

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

FISCAL YEAR 2004-2005

INSTRUCTIONS TO REVIEWERS

**ANNUAL REVIEW PROTOCOL FOR  
CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES  
FISCAL YEAR 2004-2005**

**TABLE OF CONTENTS**

SECTION A	ACCESS	PAGES	1 - 14
SECTION B	AUTHORIZATION	PAGES	15 - 19
SECTION C	BENEFICIARY PROTECTION	PAGES	20 - 26
SECTION D	FUNDING, REPORTING, AND CONTRACTING REQUIREMENTS	PAGES	27 - 30
SECTION E	TARGET POPULATIONS AND ARRAY OF SERVICES	PAGE	31
SECTION F	MENTAL HEALTH BOARDS AND COMMISSIONS	PAGES	32 - 34
SECTION G	INTERFACE WITH PHYSICAL HEALTH CARE	PAGES	35 37
SECTION H	PROVIDER RELATIONS	PAGES	38 - 42
SECTION I	THERAPEUTIC BEHAVIORAL SERVICES	PAGES	43 - 49
SECTION J	CHART REVIEW--NON-HOSPITAL SERVICES	PAGES	50 - 58
SECTION K	CHART REVIEW--SD/MC HOSPITAL SERVICES	PAGES	59 - 62
SECTION L	UTILIZATION REVIEW--SD/MC HOSPITAL SERVICES	PAGES	63 - 68
ATTACHMENT A	ENFORCEMENT AND CONSEQUENCES FOR NON-COMPLIANCE / TECHNICAL ASSISTANCE & TRAINING		

**ANNUAL REVIEW PROTOCOL FOR  
CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES  
FISCAL YEAR 2004-2005**

**LIST OF ABBREVIATIONS**

<u>24/7</u>	24 HOURS A DAY/SEVEN DAYS A WEEK	<u>N</u>	NO—NOT IN COMPLIANCE
<u>AB 2034</u>	ASSEMBLY BILL THAT PROVIDED MONEY TO ASSIST THE HOMELESS	<u>NC</u>	NON-COMPLIANCE
<u>ASO</u>	ADMINISTRATIVE SERVICE ORGANIZATION	<u>NFCCP</u>	NOT FOLLOWING CULTURAL COMPETENCE PLAN
<u>CCP</u>	CULTURAL COMPETENCE PLAN	<u>NFP</u>	NOT FOLLOWING PLAN
<u>CCR</u>	CALIFORNIA CODE OF REGULATIONS	<u>NOA</u>	NOTICE OF ACTION
<u>CFR</u>	CODE OF FEDERAL REGULATIONS	<u>P&amp;Ps</u>	POLICIES AND PROCEDURES
<u>CMS</u>	CENTERS FOR MEDICARE AND MEDICAID SERVICES	<u>PATH</u>	PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS
<u>DMH</u>	DEPARTMENT OF MENTAL HEALTH (STATE)	<u>PC</u>	PARTIAL COMPLIANCE
<u>DSM-IV</u>	DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS	<u>PCP</u>	PRIMARY CARE PHYSICIAN
<u>EPSDT</u>	EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT	<u>PHF</u>	PSYCHIATRIC HEALTH FACILITY
<u>FY</u>	FISCAL YEAR	<u>PIHP</u>	PREPAID INPATIENT HEALTH PLAN
<u>IA</u>	INTERAGENCY AGREEMENT	<u>POA</u>	POINT OF AUTHORIZATION
<u>IC</u>	IN COMPLIANCE	<u>RCL</u>	RATE CLASSIFICATION LEVEL
<u>IMD</u>	INSTITUTION FOR MENTAL DISEASES	<u>SD/MC</u>	SHORT-DOYLE/MEDI-CAL
<u>IP</u>	IMPLEMENTATION PLAN	<u>SMHS</u>	SPECIALTY MENTAL HEALTH SERVICES
<u>LEP</u>	LIMITED ENGLISH PROFICIENT	<u>TAR</u>	TREATMENT AUTHORIZATION REQUEST
<u>MCE</u>	MEDI-CAL CARE EVALUATION	<u>TBS</u>	THERAPEUTIC BEHAVIORAL SERVICES
<u>MCMCP</u>	MEDI-CAL MANAGED CARE PLAN	<u>TDD/TTY</u>	TELECOMMUNICATION DEVICE FOR THE DEAF/ TEXT TELEPHONE/TELETYPE
<u>MHP</u>	MENTAL HEALTH PLAN	<u>UM</u>	UTILIZATION MANAGEMENT
<u>MHRC</u>	MENTAL HEALTH REHABILITATION CENTER	<u>UR</u>	UTILIZATION REVIEW
<u>MHS</u>	MENTAL HEALTH SERVICES	<u>URC</u>	UTILIZATION REVIEW COMMITTEE
<u>MOE</u>	MAINTENANCE OF EFFORT	<u>W&amp;IC</u>	WELFARE AND INSTITUTIONS CODE
<u>MOU</u>	MEMORANDUM OF UNDERSTANDING	<u>Y</u>	YES—IN COMPLIANCE

**SECTION A      ACCESS**

CRITERIA		REQUIREMENT			INSTRUCTIONS TO REVIEWERS
		IC	PC	NC	COMMENTS
1.	Regarding informing materials, has the MHP provided DMH and/or DMH's informing material contractor with required MHP specific informing materials?				<ul style="list-style-type: none"> <li>Check with DMH informing materials' contract manager.</li> </ul>
<i>CFR, Title 42, Sections 438.10(f) and 438.10(g); CCR, Title 9, Chapter 11, Sections 1810.410(d)(3) and 1850.205(c)(1)(A); MHP Contract, Exhibit A, Attachment 2, Section A</i>		<b>OUT OF COMPLIANCE:</b> MHP has not provided the DMH with required MHP specific informing materials			
2.	Does the MHP provide beneficiaries with a list of its providers upon first accessing services and upon request?				<u>NOTE:</u> "First accessing services" includes, but is not limited to, the time of assessment. <ul style="list-style-type: none"> <li>How does the MHP ensure that this requirement is met?</li> </ul>
<i>CFR, Title 42, Section 438.10(f)(3); MHP Contract, Exhibit A, Attachment 1, Section V</i>		<b>OUT OF COMPLIANCE:</b> Evidence that the MHP is not providing this list to beneficiaries upon first accessing services or upon request			
3.	Regarding the provider list:				<ul style="list-style-type: none"> <li>Test availability of this list as specified in beneficiary brochure.</li> </ul>
3a.	Does the list contain the names, locations, and telephone numbers of current contracted providers in the beneficiaries' service areas by category?				<u>NOTE:</u> Regionalized list OK for larger counties. <u>NOTE:</u> Includes organizational, group, and individual providers <u>NOTE:</u> At a minimum the services are to be categorized by psychiatric inpatient hospital, targeted case management, and/or all other specialty mental health services.
3b.	Does the list include alternatives and options for cultural/linguistic services?				
3c.	When applicable, does the list identify providers that are not accepting new beneficiaries?				<u>NOTE:</u> The MHP may use means other than the provider list to identify providers that are not accepting new beneficiaries.
<i>CFR, Title 42, Section 438.10(f)(6)(i); MHP Contract, Exhibit A, Attachment 1, Section V</i>		<b>OUT OF COMPLIANCE:</b> The list does not contain the names, addresses, non-English languages, and cultural options; list does not contain minimum required categories; no method to identify providers not accepting new beneficiaries			

**SECTION A      ACCESS**

CRITERIA	REQUIREMENT			INSTRUCTIONS TO REVIEWERS
	IC	PC	NC	COMMENTS
4. Is there evidence that the MHP is making efforts to include cultural-specific providers and services in the range of programs offered?				<ul style="list-style-type: none"> <li>Ask if the MHP is monitoring the need for additional cultural/linguistic services.</li> <li>Is the MHP taking into account cultural competence issues in making budget reductions?</li> </ul>
<i>CFR, Title 42, Section 438.206(c)(2); CCR, Title 9, Chapter 11, Section 1810.110(a); MHP Contract, Exhibit A, Attachment 1, Section J; DMH Information Notice No. 02-03, Pages 15-16</i>				<b>OUT OF COMPLIANCE:</b> No evidence the MHP is making efforts to include additional cultural-specific providers and services
5. Does the MHP make 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?				<p><u>NOTE:</u> N/A if no contracts have been terminated.</p> <ul style="list-style-type: none"> <li>Review evidence of such notifications.</li> </ul>
<i>CFR, Title 42, Section 438.10(f)(5); MHP Contract, Exhibit A, Attachment 3, Section 3</i>				<b>OUT OF COMPLIANCE:</b> MHP is not making good faith efforts to give proper notice of termination as required
6. Does the MHP provide beneficiaries a copy of the beneficiary brochure upon first accessing services and upon request?				<ul style="list-style-type: none"> <li>How does the MHP ensure that this requirement is met?</li> </ul>
<i>CFR, Title 42, Section 438.10(f)(3); CCR, Title 9, Chapter 11, Section 1810.360(c)(1); MHP Contract, Exhibit A, Attachment 1, Section V</i>				<b>OUT OF COMPLIANCE:</b> Evidence that the MHP does not provide the beneficiary with the beneficiary brochure upon first accessing services and upon request
7. Is the beneficiary brochure available in English and, when applicable, the threshold language(s)?				<ul style="list-style-type: none"> <li>Check on threshold languages per latest DMH Information Notice on threshold languages.</li> </ul>
<i>CFR, Title 42, Section 438.10(c)(3); CCR, Title 9, Chapter 11, Section 1810.410(c)(3); MHP Contract, Exhibit A, Attachment 1, Section J; DMH Information Notice No. 02-03, Page 14</i>				<b>OUT OF COMPLIANCE:</b> Beneficiary brochure not available in English and, when applicable, the threshold language(s)

**SECTION A      ACCESS**

CRITERIA	REQUIREMENT			INSTRUCTIONS TO REVIEWERS
	IC	PC	NC	COMMENTS
8. Do written materials developed by the MHP for beneficiaries use easily understood language and format?				<p><b>NOTE:</b> Once DMH has released the State-developed MHP beneficiary brochure, the MHP should not be evaluated on the brochure under this item.</p> <ul style="list-style-type: none"> <li>• Review written materials provided to beneficiaries</li> <li>• How did the MHP determine the language and format is easily understood by beneficiaries?</li> </ul>
<i>CFR, Title 42, Section 438.10(d)(1)(i); CCR, Title 9, Chapter 11, Section 1810.110(a); MHP Contract, Exhibit A, Attachment 3, Section 10</i>	<b>OUT OF COMPLIANCE:</b> Written materials do not use easily understood language and format			
9. Does the MHP provide each beneficiary written notice of any significant change in the information specified in <u>CFR</u> , Title 42, Section 438.10(f)(6) and (g) at least 30 days before the intended effective date of the change?				<p><b>NOTE:</b> See Section 438.10(f)(6)</p> <p><b>NOTE:</b> See Section 438.10(g)</p> <p><b>NOTE:</b> MHP to inform DMH of changes. DMH and MHPs share distribution responsibilities.</p>
<i>CFR, Title 42, Section 438.10(f)(4); MHP Contract, Attachment 1, Section V</i>	<b>OUT OF COMPLIANCE:</b> Where responsible, MHP not providing beneficiaries with written notice of significant changes			
10. Does the MHP make written materials available to beneficiaries in alternate formats and in an appropriate manner that takes into consideration the special needs of those who, for example, are visually limited or have limited reading proficiency?				<p><b>NOTE:</b> Written materials apply to informing materials, e.g., beneficiary brochure.</p> <ul style="list-style-type: none"> <li>• What alternate formats are available?</li> <li>• How does the MHP ensure this requirement is met?</li> </ul>
<i>CFR, Title 42, Section 438.10(d)(1)(ii); CCR, Title 9, Chapter 11, Section 1810.110(a); MHP Contract, Exhibit A, Attachment 3, Section 10</i>	<b>OUT OF COMPLIANCE:</b> NFP; informing materials not made available in alternate formats			

**SECTION A      ACCESS**

**CRITERIA**

**REQUIREMENT**

IC   PC   NC

**INSTRUCTIONS TO REVIEWERS**

**COMMENTS**

11.	Does the MHP inform beneficiaries that information is available in alternative formats and how to access those formats?				<ul style="list-style-type: none"> <li>• How does the MHP inform beneficiaries?</li> </ul>
<u>CFR, Title 42, Section 438.10(d)(2)</u>		<b><u>OUT OF COMPLIANCE:</u></b> MHP not informing beneficiaries that information is available in alternative formats and how to access those formats			
12.	Does the MHP have written policies to ensure the following beneficiary rights:				<ul style="list-style-type: none"> <li>• Review P&amp;P.</li> <li>• How are providers made aware of these policies?</li> <li>• When applicable, do the results of beneficiary surveys confirm these rights are followed?</li> <li>• Are there grievances or change of providers related to violation of these rights?</li> </ul>
12a.	The right to receive information in accordance with <u>CFR, Title 42, Section 438.10</u> ?				<b><u>NOTE:</u></b> Section 438.10(b)(1), “Basic Rules,” specifies: “...all enrollment notices, informational materials, and instructional materials relating to enrollees and potential enrollees (must be provided) in a manner and format that may be easily understood.” See Section 438.10 for details.
12b.	The right to be treated with respect and with due consideration for his/her dignity and privacy?				
12c.	The right to receive information on available treatment options and alternatives, presented in a manner appropriate to the beneficiary’s condition and ability to understand?				
12d.	The right to participate in decisions regarding his or her health care, including the right to refuse treatment?				

**SECTION A      ACCESS**

CRITERIA		REQUIREMENT			INSTRUCTIONS TO REVIEWERS
		IC	PC	NC	COMMENTS
12e.	The right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation, as specified in federal regulations on the use of restraints and seclusion?				
12f.	The right to request and receive a copy of his/her medical records, and to request that they be amended or corrected, as specified in <u>CFR</u> , Title 45, Sections 164.524 and 164.526?				<u>NOTE</u> : Section 164.524 addresses access to protected health information; Section 164.526 addresses amending protected health information. See Sections 164.524 and 526 for details.
12g.	The right to be furnished health care services in accordance with <u>CFR</u> , Title 42, Sections 438.206-210?				<ul style="list-style-type: none"> <li>• Review Sections 438.206-210 for details.</li> <li>• Review provider contracts and procedure manuals.</li> </ul>
<u>CFR</u> , Title 42, Section 438.100(a), (b), (d) MHP Contract, Exhibit A, Attachment 3, Section 4; DMH Letter No. 04-05		<b><u>OUT OF COMPLIANCE</u></b> : No written policies that ensure these rights; staff unaware of or not following policies			
13.	Regarding advance directives:				
13a.	Has the MHP implemented written policies and procedures respecting advance directives in compliance with the requirements of <u>CFR</u> , Title 42, Sections 422.128 and 438.6(i)(1), (3) and (4)?				<u>NOTE</u> : Review Sections 422.128 and 438.6 for details. <ul style="list-style-type: none"> <li>• Review P&amp;Ps</li> </ul>
13b.	Does the MHP provide adult beneficiaries with written information on advance directives' policies, including a description of applicable State law?				<u>NOTE</u> : Written information may be provided by way of the beneficiary brochure.
13c.	Does the written information to those adult beneficiaries contain the following information:				<u>NOTE</u> : Check handout or beneficiary brochure.



**SECTION A      ACCESS**

	CRITERIA	REQUIREMENT			INSTRUCTIONS TO REVIEWERS
		IC	PC	NC	COMMENTS
	1) Beneficiary rights under the law of the State of California to make decisions concerning health care, including the right to accept or refuse treatment and the right to formulate, at the individuals option, advance directives.				
	2) MHP's written policies respecting the implementation of those rights, including a clear and precise statement of limitation if the MHP cannot implement an advance directive as a matter of conscience?				<p><b>NOTE:</b> At a minimum, this statement should:</p> <ul style="list-style-type: none"> <li>a) Clarify any differences between institution-wide conscience objections and those that may be raised by individual physicians,</li> <li>b) Identify the state legal authority permitting such objection,</li> <li>c) Describe the range of medical conditions or procedures affected by the conscience objection.</li> </ul>
13d.	When applicable, has the MHP updated its written materials to reflect changes in state laws governing advance directives as soon as possible, but no later than 90 days after the effective date of the change?				
<p><i>CFR, Title 42, Sections 422.128 and 438.6(i)(1), (3) and (4); MHP Contract, Exhibit A, Attachment 3, Section 1</i></p>		<p><b>OUT OF COMPLIANCE:</b> MHP has not implemented written policies on advance directives; MHP not providing adult beneficiaries with written information on advanced directives; written information does not contain the required information; when applicable, written materials not updated within 90 days to reflect changes; staff unaware of or not following policies</p>			
14.	When a beneficiary is incapacitated, does the MHP have follow-up procedures in place to ensure that the information is given to the beneficiary directly at the appropriate time?				<ul style="list-style-type: none"> <li>• Review procedures.</li> </ul>
<p><i>CFR, Title 42, Sections 438.6(i), 422.128 and 417.436(d); MHP Contract, Exhibit A, Attachment 3, Section 1</i></p>		<p><b>OUT OF COMPLIANCE:</b> No procedures in place; staff unaware of or not following procedures</p>			

**SECTION A      ACCESS**

**CRITERIA**

**REQUIREMENT**

IC   PC   NC

**INSTRUCTIONS TO REVIEWERS**

**COMMENTS**

15. 15a.	Does the MHP ensure the following: Beneficiaries are not discriminated against based on whether or not they execute an advance directive?				<ul style="list-style-type: none"> <li>• How does the MHP ensure this requirement is met?</li> </ul>
15b.	Provide for the education of staff concerning its policies and procedures on advance directives?				<ul style="list-style-type: none"> <li>• Review evidence of education activities.</li> </ul>
15c.	Provide for community education regarding advance directives?				<ul style="list-style-type: none"> <li>• Review evidence of community education.</li> </ul>
<u>CFR, Title 42, Sections 438.6(i), 422.128 and 417.436(d); MHP Contract, Exhibit A, Attachment 3, Section 1</u>		<b><u>OUT OF COMPLIANCE:</u></b> MHP not ensuring a-c			
16.	Does the MHP inform beneficiaries that complaints concerning non-compliance with the advance directive may be filed with the State survey and certification agency?				<ul style="list-style-type: none"> <li>• How does the MHP inform beneficiaries?</li> <li>• Review P&amp;Ps.</li> </ul>
<u>CFR, Title 42, Sections 438.6(i), 422.128 and 417.436(d); MHP Contract, Exhibit A, Attachment 3, Section 1</u>		<b><u>OUT OF COMPLIANCE:</u></b> MHP not informing beneficiaries that complaints can be filed with the State survey and certification agency			
17. 17a.	Regarding the under-served populations: Is there evidence of community information and education plans or P&Ps that enable the MHP's beneficiaries' access to specialty mental health services?				<p><b><u>NOTE:</u></b> "Under-served populations" refers to beneficiaries with specific cultural and linguistic needs identified in the MHP's CCP.</p> <ul style="list-style-type: none"> <li>• Review education plans and P&amp;Ps that are in place.</li> <li>• Is the MHP in compliance with its CCP?</li> </ul>
17b.	Is there evidence of outreach for informing under-served populations about cultural/linguistic services available, e.g., number of community presentations and/or forums?				<ul style="list-style-type: none"> <li>• Ask the MHP to describe its outreach efforts.</li> <li>• Review evidence of outreach efforts, i.e., flyers, meeting agendas, newspaper articles.</li> </ul>
<u>CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 02-03, Page 16</u>		<b><u>OUT OF COMPLIANCE:</u></b> NFCCP; no evidence of any outreach efforts, including outreach to under-served populations identified in the MHP's CCP			

**SECTION A      ACCESS**

<b>CRITERIA</b>		<b>REQUIREMENT</b> IC   PC   NC			<b>INSTRUCTIONS TO REVIEWERS</b> <b>COMMENTS</b>
18.	Regarding the homeless and hard-to-reach:				<p><b>NOTE:</b> “Hard-to-reach individuals” are any special population (excluding under-served) as defined by the MHP.</p> <p><b>NOTE:</b> N/A if the MHP has not identified any special hard-to-reach populations.</p> <p><b>NOTE:</b> As needed, review PATH and AB 2034 material ahead of time.</p> <ul style="list-style-type: none"> <li>Review evidence of outreach to the homeless.</li> </ul>
18a.	Is there evidence of outreach to the homeless mentally disabled?				<ul style="list-style-type: none"> <li>Review evidence of outreach to the hard-to-reach.</li> </ul>
18b.	Is there evidence of outreach to the hard-to-reach individuals with mental disabilities?				<ul style="list-style-type: none"> <li>Review evidence of outreach to the hard-to-reach.</li> </ul>
<i>W&amp;IC Sections 5600.2(d) and 5614(b)(5)</i>		<b>OUT OF COMPLIANCE:</b> No evidence of any outreach efforts to the homeless and the hard-to-reach			
19.	Regarding the statewide, 24/7, toll-free telephone number,				<p><b>NOTE:</b> Test the line within two months prior to the review.</p> <p><b>NOTE:</b> Test after-hours and regular work hours in both English and other language(s).</p>
19a.	Does the statewide toll-free telephone number make available information on how to access specialty mental health services, including services needed to treat a beneficiary’s in an urgent condition/crisis situation?				
19b.	Does this number have linguistic capabilities, including Telecommunication Device for the Deaf (TDD) or California Relay Services, in all the languages spoken by beneficiaries of the county?				<ul style="list-style-type: none"> <li>Is the toll-free telephone number answered 24/7 in a manner that ensures linguistic capabilities in all languages, including TDD or California Relay Services, spoken by beneficiaries of the MHP?</li> <li>If TDD is utilized, how are beneficiaries informed of the phone number?</li> </ul>
<i>CCR, Title 9, Chapter 11, Sections 1810.405(d) and 1810.410 (d)(1); DMH Information Notice No. 02-03, Page 12</i>		<b>OUT OF COMPLIANCE:</b> NFP; no 24/7 coverage; information in “a” not made available; lack of linguistic capacity, including TDD or California Relay Services, in all languages spoken by beneficiaries of the MHP as evidenced by results of DMH test-calls			

**SECTION A**      **ACCESS**

**CRITERIA**

**REQUIREMENT**

IC   PC   NC

**INSTRUCTIONS TO REVIEWERS**

**COMMENTS**

20.	Does each request-for-service log entry contain the name of the beneficiary, the date of the request, and the initial disposition of the request?				<p><u>NOTE</u>: MHP must only log:</p> <ul style="list-style-type: none"> <li>1) Initial requests,</li> <li>2) requests for SMHS,</li> <li>3) requests from beneficiaries, and</li> <li>4) requests from beneficiaries of the MHP</li> </ul> <ul style="list-style-type: none"> <li>• Have the MHP describe the logging system and review a sample.</li> <li>• Test-call, as needed.</li> <li>• Review the logs or some sample of the log(s) for required information.</li> </ul>
<i>CCR, Title 9, Chapter 11, Section 1810.405(f)</i>					<b><u>OUT OF COMPLIANCE</u></b> : NFP; requests-for-service logs not being maintained, wherever required; MHP not recording required information; all of the DMH test-calls not recorded
21.	Does the MHP have policies and procedures to assure that culturally and linguistically competent services are available to its beneficiaries?				<ul style="list-style-type: none"> <li>• Review P&amp;P, contracts, and practices.</li> </ul>
<i>CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 02-03, Page 17</i>					<b><u>OUT OF COMPLIANCE</u></b> : NFCCP; no P&P and practices in place that address beneficiary requests for culture-specific providers
22.	Does the MHP have a policy in place that prohibits the expectation that families will provide interpreter services?				<ul style="list-style-type: none"> <li>• Review the MHP policy.</li> </ul>
<i>CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 02-03, Page 14; Title VI, Civil Rights Act of 1964, (42 U.S.C., Section 2000d, 45 C.F.R., part 80)</i>					<b><u>OUT OF COMPLIANCE</u></b> : NFCCP; no such policy in place

**SECTION A**      **ACCESS**

CRITERIA		REQUIREMENT			INSTRUCTIONS TO REVIEWERS
		IC	PC	NC	COMMENTS
23.	In addition to the beneficiary brochure, is there evidence that limited English proficient (LEP) individuals are informed of the following in a language they understand:				<p><b>NOTE:</b> A consumer may choose to use a family member or a friend as an interpreter.</p> <ul style="list-style-type: none"> <li>• If available, look at P&amp;Ps.</li> <li>• Is the MHP following its CCP?</li> </ul>
23a.	They have a right to free language assistance services?				<ul style="list-style-type: none"> <li>• How are these services made available?</li> <li>• How does the MHP ensure this requirement is met?</li> <li>• For example, look for posters and other announcements in English and other languages.</li> </ul>
23b.	They are informed how to access free language assistance services?				
<p><i>CFR, Title 42, Section 438.10; CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 02-03, Page 13; Title VI, Civil Rights Act of 1964, (42 U.S.C., Section 2000d, 45 C.F.R., part 80)</i></p>					<p><b>OUT OF COMPLIANCE:</b> NFCCP; no evidence that LEP individuals are informed as required; evidence services are not made available</p>
24.	Whenever feasible and at the request of the beneficiary, does the MHP provide an opportunity to change persons providing the specialty mental health services, including the right to use culturally specific providers?				<ul style="list-style-type: none"> <li>• Is the MHP in compliance with its IP?</li> <li>• Ask MHP to describe the processes for changing the person who will provide the service.</li> <li>• Review the requests/outcomes.</li> <li>• Review P&amp;Ps.</li> </ul>
<p><i>CCR, Title 9, Chapter 11, Sections 1830.225(a) and (b); DMH Information Notice No. 02-03, Pages 15&amp;17; MHP Contract, Exhibit A, Attachment 1, Section A</i></p>					<p><b>OUT OF COMPLIANCE:</b> NFP; evidence the MHP does not provide an opportunity to change persons providing the service; MHP is routinely denying access to another provider or culture-specific provider; staff unaware of process for changing providers</p>

**SECTION A      ACCESS**

**CRITERIA**

**REQUIREMENT**

IC   PC   NC

**INSTRUCTIONS TO REVIEWERS**

**COMMENTS**

25.	Regarding mandated key points of contact:				<p><b>NOTE:</b> Per DMH Information Notice No. 02-03, “Key Points of Contact” are defined as: “Common points of entry into the mental health system, including 24-hour toll free line, beneficiary problem resolution system, inpatient hospital or other central access or contact locations where there is face-to-face encounters with consumers as designated by the MHP.”</p> <p><b>NOTE:</b> Per DMH Information Notice No. 02-03, “Mandated Key Points of Contact” are defined as: (Key Points of Contact) that are located in regions or areas that meet threshold language population concentrations.”</p> <p><b>NOTE:</b> Some clinic sites must be identified as mandated key points of contact.</p> <ul style="list-style-type: none"> <li>• Is the MHP following its CCP?</li> </ul>
25a.	Is there documented evidence to show which services have linguistically proficient staff or interpreters available to beneficiaries during regular operating hours?				<ul style="list-style-type: none"> <li>• Confirm mandated key points of contact for each language.</li> <li>• See evidence of interpreters and linguistically proficient staff for all hours, including regular operating hours, for each service, for each site, and for each threshold language.</li> <li>• Review charts and determine the length of time that it takes to get access to bi-lingual staff or interpreter.</li> <li>• Review evidence of interpreters and linguistically proficient staff.</li> <li>• Look for language proficiency as defined by the MHP.</li> </ul>
25b.	Is there documented evidence to show the response to offers of interpretive service?				<ul style="list-style-type: none"> <li>• If applicable, review evidence in charts, or elsewhere, of offers of interpretive services, availability of such services, and/or how beneficiaries are linked to appropriate service.</li> <li>• Request a chart(s) that requires interpreter services.</li> </ul>
<p><i>CCR, Title 9, Chapter 11, Section 1810.410 (d)(2); MHP Contract, Exhibit A, Attachment 1, Section J; DMH Information Notice No. 02-03, Page 13</i></p>					<p><b>OUT OF COMPLIANCE:</b> NFCCP; interpreter services are not available during regular operating hours; no documented evidence to show response to offers of interpretive service</p>

**SECTION A      ACCESS**

CRITERIA		REQUIREMENT			INSTRUCTIONS TO REVIEWERS
		IC	PC	NC	COMMENTS
26.	Regarding all key points of contact:				<ul style="list-style-type: none"> <li>Is the MHP following its CCP?</li> </ul>
26a.	Are there policies and procedures in place to link beneficiaries who do not meet the threshold language criteria to appropriate services?				<ul style="list-style-type: none"> <li>Review P&amp;P about linking as well as evidence that beneficiaries who do not meet the threshold language criteria are linked to appropriate services.</li> </ul>
26b.	Is there evidence, including documented progressive steps, to show that beneficiaries who do not meet the threshold language criteria are linked to appropriate services?				<ul style="list-style-type: none"> <li>Review evidence of linking.</li> </ul>
<i>CCR, Title 9, Chapter 11, Section 1810.410 (d)(2); MHP Contract, Exhibit A, Attachment 1, Section J; DMH Information Notice No. 02-03, Pages 13-14; Title VI, Civil Rights Act of 1964, (42 U.S.C., Section 2000d, 45 C.F.R., part 80)</i>					<b><u>OUT OF COMPLIANCE:</u></b> NFCCP; no P&Ps to link; beneficiaries who do not meet the threshold language are not being linked to appropriate services; staff unaware of or not following P&Ps
27.	Has the MHP developed a process to certify or otherwise provide culturally competent services as evidenced by:				<ul style="list-style-type: none"> <li>Is the MHP following its CCP?</li> </ul>
27a.	A process to evaluate the competencies of staff in providing culturally and linguistically competent services?				
27b.	A process to assess staff training needs and provide the necessary training in evaluation, diagnosis, treatment, and referral services for the multicultural groups in their service area?				
27c.	Implementation of training programs to improve the cultural competence skills of MHP staff and contract providers?				<p><b><u>NOTE:</u></b> Process need not be completed.</p> <ul style="list-style-type: none"> <li>Describe the process.</li> </ul>
<i>CCR, Title 9, Chapter 11, Section 1810.410(a); MHP Contract, Exhibit A, Attachment 1, Section J; DMH Information Notice No. 02-03, page 18</i>					<b><u>OUT OF COMPLIANCE:</u></b> NFCCP; evidence that the MHP is not working on a process for a-c





**SECTION A      ACCESS**

CRITERIA		REQUIREMENT			INSTRUCTIONS TO REVIEWERS
		IC	PC	NC	COMMENTS
29b.	Compare these rates across ethnic groups?				
29c.	Compare these rates by ethnic groups to the total Medi-Cal beneficiary population?				
29d.	Analyze these rates for each ethnic group by factors including age, diagnosis, gender, and primary language of Medi-Cal mental health consumers to identify potential problem areas?				
29e.	Establish a “percent improvement” for penetration and retention rates of ethnic groups with low penetration and retention rates?				
29f.	Take specific actions to meet the “percent improvement” above?				
<p><u>CCR, Title 9, Chapter 11, Section 1810.410(a); MHP Contract, Exhibit A, Attachment 1, Section J; DMH Information Notice No. 02-03, pages 19-20</u></p>		<p><b><u>OUT OF COMPLIANCE:</u></b> NFP; no tracking system in place for a-f</p>			
30	Regarding training on client culture:				<ul style="list-style-type: none"> <li>• Is the MHP following its CCP?</li> <li>• Review CCP.</li> </ul>
30a.	Is there evidence of annual training on client culture that includes a client’s personal experience?				
30b.	Does the training plan also include, for children and adolescents, the parent and/or caretaker's personal experiences?				
<p><u>CCR, Title 9, Chapter 11, Section 1810.410(a); MHP Contract, Exhibit A, Attachment 1, Section J; DMH Information Notice No. 02-03, page 19.</u></p>		<p><b><u>OUT OF COMPLIANCE:</u></b> NFCCP; no annual training</p>			

**SECTION B      AUTHORIZATION**

**CRITERIA**

**REQUIREMENT**

IC   PC   NC

**INSTRUCTIONS TO REVIEWERS**

**COMMENTS**

**RE: HOSPITAL SERVICES UTILIZING A POINT OF AUTHORIZATION**

1.	Regarding the Treatment Authorization Requests (TARs):				<b>NOTE:</b> Review a-c only when there have been complaints to the DMH.
1a.	Are the TARS being approved or denied by licensed, waived, or registered mental health professionals of the beneficiary's MHP?				<ul style="list-style-type: none"> <li>Review random sample of DMH selected TARS to determine if qualified mental health professionals are approving or denying TARs.</li> </ul>
1b.	Are all adverse decisions based upon a lack of medical necessity being reviewed and supported by a physician or, when applicable, a psychologist?				<p><b>NOTE:</b> Only adverse decisions based upon medical necessity require physician review and support.</p> <p><b>NOTE:</b> Review and support must be by way of a physician's signature, although it need not be on the TAR.</p> <ul style="list-style-type: none"> <li>Review random sample of DMH selected TARS.</li> <li>Describe how denials of medical necessity are being reviewed and supported, i.e., signature on TARs</li> </ul>
1c.	Does the MHP approve or deny TARs within 14 calendar days of the receipt of the TAR?				<p><b>NOTE:</b> Receipt date may be stamped on TAR or recorded elsewhere.</p> <ul style="list-style-type: none"> <li>Review DMH selected TARs.</li> <li>Check receipt date with approval or denial date.</li> <li>Review some TARS submitted following an appeal (1<sup>st</sup> &amp; 2<sup>nd</sup> level) ruled in favor of the provider.</li> </ul>
<i>CCR, Title 9, Chapter 11, Sections 1820.220(d), (f), &amp; (h) and 1850.305(d)(2)(D), and (e)(5)(C)</i>		<b>OUT OF COMPLIANCE:</b> Physician or, when applicable, a psychologist, is not reviewing and supporting denials; no physician signature for adverse decisions; MHP not acting on TARS within 14 days of receipt			

**RE: NON-HOSPITAL SPECIALTY MENTAL HEALTH SERVICES**

2.	Does the MHP ensure that specialty mental health services are available to treat beneficiaries who require services for an emergency or urgent condition 24 hours a day, seven days a week?				<ul style="list-style-type: none"> <li>Is the MHP in compliance with its IP?</li> <li>Test process, as indicated.</li> <li>Have the MHP describe the 24/7 availability of services for emergency or urgent condition.</li> <li>If available, review P&amp;P.</li> </ul>
----	---	--	--	--	---

**SECTION B      AUTHORIZATION**

CRITERIA		REQUIREMENT IC PC NC			INSTRUCTIONS TO REVIEWERS COMMENTS
<i>CCR, Title 9, Chapter 11, Section 1810.405(c); MHP Contract, Exhibit A, Attachment 1, Section A</i>					<b>OUT OF COMPLIANCE:</b> NFP; emergency/urgent services not available 24/7
3.	When payment authorization is required, are the authorizations being approved or denied by licensed, waived, or registered mental health professionals of the beneficiary's MHP?				<p><u>NOTE:</u> Authorization is needed for, at least, day treatment and TBS.</p> <p><u>NOTE:</u> Licensed PTs and LVNs can approve/deny requests only when an urgent condition exists.</p>
<i>CFR, Title 42, Section 438.210(b)(3); CCR, Title 9, Chapter 11, Section 1830.215(a)(2)</i>					<b>OUT OF COMPLIANCE:</b> MHP using non-licensed staff to approve/deny authorizations; MHP using PTs and LVNs when an urgent condition does not exist

**RE: UTILIZATION MANAGEMENT**

4.	Does the MHP have an authorization system in place that meets the requirements specified in the MHP Contract for the following services:				<ul style="list-style-type: none"> <li>• Look for system for informing providers and county staff that they need to request authorization, including when prior authorization is required.</li> <li>• Make sure system has assurances that payment is not made without authorization.</li> <li>• Review day treatment requirements in MHP Contract.</li> </ul>
4a.	Day Treatment?				<ul style="list-style-type: none"> <li>• Review TBS requirements in MHP Contract.</li> </ul>
4b.	Therapeutic Behavioral Services?				<ul style="list-style-type: none"> <li>• Review TBS requirements in MHP Contract.</li> </ul>
<i>CCR, Title 9, Chapter 11, Section 1810.405(c); MHP Contract with DMH, Exhibit A, Attachment 1, Sections X &amp; Y</i>					<b>OUT OF COMPLIANCE:</b> Not following Contract; no authorization system in place
5.	Regarding authorization timeframes:				<u>NOTE:</u> "Notice" means decision notification.
5a.	For standard authorization decisions, does the MHP provide notice as expeditiously as the beneficiary's health condition requires and within 14 calendar days following receipt of the request for service or, when applicable, within 14 calendar days of an extension?				<p><u>NOTE:</u> Extension for an additional 14 calendar days is possible if:</p> <ol style="list-style-type: none"> <li>1) Beneficiary or provider requests extension, or</li> <li>2) MHP identifies need for additional information and documents the need and how the extension is in the beneficiary's best interest in its authorization records.</li> </ol>

**SECTION B      AUTHORIZATION**

<b>CRITERIA</b>		<b>REQUIREMENT</b>			<b>INSTRUCTIONS TO REVIEWERS</b>
		IC	PC	NC	<b>COMMENTS</b>
5b.	For expedited authorization decisions, does the MHP provide notice as expeditiously as the beneficiary's health condition requires and within three working days following receipt of the request for service or, when applicable, within 14 calendar days of an extension?				<p><b>NOTE:</b> Extension for an additional 14 calendar days is possible if:</p> <ul style="list-style-type: none"> <li>1) Beneficiary or provider requests extension, or</li> <li>2) MHP identifies need for additional information and documents the need and how the extension is in the beneficiary's best interest in its authorization records.</li> </ul>
<i>CFR, Title 42, 438.210(d)(1)&amp;(2); MHP Contract, Exhibit A, Attachment 2, Section B</i>		<b>OUT OF COMPLIANCE:</b> MHP not providing notices within required timelines			
6.	Is there evidence that the MHP is reviewing utilization management (UM) activities annually, including a review of the consistency in the authorization process?				<ul style="list-style-type: none"> <li>• Review both hospital and non-hospital authorization processes.</li> <li>• Review the MHP's activities in this area.</li> <li>• How is the MHP reviewing this annually?</li> </ul>
<i>CCR, Title 9, Chapter 11, Section 1810.440(b); MHP Contract with DMH, Exhibit A, Attachment 1, Appendix B</i>		<b>OUT OF COMPLIANCE:</b> Not following MHP Contract; no evidence of monitoring activity			
7.	Does the MHP and its contractors have in place, and follow, written policies and procedures to ensure consistent application of review criteria for authorization decisions?				<ul style="list-style-type: none"> <li>• Review P&amp;Ps.</li> </ul>
<i>CFR, Title 42, 438.210(b)(1); MHP Contract, Exhibit A, Attachment 2, Section B</i>		<b>OUT OF COMPLIANCE:</b> MHP and its contractors do not have written P&Ps in place to ensure consistent application of review criteria for authorization decisions; not following the P&Ps			
8.	Does the MHP consult with a requesting provider when appropriate?				<ul style="list-style-type: none"> <li>• Review P&amp;P.</li> <li>• Review MHP's documentation.</li> </ul>
<i>CFR, Title 42, 438.210(b)(2)(ii); MHP Contract, Exhibit A, Attachment 2, Section B</i>		<b>OUT OF COMPLIANCE:</b> MHP not consulting when appropriate			

**SECTION B      AUTHORIZATION**

<b>CRITERIA</b>		<b>REQUIREMENT</b> IC   PC   NC			<b>INSTRUCTIONS TO REVIEWERS</b> <b>COMMENTS</b>
9.	When required, is the MHP providing a written NOA-A to a beneficiary when the MHP or its providers determine that the beneficiary does not meet the medical necessity criteria and is not entitled to any specialty mental health services?				<p><u>NOTE:</u> Current version of NOA-A is dated July 3, 1998.</p> <p><u>NOTE:</u> Review NOA-As given since last DMH review.</p> <ul style="list-style-type: none"> <li>• Is the MHP using the most current NOA-A form?</li> <li>• If utilizing a form different from the DMH approved form, does it contain all the required elements?</li> <li>• Review P&amp;P.</li> </ul>
<i>CCR, Title 9, Chapter 11, Sections 1850.210(i)</i>					<b><u>OUT OF COMPLIANCE:</u></b> There is evidence the MHP is not issuing NOA-As per regulations
10.	When required, is the MHP providing a written NOA-B to the beneficiary when the MHP denies, modifies, or defers (beyond timelines) a payment authorization request from a provider for specialty mental health services?				<p><u>NOTE:</u> Current version of NOA-B is dated July 3, 1998.</p> <p><u>NOTE:</u> Review NOA-Bs given since last DMH review.</p> <ul style="list-style-type: none"> <li>• Is the MHP using the most current NOA-B form?</li> <li>• Ask the MHP if prior authorization is required.</li> <li>• Is the MHP or its providers providing an NOA-B when payment authorization requests are denied, modified, or deferred beyond timelines?</li> <li>• If utilizing a form different from the DMH approved form, does it contain all the required elements?</li> </ul>
<i>CCR, Title 9, Chapter 11, Sections 1850.210(a)(b)(c)</i>					<b><u>OUT OF COMPLIANCE:</u></b> There is evidence the MHP is not issuing NOA-Bs per regulations
11.	When a service is not medically necessary or otherwise not a service covered by the MHP Contract, is the MHP providing a written NOA to the beneficiary when the MHP denies payment authorization of a service that has already been delivered to the beneficiary as a result of a retrospective payment determination?				<ul style="list-style-type: none"> <li>• Review NOAs given.</li> </ul>
<i>CFR, Title 42, 438.404(c)(2); MHP Contract, Exhibit A, Attachment 2, Section D</i>					<b><u>OUT OF COMPLIANCE:</u></b> There is evidence the MHP is not issuing these NOAs per regulations and the MHP Contract

**SECTION B      AUTHORIZATION**

<b>CRITERIA</b>		<b>REQUIREMENT</b> IC   PC   NC			<b>INSTRUCTIONS TO REVIEWERS</b> <b>COMMENTS</b>
12.	Does the MHP provide for a second opinion from a qualified health care professional within the Plan, or arrange for the beneficiary to obtain a second opinion outside the Plan, at no cost to the beneficiary?				<p><u>NOTE</u>: Plan includes organizational, group, and individual providers.</p> <p><u>NOTE</u>: “Qualified health care professional” means “Licensed Mental Health Professional” per Title 9, Section 1810.223.</p>
<i>CFR, Title 42, 438.206(b)(3); CCR, Title 9, Sections 1810.405(e); MHP Contract Exhibit A, Attachment 1. Section A</i>					<b>OUT OF COMPLIANCE</b> : No evidence the MHP provides for a second opinion from a qualified health care professional
13.	Does the MHP have procedures for ensuring access to services for out-of-county beneficiaries in the following categories:				<ul style="list-style-type: none"> <li>Review procedures.</li> <li>Have MHP describe how services are accessed for a-b.</li> </ul>
13a.	Children in foster care and other residential placements out of county?				<ul style="list-style-type: none"> <li>Is the MHP utilizing the services of the ASO or another process?</li> </ul>
13b.	Adults in residential placements out of county?				<ul style="list-style-type: none"> <li>Does the MHP have any adults in residential placements?</li> </ul>
<i>CCR, Title 9, Chapter 11, Sections 1830.210, 1830.215 and 1830.220; DMH Information Notice No: 97-06, D, 4</i>					<b>OUT OF COMPLIANCE</b> : NFP; MHP has no procedures for ensuring access to services for beneficiaries out of county; procedures not being followed
14.	Does the MHP require out-of-Plan providers to coordinate with the MHP with respect to payment and to ensure that cost to the beneficiary is no greater than it would be if the services were furnished within the Plan?				<ul style="list-style-type: none"> <li>Review MHP procedures for delivering services to out-of-county children in foster care and adoption assistance programs when the MHP does not have a contract provider available.</li> </ul>
<i>CFR, Title 42, 438.206(b)(5); CCR, Title 9, Section 1830.220; MHP Contract, Attachment 3, Section 7</i>					<b>OUT OF COMPLIANCE</b> : MHP procedures do not ensure that the out-of-Plan providers understand that Medi-Cal payment from the MHP is payment is full

**SECTION C      BENEFICIARY PROTECTION**

CRITERIA	REQUIREMENT			INSTRUCTIONS TO REVIEWERS
	IC	PC	NC	COMMENTS
1. Are there notices posted explaining grievance and 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?				<p><u>NOTE:</u> Visit some organizational provider site(s) to verify.</p> <ul style="list-style-type: none"> <li>Review evidence that MHP has informed its providers about this requirement.</li> <li>Review contract language and ask the MHP if posted at all sites –hospital/non-hospital; network/SD-MC; in-county/out of county.</li> </ul>
<u>CCR, Title 9, Chapter 11, Section 1850.205(c)(1)(B)</u>	<b><u>OUT OF COMPLIANCE:</u></b> Posted notices not in all provider sites visited			
2. Are grievance and appeal forms and self-addressed envelopes available for beneficiaries to pick up at all MHP provider sites without having to make a verbal or written request?				<p><u>NOTE:</u> Visit some organizational provider site(s) to verify .</p> <ul style="list-style-type: none"> <li>Review evidence that MHP has informed its providers about this requirement.</li> <li>Review contract language and ask if grievance forms and self-addressed envelopes are available at all sites – hospital/non-hospital; network/SD-MC; in-county/out-of-county.</li> </ul>
<u>CCR, Title 9, Chapter 11, Section 1850.205(c)(1)(C)</u>	<b><u>OUT OF COMPLIANCE:</u></b> Grievance forms and self-addressed envelopes are not available in all provider sites visited without the need to made a verbal or written request			
3. Does the MHP have procedures in place to protect beneficiary confidentiality?				<ul style="list-style-type: none"> <li>Review MHP procedures as it pertains to protecting the confidentiality of beneficiary grievances and appeals.</li> </ul>
<u>CCR, Title 9, Chapter 11, Section 1850.205(c)(6); Welfare &amp; Institutions Code Section 5328</u>	<b><u>OUT OF COMPLIANCE:</u></b> NFP; no policies in place			
4. Does the MHP have processes in place for grievances and appeals, including expedited appeals that meet federal and state regulations and the MHP Contract requirements?				<ul style="list-style-type: none"> <li>Review processes or P&amp;Ps.</li> </ul>
<u>CFR, Title 42, Section 438.402(a); CCR, Title 9, Chapter 11, Sections 1850.205(a); MHP Contract, Exhibit A, Attachment 2, Section C</u>	<b><u>OUT OF COMPLIANCE:</u></b> MHP does not have such processes in place; staff unaware of or not following processes			

**SECTION C      BENEFICIARY PROTECTION**

CRITERIA		REQUIREMENT			INSTRUCTIONS TO REVIEWERS
		IC	PC	NC	COMMENTS
5. 5a.	Does the MHP’s grievance and appeal processes include the following: Allow a beneficiary to authorize another person to act on his/her behalf and				<ul style="list-style-type: none"> <li>Review P&amp;Ps.</li> <li>How does beneficiary learn of a-f?</li> </ul>
5b.	Allow a beneficiary to select a provider as his/her representative in the appeal process?				
5c.	Upon request, identify a staff person or other individual to assist the beneficiary with the grievance and appeal processes upon request?				
5d.	Not subject a beneficiary to discrimination or any other penalty for filing a grievance or appeal?				<ul style="list-style-type: none"> <li>How is this accomplished?</li> </ul>
5e.	Upon request, identify a staff person or other individual to provide information regarding the status of a beneficiary’s grievance or appeal?				
5f.	Allow a beneficiary or designee to file a grievance or appeal orally?				<p><u>NOTE</u>: An oral appeal must be followed-up with a written, signed appeal.</p> <ul style="list-style-type: none"> <li>Have MHP describe process.</li> </ul>
<i>CFR, Title 42, Section 438.402(b)(3); CCR, Title 9, Chapter 11, Sections 1850.205(c), (d) and (e); MHP Contract, Exhibit A, Attachment 2, Section C</i>		<b>OUT OF COMPLIANCE:</b>			MHP does not have processes in place for a-f; staff not aware of or not following processes
6. 6a.	Does the MHP’s appeals’ process also include the following: Allows a beneficiary to file an appeal orally and treats the oral appeal as an appeal to establish the earliest possible filing date?				<ul style="list-style-type: none"> <li>Review process.</li> <li>How does the MHP ensure a-d?</li> </ul>
6b.	Informs the beneficiary of his/her right to request a fair hearing at any time before, during, or after the appeal process has begun?				



**SECTION C      BENEFICIARY PROTECTION**

CRITERIA		REQUIREMENT			INSTRUCTIONS TO REVIEWERS
		IC	PC	NC	COMMENTS
6c.	Ensures the beneficiary has a reasonable opportunity to present evidence, and allegations of fact or law, in person as well as in writing?				<u>NOTE</u> : The MHP must inform the beneficiary of the limited time available for this in the case of expedited resolution.
6d.	Ensures the beneficiary and his or her representative opportunity, before and during the appeals process, to examine the beneficiary's case file, including medical records, and any other documents and records considered during the appeals process?				
<i>CFR, Title 42, Section 438.406(b)(1-4); MHP Contract, Exhibit A, Attachment 2, Section C</i>		<b><u>OUT OF COMPLIANCE</u></b> : Appeals' process does not ensure a-d; staff not aware of or not following process			
7.	Does the MHP have procedures by which issues identified as a result of the grievance or appeal processes are transmitted to the MHP's QIC, the MHP's administration or another appropriate body within the MHP's organization and, if applicable, implementation of needed system changes take place?				<ul style="list-style-type: none"> <li>Review procedures.</li> </ul>
<i>CCR, Title 9, Chapter 11, Sections 1850.205(c)(7); MHP Contract, Exhibit A, Attachment 2, Section C</i>		<b><u>OUT OF COMPLIANCE</u></b> : MHP does not have procedures in place; if applicable, implementation of needed system changes not taking place			
8.	Does the MHP maintain a grievance and appeal log(s) that contains, at least, the following entries: <ul style="list-style-type: none"> <li>The name/identifier of the beneficiary?</li> <li>The date of receipt of the grievance/appeal?</li> <li>The nature of the problem?</li> </ul>				<ul style="list-style-type: none"> <li>Verify information is present for each grievance and appeal.</li> </ul>
<i>CCR, Title 9, Chapter 11, Sections 1850.205(e)(6)(A)1.,2.,3; MHP Contract, Exhibit A, Attachment 2, Section C</i>		<b><u>OUT OF COMPLIANCE</u></b> : NFP; log(s) does not contain this information on all grievances and appeals			

**SECTION C**      **BENEFICIARY PROTECTION**

CRITERIA		REQUIREMENT			INSTRUCTIONS TO REVIEWERS
		IC	PC	NC	COMMENTS
9.	Does the MHP acknowledge the receipt of each grievance and appeal to the beneficiary in writing?				<ul style="list-style-type: none"> <li>Have the MHP describe the process for notifying the beneficiary.</li> </ul>
<i>CFR, Title 42, Section 438.406(a)(2); MHP Contract, Exhibit A, Attachment 2, Section C</i>		<b>OUT OF COMPLIANCE:</b> MHP not acknowledging the receipt of each grievance and appeal in writing			
10.	Does the MHP ensure that the staff who make decisions on grievances and appeals were not involved in any previous level of review or decision-making?				<ul style="list-style-type: none"> <li>How does the MHP ensure this?</li> </ul>
<i>CFR, Title 42, Section 438.406(a)(3); MHP Contract, Exhibit A, Attachment 2, Section C</i>		<b>OUT OF COMPLIANCE:</b> MHP using staff previously involved in decision-making			
11.	Does the MHP ensure that the staff who have the appropriate clinical expertise in treating the beneficiary's condition or disease make decisions in the following situations: 1) Appeals based on lack of medical necessity, 2) grievances regarding denial of expedited resolution of an appeal, and 3) grievances/appeals that involve clinical issues?				<p><b>NOTE:</b> "Appropriate clinical expertise" is determined by the MHP and scope of practice.</p> <ul style="list-style-type: none"> <li>Review P&amp;Ps.</li> </ul>
<i>CFR, Title 42, Section 438.406(a)(3); CCR, Title 9, Section 1830.215(a)(2); MHP Contract, Exhibit A, Attachment 2, Section C</i>		<b>OUT OF COMPLIANCE:</b> When required, MHP not utilizing staff with appropriate clinical expertise			
12.	Is the MHP resolving grievances within State established timeframes?				<p><b>NOTE:</b> Timeframe is within 60 calendar days, but may be extended for up to 14 calendar days if requested by beneficiary and when the delay is for additional information and in beneficiary's best interest.</p>

**SECTION C**      **BENEFICIARY PROTECTION**

<b>CRITERIA</b>		<b>REQUIREMENT</b>			<b>INSTRUCTIONS TO REVIEWERS</b>
		IC	PC	NC	<b>COMMENTS</b>
					<p><b>NOTE:</b> Unless the extension was requested by beneficiary, the MHP must provide the reason for the extension in writing to the beneficiary.</p> <ul style="list-style-type: none"> <li>Review decisions.</li> </ul>
<i>CFR, Title 42, Section 438.408(b)(1); MHP Contract, Exhibit A, Attachment 2, Section C</i>		<b>OUT OF COMPLIANCE:</b> MHP not resolving grievances within established timeframes; when applicable, not providing beneficiary with reason for extension in writing			
13.	Is the MHP resolving appeals within State established timeframes?				<p><b>NOTE:</b> Timeframe is within 45 calendar days, but may be extended for up to 14 calendar days if requested by beneficiary and when the delay is for additional information and in beneficiary’s best interest.</p> <p><b>NOTE:</b> Unless the extension was requested by beneficiary, the MHP must provide the reason for the extension in writing to the beneficiary.</p> <ul style="list-style-type: none"> <li>Review decisions.</li> </ul>
<i>CFR, Title 42, Section 438.408(b)(2); MHP Contract, Exhibit A, Attachment 2, Section C</i>		<b>OUT OF COMPLIANCE:</b> MHP not resolving appeals within established timeframes; when applicable, not providing beneficiary with reason for extension in writing			
14.	Is the MHP resolving expedited appeals within State established timeframes?				<p><b>NOTE:</b> Timeframe is within 3 working days, but may be extended for up to 14 calendar days if requested by beneficiary and when the delay is for additional information and in beneficiary’s best interest.</p>

**SECTION C**      **BENEFICIARY PROTECTION**

CRITERIA		REQUIREMENT			INSTRUCTIONS TO REVIEWERS
		IC	PC	NC	COMMENTS
					<p><b>NOTE:</b> Unless the extension was requested by beneficiary, the MHP must provide the reason for the extension in writing to the beneficiary.</p> <ul style="list-style-type: none"> <li>Review decisions.</li> </ul>
<p><i>CFR, Title 42, Section 438.408(b)(3); MHP Contract, Exhibit A, Attachment 2, Section C</i></p>					<p><b>OUT OF COMPLIANCE:</b> MHP not resolving expedited appeals within established timeframes; when applicable, not providing beneficiary with reason for extension in writing</p>
15.	<p>Is the MHP notifying beneficiaries, or their representatives, of the grievance or appeal disposition within State specified timeframes and is this being documented?</p>				<p><b>NOTE:</b> Unless extension was requested, timeframes are no later than 60 calendar days for grievances; 45 calendar days for appeals; and three working days for expedited appeals.</p> <ul style="list-style-type: none"> <li>How are beneficiaries/representatives notified?</li> <li>Review grievance and appeal records.</li> </ul>
<p><i>CFR, Title 42, Section 438.408(d); CCR, Title 9, Chapter 11, Section 1850.205(e)(6)(D); MHP Contract, Exhibit A, Attachment 2, Section C</i></p>					<p><b>OUT OF COMPLIANCE:</b> MHP not notifying the beneficiary of the grievance or appeal disposition within required timeframes</p>
16.	<p>Does the written notice of the appeal resolution include the following:</p>				
16a.	<p>The results of the resolution process and the date it was completed?</p>				
16b.	<p>For appeals not resolved wholly in favor of the beneficiaries, the right to request a State fair hearing and how to do so?</p>				
<p><i>CFR, Title 42, Section 438.408(e)(1) and (2) (as modified by the waiver renewal request of August, 2002 and CMS letter dated August 22, 2003); MHP Contract, Exhibit A, Attachment 2, Section C</i></p>					<p><b>OUT OF COMPLIANCE:</b> The written notice does not include requirements in a-b</p>

**SECTION C**      **BENEFICIARY PROTECTION**

<b>CRITERIA</b>		<b>REQUIREMENT</b>			<b>INSTRUCTIONS TO REVIEWERS</b>
		IC	PC	NC	<b>COMMENTS</b>
17.	Is the MHP notifying those providers cited by the beneficiary or otherwise involved in the grievance or appeal of the final disposition of the beneficiary’s grievance or appeal?				<p><u>NOTE</u>: Notification need not be in writing.</p> <ul style="list-style-type: none"> <li>• How are providers notified?</li> </ul>
<i>CCR, Title 9, Chapter 11, Section 1850.205(e)(6)(E); MHP Contract, Exhibit A, Attachment 2, Section C</i>					<b>OUT OF COMPLIANCE:</b> MHP not notifying the provider of the grievance or appeal disposition
18.	For expedited appeals, is the MHP making reasonable efforts to provide oral notice?				<p><u>NOTE</u>: “Notice” is notice of disposition to beneficiaries or their representatives.</p> <ul style="list-style-type: none"> <li>• Review appeal records.</li> <li>• Ask for description of notice per P&amp;Ps.</li> </ul>
<i>CFR, Title 42, Section 438.408(d)(2); MHP Contract, Exhibit A, Attachment 2, Section C</i>					<b>OUT OF COMPLIANCE:</b> MHP is not making reasonable efforts to provide oral notice
19.	Does the MHP ensure benefits are continued while a state fair hearing is pending?				<p><u>NOTE</u>: Beneficiaries must have met Aid Paid Pending criteria per <u>CCR</u>, Title 22, Section 51014.2 (i.e., made a request for fair hearing within 10 days of the date the NOA was mailed or given to the beneficiary—or, if the effective date of the change is more than 10 days from the NOA date, before the effective date of the change.)</p>
<i>CFR, Title 42, Section 438.420 (as modified by the waiver renewal request of August, 2002 and CMS letter dated August 22, 2003); CCR, Title 9, 1850.215; CCR, Title 22, Section 51014.2</i>					<b>OUT OF COMPLIANCE:</b> When Aid Paid Pending criteria have been met, MHP not continuing specialty mental health services as required

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

		REQUIREMENT			INSTRUCTIONS TO REVIEWERS
CRITERIA		IC	PC	NC	COMMENTS
<b>MAINTENANCE OF EFFORT (MOE)</b>					
1.	Regarding the MOE requirements, is the county in compliance with either 1a or 1b:				<ul style="list-style-type: none"> <li>• Interview fiscal officer.</li> <li>• See MOE dollar amount schedule—last published: FY'96-97.</li> <li>• Obtain from county the quarterly county submission reports to the State Controller's Office for the past year.</li> </ul>
1a.	Is the county depositing its local matching funds per the schedule developed by the DMH?				
1b.	If the county elects not to apply MOE funds, is the county in compliance with Section 17608.5(c) that prohibits the county from using the loss of these funds for realignment purposes?				
<i>W&amp;IC Sections 5614(b)(1), 17608.05(a)&amp;(b)&amp;(c), and 17609.05; DMH Policy Letter No. 97-05</i>		<b>OUT OF COMPLIANCE:</b> County is not depositing its local matching funds per schedule; county is not in compliance with Section 17608.05(c)			
<b>FUNDING OF CHILDREN'S SERVICES</b>					
2.	Is the county in compliance with either 2a or 2b:				<ul style="list-style-type: none"> <li>• Interview fiscal officer.</li> <li>• Obtain verification from county.</li> <li>• If proportion has decreased, review documentation from public hearing.</li> </ul>
2a.	The requirement to maintain its funding for children's services at a level equal to or more than the proportion expended for children's services in FY'83-84?				
2b.	The requirement to document the determination in a noticed public hearing that the need for new or expanded services to persons under 18 has significantly decreased?				<b>NOTE:</b> Public hearing is the Board of Supervisors meeting.
<i>W&amp;IC Sections 5704.5(b) and 5614(b)(3)</i>		<b>OUT OF COMPLIANCE:</b> County does not maintain funding for children's services per requirement; the county does not have documentation from noticed public hearing			

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

CRITERIA	REQUIREMENT			INSTRUCTIONS TO REVIEWERS
	IC	PC	NC	COMMENTS
<p>3. Is the county in compliance with either 3a or 3b:</p> <p>3a. The requirement to allocate for services to persons under 18 years of age 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 25% of the county's gross budget for mental health or equals the percentage of persons under 18 in the total county population, whichever is less?</p> <p>3b. The requirement to document the determination in a noticed public hearing that the need for new or expanded services to persons under 18 does not exist or is less than the needs of specified groups of adults?</p>				<ul style="list-style-type: none"> <li>• Interview fiscal officer.</li> <li>• Obtain verification from county.</li> <li>• If proportion has decreased, review documentation from public hearing.</li> </ul> <p><u>NOTE</u>: Public hearing is the Board of Supervisors meeting.</p>
<p><i>W&amp;IC Sections 5704.6(a)&amp;(c) and 5614(b)(3)</i></p>				<p><b><u>OUT OF COMPLIANCE</u></b>: County does not allocate funding for children's services per requirement; the county does not have documentation from noticed public hearing</p>

**REPORTING REQUIREMENTS**

<p>4. Has the MHP reported the unexpended balance remaining from the previous year's allocation?</p>				<p><u>NOTE</u>: Due December 31<sup>st</sup> to the County Financial Program Support unit.</p> <p><u>NOTE</u>: Coordinator to obtain information directly from County Financial Program Support unit.</p> <p><u>NOTE</u>: Refers to Managed Care funds covered under sections 1810.330 and 1810.335.</p>
<p><i>CCR, Title 9, Chapter 11, Section 1810.375(d); W&amp;IC Section 5614(b)(4)</i></p>				<p><b><u>OUT OF COMPLIANCE</u></b>: County not submitting the amount of unexpended funds by December 31<sup>st</sup> of the following year even if submitted by the time of the review</p>

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

CRITERIA	REQUIREMENT			INSTRUCTIONS TO REVIEWERS
	IC	PC	NC	COMMENTS
<p>5. Regarding hospital contracts, does the MHP have one of the following in place for each disproportionate share and traditional hospital that meets selection criteria:</p> <ul style="list-style-type: none"> <li>• A signed contract for the current fiscal year?</li> <li>• A DMH approved request for exemption?</li> </ul>				<p><u>NOTE</u>: DMH staff to obtain approved request(s) for exemption directly from responsible DMH unit.</p> <ul style="list-style-type: none"> <li>• Review DMH Information Notice to determine list of hospitals requiring a contract for current FY.</li> <li>• Review contract(s) to document all are in place.</li> </ul> <p><u>NOTE</u>: New exemption required each year.</p> <p><u>NOTE</u>: Hospitals can refuse to contract with the MHP.</p> <ul style="list-style-type: none"> <li>• If hospital(s) refuses to contract with the MHP, see documentation of such refusal.</li> </ul> <p><u>NOTE</u>: MHP should provide letter from the hospital stating its desire to not contract with the MHP.</p> <p><u>NOTE</u>: If hospital refuses to write such a letter, MHP may avouch such declaration in writing.</p> <p><u>NOTE</u>: New letter required each year unless provider has informed MHP otherwise.</p>
<p><u>CCR</u>, Title 9, Chapter 11, Sections 1810.430(a)&amp;(b) and (c)(1)(A)(B)&amp;(C)</p>	<p><b><u>OUT OF COMPLIANCE</u></b>: NFP; MHP not contracting with listed hospitals and no approved exemption(s) or documentation of a refusal(s) to contract are in place</p>			
<p>6. Has the MHP submitted a list of all hospitals with which the MHP has current contracts?</p>				<p><u>NOTE</u>: Due October 1<sup>st</sup> to DMH .</p> <p><u>NOTE</u>: Coordinator to obtain information directly from responsible DMH unit.</p>
<p><u>CCR</u>, Title 9, Chapter 11, Sections 1810.375 (b) and 5614(b)(4)</p>	<p><b><u>OUT OF COMPLIANCE</u></b>: List of hospitals not submitted by October 1st</p>			



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

CRITERIA	REQUIREMENT			INSTRUCTIONS TO REVIEWERS
	IC	PC	NC	COMMENTS
7. Has the MHP submitted Fee for Services/Medi-Cal contract hospital rates annually as required?				<p><u>NOTE</u>: N/A if not a host county.</p> <p><u>NOTE</u>: Check with responsible DMH unit for due date.</p> <p><u>NOTE</u>: Coordinator to obtain information directly from responsible DMH unit.</p>
<i>CCR, Title 9, Chapter 11, Sections 1810.375(c) and W&amp;IC Section 5614(b)(4)</i>	<b><u>OUT OF COMPLIANCE</u></b> : Hospital rates not submitted by due date			
8. Regarding Research and Performance Outcomes:				<p><u>NOTE</u>: Check with responsible DMH unit for due date.</p> <p><u>NOTE</u>: Coordinator to obtain information directly from responsible DMH unit.</p>
8a. Is the county reporting adult performance outcome system data as required?				
8b. Is the county reporting children performance outcome system data as required?				
<i>W&amp;IC Sections 5614(b)(7) and 5610(a); County Performance Contract; MHP Contract, Exhibit A, Attachment 3, Section 12</i>	<b><u>OUT OF COMPLIANCE</u></b> : County not reporting data as required			

**SECTION E      TARGET POPULATIONS AND ARRAY OF SERVICES**

	CRITERIA	REQUIREMENT			INSTRUCTIONS TO REVIEWERS
		IC	PC	NC	COMMENTS
1.	To the extent resources are available, is the county providing services to the target population in every geographic area?				<p><u>NOTE:</u> Check with appropriate DMH unit to determine whether or not county has been previously found to be out of compliance.</p>
<i>W&amp;IC Sections 5600.35 and 5614(b)(5).</i>					<b><u>OUT OF COMPLIANCE:</u></b> DMH has previously found county to be out of compliance by other means
2.	To the extent resources are available, is the county organized to provide an array of treatment options?				<p><u>NOTE:</u> Check with appropriate DMH unit to determine whether or not county has been previously found to be out of compliance.</p> <p><u>NOTE:</u> Options may include:</p> <ul style="list-style-type: none"> <li>• Pre-crisis and crisis services</li> <li>• Comprehensive evaluation and assessment</li> <li>• Individual Service Plan</li> <li>• Medication education and management</li> <li>• Case management</li> <li>• 24/7 treatment services</li> <li>• Rehabilitation and support services</li> <li>• Vocational rehabilitation</li> <li>• Residential services</li> <li>• Services for homeless persons</li> <li>• Group services</li> </ul>
<i>W&amp;IC Sections 5600.4(a-k) and 5614(b)(5)</i>					<b><u>OUT OF COMPLIANCE:</u></b> DMH has previously found county to be out of compliance by other means

**SECTION F      MENTAL HEALTH BOARDS/COMMISSIONS**

**REQUIREMENT**

*INSTRUCTIONS TO REVIEWERS*

**CRITERIA**

IC   PC   NC

**COMMENTS**

1.	Does the board/commission membership reflect the ethnic diversity of the client population in the county?	For survey only			<b>NOTE:</b> Describe the ethnic diversity of the client population and the make-up of the board/commission.
<i>None—Survey only</i>		<b>OUT OF COMPLIANCE:</b> N/A			
2.	In counties over 80,000 population, or in counties under 80,000 population that elect to have the board/commission exceed the five-member minimum permitted, is the county in compliance with the following:				
2a.	Consumers or the parents, spouses, siblings, or adult children of consumers who are receiving or have received mental health services constitute 50% of the board/commission membership?				
2b.	Consumers constitute at least 20% of the total membership?				
2c.	Families of consumers constitute at least 20% of the membership?				
<i>W&amp;IC Sections 5614(b)(2) and 5604(a)(2)&amp;(3)(A)&amp;(B)</i>		<b>OUT OF COMPLIANCE:</b> Consumers or the parents, spouses, siblings, or adult children of consumers who are receiving or have received mental health services do not constitute 50% of the board/commission membership; consumers do not constitute at least 20% of the total membership; families of consumers do not constitute at least 20% of the membership			

**SECTION F      MENTAL HEALTH BOARDS/COMMISSIONS**

**REQUIREMENT**

**INSTRUCTIONS TO REVIEWERS**

**CRITERIA**

**IC   PC   NC**

**COMMENTS**

3.	In counties under 80,000 population that elect to have a five member board, is the county in compliance with the following:				<u>NOTE:</u> N/A if question #2 applies.
3a.	Is at least one member a consumer?				
3b.	Is at least one member a parent, spouse, sibling, or adult child of a consumer who is receiving, or has received, mental health services?				
<i>W&amp;IC Sections 5614(b)(2) and 5604(a)(2)&amp;(3)(A)&amp;(B)</i>		<b><u>OUT OF COMPLIANCE:</u></b> The board/commission does not have at least one member who is a consumer; the board/commission does not have at least one member who is a parent, spouse, sibling, or adult child of a consumer who is receiving, or has received mental health services			
4.	Is the board/commission in compliance with the requirement that no member of the board/commission (or his or her spouse) is any of the following:				<ul style="list-style-type: none"> <li>• Ask about spouses, too.</li> </ul>
4a.	An employee of the county mental health program?				
4b.	An employee of a mental health contract agency, or paid member of the governing body of a mental health contract agency?				
4c.	An employee of the State Department of Mental Health?				<u>NOTE:</u> This does not apply to independent contractors with DMH.
<i>W&amp;IC Sections 5614(b)(2) and 5604(d)</i>		<b><u>OUT OF COMPLIANCE:</u></b> A member of the board (or his or her spouse) is an employee of the county mental health program, an employee or paid member of a mental health contract agency, an employee of a mental health contract agency, or paid member of the governing body, or an employee of the State Department of Mental Health			

**SECTION F      MENTAL HEALTH BOARDS/COMMISSIONS**

CRITERIA		REQUIREMENT			INSTRUCTIONS TO REVIEWERS
		IC	PC	NC	COMMENTS
5.	Does the county have a process for ensuring that the board/commission does the following:				<ul style="list-style-type: none"> <li>Review MHP processes to ensure a-e.</li> </ul>
5a.	Review and evaluate the community's mental health needs, services, facilities, and special problems?				
5b.	Review any county agreements entered into pursuant to Sections 5650 and 5608(c)?				<u>NOTE</u> : Consultation from the board/commission does not imply approval is required.
5c.	Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process?				<ul style="list-style-type: none"> <li>Describe involvement of the board/commission.</li> </ul>
5d.	Review and make recommendations on applicants for the appointment of a local mental health director?				<u>NOTE</u> : The board/commission must be included in the selection process prior to the vote of the governing body.
5e.	Submit an annual report to the governing body on the needs and performance of the county's mental health system?				<u>NOTE</u> : Governing body is the board of supervisors.
<i>W&amp;IC Sections 5614(b)(2), and 5604.2(a) and 5608(c)</i>		<b><u>OUT OF COMPLIANCE</u></b> : The county does not have a process for ensuring the board/commission reviews a-e			

**SECTION G**

**INTERFACE WITH PHYSICAL HEALTH CARE**

**REQUIREMENT**

**INSTRUCTIONS TO REVIEWERS**

**CRITERIA**

**IC PC NC**

**COMMENTS**

**RE: RELATIONSHIP WITH MEDI-CAL MANAGED CARE PLANS**

1.	Regarding MOUs with Medi-Cal Managed Care Plans, the MHP must be in compliance with either 1a or 1b:				<p><u>NOTE</u>: No MOU(s) in place is OK if MHP is making good faith effort.</p> <p><u>NOTE</u>: An MOU is required only when an MCMCP serves 2,000 or more beneficiaries.</p> <ul style="list-style-type: none"> <li>• Does this county have Medi-Cal Managed Care Plans?</li> <li>• If yes, how many and what are the names of the MCMCPs?</li> </ul>
1a.	Are MOUs in place with all Medi-Cal Managed Care Plans?				
1b.	If not, is there evidence that the MHP is making good faith efforts to enter into such agreements?				
<p><i>CFR, Title 42, Section 438.208(b); CCR, Title 9, Chapter 11, Sections 1810.370 (a),(b)&amp;(c); MHP Contract, Exhibit A, Attachment 1, Section I</i></p>		<p><b><u>OUT OF COMPLIANCE</u></b>: MOU(s) not in place because MHP not making good faith effort</p>			
2.	Regarding MOUs with Medi-Cal Managed Care Plans, does each MOU address the following items:				<ul style="list-style-type: none"> <li>• Is the MHP following its IP?</li> <li>• Go through the MOUs and find reference to a-f.</li> <li>• If draft MOU, is this a working draft?</li> <li>• When possible, verify process in practice for a-f.</li> </ul>
2a.	MHP's process for providing referrals to the Medi-Cal Managed Care Plan?				
2b.	MHP's process for receiving referrals from the Medi-Cal Managed Care Plan?				
2c.	MHP's process for providing clinical consultation and training, including consultation and training on medications to beneficiary provider(s) in the Medi-Cal Managed Care Plan?				

**SECTION G**

**INTERFACE WITH PHYSICAL HEALTH CARE**

**REQUIREMENT**

*INSTRUCTIONS TO REVIEWERS*

**CRITERIA**

IC PC NC

**COMMENTS**

2d.	MHP's procedures for the exchange of medical records information that maintain confidentiality in accordance with applicable state and federal laws and regulations?				
2e.	MHP's procedures for providing beneficiaries with the following services when these services are covered by the Medi-Cal managed care plan:  1) Prescription drugs and laboratory services?				
	2) Emergency room facility and related services, home health care, non-emergency medical transportation, and physical health care while in a psychiatric inpatient hospital, including the history and physical required upon admission?				
	3) Direct transfers between psychiatric inpatient hospital services and inpatient hospital services required to address a beneficiary's medical problems?				
2f.	MHP's process for resolving disputes between the MHP and the Medi-Cal managed care plan that includes a means for beneficiaries to receive medically necessary services while the dispute is being resolved?				

*CCR, Title 9, Chapter 11, Sections 1810.370(a)(1),(2),&(3), (4)(A)(B)&(C), and,(5); CMS Waiver Requirement; MHP Contract, Exhibit A, Attachment 1, Section I*

**OUT OF COMPLIANCE:** NFP; MOU(s) do not contain items a-f and there is evidence that the MHP is not making a good faith effort to include the missing items

**SECTION G**

**INTERFACE WITH PHYSICAL HEALTH CARE**

**REQUIREMENT**

*INSTRUCTIONS TO REVIEWERS*

**CRITERIA**

IC PC NC

**COMMENTS**

**RE: RELATIONSHIP WITH PHYSICAL HEALTH CARE PROVIDERS WHO DO NOT BELONG TO A MEDI-CAL MANAGED CARE PLAN**

3.	Regarding coordination with:  A. Primary Care Providers (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 Centers  are the following conditions being met:				<ul style="list-style-type: none"><li>• Is the MHP following its IP?</li><li>• Have the MHP describe the processes in place for 3a-c.</li><li>• When possible, verify processes in practice for 3a-c.</li></ul>
3a.	A process is in place for the MHP to provide clinical consultation and training, including consultation and training on medications?				
3b.	A process is in place for the exchange of medical records information that maintains confidentiality in accordance with applicable state and federal laws and regulations?				

CCR, Title 9, Chapter 11, Sections 1810.415(a),(b)&(c)

**OUT OF COMPLIANCE:** NFP; there are no processes in place for a-b.



**SECTION H      PROVIDER RELATIONS**

CRITERIA		REQUIREMENT			INSTRUCTIONS TO REVIEWERS
		IC	PC	NC	COMMENTS
1. 1a.	Regarding provider satisfaction:  Is the MHP in compliance with the requirement to gather information, at least every two years, from providers regarding their satisfaction with the utilization management program?				<p><u>NOTE:</u> Applicable only if an authorization unit is used to authorize services.</p> <ul style="list-style-type: none"> <li>• Has the MHP gathered or is in the process of gathering provider satisfaction information?</li> <li>• Information must be gathered from all providers subject to authorization, e.g., hospitals, day treatment, TBS.</li> </ul>
1b.	Upon gathering the provider satisfaction information, does the MHP use the information to address identified items of dissatisfaction?				<ul style="list-style-type: none"> <li>• Has the MHP used this information to address identified items of dissatisfaction?</li> </ul>
<i>CCR, Title 9, Chapter 11, Section 1810.315; MHP Contract, Exhibit A, Attachment 1, Appendix B</i>		<b><u>OUT OF COMPLIANCE:</u></b> MHP has made no attempt to gather or use this information to address identified items of dissatisfaction			
2.	Does the MHP have a 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 contained in the MHP Contract with the DMH?				<ul style="list-style-type: none"> <li>• Ask the MHP how it monitors the individual and group providers to ensure documentation standards are being met.</li> <li>• Review some of the monitoring documentation.</li> </ul>
<i>CCR, Title 9, Chapter 11, Section 1810.110(a); CCR, Title 9, Section 1840.112; MHP Contract, Exhibit A, Attachment 3, Section 11</i>		<b><u>OUT OF COMPLIANCE:</u></b> MHP does not have a monitoring system in place; no documentation of monitoring activities			
3.	Does the MHP have a monitoring system in place that ensures contracted organizational providers are certified and recertified per conditions of the MHP Contract with the DMH?				<ul style="list-style-type: none"> <li>• Ask the MHP how it monitors the contract organizational providers to ensure onsite certifications and recertifications are completed per MHP Contract requirements.</li> <li>• Check dates on a sample of re/certifications to determine compliance.</li> </ul>
<i>CCR, Title 9, Chapter 11, Section 1810.435; MHP Contract, Exhibit A, Attachment 1, Section K</i>		<b><u>OUT OF COMPLIANCE:</u></b> MHP does not have a monitoring system in place; MHP not following re/certification requirements of the contract			

**SECTION H      PROVIDER RELATIONS**

**CRITERIA**

**REQUIREMENT**

IC   PC   NC

**INSTRUCTIONS TO REVIEWERS**

**COMMENTS**

4.	Does the MHP have the following processes in place:				<p><b>NOTE:</b> This process applies to all services requiring authorization whether provided by hospitals or by non-hospital individual, group, and organizational providers.</p>
4a.	A process that informs its providers on the MHP's criteria related to authorization of payment requests?		For survey only		
4b.	A process that offers training to its providers on the MHP's criteria related to authorization of payment requests?		For survey only		
4c.	A process that works collaboratively with its providers to reduce the number of payment authorization denials?		For survey only		
<i>None—Survey only</i>		<b>OUT OF COMPLIANCE:</b> N/A			
5.	Does the MHP maintain and monitor a network of appropriate providers that is supported by written agreements that consider the following:				<p><b>NOTE:</b> "Network" includes all providers (organizational, group, and individual), including county and contract providers.</p> <p><b>NOTE:</b> Written agreement means MHP written contracts with its individual, group, and organizational providers.</p> <ul style="list-style-type: none"> <li>• Look for MHP analysis of factors a-e.</li> <li>• Are changes being made based on analysis?</li> </ul>
5a.	The anticipated Medi-Cal enrollment?				
5b.	The expected utilization of services?				
5c.	The numbers and types of providers required?				
5d.	The number of network providers who are not accepting new beneficiaries?				

**SECTION H**      **PROVIDER RELATIONS**

CRITERIA		REQUIREMENT			INSTRUCTIONS TO REVIEWERS
		IC	PC	NC	COMMENTS
5e.	The geographic location of providers?				<u>NOTE</u> : Distance, travel time, means of transportation ordinarily used by beneficiaries, and physical access to those beneficiaries with physical disabilities should be considered.
<i>CFR, Title 42, Section 438.206(b)(1); MHP Contract, Exhibit A, Attachment 1, Section B</i>		<b><u>OUT OF COMPLIANCE</u></b> : MHP not maintaining and monitoring the network of providers per a-e			
6.	Regarding the MHP's provider network, does the MHP ensure:				<ul style="list-style-type: none"> <li>• How is the MHP monitoring and ensuring a-f?</li> </ul>
6a.	Providers meet State standards for timely access to care and services, taking into account the urgency of need for services?				State Standards: 1) 24/7 Access to urgent and emergency services, 2) 24/7 toll-free telephone number, 3) MHP standards for providers as indicated in written agreements with its providers.
6b.	Providers offer hours of operation 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?				<u>NOTE</u> : This applies at the contract provider level.
6c.	Services are available 24 hours a day, 7 days a week when medically necessary?				<u>NOTE</u> : This applies to the provider network, not each individual provider.
6d.	Mechanisms have been established to ensure compliance?				
6e.	Providers are regularly monitored to determine compliance?				<u>NOTE</u> : Monitored per re/certification cycle in the MHP Contract as well as complaints and usual occurrences.
6f.	Corrective action is taken if there is a failure to comply?				
<i>CFR, Title 42, Section 438.206(c)(1); CCR, Title 9, Sections 1810.345 and 1810.405; MHP Contract, Exhibit A, Attachment 1, Section B</i>		<b><u>OUT OF COMPLIANCE</u></b> : MHP not monitoring its provider network per a-f			

**SECTION H      PROVIDER RELATIONS**

<b>CRITERIA</b>		<b>REQUIREMENT</b>			<b>INSTRUCTIONS TO REVIEWERS</b>
		IC	PC	NC	<b>COMMENTS</b>
7.  7a.	Regarding provider selection and retention, does the MHP have written policies and procedures for selection and retention of providers that include the following:  Credentialing and recredentialing requirements?				<ul style="list-style-type: none"> <li>Look for P&amp;Ps for a-d.</li> </ul>
7b.	Nondiscrimination against providers that serve high-risk populations or specialize in conditions that require costly treatment?				
7c.	The MHP does not employ or contract with providers excluded from participation in Federal health care programs under either Section 1128 or Section 1128A of the Social Security Act?				<p><b>NOTE:</b> Section 1128 and 1128A refer to providers who have been sanctioned by DHS and are excluded from participation in Federal health care programs for specified activities, e.g., conviction of program-related crimes, patient abuse, health care fraud, or controlled substances.</p>
7d.	The MHP must comply with any additional requirements established by the State?				
<i>CFR, Title 42, Section 438.214(a-e); MHP Contract, Exhibit A, Attachment 1, Section K</i>					<b>OUT OF COMPLIANCE:</b> MHP does not have written P&Ps to meet the requirements of a-d
8.  8a.	If the MHP subcontracts, the MHP must ensure the following:  Oversees and is accountable for any functions and responsibilities?				<p><b>NOTE:</b> Subcontract means provider contracts.</p> <ul style="list-style-type: none"> <li>Review contract monitoring activities.</li> <li>Review provider contract language.</li> </ul>

**SECTION H      PROVIDER RELATIONS**

<b>CRITERIA</b>		<b>REQUIREMENT</b>			<b>INSTRUCTIONS TO REVIEWERS</b>
		IC	PC	NC	<b>COMMENTS</b>
8b.	The prospective subcontractor's ability to perform the activities to be delegated?				
8c.	A written agreement exists that:				
	1. Specifies the activities and report responsibilities delegated to the subcontractor?				
	2. Provides for revoking delegation or imposing other sanctions if the subcontractor's performance is inadequate?				
	3. Provides monitoring of the subcontractor's performance on an ongoing basis and subjects it to formal review according to a periodic schedule established by the State, consistent with industry standards or State laws and regulations?				<p><u>NOTE</u>: Formal review for organizational providers per MHP Contract.</p> <p><u>NOTE</u>: Should follow own process for individual providers per Title 9 requirements.</p>
	4. Provides for corrective action when deficiencies or areas for improvement are identified?				
<u>CFR, Title 42, Section 438.230(a) and (b); MHP Contract, Exhibit E, Section 7</u>		<b><u>OUT OF COMPLIANCE</u></b> : MHP does not ensure its subcontractors meet the requirements of a-c			
9.	Does the MHP provide the information specified in <u>CFR, Title 42, Section 438.10(g)(1)</u> about the grievance system to all providers and subcontractors at the time they enter into a contract?				<p><u>NOTE</u>: Section 438.10(g)(1) refers to the beneficiary grievance system.</p> <p><u>NOTE</u>: Grievances system includes grievances, appeals, and fair hearing procedures.</p>
<u>CFR, Title 42, Section 438.414</u>		<b><u>OUT OF COMPLIANCE</u></b> : MHP is not providing the grievance system information to its contractors at the time of contracting			



**SECTION I**

**THERAPEUTIC BEHAVIORAL SERVICES**

**IN COMPLIANCE**

**INSTRUCTIONS TO REVIEWERS**

**CRITERIA**

**Y N**

**COMMENTS**

**B. NEED FOR THIS LEVEL OF SERVICES**

2.  2a.	Is there documentation that the child/youth needs TBS for the following reasons (must meet both 2a & 2b):  It is highly likely in the clinical judgment of the mental health provider that without additional short term support of TBS:  <ul style="list-style-type: none"><li>• The child/youth will need to be placed in a higher level of residential care, including acute care, because of changes in the child/youth's behaviors or symptoms that places a risk of removal from the home or residential placement? or</li><li>• The child/youth needs this additional support to transition to a lower level of residential placement or return to the natural home?</li></ul>			<p><u>NOTE:</u> Although the child/youth may be stable in the current placement, TBS is appropriate if a change in the behavior or symptoms is expected and TBS is needed to stabilize the child in the new environment.</p> <ul style="list-style-type: none"><li>• Look for documentation in the chart that a change in the behavior or symptoms is expected or causing the placement to be in jeopardy.</li></ul>
2b.	The child/youth is receiving other specialty mental health services?			

**SECTION I**

**THERAPEUTIC BEHAVIORAL SERVICES**

**IN COMPLIANCE**

**INSTRUCTIONS TO REVIEWERS**

**CRITERIA**

**Y N**

**COMMENTS**

**C. TBS TREATMENT/CLIENT PLAN/ORGANIZATIONAL DOCUMENT**

3.	Is there documented evidence that services are provided under the direction of a licensed practitioner of the healing arts (LPHA)?			<p><b>NOTE:</b> See DMH Letter No. 01-02 for ways direction may be provided.</p> <ul style="list-style-type: none"><li>• LPHA includes: Physicians, licensed/waivered psychologists, licensed/registered/waivered social workers, licensed/registered/waivered Marriage and Family Therapists, and RNs.</li><li>• Look for the signature or other documents that may satisfy this requirement.</li></ul>
<i>DMH Letter No. 99-03, page 5</i>		<b>OUT OF COMPLIANCE:</b> Services are not being provided under the direction of an LPHA		
4.	Is the plan for TBS a component of the overall treatment/client plan?			<ul style="list-style-type: none"><li>• Review treatment/client plan.</li><li>• If the overall treatment plan has been developed by another entity outside of the MHP's specialty mental health service provider network (i.e. private insurance provider) review evidence that the MHP is coordinating care or attempting to coordinate care with that provider as provided by the MHP. Such evidence might include a description, written or verbal, of the coordination contacts.</li></ul>
<i>DMH Letter No. 99-03, page 6</i>		<b>OUT OF COMPLIANCE:</b> The plan for TBS is not a component of the overall treatment/client plan or, if the required specialty mental health services are provided by an entity other than the MHP, there is no evidence that the MHP is coordinating care or attempting to coordinate care with an entity outside of the MHP's specialty mental health service provider network (i.e. private insurance provider) who has responsibility for the overall treatment plan		



**SECTION I**

**THERAPEUTIC BEHAVIORAL SERVICES**

**IN COMPLIANCE**

*INSTRUCTIONS TO REVIEWERS*

**CRITERIA**

**Y N**

**COMMENTS**

5.	Does the plan for TBS contain the following (must contain 5a-e):			<u>NOTE</u> : Focus on presence of elements a-e. <ul style="list-style-type: none"><li>Review plan for TBS.</li></ul>
5a.	Specific target behaviors or symptoms that are jeopardizing the current place of residence or presenting a barrier to transitions, e.g., temper tantrums, property destruction, assaultive behavior in school?			
5b.	Specific interventions to resolve behaviors or symptoms, such as anger management techniques?			
5c.	Specific outcome measures that can be used to demonstrate that the frequency of targeted behaviors has declined and has been replaced by adaptive behaviors?			
5d.	A transition plan from the inception of TBS to decrease or discontinue TBS when these services are no longer needed or when the need to continue TBS appears to have reached a plateau in benefit effectiveness?			<ul style="list-style-type: none"><li>Review the plan for TBS for evidence in the initial treatment plan of a timeline for reviewing the partial or complete attainment of behavioral benchmarks.</li></ul>
5e.	The manner for assisting parents/caregivers with skills and strategies to provide continuity of care when the service is discontinued?			<ul style="list-style-type: none"><li>Review the plan for TBS for evidence in the initial treatment plan that describes how parents/caregivers will be assisted with skills and strategies to provide continuity of care when the service is discontinued or a timeline for developing how parents/caregivers will be assisted.</li></ul>

DMH Letter No. 99-03, page 6

**OUT OF COMPLIANCE**: No plan for TBS; plan for TBS does not contain the components a-e

**SECTION I**

**THERAPEUTIC BEHAVIORAL SERVICES**

**IN COMPLIANCE**

**INSTRUCTIONS TO REVIEWERS**

**CRITERIA**

**Y N**

**COMMENTS**

6.	Is there documented evidence that TBS is discontinued when:			<p><b>NOTE:</b> Consider the Interim Order in Emily Q. v. Bontá filed January 29, 2004, Section II.A: "The Judgment provides that TBS is a short-term service. However, there is no specific time limit on the duration of TBS. . . the decision to provide TBS and the length of time that TBS may continue is determined by the provider's clinical judgment regarding the needs of the child and medical necessity of TBS. . . Accordingly, the Court clarifies that TBS may be continued even after a favorable outcome is achieved when the provider determines that TBS is still medically necessary. . . For example, TBS may be continued when a child has met the behavioral goals in his or her TBS plan, but the provider determines that continuation of TBS is still necessary to stabilize the child's behavior and to reduce the risk of regression."</p> <ul style="list-style-type: none"><li>• Check progress notes, the TBS plan or other documentation.</li></ul>
6a.	The identified behavioral benchmarks have been reached in the clinical judgment of the MHP's provider?			
6b.	Progress towards the behavioral benchmarks is not being achieved and is not reasonably expected to be achieved in the clinical judgment of the MHP's provider?			
	<i>DMH Letter No. 99-03, pages 5 &amp; 6, and the Interim Order in Emily Q. v. Bontá filed January 29, 2004</i>			<b>OUT OF COMPLIANCE:</b> TBS is not discontinued when 7a or 7b applies, considering the Interim Order
7.	Is there documented evidence that TBS is adjusted or decreased when indicated based on the clinical judgment of the MHP's provider?			<ul style="list-style-type: none"><li>• Check progress notes, the TBS plan or other documentation.</li></ul>
	<i>DMH Letter No. 99-03, pages 5 &amp; 6</i>			<b>OUT OF COMPLIANCE:</b> TBS is not decreased or adjusted when indicated based on the clinical judgment of the MHP's provider.



**SECTION I**

**THERAPEUTIC BEHAVIORAL SERVICES**

**IN COMPLIANCE**

**INSTRUCTIONS TO REVIEWERS**

**CRITERIA**

**Y N**

**COMMENTS**

9a.	Jeopardize the existing placement? or			
9b.	Are a barrier to transitioning to a lower level of residential care and completion of specific treatment goals?			
<i>DMH Letter No. 99-03, page 5.</i>		<b><u>OUT OF COMPLIANCE:</u></b> Evidence that the TBS plan and/or progress notes are not focused on resolution of target behaviors and symptoms which jeopardize existing placements or which are a barrier to transitioning to a lower level of care		
10.	Regarding Therapeutic Behavioral Services:			<b><u>NOTE:</u></b> Due ongoing to DMH.
10a.	Does the MHP submit the required notification information to the DMH within 30 days of commencing TBS services to a beneficiary?			<ul style="list-style-type: none"><li>• Review MHP's list of TBS beneficiaries.</li></ul>
10b.	When applicable, has the MHP been submitting update notification(s) quarterly to DMH?			<b><u>NOTE:</u></b> Applicable when services exceed three months <ul style="list-style-type: none"><li>• Review MHP's list of TBS beneficiaries.</li></ul>
<i>DMH Policy Letter Nos. 99-03 and 01-03</i>		<b><u>OUT OF COMPLIANCE:</u></b> MHP not submitting notification forms to DMH as required		

**SECTION J**

**CHART REVIEW—NON-HOSPITAL SERVICES**

**IN COMPLIANCE**

*INSTRUCTIONS TO REVIEWERS*

**CRITERIA**

**Y N**

**COMMENTS**

1.  1a.	Does the beneficiary meet all three of the following reimbursement criteria (1a., 1b., and 1c. below):  The beneficiary has a DSM IV diagnosis contained in the CCR, Title 9, Chapter 11, Section 1830.205(b)(1)(A-R)?			<p><u>NOTE</u>: Promote peer reviewer participation in the review of some charts.</p> <ul style="list-style-type: none"><li>• Review assessment(s), evaluation(s), and/or other documentation to support a-c.</li><li>• Is the beneficiary’s diagnosis among the list of diagnoses in Section 1830.205(b)?</li></ul>
1b.	The beneficiary, as a result of a mental disorder listed in 1a, must have, at least, one of the following criteria (1, 2, or 3 below):  1) A significant impairment in an important area of life functioning?  2) A probability of significant deterioration in an important area of life functioning?  3) A probability that the child will not progress developmentally as individually appropriate?			<ul style="list-style-type: none"><li>• Determine which condition(s) (1, 2, and/or 3) is the focus of treatment.</li></ul> <p><u>NOTE</u>: Definitions of “significant” at the discretion of the MHP.</p> <p><u>NOTE</u>: Definitions of “probability” at the discretion of the MHP.</p>
1c.	Must meet each of the intervention criteria listed below (4 and 5):  4) The focus of the proposed intervention is to address the condition identified in no. 1b. above?			<ul style="list-style-type: none"><li>• Does the proposed intervention(s) focus on the condition(s) identified in “b”?</li></ul>

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

**IN COMPLIANCE**

**INSTRUCTIONS TO REVIEWERS**

**CRITERIA**

**Y   N**

**COMMENTS**

	<p>5) The expectation is that the proposed intervention will do, at least, one of the following (A, B, or C):</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>			<ul style="list-style-type: none"> <li>• Can a connection be identified between the proposed intervention and the following: <ul style="list-style-type: none"> <li>• Diminishing the impairment?</li> <li>• Preventing a significant deterioration?</li> <li>• Allowing a child to progress developmentally as individually appropriate?</li> </ul> </li> </ul> <p><u>NOTE:</u> For beneficiaries eligible for EPSDT services, see eligibility under no. 2 below, if necessary.</p>
<p><u>CCR, Title 9, Chapter 11, Section 1830.205(b)</u></p>		<p><b><u>OUT OF COMPLIANCE:</u></b> Criteria a-b not supported by documentation; criteria “c” not established</p>		
<p>2.</p>	<p>Do beneficiaries under 21 years of age who do not meet the medical necessity criteria of no. 1b. and/or no. 1c. above meet the medical necessity criteria per EPSDT (<u>CCR, Title 22, Section 51340[e][3]</u>) eligibility when specialty mental health services are needed to correct or ameliorate a defect, mental illness, or condition?</p>			<p><u>NOTE:</u> N/A if not EPSDT eligible; or medical necessity established in no. 1 above.</p> <ul style="list-style-type: none"> <li>• Can a connection be made between the diagnosis in 1a and the service(s) provided?</li> </ul>
<p><u>CCR, Title 9, Chapter 11, Section 1830.210(a)</u></p>		<p><b><u>OUT OF COMPLIANCE:</u></b> No connection can be made between the diagnosis and the service(s) provided; no evidence that services are needed to correct or ameliorate a defect, mental illness, or condition</p>		

**SECTION J**

**CHART REVIEW—NON-HOSPITAL SERVICES**

**IN COMPLIANCE**

**INSTRUCTIONS TO REVIEWERS**

**CRITERIA**

**Y N**

**COMMENTS**

RE: ASSESSMENT

<p>3.</p>	<p>Has an assessment been completed and, as appropriate, does it contain areas addressed in the MHP contract with the DMH?</p>			<p><u>NOTE:</u> Assessment information need not be in a specific document or section of the chart.</p> <ul style="list-style-type: none"> <li>• Review assessment(s), evaluation(s), and/or other documentation to support 1a, 1b, and 1c.</li> <li>• Does the assessment(s) include the appropriate elements? These elements may include the following:             <ul style="list-style-type: none"> <li>• Physical health conditions reported by the client are prominently identified and updated</li> <li>• Presenting problems and relevant conditions affecting physical and mental health status: i.e., living situation, daily activities, social support</li> <li>• Client strengths in achieving client plan goals</li> <li>• Special status situations and risks to client or others</li> <li>• Medications, dosages, dates of initial prescription and refills, informed consent</li> <li>• Allergies and adverse reactions, or lack of allergies/sensitivities</li> <li>• Mental health history, previous treatment dates, providers, therapeutic interventions and responses, sources of clinical data, relevant family information, lab tests, consultation reports</li> <li>• For children and adolescents, pre-natal and perinatal events, and complete developmental history</li> <li>• Past and present use of tobacco, alcohol, and caffeine, as well as illicit, prescribed, and over-the-counter drugs</li> </ul> </li> </ul>
-----------	--	--	--	---

CCR, Title 9, Chapter 11, Section 1810.204;  
MHP Contract with DMH, Exhibit A, Attachment 1,  
Appendix C

**OUT OF COMPLIANCE:** NFP; no assessment has been completed; assessment does not contain the elements, as appropriate

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

**IN COMPLIANCE**

*INSTRUCTIONS TO REVIEWERS*

**CRITERIA**

**Y   N**

**COMMENTS**

RE: CLIENT PLAN

4.	Does the client’s plan contain the following elements:			
4a.	Specific, observable, or quantifiable goals?			<ul style="list-style-type: none"> <li>• Review the client plan.</li> </ul>
4b.	The proposed type(s) of intervention?			<ul style="list-style-type: none"> <li>• Look for type(s) of interventions.</li> </ul>
4c.	The proposed duration of the intervention(s)?			<ul style="list-style-type: none"> <li>• Look for duration of intervention(s).</li> </ul>
4d.	Writing that is legible?			
4e.	<p>A signature (or electronic equivalent) of, at least, one of the following:</p> <ol style="list-style-type: none"> <li>1) A person providing the services(s)?</li> <li>2) A person representing the MHP providing services?</li> <li>3) When the plan is used to establish that services are provided under the direction of an approved category of staff, and if the above staff are not of the approved categories, one of the following must sign: <ol style="list-style-type: none"> <li>A. A physician?</li> <li>B. A licensed/waivered psychologist?</li> <li>C. A licensed/registered/waivered social worker?</li> <li>D. A licensed/registered/waivered marriage and family therapist?</li> <li>E. A registered nurse?</li> </ol> </li> </ol>			<ul style="list-style-type: none"> <li>• If necessary, ask for a list of staff, staff signatures, and staff licenses.</li> </ul>



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

**IN COMPLIANCE**

*INSTRUCTIONS TO REVIEWERS*

**CRITERIA**

**Y   N**

**COMMENTS**

4f.	<p>Documentation of the client’s degree of participation and agreement with the client plan as evidenced by one of the following:</p> <p>1) When the client is a long-term client, as defined by the MHP, and the client is receiving more than one type of service from the MHP, the client’s signature, or an explanation of why the signature could not be obtained, is documented on the plan?</p> <p>2) When the client is not a long-term beneficiary, examples of documentation include, but are not limited to, reference to the client’s participation and agreement in the body of the plan, the client signature on the plan, or a description of the client’s participation and agreement in the progress notes?</p>			<ul style="list-style-type: none"> <li>• Does the chart contain documentation of the client’s degree of participation and agreement with the plan?</li> <li>• Describe how the MHP defines “long-term client.”</li> <li>• Is the client a long-term client?</li> <li>• Is the client receiving more than one type of service?</li> <li>• Is there a client signature or explanation of why the signature could not be obtained documented on the plan?</li> <li>• Is there reference to the client’s participation and agreement in the body of the plan, client signature on the plan or, is there a description of the client’s participation and agreement in the progress notes?</li> </ul>
-----	--	--	--	---

*CCR, Title 9, Chapter 11, Sections 1840.314 and 1810.440(c); MHP Contract with DMH, Exhibit A, Attachment 1, Appendix C*

**OUT OF COMPLIANCE:** NFP; no client plan has been completed; complete absence of a-c; writing that is illegible; absence of signature for e-f

**RE: PROGRESS NOTES**

5.	Do progress notes document the following:			<ul style="list-style-type: none"> <li>• Review progress notes.</li> </ul>
5a.	The date services were provided?			
5b.	Client encounters, including clinical decisions and interventions?			

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

**IN COMPLIANCE**

*INSTRUCTIONS TO REVIEWERS*

**CRITERIA**

**Y   N**

**COMMENTS**

5c.	A signature (or electronic equivalent) of the staff providing the service with professional degree, license, or job title?			
5d.	Writing that is legible?			
5e.	<p>Timeliness/frequency as following:</p> <p>1) Every service contact for:  A. Mental health services?  B. Medication support services?  C. Crisis intervention?</p> <p>2) Daily for:  A. Crisis residential?  B. Crisis stabilization (one per 23/hour period)?  C. Day treatment intensive?</p> <p>3) Weekly for:  A. Day treatment intensive?  B. Day rehabilitation?  C. Adult residential?</p> <p>4) Other notes as following:  A) Psychiatric health facility services: each shift?  B) Targeted case management: every service contact, daily, or weekly summary?</p>			<p><u>NOTE:</u> Effective 9/1/03, day treatment intensive weekly note must be signed by one of the following:</p> <p>A) Physician,  B) licensed/waivered psychologist,  C) licensed/registered/waivered social worker,  D) licensed/registered/waivered marriage and family therapist,  E) registered nurse.</p>

*CCR, Title 9, Chapter 11, Section 1810.440(c);  
MHP Contract with DMH, Exhibit A, Attachment 1, Appendix C*

**OUT OF COMPLIANCE:** NFP; progress notes within the review period do not contain these elements

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

**IN COMPLIANCE**

*INSTRUCTIONS TO REVIEWERS*

**CRITERIA**

**Y   N**

**COMMENTS**

**RE: OTHER CHART DOCUMENTATION**

6.	Is there a process to notify the beneficiary that a copy of the client plan is available upon request?			<ul style="list-style-type: none"> <li>Describe the procedure for obtaining client plan.</li> </ul>
<i>CCR, Title 9, Chapter 11, Section 1810.110(a); MHP Contract with DMH, Exhibit A, Attachment 1, Appendix C</i>		<b><u>OUT OF COMPLIANCE:</u></b> NFP; no process in place.		
7.	When applicable, was information provided to beneficiaries with visual and hearing impairments?			<ul style="list-style-type: none"> <li>Review evidence that beneficiaries with visual and/or hearing impairment were provided with information.</li> </ul>
<i>CCR, Title 9, Chapter 11, Section 1810.110(a); DMH Information Notice No. 97-06, D, 5</i>		<b><u>OUT OF COMPLIANCE:</u></b> NFP; no evidence that beneficiaries with visual and/or hearing impairment were provided with information based on MHP's IP or policy		
8.	Regarding cultural/linguistic services:			<u>NOTE:</u> Coordinate findings with DMH system review process <ul style="list-style-type: none"> <li>Review CCP and charts.</li> </ul>
8a.	Is there any evidence that mental health interpreter services are offered?			<u>NOTE:</u> If beneficiary Limited English Proficiency (LEP), review for interpretive services offered. <ul style="list-style-type: none"> <li>Is there evidence beneficiaries are made aware of services available in their primary language?</li> <li>When families provide interpreter services, is there documentation that other linguistic services were offered first, but the client preferred to provide a family interpreter?</li> </ul>
8b.	When applicable, is there documentation of linking beneficiaries to culture-specific and/or linguistic services as described in the MHP's CCP?			
8c.	Is service-related personal correspondence in the client's preferred language?			
<i>CCR, Title 9, Chapter 11, Sections 1810.410(a) and (d)(2); DMH Information Notice No. 02-03, Pages 13-15</i>		<b><u>OUT OF COMPLIANCE:</u></b> NFP; no evidence of a-c		

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

**IN COMPLIANCE**

*INSTRUCTIONS TO REVIEWERS*

**CRITERIA**

**Y   N**

**COMMENTS**

9.	Does the MHP submit to the DMH a copy of each TBS Notice of Action within 30 days of issuance?			<ul style="list-style-type: none"> <li>Review MHP's list of TBS NOAs.</li> </ul>
----	--	--	--	--

<i>DMH Policy Letter No. 99-03</i>	<b><u>OUT OF COMPLIANCE:</u></b> MHP not submitting TBS NOAs to DMH as required
------------------------------------	---

10.	<p>Regarding certification forms, does the MHP:</p> <p>1) Submit the certification forms to the DMH?</p>			<p><u>NOTE:</u> A certification form declares TBS was considered prior to the youth's placement in certain higher levels of care.</p> <p><u>NOTE:</u> Look for a certification form whenever an EPSDT-eligible client is placed in one of the following:</p> <p>A) Metropolitan or Napa State Hospital,</p> <p>B) An RCL 12 foster care group home, when the MHP is involved in the placement,</p> <p>C) RCL 13 or 14 foster care group home,</p> <p>D) A SNF/STP or an MHRC that has been designated as an IMD.</p>
-----	--	--	--	--

	2) Maintain the forms in the county?			
--	--------------------------------------	--	--	--

<i>DMH Policy Letter Nos. 99-03 and 01-03</i>	<b><u>OUT OF COMPLIANCE:</u></b> MHP not submitting certification forms to the DMH as required
---	--

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

**IN COMPLIANCE**

**INSTRUCTIONS TO REVIEWERS**

**CRITERIA**

**Y   N**

**COMMENTS**

RE: MEDICAL NECESSITY

1.  1a.	Does the beneficiary’s admission to a psychiatric inpatient hospital meet both of the following admission reimbursement criteria (1a. and 1b. below):  The beneficiary has a DSM IV diagnosis contained in the CCR, Title 9, Chapter 11, Section 1820.205(a)(1)(A-R)?			<p><u>NOTE:</u> Use “Admission Summary Worksheet” and “Disallowance Summary Worksheet.”</p> <ul style="list-style-type: none"> <li>• Review medical record documentation.</li> <li>• Is the diagnosis listed in the regulations?</li> </ul>
1b.	The beneficiary requires psychiatric inpatient hospital services, as a result of a mental disorder, due to, at least, one of the following indications (the beneficiary must meet either 2 a-d. or 3 a-c)?			<p><u>NOTE:</u> Use “Admission Summary Worksheet” and “Disallowance Summary Worksheet.”</p> <ul style="list-style-type: none"> <li>• Review medical record documentation.</li> </ul>

CCR, Title 9, Chapter 11, Section 1820.205(a)(1)

**OUT OF COMPLIANCE:** Beneficiary does not have an admission diagnosis contained in Section 1820.205

2.  2a.  2b.  2c.  2d.	Does the beneficiary have symptoms or behaviors of one of the following (2a-d):  Represent a current danger to self or others, or to significant property destruction?  Prevent the beneficiary from providing for, or utilizing food, clothing, or shelter?  Present a severe risk to the beneficiary’s physical health?  Recent significant deterioration in ability to function?			<ul style="list-style-type: none"> <li>• Review medical record documentation.</li> </ul>
--	---	--	--	--

CCR, Title 9, Chapter 11, Section 1820.205(a)(2)(B)1 a, b, c, and d

**OUT OF COMPLIANCE:** Documentation does not support medical necessity criteria

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

**IN COMPLIANCE**

**INSTRUCTIONS TO REVIEWERS**

**CRITERIA**

**Y   N**

**COMMENTS**

3.	Does the beneficiary require treatment and/or observation for, at least, one of the following (3a., 3b., or 3c.):			<p><b>NOTE:</b> Use “Admission Summary Worksheet” and “Disallowance Summary Worksheet.”</p> <ul style="list-style-type: none"> <li>Review medical record documentation.</li> </ul>
3a.	Further psychiatric evaluation?			
3b.	Medication treatment?			
3c.	Specialized treatment?			

*CCR, Title 9, Chapter 11, Section 1820.205(a)(2)(B) 2a-c*

**OUT OF COMPLIANCE:** Documentation does not support medical necessity criteria

4.	Does the beneficiary’s continued stay in a psychiatric inpatient hospital meet one of the following reimbursement criteria (4a-d):			<p><b>NOTE:</b> Use “Continued Stay Summary Worksheet” and “Disallowance Summary Worksheet.”</p> <ul style="list-style-type: none"> <li>Review medical record documentation.</li> <li>Daily note that describes severity of symptoms, behaviors, function and risk.</li> <li>Review UR notes or other documentation for lack of availability to support.</li> </ul>
4a.	Continued presence of indications which meet the medical necessity criteria specified in items 1., 2., and 3. above?			
4b.	Serious adverse reaction to medications, procedures, or therapies requiring continued hospitalization?			
4c.	Presence of new indications which meet medical necessity criteria specified in items 1., 2., and 3. above?			
4d.	Need for continued medical evaluation or treatment that can only be provided if the beneficiary remains in a psychiatric inpatient hospital?			

*CCR, Title 9, Chapter 11, Section 1820.205(b)(1), (2), (3), and (4)*

**OUT OF COMPLIANCE:** Documentation does not support medical necessity criteria

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

**IN COMPLIANCE**

*INSTRUCTIONS TO REVIEWERS*

**CRITERIA**

**Y   N**

**COMMENTS**

RE: QUALITY OF CARE

5. 5a.	Regarding culturally competent services:  Is there any evidence that mental health interpreter services are offered?			<p><b>NOTE:</b> If beneficiary is LEP, review for interpretive services offered.</p> <ul style="list-style-type: none"> <li>• Review medical record documentation.</li> <li>• Review inpatient implementation plan (may be in specialty mental health services implementation plan).</li> <li>• MHP’s implementation plan as authority.</li> <li>• When families provide interpreter services, is there documentation that other linguistic services were offered first, but the client preferred to provide a family interpreter?</li> </ul>
5b.	When applicable, is there documentation of the response to offers of interpreter services as described in the MHP’s cultural competency plan?			
<p><i>CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 02-03, Page 13</i></p>		<p><b>OUT OF COMPLIANCE:</b> NFP; documentation does not indicate that mental health interpreter services are offered; the response not documented</p>		
6.	Does the record documentation reflect staff efforts for screening, referral, and coordination with other necessary services, including, but not limited to, substance abuse, educational, health, housing, vocational rehabilitation services as well as with Regional Center?			<p><b>NOTE:</b> Use “Admission Summary Worksheet” and “Continued Stay Summary Worksheet.”</p> <ul style="list-style-type: none"> <li>• Review medical record documentation.</li> <li>• Review MHP inpatient implementation plan.</li> </ul>
<p><i>CCR, Title 9, Chapter 11, Section 1810.310(a)(2)(A); W&amp;IC Section 4696.1</i></p>		<p><b>OUT OF COMPLIANCE:</b> NFP; documentation does not reflect staff efforts for screening, referral, and coordination with other necessary services</p>		

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

**IN COMPLIANCE**

*INSTRUCTIONS TO REVIEWERS*

**CRITERIA**

**Y   N**

**COMMENTS**

7.	Are services delivered by licensed staff within their own scope of practice?			
<i>W&amp;IC Section 5778 (n)</i>		<b><u>OUT OF COMPLIANCE:</u></b> Evidence that staff are delivering services outside their scope of practice		

RE: PLAN OF CARE

8.	Does the beneficiary have a written plan of care that includes the following elements:			<u>NOTE:</u> Use “Admission Summary Worksheet.” • Review medical record documentation.
8a.	Diagnoses, complaints, and complications indicating the need for admission?			• Review MHP inpatient implementation plan.
8b.	A description of the functional level of the beneficiary?			
8c.	Objectives?			
8d.	Any orders for: 1) Medications? 2) Treatments? 3) Restorative and rehabilitative services? 4) Activities? 5) Therapies? 6) Social services? 7) Diet? 8) Special procedures recommended for the health and safety of the beneficiary?			
8e.	Plans for continuing care?			



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

**IN COMPLIANCE**

*INSTRUCTIONS TO REVIEWERS*

**CRITERIA**

**Y   N**

**COMMENTS**

8f.	Plans for discharge?			
8g.	Documentation of the beneficiary's degree of participation in and agreement with the plan?			<p><u>NOTE:</u> Parents, family members, and other advocates can be included in this process as selected by the adult client.</p> <ul style="list-style-type: none"> <li>• Look for client's signature or statement describing client participation.</li> </ul>
8h.	Documentation of the physician's establishment of this plan?			<ul style="list-style-type: none"> <li>• Look for physician's signature.</li> </ul>
<p><i>CFR, Title 42, Subchapter C, Subpart D, Sections 456.180; CCR, Title 9, Chapter 11, Section 1820.210; DMH Contract with the MHP, Exhibit A, Attachment 1, Appendix C</i></p>		<p><b><u>OUT OF COMPLIANCE:</u></b> Required elements are not documented</p>		
9.	When applicable:			
9a.	Is there evidence the MHP provided information to beneficiaries with visual and hearing impairments?			<ul style="list-style-type: none"> <li>• Review evidence that beneficiaries with visual and/or hearing impairment were provided with information.</li> </ul>
9b.	Is service-related personal correspondence in the client's preferred language?			
<p><i>CCR, Title 9, Chapter 11, Section 1810.110(a); DMH Information Notice Nos. 97-06, D, 5 and 02-03, pages 14-15; W&amp;IC Sections 5600.2(e) and 5614(b)(5)</i></p>		<p><b><u>OUT OF COMPLIANCE:</u></b> No evidence that beneficiaries with visual and/or hearing impairment were provided with information based on MHP's IP or policy; correspondence not in client's primary language</p>		
10.	Does the MHP document in the individual's medical record whether or not the individual has executed an advance directive?			
<p><i>CFR, Title 42, Section 438.100(b)(1)&amp;417,436(d)(3)</i></p>		<p><b><u>OUT OF COMPLIANCE:</u></b> Record does not document whether or not an advance directive has been executed</p>		

**SECTION L— UTILIZATION REVIEW--SD/MC HOSPITAL SERVICES**

**IN COMPLIANCE  
Y N**

**INSTRUCTIONS TO REVIEWERS  
COMMENTS**

**CRITERIA**

1.	Does the Utilization Review (UR) Plan:			<ul style="list-style-type: none"> <li>Review IP, MHP UR Plan, and URC minutes.</li> </ul>
1a.	Provide for a committee to perform UR?			<ul style="list-style-type: none"> <li>Identify URC members.</li> <li>Look at licenses of members.</li> </ul>
1b.	Describe the organization, composition, and functions of the committee?			
1c.	Specify the frequency of the committee meetings?			<ul style="list-style-type: none"> <li>Are URC meetings held at the frequency specified?</li> </ul>
<p><u>CFR, Title 42, Subchapter C, Subpart D, Sections 456.201–205; CCR, Title 9, Chapter 11, Section 1820.210</u></p>		<p><b><u>OUT OF COMPLIANCE:</u></b> UR Plan does not provide a committee to perform UR; URC does not describe the organization, composition, and functions; URC meetings not held according to stated frequency; URC does not have two physicians</p>		
2.	Does the UR plan provide that each recipient’s record (UR) contain, at least, the required information:			<ul style="list-style-type: none"> <li>Do UR 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?			
2g.	Other supporting material that the committee believes appropriate to be included in the record?			
<p><u>CFR, Title 42, Subchapter C, Subpart D, Sections 456.211(a-g); CCR, Title 9, Chapter 11, Section 1820.210</u></p>		<p><b><u>OUT OF COMPLIANCE:</u></b> UR records do not include all of the required information; the UR plan does not include all of the required review elements</p>		

**SECTION L— UTILIZATION REVIEW--SD/MC HOSPITAL SERVICES**

**IN COMPLIANCE**

**INSTRUCTIONS TO REVIEWERS**

**CRITERIA**

**Y N**

**COMMENTS**

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:			<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> </ul>
3a.	Determination of need for continued stay?			<ul style="list-style-type: none"> <li>Is the documentation of the determination of need for continued stay required?</li> </ul>
3b.	Evaluation criteria for continued stay?			<ul style="list-style-type: none"> <li>Is the evaluation criteria documented?</li> </ul>
3c.	Initial continued stay review date?			<ul style="list-style-type: none"> <li>Are the dates written?</li> </ul>
3d.	Subsequent continued stay review dates?			
3e.	Description of methods and criteria for continued stay review dates; length of stay modification?			<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?			<ul style="list-style-type: none"> <li>Is the continued stay review process documented?</li> </ul>
3g.	Notification of adverse decision?			<ul style="list-style-type: none"> <li>Is the notification of adverse decision documented?</li> </ul>
3h.	Time limits for final decision and notification of adverse decision?			<ul style="list-style-type: none"> <li>Are time limits for final decisions adhered to?</li> </ul>
<p><i>CFR, Title 42, Subchapter C, Subpart D, Sections 456.231-238; CCR, Title 9, Chapter 11, Section 1820.210</i></p>		<p><b>OUT OF COMPLIANCE:</b> UR plan does not include all of the required elements; not following plan</p>		
4.	Is the UR Plan in compliance with each of the following:			<ul style="list-style-type: none"> <li>Review IP, MHP UR Plan, URC minutes, URC records, and URC reports.</li> </ul>

**SECTION L— UTILIZATION REVIEW--SD/MC HOSPITAL SERVICES**

**IN COMPLIANCE  
Y N**

**INSTRUCTIONS TO REVIEWERS  
COMMENTS**

**CRITERIA**

4a.	Contains a description of the types of records that are kept by the UR committee?			<ul style="list-style-type: none"> <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>
4b.	Contains a description of the types and frequency of the URC reports and the arrangements for distribution to individuals?			<ul style="list-style-type: none"> <li>• Are the URC reports of the types and frequency specified in the UR plan?</li> <li>• Is there evidence of arrangements for distribution to individuals?</li> </ul>
4c.	Provides for the beneficiary's confidentiality in all records and reports?			<ul style="list-style-type: none"> <li>• Review records to ensure compliance with confidentiality requirements.</li> </ul>
<i>CFR, Title 42, Subchapter C, Subpart D, Sections 456.212-213 and 456.232; CCR, Title 9, Chapter 11, Section 1820.210</i>		<b><u>OUT OF COMPLIANCE:</u></b> NFP; incomplete records; reports not distributed; lack of confidentiality protections; medical care criteria does not assess need for continued stay		
5.	Does the URC include anyone who is directly responsible for the care of the beneficiary whose care is being viewed?			<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 care of beneficiary.</li> </ul>
<i>CFR, Title 42, Subchapter D, Section 456.206; CCR, Title 9, Chapter 11, Section 1820.210</i>		<b><u>OUT OF COMPLIANCE:</u></b> Care providers of beneficiary are present when URC reviews care; no backup replacement to URC to maintain required composition		
6.	Regarding the authorization process:			
6a.	If no 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?			<p><b><u>NOTE:</u></b> Use "Admission Summary Worksheet" and "Continued Stay Worksheet."</p> <ul style="list-style-type: none"> <li>• Review UR records, URC minutes, UR reports, medical records, and denials.</li> </ul>
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?			

**SECTION L— UTILIZATION REVIEW--SD/MC HOSPITAL SERVICES**

**IN COMPLIANCE  
Y N**

**INSTRUCTIONS TO REVIEWERS  
COMMENTS**

**CRITERIA**

	<i>CCR, Title 9, Chapter 11, Sections 1820.220(h) and 1820.230(b)</i>			<p><b>5a. URC) OUT OF COMPLIANCE:</b> URC or designee approved or denied the initial MHP payment authorization later than the third working day from the day of admission</p> <p><b>5b. POA) OUT OF COMPLIANCE:</b> POA did not approve or deny the payment authorization within 14 calendar days of receipt of the request</p>
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><u>NOTE:</u> Use “Admission Summary Worksheet” and “Continued Stay Worksheet.”</p> <ul style="list-style-type: none"> <li>Review UR records, URC minutes, UR reports, medical records, and denials.</li> </ul>
	<i>CCR, Title 9, Chapter 11, Section 1820.230(c)</i>			<b>OUT OF COMPLIANCE:</b> URC or designee did not specify the date for the subsequent MHP payment authorization determination
8.	Did the URC or its designee, or POA authorize payment for administrative day services only when both of the following criteria (8a. & 8b.) have been met:			<p><u>NOTE:</u> Use “Admission Summary Worksheet” and “Continued Stay Worksheet.”</p>
8a.	During the hospital stay, the beneficiary previously met medical necessity criteria for acute psychiatric inpatient hospital services?			<ul style="list-style-type: none"> <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> </ul>
8b.	There is no appropriate, non-acute treatment facility available and the facility has documented its minimum number of appropriate contacts:			<ul style="list-style-type: none"> <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 shall there be less than one contact per week.</li> </ul>
	1) The status of the placement option?			
	2) Date of the contact?			
	3) Signature of the person making the contact?			

**SECTION L— UTILIZATION REVIEW--SD/MC HOSPITAL SERVICES**

**IN COMPLIANCE  
Y N**

**INSTRUCTIONS TO REVIEWERS  
COMMENTS**

**CRITERIA**

<p><i>CCR, Title 9, Chapter 11, Sections 1820.230(d)(2)(A)&amp; (B) and 1820.220(j)(5)(A)&amp;(B)</i></p>	<p><b>OUT OF COMPLIANCE:</b> URC or designee authorized payment for administrative day services for a beneficiary that had not previously met medical necessity criteria as required; there is no appropriate, non-acute treatment facility available and the facility has not documented its minimum number of appropriate contacts</p>
<p>9. Are persons employed or under contract to provide mental health services as physicians, psychologists, social workers, or marriage and family therapists licensed, waived, or registered with their licensing boards?</p>	<p>• Review licenses, waivers, and registrations.</p>
<p><i>W&amp;IC Sections 5778(n) and 5751.2</i></p>	<p><b>OUT OF COMPLIANCE:</b> 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</p>
<p>10. Regarding Medical Care Evaluations (MCE) or equivalent studies, does the UR plan contain the following:  10a. A description of the methods that the Utilization Review Committee (URC) uses to select and conduct MCE or equivalent studies?</p>	<p>• Review UR Plan.  • Identify description of methods used to select and conduct MCE or equivalent studies.  • What does the MHP identify as the MCE equivalent?</p>
<p>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?</p>	<p>• Review current and past MCE or equivalent studies for two years and published results; URC minutes related to MCE study findings; analysis of MCE or equivalent studies; documentation of improved quality care; changes in use of facilities and services; documented actions taken to correct or investigate deficiencies or problems in the review process; and recommendations for hospital care procedures.</p>
<p>10c. Documentation that the MCE or equivalent studies have been analyzed?</p>	

**SECTION L— UTILIZATION REVIEW--SD/MC HOSPITAL SERVICES**

**IN COMPLIANCE**

**INSTRUCTIONS TO REVIEWERS**

**CRITERIA**

**Y N**

**COMMENTS**

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?			
<u>CFR, Title 42, Subchapter C, Subpart D, Section 456.242;</u> <u>CCR, Title 9, Chapter 11, Section 1820.210</u>		<b><u>OUT OF COMPLIANCE:</u></b> NFP; plan does not contain description of URC methods; URC not using methods; or lack of documentation as required that MCE or equivalent findings are analyzed and how used for improved changes and to correct deficiencies or problems		
11.	Regarding MCE or equivalent studies:			<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?			
<u>CFR, Title 42, Subpart D., Sections 456.243 and 456.245;</u> <u>CCR, Title 9, Chapter 11, Section 1820.210</u>		<b><u>OUT OF COMPLIANCE:</u></b> MCE or equivalent studies do not meet federal regulations		
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?			
<u>CCR, Title 9, Chapter 11, Section 1810.440(c)</u>		<b><u>OUT OF COMPLIANCE:</u></b> Documentation and medical record system does not meet the requirements of the contract and any applicable requirements of state, federal law and regulation		

## **ATTACHMENT A**

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

In accordance with Welfare and Institutions Code Section 5614 this serves to notify the County Mental Health Plan (MHP) pursuant to CCR, Title 9, Chapter 11, Sections 1810.325, 1810.380(b), and 1810.385, that whenever the department determines that a mental health plan has failed to comply with part or any of the regulations:

1. The department may terminate its contract with an MHP by delivering written notice of termination to the MHP at least 180 calendar days prior to the proposed effective date of termination.
2. The department may impose sanctions, including, but not limited to, fines, penalties, the withholding of payments, special requirements, probationary or corrective actions, or any other actions deemed necessary to prompt and ensure contract and performance compliance. If fines are imposed by the department, they may be withheld from the state matching funds provided to a mental health plan for Medi-Cal mental health services.
3. The department may impose one or more of the civil penalties upon an MHP which fails to comply with the provisions of Part 2.5, Division 5, and Articles 4 and 5, Chapter 8.8, Part 3, Division 9, Welfare and Institutions Code, the provisions of this chapter, or the terms of the MHP's contract with the department.

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 shall 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 shall not be appealable to the department. Except for terminations pursuant to section 1810.325(c), the department shall 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 shall grant or deny the appeal in whole or in part within 30 calendar days after receipt of the appeal. The department shall suspend any proposed action until the department has acted on the MHP's appeal.

Following is the procedure for accessing County Operations' assistance:

The staff of the County Operations units are geographically assigned. The staff act as contract liaisons and are available to assist MHP staff to address questions or concerns and to access resources. County Operations is responsible for approving amendments to MHP implementation plans and for coordinating the State Fair Hearing process.

To obtain assistance from County Operations please contact your County Operations' liaison or write to the address below:

County Operations  
State Department Mental Health  
1600 9<sup>th</sup> Street, Room 100  
Sacramento, CA. 95814