFIED IN THE SAMPLE.**

CRITERIA		FINDING			INSTRUCTIONS TO REVIEWERS
		Y	P	N	
1.	Does the beneficiary meet all three (3) of the following medical necessity criteria for reimbursement (1a, 1b, and 1c. below)?				<p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>Review assessment(s), evaluation(s), and/or other documentation to support 1a-1c.</li> <li>Is the beneficiary’s diagnosis included in the list of diagnoses in CCR, title 9, chapter 11, section 1830.205(b)(1)(A-R).</li> </ul> <p><b>Compliance Rating:</b> _____% (Number of claims meeting medical necessity criteria/Total number of claims in audit sample)</p>
1a.	The beneficiary has a current ICD diagnosis which is included for non-hospital SMHS in accordance with the MHP contract?				
1b.	<p>The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):</p> <ol style="list-style-type: none"> <li>1) A significant impairment in an important area of life functioning.</li> <li>2) A probability of significant deterioration in an important area of life functioning.</li> <li>3) A probability that the child will not progress developmentally as individually appropriate.</li> <li>4) For full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that SMHS can correct or ameliorate.</li> </ol>				<p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>Refer to CCR, title 9, chapter 11, sections 1830.205 (b)(2)(A-C) and 1830.210.</li> <li>Is there documentation that supports that the beneficiary, as a result of a mental disorder or emotional disturbance listed in CCR, title 9, chapter 1, section 1830.205(b)(1)(A-R) has met at least one (1) of the criteria listed in 1b.</li> </ul>

**SECTION K      CHART REVIEW—NON-HOSPITAL SERVICES**

CRITERIA		FINDING			INSTRUCTIONS TO REVIEWERS
		Y	P	N	
1c.	<p>Do the proposed and actual intervention(s) meet the intervention criteria listed below:</p> <p>1) The focus of the proposed and actual intervention(s) is to address the condition identified in No. 1b. (1-3) above, or for full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that SMHS can correct or ameliorate per No. 1b(4).</p>				<p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Do the proposed and actual intervention(s) focus on the condition(s) identified in No. 1b (1-3) or, for full-scope MC beneficiaries under the age of 21 years, on a condition that SMHS can correct or ameliorate per No.1b (4)?</li> <li>• Is there a connection between the proposed intervention and at least one (1) of the following:               <ul style="list-style-type: none"> <li>A. Diminishing the impairment?</li> <li>B. Preventing a significant deterioration (maintain current level of functioning)?</li> <li>C. Allowing a child to progress developmentally as individually appropriate?</li> <li>D. Correcting or ameliorating the condition?</li> </ul> </li> </ul>
	<p>2) The expectation is that the proposed and actual intervention(s) will do at least one (1) of the following (A, B, C, or D):</p> <p>A. Significantly diminish the impairment.</p> <p>B. Prevent significant deterioration in an important area of life functioning.</p> <p>C. Allow the child to progress developmentally as individually appropriate.</p> <p>D. For full-scope MC beneficiaries under the age of 21 years, correct or ameliorate the condition.</p>				

**SECTION K      CHART REVIEW—NON-HOSPITAL SERVICES**

CRITERIA		FINDING			INSTRUCTIONS TO REVIEWERS
		Y	P	N	
1d.	The condition would not be responsive to physical health care based treatment.				<p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>Disorders due to medical conditions are not covered. Examples include, but are not limited to:               <ul style="list-style-type: none"> <li>Psychosis due to Wilson’s disease</li> <li>Depression due to hypothyroidism</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>CCR, title 9, chapter 11, section 1830.205 (b)(c)</li> <li>CCR, title 9, chapter 11, section 1830.210</li> <li>CCR, title 9, chapter 11, section 1810.345(c)</li> <li>CCR, title 9, chapter 11, section 1840.112(b)(1-4)</li> <li>CCR, title 9, chapter 11, section 1840.314(d)</li> <li>CCR, title 22, chapter 3, section 51303(a)</li> <li>Credentialing Boards for MH Disciplines</li> </ul>					<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>Criteria 1a-c not supported by documentation.</li> <li>No connection is identified between the functional impairment as it relates to the diagnosis and the service(s) provided.</li> <li>No evidence that the intervention(s) provided met the intervention criteria listed in 1c.</li> </ul>
2.	Regarding the Assessment, are the following conditions met:				<p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>Review the MHP’s written documentation standards guidelines.</li> <li>Review assessment(s), evaluation(s), and/or other documentation to support 2a, 2b, and 2c.</li> <li>Review the prior and current assessment for timeliness and frequency.</li> <li>The MHP must establish written standards for timeliness and frequency for the required assessment elements identified in 2c. (Refer to MHP Contract)</li> </ul> <p><b>Compliance Rating:</b> _____% (Number of assessments meeting requirements/Total number of assessments reviewed in audit sample)</p>
2a.	<ol style="list-style-type: none"> <li>Has the Assessment been completed in accordance with the MHP’s established written documentation standards for timeliness?</li> <li>Has the Assessment been completed in accordance with the MHP’s established written documentation standards for frequency?</li> </ol>				

**SECTION K      CHART REVIEW—NON-HOSPITAL SERVICES**

CRITERIA		FINDING			INSTRUCTIONS TO REVIEWERS
		Y	P	N	
2b.	Do the Assessments include the areas specified in the MHP Contract with the Department?				<p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>Review for the required appropriate elements. These elements may include, but are not limited to, the following:               <ol style="list-style-type: none"> <li>Presenting Problem</li> <li>Relevant conditions and psychosocial factors</li> <li>Mental Health History</li> <li>Medical History</li> <li>Medications</li> <li>Substance Exposure/Substance Use</li> <li>Client Strengths</li> <li>Risks</li> <li>A mental status examination</li> <li>A complete diagnosis</li> <li>Additional clarifying formulation information, as needed</li> </ol> </li> <li>The Assessment should address history of trauma or exposure to trauma, which may be addressed in any component of the Assessment.</li> </ul> <p><b>Compliance Rating:</b> _____% (Number of assessments with all required elements/Total number of assessments reviewed in audit sample)</p>
	1) <u>Presenting Problem</u> . The beneficiary’s chief complaint, history of presenting problem(s) including current level of functioning, relevant family history and current family information;				
	2) <u>Relevant conditions and psychosocial factors</u> affecting the beneficiary’s physical health and mental health including, as applicable; living situation, daily activities, social support, and cultural and linguistic factors;				
	3) <u>History of trauma or exposure to trauma</u> ;				
	4) <u>Mental Health History</u> . Previous treatment, including providers, therapeutic modality (e.g., medications, psychosocial treatments) and response, and inpatient admissions. If possible, include information from other sources of clinical data such as previous mental health records and relevant psychological testing or consultation reports;				

**SECTION K      CHART REVIEW—NON-HOSPITAL SERVICES**

CRITERIA	FINDING			INSTRUCTIONS TO REVIEWERS
	Y	P	N	
5) <u>Medical History</u> . Relevant physical health conditions reported by the beneficiary or a significant support person. Include name and address of current source of medical treatment. For children and adolescents, the history must include prenatal and perinatal events and relevant/significant developmental history. If possible, include other medical information from medical records or relevant consultation reports				
6) <u>Medications</u> . Information about medications the beneficiary has received, or is receiving, to treat mental health and medical conditions, including duration of medical treatment. The assessment must include documentation of the absence or presence of allergies or adverse reactions to medications and documentation of an informed consent for medications;				
7) <u>Substance Exposure/Substance Use</u> . Past and present use of tobacco, alcohol, caffeine, CAM (complementary and alternative medications) and over-the-counter drugs, and illicit drugs;				
8) <u>Client Strengths</u> . Documentation of the beneficiary's strengths in achieving client plan goals related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis;				

**SECTION K      CHART REVIEW—NON-HOSPITAL SERVICES**

CRITERIA	FINDING			INSTRUCTIONS TO REVIEWERS
	Y	P	N	
9) <u>Risks</u> . Situations that present a risk to the beneficiary and/or others, including past or current trauma;				<p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Risk in this context refers to triggers and/or situations (e.g., psychosocial factors) which may present a risk of decompensation and/or escalation of the beneficiary’s condition</li> <li>• A history of Danger To Self (DTS) or Danger To Others (DTO), are examples of “risks” that are to be evaluated as part of the assessment. Additional examples are previous inpatient hospitalizations for DTS or DTO; prior suicide attempts; lack of family or other support systems; prior arrests; currently on probation; history of alcohol/drug abuse; history of trauma or victimization; history of self-harm behaviors, e.g., cutting; history of assaultive behavior; physical impairment which makes him/her vulnerable to others, e.g., limited vision, deaf, wheelchair bound.</li> </ul>
10) <u>A mental status examination;</u>				
11) <u>A Complete Diagnosis;</u> A diagnosis from the current ICD-code must be documented, consistent with the presenting problems, history, mental status examination and/or other clinical data; including any current medical diagnoses.				

**SECTION K      CHART REVIEW—NON-HOSPITAL SERVICES**

CRITERIA		FINDING			INSTRUCTIONS TO REVIEWERS
		Y	P	N	
2c.	Does the assessment include: 1) The date of service?				
	2) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, licensure or job title?				
	3) The date the documentation was entered in the medical record?				
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1810.204</li> <li>• CCR, title 9, chapter 11, section 1840.112(b)(1-4)</li> <li>• CCR, title 9, chapter 11, section 1840.314(d)(e)</li> <li>• CCR, title 9, chapter 4, section 851- Lanterman-Petris Act</li> <li>• MHP Contract</li> </ul>		<b><u>OUT OF COMPLIANCE:</u></b> <ul style="list-style-type: none"> <li>• No assessment has been completed.</li> <li>• The assessment or other documents in the medical record do not contain the required elements.</li> <li>• Documentation that is illegible.</li> </ul>			

CRITERIA		FINDING			INSTRUCTIONS TO REVIEWERS
		Y	P	N	
3.	Regarding medication consent forms:				<b><u>GUIDANCE:</u></b> <ul style="list-style-type: none"> <li>• Review the medication orders and medication consents.</li> <li>• It is acceptable for the medication consent to include attestations, signed by the provider and the beneficiary, that the provider discussed each of the required components of the medication consent with the beneficiary.</li> </ul>
3a.	Did the provider obtain and retain a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication?				



**SECTION K      CHART REVIEW—NON-HOSPITAL SERVICES**

CRITERIA		FINDING			INSTRUCTIONS TO REVIEWERS
		Y	P	N	
3b.	Does the medication consent for psychiatric medications include the following required elements:				<ul style="list-style-type: none"> <li>• The use of check boxes on the medication consent form indicating the provider discussed the need for medication and potential side effects is acceptable as long as the information is included in accompanying written materials provided to the beneficiary.</li> <li>• The reasons a provider prescribed a medication for a beneficiary must be documented in the beneficiary’s medical record, but is not required specifically on the medication consent form.</li> <li>• Medication consents should be specific for each medication prescribed.</li> <li>• More than one medication can be on a medication consent form.</li> <li>• For circumstances in which a beneficiary does not have a medication history and/or current medications, reviewers should indicate “Not Applicable” in the findings.</li> </ul> <p><b>Compliance Rating:</b> _____% (Number of med consents meeting requirements/Total number of med consents reviewed in audit sample)</p>
	1) The reasons for taking such medications?				
	2) Reasonable alternative treatments available, if any?				
	3) Type of medication?				
	4) Range of frequency (of administration)?				
	5) Dosage?				
	6) Method of administration?				
	7) Duration of taking the medication?				
	8) Probable side effects?				
	9) Possible side effects if taken longer than 3 months?				
10) Consent once given may be withdrawn at any time?					
3c.	Do medication consents include:				
	1) The date of service?				
	2) The signature of the person providing the service (or electronic equivalent); the person’s type of professional degree, licensure or job title?				

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	3) The date the documentation was entered in the medical record?				
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1810.204</li> <li>• CCR, title 9, chapter 11, section 1840.112(b)(1-4)</li> <li>• CCR, title 9, chapter 11, section 1840.314(d)(e)</li> <li>• CCR, title 9, chapter 4, section 851- Lanterman-Petris Act</li> <li>• MHP Contract</li> </ul>		<b><u>OUT OF COMPLIANCE:</u></b>			<ul style="list-style-type: none"> <li>• Medication consent requirements not met.</li> <li>• Documentation that is illegible.</li> </ul>
4.	Regarding the client plan, are the following conditions met:				<p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review the MHP’s written documentation standards guidelines.</li> <li>• Review the prior and current client plans for timeliness and frequency.</li> </ul> <p><b>Compliance Rating:</b> _____% (Number of client plans meeting requirements/Total number of client plans reviewed in audit sample)</p>
4a.	Has the client plan been updated at least annually and/or when there are significant changes in the beneficiary’s condition?				
4b.	<p>Does the client plan include the items specified in the MHP Contract with the Department?</p> <ol style="list-style-type: none"> <li>1. Specific, observable, and/or specific quantifiable goals/treatment objectives related to the beneficiary’s mental health needs and functional impairments as a result of the mental health diagnosis.</li> <li>2. The proposed type(s) of intervention/modality including a detailed description of the intervention to be provided.</li> </ol>				<p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review the objectives and interventions of the client plan for compliance as indicated in 4B (1-7).</li> <li>• Assessment, Crisis Intervention, Plan Development, Medication Support for the purposes of assessment and plan development or if an urgent need exists, TCM for the purposes of linkage and referral, plan development and assessment; and Crisis Stabilization services may be provided prior to completion of the client plan.</li> <li>• If MHP does not set its own timeliness standard, initial client plans should be completed within 60 days.</li> <li>• The client plan is to be a collaborative process with the beneficiary.</li> <li>• A detailed description of the intervention should include the treatment category (e.g., TCM, therapy, etc.) and a description of specific strategies (i.e., what is being done) within the</li> </ul>

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					identified modality and how these strategies address the beneficiary’s functional impairment.
	3) The proposed frequency of the intervention(s).				
	4) The proposed duration of intervention(s).				
	5) Interventions that focus and address the identified functional impairments as a result of the mental disorder or emotional disturbance.				
	6) Interventions are consistent with client plan goal(s)/treatment objective(s).				
	7) Be consistent with the qualifying diagnoses.				
4c.	<p>Is the client plan signed (or electronic equivalent) by:</p> <ol style="list-style-type: none"> <li>1) The person providing the service(s) or,</li> <li>2) A person representing a team or program providing the service(s) or,</li> <li>3) A person representing the MHP providing service(s) or,</li> <li>4) By one of the following, as a co-signer, if the client plan is used to establish that services are provided under the direction of an approved category of staff, and if the signing staff is <u>not</u> of the approved categories, one (1) of the following must sign:               <ol style="list-style-type: none"> <li>A. A Physician</li> <li>B. A Licensed/Registered/Waivered Psychologist</li> <li>C. A Licensed/Registered/Waivered Social Worker</li> <li>D. A Licensed/Registered/Waivered Marriage and Family Therapist</li> </ol> </li> </ol>				<p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• MHP must provide a list of (all licensed/waivered/registered) staff, staff signatures (or electronic equivalent), professional degree, and licensure or job title.</li> <li>• MHP must provide evidence for registered staff (e.g., print out from Board of Behavioral Science).</li> <li>• Consumers/peers must meet MHP’s minimum qualifications.</li> <li>• *LPCCs are <b><u>not</u></b> permitted to assess or treat couples or families unless the LPCC has completed ALL the required experience and course work on this subject as specified in CA Business and Professions Code Section 4999.20:               <ol style="list-style-type: none"> <li>1) <b>Six (6) semester / nine (9) quarter units</b> focused on theory and application of marriage family therapy <b><u>AND</u></b></li> <li>2) No less the <b>500 hours</b> of documented <b>supervised experience</b> working directly with couples, families, or children <b><u>AND</u></b></li> <li>3) A minimum of six hours of <b>continuing education</b> specific to marriage and family therapy, completed in <b>each license renewal</b> cycle.</li> </ol> </li> </ul>

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	<p>E. A Licensed/Registered/Waivered Professional Clinical Counselor*</p> <p>F. A Registered Nurse, including but not limited to nurse practitioners, and clinical nurse specialists</p>				
4d.	<p>Regarding the beneficiary’s participation and agreement with the client plan:</p> <p>1) Is there documentation of the beneficiary’s degree of participation and agreement with the client plan as evidenced by, but not limited to:</p> <p>a. Reference to the beneficiary’s participation in and agreement in the body of the client plan; or</p> <p>b. The beneficiary signature on the client plan; or</p> <p>c. A description of the beneficiary’s participation and agreement in the medical record (e.g., as in a progress note).</p>				<p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review for the beneficiary’s degree of participation and agreement with the plan as follows: <ul style="list-style-type: none"> <li>○ Reference the beneficiary’s participation and agreement in the body of the client plan, the beneficiary’s signature on the client plan, or a description of the beneficiary’s participation and agreement in the medical record.</li> </ul> </li> </ul>
	<p>2) Does the client plan include the beneficiary’s signature or the signature of the beneficiary’s legal representative when:</p> <p>a. The beneficiary is expected to be in long-term treatment, as determined by the MHP, and,</p> <p>b. The client plan provides that the beneficiary will be receiving more than one (1) type of SMHS?</p>				<p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• The beneficiary signature is required under the following circumstances: <ul style="list-style-type: none"> <li>○ The beneficiary expected to be in long-term treatment as determined by the MHP.</li> <li>○ The beneficiary is receiving more than one SMHS.(e.g., Individual therapy and TCM)</li> </ul> </li> <li>• The beneficiary is required to sign the client plan per the MHP’s documentation standards guidelines.</li> <li>• Does the MHP have a written definition of what constitutes a long-term care beneficiary?</li> </ul>

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	3) When the beneficiary’s signature or the signature of the beneficiary’s legal representative is required on the client plan and the beneficiary refuses or is unavailable for signature, does the client plan include a written explanation of the refusal or unavailability of the signature?				<p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>When the beneficiary’s signature is required on the client plan and the beneficiary refuses or is unavailable for signature, is there a written explanation of the refusal or unavailability?</li> </ul>
4e.	Is there documentation that the provider offered a copy of the client plan to the beneficiary?				<p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>Review the medical record for documentation.</li> </ul>
4f.	Does the client plan include:				
	1) The date of service;				
	2) The date the documentation was entered in the medical record?				<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>Requirements not met in 4a-4c.</li> <li>Client plan was not completed.</li> <li>Client plan was not updated at least annually and when there were significant changes in the beneficiary’s condition.</li> <li>Client plan was not signed by staff as indicated in 4c.</li> <li>No evidence that the contractor offered a copy of the client plan to the beneficiary.</li> <li>No evidence of the beneficiary agreeing or participating in the client plan.</li> <li>Client plan was not signed by the beneficiary when required.</li> <li>No written explanation when the beneficiary refuses to sign or is unavailable.</li> <li>No written definition of what constitutes a long-term care beneficiary.</li> <li>Documentation that is illegible.</li> </ul>
<ul style="list-style-type: none"> <li>CCR, title 9, chapter 11, section 1810.205.2</li> <li>CCR, title 9, chapter 11, section 1810.254</li> <li>CCR, title 9, chapter 11, section 1810.440(c)(1)(2)</li> <li>CCR, title 9, chapter 11, section 1840.112(b)(2-5)</li> <li>CCR, title 9, chapter 11, section 1840.314(d)(e)</li> <li>DMH Letter 02-01, Enclosure A</li> <li>WIC, section 5751.2</li> <li>MHP Contract</li> <li>CCR, title 16, Section 1820.5</li> <li>California Business and Profession Code, Section 4999.20</li> </ul>					

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		Y	P	N	
5a.	Do the progress notes document the following:				<p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>Review the MHP's documentation standards guidelines.</li> <li>The MHP sets its timeliness standards for documentation.</li> <li>The date the service was documented in the medical record by the person providing the service.</li> <li>Time taken to provide the services may include travel and documentation time.</li> </ul> <p><b>Compliance Rating:</b> _____% (Number of progress notes meeting requirements/Total number of progress notes reviewed in audit sample)</p>
	1) Timely documentation of relevant aspects of client care, including documentation of medical necessity?				
	2) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions?				
	3) Interventions applied, beneficiary's response to the interventions, and the location of the interventions?				
	4) The date the services were provided?				
	5) Documentation of referrals to community resources and other agencies, when appropriate?				
	6) Documentation of follow-up care or, as appropriate, a discharge summary?				
	7) The amount of time taken to provide services?				
8) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, and licensure or job title?					

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		Y	P	N	
5b.	When services are being provided to, or on behalf of, a beneficiary by two or more persons at one point in time, do the progress notes include:				
	1) Documentation of each person’s involvement in the context of the mental health needs of the beneficiary?				
	2) The exact number of minutes used by persons providing the service?				<b><u>GUIDANCE:</u></b> <ul style="list-style-type: none"> <li>The time utilized by all those providing services must be added together to yield the total claimable services.</li> </ul>
	3) Signature(s) of person(s) providing the services?				
5c.	Timeliness/frequency as follows:				<b><u>GUIDANCE:</u></b> <ul style="list-style-type: none"> <li>The day treatment intensive weekly clinical summary note must be reviewed and signed by one of the following:                             <ul style="list-style-type: none"> <li>Physician</li> <li>Licensed/Registered/Waivered Psychologist</li> <li>Licensed/Registered/Waivered Social Worker</li> <li>Licensed/Registered/Waivered Marriage and Family Therapist</li> <li>Licensed/Registered/Waivered Professional Clinical Counselor</li> <li>Registered Nurse</li> </ul> </li> <li>Documentation must support the program requirements, the type of service, date of service, and units of time claimed.</li> </ul>
	1) Every service contact for: <ul style="list-style-type: none"> <li>A. Mental health services</li> <li>B. Medication support services</li> <li>C. Crisis intervention</li> <li>D. Targeted Case Management</li> <li>E. Intensive Care Coordination</li> <li>F. Intensive Home Based Services</li> <li>G. Therapeutic Behavioral Services</li> </ul> 2) Daily for: <ul style="list-style-type: none"> <li>A. Crisis residential</li> <li>B. Crisis stabilization (one per 23/hour period)</li> <li>C. Day treatment intensive</li> <li>D. Therapeutic Foster Care</li> </ul> 3) Weekly for: <ul style="list-style-type: none"> <li>A. Day treatment intensive (clinical summary)</li> <li>B. Day rehabilitation</li> <li>C. Adult residential</li> </ul>				

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5d.	Do all entries in the beneficiary's medical record include: 1) The date of service?				
	2) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, licensure or job title?				
	3) The date the documentation was entered in the medical record?				
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1810.254</li> <li>• CCR, title 9, chapter 11, section 1810.440(c)</li> <li>• CCR, title 9, chapter 11, section 1840.112(b)(2-6)</li> <li>• CCR, title 9, chapter 11, section 1840.314</li> <li>• CCR, title 9, chapter 11, sections 1840.316 - 1840.322</li> <li>• CCR, title 22, chapter 3, section 51458.1</li> <li>• CCR, title 22, chapter 3, section 51470</li> <li>• MHP Contract</li> </ul>		<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Progress notes do not describe how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning outlined in the client plan.</li> <li>• Progress notes that do not indicate the date of service, the amount of time, and beneficiary encounters as specified in 5a - 5c.</li> <li>• Documentation that is illegible.</li> <li>• Services not documented timely.</li> <li>• No signature of person providing the services as specified in 5a (8).</li> <li>• Evidence that beneficiaries are not receiving services that were claimed.</li> </ul>			
6.	Regarding cultural/linguistic services and availability in alternative formats:				<p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review CCPR, MHP's policies and procedures and medical records for: <ul style="list-style-type: none"> <li>• If beneficiary is Limited English Proficient (LEP), there is documentation interpreter services were offered and provided and an indication of the beneficiary's response.</li> <li>• There is evidence beneficiaries are made aware that specialty mental health services are available in their preferred language.</li> </ul> </li> <li>• Linkages might include referrals to community based organizations or other community resources.</li> <li>• Interpreter services mean oral and sign language.</li> </ul>
6a.	Is there any evidence that mental health interpreter services are offered and provided, when applicable?				



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6b.	If the needs for language assistance is identified in the assessment, is there documentation of linking beneficiaries to culture-specific and/or linguistic services as described in the MHP's CCPR?			
6c.	When applicable, was treatment specific information provided to beneficiaries in an alternative format (e.g., braille, audio, large print, etc.)?			<p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>When applicable, review evidence beneficiaries were provided with information in an alternative format.</li> </ul>
<ul style="list-style-type: none"> <li>CFR, title 42, section 438.10(c)(4),(5)</li> <li>CCR, title 9, chapter 11, section 1810.405(d)</li> <li>CCR, title 9, chapter 11, section 1810.410</li> </ul>		<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>No evidence of 6a-d.</li> </ul>		
7a.	<p>Regarding Service Components for Day Treatment Intensive and Day Rehabilitation programs:</p> <p>Do <i>Day Treatment Intensive</i> and <i>Day Rehabilitation</i> programs include all the following required service components:</p> <ul style="list-style-type: none"> <li>A. Daily Community Meetings; *</li> <li>B. Process Groups;</li> <li>C. Skill-building Groups; <u>and</u></li> <li>D. Adjunctive Therapies?</li> </ul>			<p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>Review the MHP's written documentation standard guidelines.</li> <li>Review the <u>Written Weekly Schedule</u> for: <ul style="list-style-type: none"> <li>A. Required service components including requirements for community meetings and <i>Day Treatment Intensive</i> psychotherapy.</li> <li>B. Required and qualified staff.</li> <li>C. Documentation of the specific times, location, and assigned staff.</li> </ul> </li> <li>Community meetings must occur at least once a day and have the following staffing: <ul style="list-style-type: none"> <li>o For Day Treatment Intensive: Staff whose scope of practice includes psychotherapy.</li> <li>o For Day Rehabilitation: Staff who is a physician, licensed/waivered/registered psychologist, clinical social worker, marriage and family therapist, or professional clinical counselor, registered nurse, psychiatric technician, licensed vocational nurse, or mental health rehabilitation specialist.</li> </ul> </li> </ul>

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		Y	P	
		N		
				<ul style="list-style-type: none"> <li>The MHP must retain the authority to set additional higher or more specific standards than those set forth in the MHP Contract, provided the MHP’s standards are consistent with applicable state and federal laws and regulations and do not prevent the delivery of medically necessary Day Treatment Intensive and Day Rehabilitation.</li> </ul>
	2) Does <i>Day Treatment Intensive</i> include Psychotherapy?			<p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>Psychotherapy does not include physiological interventions, including medication intervention.</li> <li>Day Rehabilitation may include psychotherapy instead of process groups, or in addition to process groups.</li> </ul>
7b.	<p><b>Regarding Attendance:</b></p> <ol style="list-style-type: none"> <li>1) Is there documentation of the total number of minutes/hours the beneficiary actually attended the program each day?</li> <li>2) If the beneficiary is unavoidably absent:               <ol style="list-style-type: none"> <li>A. Is the total time (number of hours and minutes) the beneficiary actually attended the program that day documented;</li> <li>B. Is the beneficiary present for at least 50 percent of the scheduled hours of operation for that day; <b>AND,</b></li> </ol> </li> <li>3) Is there a separate entry in the medical record documenting the reason for the unavoidable absence?</li> </ol>			<p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>Review progress notes for:           <ol style="list-style-type: none"> <li>A. Documentation of attendance in the total number of minutes/hours.</li> <li>B. <i>Day Treatment Intensive</i> and <i>Day Rehabilitation</i> services were provided as claimed.</li> <li>C. If the beneficiary is unavoidably absent and does not attend the scheduled hours of operation, there is a separate entry in the medical record documenting the reason and the total minutes/hours of actual attendance.</li> </ol> </li> <li>Per the MHP Contract, in cases where absences are frequent, it is the responsibility of the Contractor to ensure that the provider re-evaluates the beneficiary’s need for the <i>Day Rehabilitation</i> or <i>Day Treatment Intensive</i> program and takes appropriate action.</li> </ul>

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7c.	<p><b>Regarding Continuous Hours of Operation:</b></p> <p>Did the provider apply the following when claiming for the continuous hours of operation of <i>Day Treatment Intensive</i> and <i>Day Rehabilitation</i> services?</p> <p>A. For <u>Half Day</u>: The beneficiary received face-to-face services a <u>minimum</u> of three (3) hours each day the program was open.</p> <p>B. For <u>Full-Day</u>: The beneficiary received face-to-face services in a program with services available <u>more than</u> four (4) hours per day.</p>			<p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>Review <u>Written Weekly Schedule</u> and other documentation to ensure this requirement is met.</li> <li>Breaks between activities, as well as lunch and dinner breaks, do not count toward the total continuous hours of operation for purposes of determining minimum hours of service.</li> </ul>
7d.	<p><b>Regarding Staffing Requirements:</b></p> <p>1) Do <i>Day Treatment Intensive</i> and <i>Day Rehabilitation</i> meet the following staffing requirements:</p> <p>A. For <i>Day Treatment Intensive</i>: Psychotherapy is provided by licensed, registered, or waived staff practicing within their scope of practice.</p> <p>B. For all scheduled hours of operation: There is at least one staff person present and available to the group in the therapeutic milieu.</p>			<p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>Review <u>Written Weekly Schedule</u> progress notes, and other documentation to determine if the required and qualified staff are available for all scheduled hours of operation.</li> </ul>

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7e.	<p><b>Regarding Documentation Standards:</b></p> <p>1) Is the required documentation timeliness/frequency for <i>Day Treatment Intensive</i> or <i>Day Rehabilitation</i> being met?</p> <p>A. For <i>Day Treatment Intensive</i> services:</p> <ul style="list-style-type: none"> <li>• Daily progress notes on activities; <u>and</u></li> <li>• A weekly clinical summary.</li> <li>• Monthly – One documented contact with family, caregiver, or significant support person identified by an adult beneficiary, or one contact per month with the legally responsible adult for a beneficiary who is a minor. Adults may decline this service component. This contact may be face-to-face, or by an alternative method (e.g., e-mail, telephone, etc.). The contacts should focus on the role of the support person in supporting the beneficiary's community reintegration. The Contractor shall ensure that this contact occurs outside hours of operation and outside the therapeutic program for day treatment intensive and day rehabilitation.</li> </ul>			<p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review for: <ul style="list-style-type: none"> <li>A. Required documentation timeliness/frequency for <i>Day Treatment Intensive</i> and <i>Day Rehabilitation</i>.</li> <li>B. Required and qualified staff documenting and providing the service.</li> <li>C. Required standards for all entries in the medical record.</li> </ul> </li> <li>• The <i>Day Treatment Intensive</i> weekly clinical summary must be reviewed and signed by a physician, a licensed/waivered/registered psychologist, clinical social worker, marriage and family therapist, or professional clinical counselor; or a registered nurse who is either staff to the <i>Day Treatment Intensive</i> program or the person directing the service.</li> </ul>
	<p>B. For <i>Day Rehabilitation</i> services:</p> <ul style="list-style-type: none"> <li>• Weekly progress note.</li> </ul>			

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<ul style="list-style-type: none"> <li>• Monthly – One documented contact with family, caregiver, or significant support person identified by an adult beneficiary, or one contact per month with the legally responsible adult for a beneficiary who is a minor. Adults may decline this service component. This contact may be face-to-face, or by an alternative method (e.g., e-mail, telephone, etc.). The contacts should focus on the role of the support person in supporting the beneficiary's community reintegration. The Contractor shall ensure that this contact occurs outside hours of operation and outside the therapeutic program for day treatment intensive and day rehabilitation.</li> </ul>				
<p>2) Do all entries in the beneficiary's medical record include:</p> <ul style="list-style-type: none"> <li>A. The date(s) of service;</li> <li>B. The signature of the person providing the service (or electronic equivalent);</li> <li>C. The person's type of professional degree, licensure or job title;</li> <li>D. The date of signature;</li> <li>E. The date the documentation was entered in the beneficiary record; <u>and</u></li> <li>F. The total number of minutes/hours the beneficiary actually attended the program?</li> </ul>				

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CRITERIA		FINDING		INSTRUCTIONS TO REVIEWERS
		Y	P N	
7f.	<p><b>Regarding the Written Program Description:</b></p> <p>1) Is there a <u>Written Program Description</u> for <i>Day Treatment Intensive</i> and <i>Day Rehabilitation</i>?</p> <p>A. Does the <u>Written Program Description</u> describe the specific activities of each service and reflect each of the required components of the services as described in the MHP Contract.</p> <hr/> <p>2) Is there a <u>Mental Health Crisis Protocol</u>?</p> <hr/> <p>3) Is there a <u>Written Weekly Schedule</u>?</p> <p>A. Does the <u>Written Weekly Schedule</u>:</p> <p>a) Identify when and where the service components will be provided and by whom; <u>and</u></p> <p>b) Specify the program staff, their qualifications, and the scope of their services?</p>			<p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>• Review the <u>Written Program Description</u> and <u>Written Weekly Schedule</u> to determine if: <ul style="list-style-type: none"> <li>A. There are specific activities described for each service component.</li> <li>B. All required service components are reflected in the <u>Written Program Description</u>, as well as indicated on the <u>Written Weekly Schedule</u>.</li> <li>C. Required and qualified staff are available for all scheduled hours of operation.</li> </ul> </li> <li>• Often the Mental Health Crisis Protocol is contained in the Written Program Description</li> <li>• The Weekly Schedule may be a standard consistent schedule; however, if the schedule changes from week to week, all weekly schedules for the review period must be made available.</li> <li>• If the MHP uses <i>Day Treatment Intensive</i> and/or <i>Day Rehabilitation</i> staff who are also staff with other responsibilities (e.g., as staff of a group home, a school, or another mental health treatment program), there must be documentation of the scope of responsibilities for these staff and the specific times in which <i>Day Treatment Intensive</i> or <i>Day Rehabilitation</i> activities are being performed exclusive of other activities.</li> </ul>
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1810.212</li> <li>• CCR, title 9, chapter 11, section 1810.213</li> <li>• CCR, title 9, chapter 11, section 1840.112(b)</li> <li>• CCR, title 9, chapter 11, section 1840.314(d)(e)</li> <li>• CCR, title 9, chapter 11, section 1840.318</li> <li>• CCR, title 9, chapter 11, section 1840.360</li> <li>• MHP Contract</li> <li>• DMH Letter No. 03-03</li> </ul>				<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>• The service components for <i>Day Treatment Intensive</i> and <i>Day Rehabilitation</i> were not offered or provided; or were provided by staff outside their scope of practice.</li> <li>• Staff not present as required in 7d.</li> <li>• Beneficiary attendance requirements were not met.</li> <li>• No documentation of the total number of minutes/hours the beneficiary actually attended the program.</li> <li>• When unavoidably absent, no documentation of the reason and/or total number of minutes/hours of actual attendance.</li> </ul>

**SECTION K      CHART REVIEW—NON-HOSPITAL SERVICES**

CRITERIA	FINDING	INSTRUCTIONS TO REVIEWERS
	Y P N	
		<ul style="list-style-type: none"> <li>• Scheduled hours of continuous operation requirements for <i>Day Treatment Intensive</i> and <i>Day Rehabilitation</i> were not met.</li> <li>• No documentation of the date(s) of service, signature of the person providing the service (or electronic equivalent), the person’s type of professional degree, licensure or job title, and/or date of signature.</li> <li>• Daily progress notes and weekly clinical summary requirements were not met.</li> <li>• <u>Written Weekly Schedule</u> or <u>Written Program Description</u> requirements were not met.</li> </ul>

**SECTION L      CHART REVIEW — SD/MC HOSPITAL SERVICES**

CRITERIA		FINDING		INSTRUCTIONS TO REVIEWERS
		Y	N	
1.	Does the beneficiary have a current ICD diagnosis which is included per CCR, title 9, chapter 11, sections 1820.205(a)(1)(A) through 1820.205(a)(1)(R)?			<b><u>GUIDANCE:</u></b> <ul style="list-style-type: none"> <li>Refer to CCR, title 9, chapter 11, section 1820.205 medical necessity criteria for reimbursement of Psychiatric Inpatient Hospital Services.</li> </ul>
<ul style="list-style-type: none"> <li>CCR, title 9, chapter 11, section 1820.205(a)(1)</li> </ul>		<b><u>OUT OF COMPLIANCE:</u></b> <ul style="list-style-type: none"> <li>Beneficiary does not have a DSM diagnosis from the included list in CCR, title 9, chapter 11, section 1820.205.</li> </ul>		
2.	Did the beneficiary meet criteria in both 2a-2b below?			<b><u>GUIDANCE:</u></b> <ul style="list-style-type: none"> <li>Review medical record documentation.</li> </ul>
2a.	Cannot be safely treated at a lower level of care, except that a beneficiary who can be safely treated with crisis residential treatment services or psychiatric health facility services for an acute psychiatric episode must be considered to have met this criterion?			
2b.	Required psychiatric inpatient hospital services, as the result of a mental disorder or emotional disturbance, due to indications in either (1) or (2) below: 1) Had symptoms or behaviors due to a mental disorder or emotional disturbance that (one of the following): a) Represented a current danger to self or others, or significant property destruction.			
	b) Prevented the beneficiary from providing for, or utilizing food, clothing or shelter.			



**SECTION L      CHART REVIEW — SD/MC HOSPITAL SERVICES**

CRITERIA		FINDING		INSTRUCTIONS TO REVIEWERS
		Y	N	
	c) Presented a severe risk to the beneficiary’s physical health.			
	d) Represented a recent, significant deterioration in ability to function.			
	3) Required admission for one of the following:			<b><u>GUIDANCE:</u></b> <ul style="list-style-type: none"> <li>The documentation must indicate why the “further psychiatric evaluation” can only be conducted in an inpatient psychiatric unit.</li> </ul>
	a) Further psychiatric evaluation.			
	b) Medication treatment.			<b><u>GUIDANCE:</u></b> <ul style="list-style-type: none"> <li>The documentation must indicate why the “medication treatment” can only be conducted in an inpatient psychiatric unit.</li> </ul>
	c) Other treatment which could reasonably be provided only if the beneficiary were hospitalized.			
<ul style="list-style-type: none"> <li>CCR, title 9, chapter 11, section 1820.205(a)(2)</li> </ul>				<b><u>OUT OF COMPLIANCE:</u></b> <ul style="list-style-type: none"> <li>Beneficiary does not meet criteria stated in 2a-2b.</li> </ul>
3.	Did the beneficiary’s continued stay services in a psychiatric inpatient hospital meet one of the following reimbursement criteria 3a-3d:			<b><u>GUIDANCE:</u></b> <ul style="list-style-type: none"> <li>Review medical record documentation.</li> </ul>
3a.	Continued presence of indications which meet the medical necessity criteria specified in items No. 2a-2b. above.			
3b.	Serious adverse reaction to medication, procedures, or therapies requiring continued hospitalization.			

**SECTION L CHART REVIEW — SD/MC HOSPITAL SERVICES**

CRITERIA		FINDING		INSTRUCTIONS TO REVIEWERS
		Y	N	
3c.	Presence of new indications which met medical necessity criteria specified in items 2a and 2b just above.			
3d.	Need for continued medical evaluation or treatment that could only have been provided if the beneficiary remained in a psychiatric inpatient hospital.			
<ul style="list-style-type: none"> <li>CCR, title 9, chapter 11, section 1820.205(b)</li> </ul>		<b><u>OUT OF COMPLIANCE:</u></b> <ul style="list-style-type: none"> <li>Documentation does not support medical necessity criteria.</li> </ul>		
4.	If payment has been authorized for administrative day services, were the following requirements met:			CCR, Title 9, section 1820.230 (d) Approval of MHP payment authorization by a hospital's Utilization Review Committee requires that: (2) Requests for MHP payment authorization for administrative day services shall be approved by the hospital's Utilization Review Committee when both of the following conditions are met: (A) During the hospital stay, a beneficiary previously had met medical necessity criteria for acute psychiatric inpatient hospital services. (B) There is no appropriate, non-acute residential treatment facility within a reasonable geographic area and the hospital documents contacts with a minimum of five appropriate, non-acute residential treatment facilities per week for placement of the beneficiary subject to the following requirements. 1. The MHP or its designee can waive the requirement of five contacts per week if there are fewer than five appropriate, non-acute residential treatment facilities available as placement options for the beneficiary. In no case shall there be less than one contact per week. 2. The lack of placement options at appropriate, residential treatment facilities and the contacts made at appropriate treatment facilities shall be documented to include but not be limited to:
4a.	During the hospital stay, did the beneficiary previously meet medical necessity criteria for reimbursement of acute psychiatric inpatient hospital services?			
4b.	Was there no appropriate, non-acute treatment facility within a reasonable geographic area?			
4c.	Did the hospital document contacts with a minimum of five (5) appropriate, non-acute treatment facilities per week subject to the following requirements?			
	1) The lack of placement options at appropriate, non-acute residential treatment facilities and the contacts made at appropriate facilities must be documented to include, but not be limited to:			
	a) The status of the placement option.			
	b) Date of the contact.			
	c) Signature of the person making the contact.			

**SECTION L      CHART REVIEW — SD/MC HOSPITAL SERVICES**

CRITERIA		FINDING		INSTRUCTIONS TO REVIEWERS
		Y	N	
				a. The status of the placement option. b. Date of the contact. c. Signature of the person making the contact.  • Examples of status include but are not limited to: No beds available, Patient not accepted; Patient accepted and on waiting list; Patient accepted and is # “x” on the waiting list. Patient accepted and will transfer on “date” and Patient rejected. Faxing a package or leaving a message is not considered a status.
<ul style="list-style-type: none"> <li>CCR, title 9, chapter 11, section 1820.220(5)(A),(B)</li> </ul>		<b>OUT OF COMPLIANCE:</b>		<ul style="list-style-type: none"> <li>Documentation does not meet criteria for administrative day services.</li> </ul>
5.	Regarding linguistically competent services:			<b>GUIDANCE:</b> <ul style="list-style-type: none"> <li>If beneficiary is LEP, review to determine whether interpretive services were offered.</li> <li>Review medical record documentation.</li> <li>Review inpatient Implementation Plan (IP).</li> </ul>
5a.	Is there any evidence that mental health interpreter services are offered?			
5b.	When applicable, is there documentation of the response to offers of interpreter services as described in the MHP’s CCPR?			
<ul style="list-style-type: none"> <li>CCR, title 9, chapter 11, section 1810.410(a)</li> <li>DMH Information Notice No. 10-02, Enclosure, Page 22 and DMH Information Notice No. 10-17, Enclosure, Page 17</li> </ul>		<b>OUT OF COMPLIANCE:</b>		<ul style="list-style-type: none"> <li>Not following plan (NFP).</li> <li>Documentation does not indicate that mental health interpreter services were offered.</li> <li>The response not documented.</li> </ul>
6.	Does the record documentation in the beneficiary’s chart reflect staff efforts to provide screening, referral, and coordination with other necessary services including, but not limited to, substance abuse, educational, health, housing, vocational rehabilitation and Regional Center services?			<b>GUIDANCE:</b> <ul style="list-style-type: none"> <li>Use “Admission Summary Worksheet” and “Continued Stay Summary Worksheet.”</li> <li>Review medical record documentation.</li> <li>Review MHP inpatient IP.</li> </ul>
<ul style="list-style-type: none"> <li>CCR, title 9, chapter 11, section 1810.310(a)(2)(A)</li> <li>WIC, section 4696.1</li> </ul>		<b>OUT OF COMPLIANCE:</b>		<ul style="list-style-type: none"> <li>Not following plan (NFP).</li> </ul>

**SECTION L      CHART REVIEW — SD/MC HOSPITAL SERVICES**

CRITERIA		FINDING		INSTRUCTIONS TO REVIEWERS
		Y	N	
				<ul style="list-style-type: none"> <li>Documentation does not reflect staff efforts for screening, referral, and coordination with other necessary services.</li> </ul>
7.	Were services delivered by licensed staff within their own scope(s) of practice?			
8a.	When applicable:  Is there evidence the MHP provided beneficiary protection material to beneficiaries in an alternate format when appropriate?			<p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>As needed, review evidence that beneficiaries are provided information in an alternate format.</li> </ul>
8b.	Is service-related personal correspondence in the client's preferred language?			
<ul style="list-style-type: none"> <li>CCR, title 9, chapter 11, section 1810.110(a)</li> <li>DMH Information Notice Nos. 97-06 (paragraph D, 5 of the attachment), DMH Information Notice No. 10-02, Enclosure, Page 23, and DMH Information Notice No. 10-17, Enclosure, Pages 18-19</li> <li>WIC, sections 5600.2(e) and 5614(b)(5)</li> </ul>				<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>Where appropriate, no evidence that the beneficiary is provided with information in an alternate format.</li> <li>Correspondence not in client's preferred language.</li> </ul>
9.	Does the MHP document in the individual's medical record whether or not the individual has executed an advance directive?			
<ul style="list-style-type: none"> <li>CFR, title 42, sections 438.100(b)(1) and 417.436(d)(3)</li> </ul>				<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>Medical record does not document whether or not an advance directive has been executed.</li> </ul>
10.	Does the beneficiary have a written plan of care that includes the following elements:			<p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>Review medical record documentation.</li> </ul> <p>CFR, title 42, section 456.180 Individual written plan of care.            (a) Before admission to a mental <u>hospital</u> or before authorization for <u>payment</u>, the attending <u>physician</u> or staff <u>physician</u> must establish a written plan of care for each applicant or <u>beneficiary</u>.            (b) The plan of care must include -            (1) Diagnoses, symptoms, complaints, and complications indicating the need for admission;</p>
10a.	Diagnoses, symptoms, complaints, and complications indicating the need for admission?			
10b.	A description of the functional level of the beneficiary?			
10c.	Specific observable and/or specific quantifiable goals/treatment objectives related to the beneficiary's mental health needs and functional			

**SECTION L      CHART REVIEW — SD/MC HOSPITAL SERVICES**

CRITERIA		FINDING		INSTRUCTIONS TO REVIEWERS
		Y	N	
	impairments resulting from the qualifying mental health diagnosis/diagnoses?			(2) A description of the functional level of the individual; (3) Objectives; (4) Any orders for - (i) Medications; (ii) Treatments; (iii) Restorative and rehabilitative services; (iv) Activities; (v) Therapies; (vi) Social services; (vii) Diet; and (viii) Special procedures recommended for the health and safety of the <u>patient</u> ; (5) Plans for continuing care, including review and modification to the plan of care; and (6) Plans for discharge. (c) The attending or staff <u>physician</u> and other personnel involved in the <u>beneficiary's</u> care must review each plan of care at least every 90 days.
10d.	Descriptions of the types of interventions/modalities, including a detailed description of the interventions to be provided?			
10e.	A proposed frequency and duration for each of the interventions?			
10f.	Interventions which are consistent with the qualifying diagnoses?			
10g.	Any orders for: 1) Medications? 2) Treatments? 3) Restorative and rehabilitative services? 4) Activities? 5) Therapies? 6) Social services? 7) Diet?  Special procedures recommended for the health and safety of the beneficiary?			
10h.	Plans for continuing care, including review and modification to the plan of care?			
10i.	Plans for discharge?			
10j.	Documentation of the beneficiary's degree of participation in and agreement with the plan?			
10k.	Documentation of the physician's establishment of the plan?			

- GUIDANCE:**
- Parents, family members, and other advocates can be included in this process as selected by the adult client.
  - Look for client's signature or statement describing client participation.
  - If beneficiary refused or was unavailable to sign, look for a documented explanation of the refusal or unavailability.

- GUIDANCE:**
- Look for physician's signature.

**SECTION L      CHART REVIEW — SD/MC HOSPITAL SERVICES**

CRITERIA		FINDING		INSTRUCTIONS TO REVIEWERS
		Y	N	
				<ul style="list-style-type: none"> <li>• 42 CFR § 456.180 Individual written plan of care. (a) Before admission to a mental hospital or before authorization for payment, the attending physician or staff physician must establish a written plan of care for each applicant or beneficiary.</li> <li>• CCR Title 9 § 1820.230. MHP Payment Authorization by a Utilization Review Committee. (a) MHP payment authorization for psychiatric inpatient hospital services provided by a SD/MC hospital, if not made by an MHP's Point of Authorization pursuant to Section 1820.220, shall be made by the hospital's Utilization Review Committee. (b) The hospital's Utilization Review Committee or its designee shall approve or deny the initial MHP payment authorization no later than the third working day from the day of admission.</li> <li>• Verify the physician did not establish a written plan of care prior to the authorization of services which must be done by the hospital Utilization Review Committee or its designee no later than the third working day from the day of admission.</li> </ul>
<ul style="list-style-type: none"> <li>• CFR, title 42, section 456.180</li> <li>• CCR, title 9, chapter 11, sections 1820.210, 1820.230</li> </ul>		<b><u>OUT OF COMPLIANCE:</u></b>		<ul style="list-style-type: none"> <li>• Required elements are not documented.</li> </ul>

**SECTION M      CHART REVIEW — SD/MC HOSPITAL SERVICES**

CRITERIA		FINDING		INSTRUCTIONS TO REVIEWERS
		Y	N	
1.	Does the Utilization Review (UR) Plan:			<b><u>GUIDANCE:</u></b> <ul style="list-style-type: none"> <li>Review IP, MHP UR Plan, and Utilization Review Committee (URC) minutes.</li> <li>Identify URC members.</li> <li>Look at licenses of members.</li> </ul>
1a.	Provide for a committee to perform UR?			
1b.	Describe the organization, composition, and functions of the committee?			
1c.	Specify the frequency of the committee meetings?			<b><u>GUIDANCE:</u></b> <ul style="list-style-type: none"> <li>Are URC meetings held at the frequency specified?</li> </ul>
<ul style="list-style-type: none"> <li>CFR, title 42, section 456.201-205</li> <li>CCR, title 9, chapter 11, section 1820.210</li> </ul>		<b><u>OUT OF COMPLIANCE:</u></b> <ul style="list-style-type: none"> <li>UR Plan does not provide a committee to perform UR.</li> <li>URC does not describe the organization, composition, and functions.</li> <li>URC meetings not held according to stated frequency.</li> <li>URC does not have two physicians.</li> </ul>		
2.	Does the UR plan provide that each recipient's record includes, at least, the required information:			<b><u>GUIDANCE:</u></b> <ul style="list-style-type: none"> <li>Review UR plan to determine if the required information is present.</li> <li>Do the medical records include all of the required information?</li> </ul>
2a.	Identification of the recipient?			
2b.	The name of the recipient's physician?			
2c.	The date of admission?			
2d.	The plan of care required under CFR 456.180?			
2e.	Initial and subsequent continued stay review dates described under CFR 456.233 and 456.234?			
2f.	Reasons and plan for continued stay (if the attending physician believes continued stay is necessary)?			

**SECTION M      CHART REVIEW — SD/MC HOSPITAL SERVICES**

CRITERIA		FINDING		INSTRUCTIONS TO REVIEWERS
		Y	N	
2g.	Other supporting material that the committee believes appropriate to be included in the record?			
<ul style="list-style-type: none"> <li>CFR, title 42, sections 456.211, 456.233 and 456.234</li> <li>CCR, title 9, chapter 11, section 1820.210</li> </ul>		<b><u>OUT OF COMPLIANCE:</u></b> <ul style="list-style-type: none"> <li>UR records do not include all of the required information.</li> <li>The UR plan does not include all of the required review elements.</li> </ul>		
3.	Does the UR plan provide for a review of each recipient's continued stay in the mental hospital to decide whether it is needed, and does it include the following:			<b><u>GUIDANCE:</u></b> <ul style="list-style-type: none"> <li>Does the UR plan include all of the required review elements?</li> <li>Is there evidence on the UR worksheets that shows the UR plan is followed in practice?</li> <li>Is the documentation of the determination of need for continued stay required?</li> </ul>
3a.	Determination of need for continued stay?			
3b.	Evaluation criteria for continued stay?			
3c.	Initial continued stay review date?			
3d.	Subsequent continued stay review dates?			
3e.	Description of methods and criteria for continued stay review dates; length of stay modification?			<b><u>GUIDANCE:</u></b> <ul style="list-style-type: none"> <li>Are the methods and criteria for documentation described?</li> <li>Do the methods include a description of how the length of stay may be modified?</li> </ul>
3f.	Continued stay review process?			<b><u>GUIDANCE:</u></b> <ul style="list-style-type: none"> <li>Is the continued stay review process documented?</li> </ul>
3g.	Notification of adverse decision?			<b><u>GUIDANCE:</u></b> <ul style="list-style-type: none"> <li>Is the notification of adverse decision documented?</li> </ul>



**SECTION M      CHART REVIEW — SD/MC HOSPITAL SERVICES**

CRITERIA		FINDING		INSTRUCTIONS TO REVIEWERS
		Y	N	
3h.	Time limits for final decision and notification of adverse decision?			<b><u>GUIDANCE:</u></b> <ul style="list-style-type: none"> <li>Does the hospital adhere to time limits for final decisions?</li> </ul>
<ul style="list-style-type: none"> <li>CFR, title 42, section 456.231-238</li> <li>CCR, title 9, chapter 11, section 1820.210</li> </ul>				<b><u>OUT OF COMPLIANCE:</u></b> <ul style="list-style-type: none"> <li>Not following plan (NFP).</li> <li>UR plan does not include all of the required elements.</li> </ul>
4.	Is the UR Plan in compliance with each of the following:			<b><u>GUIDANCE:</u></b> <ul style="list-style-type: none"> <li>Review IP, MHP UR Plan, URC minutes, URC records, and URC reports.</li> <li>Are all the types of records described by the UR Plan kept by the URC?</li> <li>Do the records contain all the required elements?</li> </ul>
4a.	Contains a description of the types of records that are kept by the URC?			
4b.	Contains a description of the types and frequency of the URC reports and the arrangements for distribution to individuals?			
4c.	Provides for the beneficiary's confidentiality in all records and reports?			<b><u>GUIDANCE:</u></b> <ul style="list-style-type: none"> <li>Review records to ensure compliance with confidentiality requirements.</li> </ul>
<ul style="list-style-type: none"> <li>CFR, title 42, sections 456.212-213 and 456.232</li> <li>CCR, title 9, chapter 11, section 1820.210</li> </ul>				<b><u>OUT OF COMPLIANCE:</u></b> <ul style="list-style-type: none"> <li>Not following plan (NFP).</li> <li>Incomplete records.</li> <li>Reports not distributed.</li> <li>Lack of confidentiality protections.</li> <li>Medical care criteria does not assess need for continued stay.</li> </ul>

**SECTION M      CHART REVIEW — SD/MC HOSPITAL SERVICES**

CRITERIA		FINDING		INSTRUCTIONS TO REVIEWERS
		Y	N	
5.	Does the URC include anyone who is directly responsible for the care of the beneficiary whose care is being reviewed?			<p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>Review UR records, URC minutes, and medical records.</li> <li>Identify care providers on URC and who is responsible for the care of the beneficiary.</li> </ul>
<ul style="list-style-type: none"> <li>CFR, title 42, section 456.206</li> <li>CCR, title 9, chapter 11, section 1820.210</li> </ul>				<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>Care providers of beneficiary are present when URC reviews care provided to the beneficiary.</li> <li>No backup replacement to URC to maintain required composition.</li> </ul>
6.	Regarding the authorization process:			<p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>Use “Admission Summary Worksheet” and “Continued Stay Worksheet.”</li> <li>Review UR records, URC minutes, UR reports, medical records, and denials.</li> </ul>
6a.	If no Point of Authorization (POA) is involved in the authorization process, has the URC or its designee approved or denied the initial MHP payment authorization no later than the third working day from the day of admission?			
6b.	If the MHP uses a POA process, has the POA approved or denied the payment authorization request within 14 calendar days of receipt of the request?			
<ul style="list-style-type: none"> <li>CCR, title 9, chapter 11, sections 1820.220(h) and 1820.230(b)</li> </ul>				<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>5. (URC) OUT OF COMPLIANCE: URC or designee approved or denied the initial MHP payment authorization later than the third working day from the day of admission.</li> <li>6a-b. (POA) OUT OF COMPLIANCE: POA did not approve or deny the payment authorization within 14 calendar days of receipt of the request.</li> </ul>
7.	If a hospital’s URC authorizes payment, at the time of the initial MHP authorization for payment, did the hospital’s URC or its designee specify the date for the subsequent MHP payment authorization determination?			<p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>Use “Admission Summary Worksheet” and “Continued Stay Worksheet.”</li> <li>Review UR records, URC minutes, UR reports, medical records, and denials.</li> </ul>

**SECTION M      CHART REVIEW — SD/MC HOSPITAL SERVICES**

CRITERIA		FINDING		INSTRUCTIONS TO REVIEWERS
		Y	N	
<ul style="list-style-type: none"> <li>CCR, title 9, chapter 11, section 1820.230(c)</li> </ul>				<p><b><u>OUT OF COMPLIANCE:</u></b></p> <ul style="list-style-type: none"> <li>URC or designee did not specify the date for the subsequent MHP payment authorization determination.</li> </ul>
8.	Did the URC or its designee, or POA authorize payment for administrative day services only when both of the following criteria (8a. and 8b.) have been met:			<p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>Use “Admission Summary Worksheet” and “Continued Stay Worksheet.”</li> <li>Review UR records, POA records, URC minutes, UR reports, medical records, denials, and list of all non-acute placement facilities utilized by the facility.</li> <li>CCR, Title 9, section 1820.230 (2) Requests for MHP payment authorization for administrative day services shall be approved by the hospital's Utilization Review Committee when both of the following conditions are met: (A) During the hospital stay, a beneficiary previously had met medical necessity criteria for acute psychiatric inpatient hospital services.</li> </ul>
8a.	During the hospital stay, the beneficiary previously met medical necessity criteria for acute psychiatric inpatient hospital services?			
8b.	<p>There is no appropriate, non-acute treatment facility available and the facility has documented its minimum number of appropriate contacts:</p> <ol style="list-style-type: none"> <li>1) The status of the placement option?</li> <li>2) Date of the contact?</li> <li>3) Signature of the person making the contact?</li> </ol>			<p><b><u>GUIDANCE:</u></b></p> <ul style="list-style-type: none"> <li>CCR, Title 9, section 1820.230 (2)(B)1 and 2 a.,b., and c.</li> <li>If less than five contacts were made per week, look for written justification.</li> <li>The MHP can 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. In no case must there be less than one contact per week.</li> <li>Examples of status include but are not limited to: No beds available, Patient not accepted; Patient accepted and on waiting list; Patient accepted and is # “x” on the waiting list. Patient accepted and will transfer on “date” and Patient rejected. Faxing a package or leaving a message is not considered a status.</li> </ul>

**SECTION M      CHART REVIEW — SD/MC HOSPITAL SERVICES**

CRITERIA		FINDING		INSTRUCTIONS TO REVIEWERS
		Y	N	
<ul style="list-style-type: none"> <li>CCR, title 9, chapter 11, sections 1820.230(d)(2)(A and,(B) and 1820.220(j)(5)(A and,(B)</li> </ul>				<b><u>OUT OF COMPLIANCE:</u></b> <ul style="list-style-type: none"> <li>URC or designee authorized payment for administrative day services for a beneficiary that had not previously met medical necessity criteria as required.</li> <li>There is no appropriate, non-acute treatment facility available and the facility has not documented its minimum number of appropriate contacts.</li> </ul>
9.	Are persons employed or under contract to provide mental health services as physicians, psychologists, social workers, marriage and family therapists or professional clinical counselors (pending Centers for Medicare and Medicaid Services (CMS) approval) licensed, waived, or registered with their licensing boards?			<b><u>GUIDANCE:</u></b> <ul style="list-style-type: none"> <li>Review licenses, waivers, and registrations.</li> </ul>
<ul style="list-style-type: none"> <li>WIC, section 5751.2</li> </ul>				<b><u>OUT OF COMPLIANCE:</u></b> <ul style="list-style-type: none"> <li>MHP employs or contracts with non-licensed/waivered/registered personnel to provide mental health services as physicians, psychologists, social workers, or marriage and family therapists.</li> </ul>
10.	Regarding Medical Care Evaluations (MCEs) or equivalent studies, does the UR plan contain the following:			<b><u>GUIDANCE:</u></b> <ul style="list-style-type: none"> <li>Review UR Plan.</li> <li>Identify description of methods used to select and conduct MCE or equivalent studies.</li> <li>What does the MHP identify as the MCE equivalent?</li> </ul>
10a.	A description of the methods that the URC uses to select and conduct MCE or equivalent studies?			
10b.	Documentation of the results of the MCE or equivalent studies that show how the results have been used to make changes to improve the quality of care and promote the more effective and efficient use of facilities and services?			

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CRITERIA		FINDING		INSTRUCTIONS TO REVIEWERS
		Y	N	
10c.	Documentation that the MCE or equivalent studies have been analyzed?			
10d.	Documentation that actions have been taken to correct or investigate any deficiencies or problems in the review process and recommends more effective and efficient hospital care procedures?			
<ul style="list-style-type: none"> <li>CFR, title 42, section 456.241 and 456.242</li> <li>CCR, title 9, chapter 11, section 1820.210</li> </ul>		<b><u>OUT OF COMPLIANCE:</u></b> <ul style="list-style-type: none"> <li>Not following plan (NFP).</li> <li>Plan does not contain description of URC methods.</li> <li>URC not using methods.</li> <li>Lack of documentation as required that MCE or equivalent findings are analyzed and how used for improved changes and to correct deficiencies or problems.</li> </ul>		
11.	Regarding MCE or equivalent studies:			<b><u>GUIDANCE:</u></b> <ul style="list-style-type: none"> <li>Review current and past MCE or equivalent studies for two years.</li> </ul>
11a.	Do the contents of the MCE or equivalent studies meet federal requirements?			
11b.	Has at least one MCE or equivalent study been completed each calendar year?			
11c.	Is an MCE or equivalent study in progress at all times?			
<ul style="list-style-type: none"> <li>CFR, title 42, sections 456.242, 456.243, 456.244 and 456.245</li> <li>CCR, title 9, chapter 11, section 1820.210</li> </ul>		<b><u>OUT OF COMPLIANCE:</u></b> <ul style="list-style-type: none"> <li>MCE or equivalent studies do not meet federal regulations.</li> </ul>		
12.	Does the SD/MC hospital have a beneficiary documentation and medical record system that meets the requirements of the contract between the MHP and the department and any applicable requirements of State, federal law and regulation?			

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CRITERIA	FINDING		INSTRUCTIONS TO REVIEWERS
	Y	N	
<ul style="list-style-type: none"> <li>CCR, title 9, chapter 11, section 1810.440(c)</li> </ul>			<b><u>OUT OF COMPLIANCE:</u></b> <ul style="list-style-type: none"> <li>Documentation and medical record system does not meet the requirements of the contract and any applicable requirements of State, federal law and regulation.</li> </ul>