CALIFORNIA STATE DEPARTMENT OF MENTAL HEALTH
MEDI-CAL OVERSIGHT
FISCAL YEAR 2007-2008

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

FISCAL YEAR 2007-2008

INSTRUCTIONS TO REVIEWERS

TABLE OF CONTENTS

ANNUAL REVIEW PROTOCOL FOR
CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES
FISCAL YEAR 2007-2008

LIST OF ABBREVIATIONS

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

SECTION A **ACCESS**

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
1.	Does the MHP provide beneficiaries with a list of its providers upon first receiving a specialty mental health service and upon request?			• How does the MHP ensure that this requirement is met? • Look for evidence list is provided. • Does the MHP have P&Ps to address this?
CFR, Title 42, Section 438.10(f)(3); MHP Contract, Exhibit A, Attachment 1, Section V		**OUT OF COMPLIANCE:** No evidence that the MHP is providing this list to beneficiaries upon first receiving a specialty mental health service; evidence the MHP does not provide a copy upon request		
2.	Regarding the provider list:			NOTE: Regionalized list OK for larger counties.
2a.	Does the list contain the names, locations, and telephone numbers of current contracted providers in the beneficiaries' service areas by category?			NOTE: Includes organizational, group, and individual providers. NOTE: At a minimum the services are to be categorized by psychiatric inpatient hospital, targeted case management, and/or all other specialty mental health services.
2b.	Does the list include alternatives and options for cultural/linguistic services?			NOTE: Refer to MHP's CCP for definition of ethnic, racial, cultural specific specialties. • Look for ethnic specific providers.
2c.	When applicable, does the list identify providers that are not accepting new beneficiaries?			NOTE: The MHP may use means other than the provider list to identify providers that are not accepting new beneficiaries.
CFR, Title 42, Section 438.10(f)(6)(i); MHP Contract, Exhibit A, Attachment 1, Section V, Exhibit E, Section F, Item 6.		**OUT OF COMPLIANCE:** 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		
3.	Is there evidence that the MHP is making efforts to include cultural-specific providers and services in the range of programs offered?			• How is the MHP monitoring the need for additional cultural/linguistic services? • If applicable, how is the MHP taking into account cultural competence issues in making budget decisions?

SECTION A **ACCESS**

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
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, Page 20				**OUT OF COMPLIANCE:** No evidence the MHP is making efforts to include cultural-specific providers and services
4.	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?			NOTE: N/A if no contracts have been terminated. • Review evidence of such notifications.
CFR, Title 42, Section 438.10(f)(5); MHP Contract, Exhibit A, Attachment 3, Section 3				**OUT OF COMPLIANCE:** MHP is not making good faith efforts to give proper notice of termination as required
5.	Does the MHP provide beneficiaries a copy of the beneficiary booklet upon first receiving a specialty mental health service and upon request?			• How does the MHP ensure that this requirement is met? • Look for evidence that beneficiary booklet is provided. • Does the MHP have P&Ps to address this?
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				**OUT OF COMPLIANCE:** No evidence that the MHP provides beneficiaries with the beneficiary booklet upon first receiving a specialty mental health service; evidence the MHP does not provide a copy upon request
6.	Is the beneficiary booklet available in English and the MHP's identified threshold language(s)?			• Check on MHP's threshold languages per DMH Information Notice No. 07-10. • Check availability of beneficiary booklets in English and, when applicable, the threshold language(s).
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 17				**OUT OF COMPLIANCE:** Beneficiary booklet not available in English and, when applicable, the threshold language(s)

SECTION A **ACCESS**

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
7.	Do written materials in English and the threshold language(s) developed by the MHP for beneficiaries use easily understood language and format?			NOTE: Written materials apply to informing materials, e.g., beneficiary booklet and additional written materials developed by the MHP. • Review other written materials provided to beneficiaries. • How did the MHP determine the language and format is easily understood by beneficiaries? • Check the MHP's threshold languages per DMH Information Notice No. 07-10.
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		**OUT OF COMPLIANCE:** Additional written materials in English and the threshold language(s) do not use easily understood language and format		
8.	Does the MHP provide each beneficiary written notice of any significant change in the information specified in CFR, Title 42, Section 438.10(f)(6) and (g) at least 30 days before the intended effective date of the change?			NOTE: See Section 438.10(f) (6). NOTE: See Section 438.10(g). NOTE: MHP to inform DMH of changes. DMH and MHPs share distribution responsibilities. MHP responsible for distributing this information to *new* beneficiaries. NOTE: NA if no significant changes made. • How were *new* beneficiaries notified of the significant change(s)?
CFR, Title 42, Section 438.10(f)(4); MHP Contract, Attachment 1, Section V		**OUT OF COMPLIANCE:** When responsible, MHP not providing beneficiaries with written notice of significant changes		

SECTION A **ACCESS**

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
9.	Does the MHP make written materials in English and the threshold language(s) available to beneficiaries in alternate formats and in an appropriate manner that takes into consideration the special needs of those who are visually limited or have limited reading proficiency?			NOTE: Written materials apply to informing materials, e.g., beneficiary booklet and additional written materials developed by the MHP. NOTE: This requirement does not apply to non-informing materials, e.g., pamphlet on depression. • What alternate formats are available? • How does the MHP ensure this requirement is met? • Look for evidence alternate format is made available.
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		**OUT OF COMPLIANCE:** Informing materials and additional written materials developed by the MHP in English and the threshold language(s) not made available in alternate formats.		
10.	Does the MHP inform beneficiaries that information is available in alternative formats and how to access those formats?			• How does the MHP determine that a beneficiary has limited reading proficiency? • How does the MHP inform beneficiaries?
CFR, Title 42, Section 438.10(d)(2)		**OUT OF COMPLIANCE:** No evidence the MHP is informing beneficiaries that information is available in alternative formats and how to access those formats		
11.	Does the MHP have written policies to ensure the following beneficiary rights:			NOTE: Requirement is only to have written policies. • Review P&Ps. • Review how providers are made aware of these policies? • When applicable, do the results of beneficiary surveys confirm these rights are followed? • Are there grievances or change of providers related to violation of these rights?

SECTION A **ACCESS**

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
11a.	The right to receive information in accordance with CFR, Title 42, Section 438.10?			NOTE: Per DMH Information Notice No. 06-18, Section 438.10(b)(1) states, 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.
11b.	The right to be treated with respect and with due consideration for his/her dignity and privacy?			
11c.	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?			
11d.	The right to participate in decisions regarding his or her health care, including the right to refuse treatment?			
11e.	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?			
11f.	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 CFR, Title 45, Sections 164.524 and 164.526?			NOTE: 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.
11g.	The right to be furnished health care services in accordance with CFR, Title 42, Sections 438.206-210?			• Review Sections 438.206-210 for details. • Review provider contracts and procedure manuals.
CFR, Title 42, Section 438.100(a), (b), (d); MHP Contract, Exhibit A, Attachment 3, Section 4; DMH Letter No. 04-05		**OUT OF COMPLIANCE**: No written policies that ensure these rights		

SECTION A **ACCESS**

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
12. 12a.	Regarding advance directive: Has the MHP implemented written policies and procedures respecting advance directive in compliance with the requirements of CFR, Title 42, Sections 422.128 and 438.6(i)(1), (3) and (4)?			NOTE: Advance directive information is contained in beneficiary booklet. NOTE: Review Sections 422.128 and 438.6 for details. • Review P&Ps.
12b.	Does the MHP provide adult beneficiaries with written information on advance directive policies, including a description of applicable State law?			NOTE: Written information may be provided by way of the beneficiary booklet.
12c.	Does the written information to those adult beneficiaries contain the following information: 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 individual's option, advance directive?			NOTE: See beneficiary booklet. NOTE: Section 4605 California Probate Code. "Advance health care directive" or "advance directive" means either an individual health care instruction or a power of attorney for health care. NOTE: Section 4615 California Probate Code. "Health care" means any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a patient's physical or mental condition.
	2) MHP's written policies respecting the implementation of those rights?			

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
12d.	When applicable, has the MHP updated its written materials to reflect changes in State laws governing advance directive as soon as possible, but no later than 90 days after the effective date of the change?			NOTE: If change in State laws, DMH will notify MHPs. NOTE: N/A if there have been no changes. • Be sure MHP is distributing the latest version of the booklet.
CFR, Title 42, Sections 422.128 and 438.6(i)(1), (3) and (4); MHP Contract, Exhibit A, Attachment 3, Section 1		**OUT OF COMPLIANCE:** MHP has not implemented written policies on advance directive; MHP not providing adult beneficiaries with written information on advanced directive; written information does not contain the required information; when applicable, written materials not updated within 90 days to reflect changes		
13. 13a.	Does the MHP have written policies to ensure the following: Beneficiaries are not discriminated against based on whether or not they execute an advance directive?			• Review P&Ps. NOTE: Section 4605 California Probate Code. "Advance health care directive" or "advance directive" means either an individual health care instruction or a power of attorney for health care. • How does the MHP ensure this requirement is met NOTE: Section 4615 California Probate Code. "Health care" means any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a patient's physical or mental condition.
13b.	Provide for the education of staff concerning its policies and procedures on advance directive?			• Review evidence of education activities.
CFR, Title 42, Sections 438.6(i), 422.128 and 417.436(d); MHP Contract, Exhibit A, Attachment 3, Section 1		**OUT OF COMPLIANCE:** No written policies for a-b or evidence that MHP's P&Ps are in violation of State and Federal advance directive requirements.		

SECTION A **ACCESS**

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
14.	Does the MHP inform beneficiaries that complaints concerning non-compliance with the advance directive may be filed with the State survey and certification agency?			NOTE: State survey and certification agency is DHS, Licensing and Certification Division at 1-800-236-9747. • How does the MHP inform beneficiaries? • Review P&Ps.
CFR, Title 42, Sections 438.6(i), 422.128 and 417.436(d); MHP Contract, Exhibit A, Attachment 3, Section 1		**OUT OF COMPLIANCE:** MHP not informing beneficiaries that complaints can be filed with the State survey and certification agency		
15.	Regarding the under-served populations:			NOTE: "Under-served populations" refers to beneficiaries with specific cultural and linguistic needs identified in the MHP's CCP.
15a.	Is there evidence of community information and education plans or P&Ps that enable the MHP's beneficiaries' access to specialty mental health services?			• Review education plans and P&Ps that are in place. • Is the MHP in compliance with its CCP?
15b.	Is there evidence of outreach for informing under-served populations about cultural/linguistic services available, e.g., number of community presentations and/or forums?			• Ask the MHP to describe its outreach efforts. • Review evidence of outreach efforts, i.e., flyers, meeting agendas, newspaper articles.
CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 02-03, Page 20		**OUT OF COMPLIANCE:** NFCCP; no evidence of any outreach efforts, including outreach to under-served populations identified in the MHP's CCP		
16.	Regarding the homeless and hard-to-reach:			NOTE: "Hard-to-reach individuals" are any special population (excluding under-served) as defined by the MHP. NOTE: N/A if the MHP has not identified any special hard-to-reach populations. NOTE: As needed, review PATH and AB 2034 material ahead of time.
16a.	Is there evidence of outreach to the homeless?			• Review evidence of outreach to the homeless.
16b.	Is there evidence of outreach to the hard-to-reach individuals with mental disabilities?			• Review evidence of outreach to the hard-to-reach.

SECTION A **ACCESS**

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
W&IC Sections 5600.2(d) and 5614(b)(5)				**OUT OF COMPLIANCE:** No evidence of any outreach efforts to the homeless and the hard-to-reach
17.	Regarding the statewide, 24/7, toll-free telephone number:			NOTE: When possible, test line ahead of week of review. NOTE: Test after-hours as well as regular work hours in both English and other language(s).
17a.	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 urgent condition/crisis situation?			NOTE: At a minimum, staff answering the toll-free number should: • Ascertain language/linguistic requirements to communicate as needed; • Determine if there is an emergency, crisis or urgent condition; • Gather information to provide a referral for services/assessment or explain to the caller how to obtain an assessment for services.
17b.	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?			• 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? • If TDD is utilized, how are beneficiaries informed of the phone number?

SECTION A **ACCESS**

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
CCR, Title 9, Chapter 11, Sections 1810.405(d) and 1810.410 (d)(1); DMH Information Notice No. 02-03, Pages 15-16				**OUT OF COMPLIANCE:** 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
18.	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?			NOTE: MHP must only log: 1) Initial requests, 2) requests for SMHS, 3) requests from beneficiaries, and 4) requests from beneficiaries of the MHP. • Have the MHP describe the logging system. • Test-call, as needed. • Review the logs from the Access Line and provider sites (county and contract) for required information.
CCR, Title 9, Chapter 11, Section 1810.405(f)				**OUT OF COMPLIANCE:** Requests-for-service logs not being maintained, wherever required; MHP not recording required information; all of the DMH review team's test-calls not recorded
19.	Does the MHP have policies and procedures to assure that culturally and linguistically competent services are available to its beneficiaries?			• Review P&Ps • Review contracts, and practices.
CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 02-03, Page 21				**OUT OF COMPLIANCE:** No P&Ps and practices in place that address beneficiary requests for culture-specific providers

SECTION A **ACCESS**

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
20.	Is there evidence that Limited English Proficient (LEP) individuals are informed of the following in a language they understand:			• If available, look at P&Ps. • Is the MHP following its CCP?
20a.	Limited English Proficient individuals have a right to free language assistance services?			• How are these services made available? • How does the MHP ensure this requirement is met? For example, look for posters and other announcements in English and other languages.
20b.	Limited English Proficient individuals are informed how to access free language assistance services?			
CFR, Title 42, Section 438.10; CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 02-03, Page 16; Title VI, Civil Rights Act of 1964, (42 U.S.C., Section 2000d, 45 C.F.R., part 80)		**OUT OF COMPLIANCE:** No evidence that LEP individuals are informed as required; evidence language assistance services are not made available.		
21.	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?			• Is the MHP in compliance with its IP? • Ask MHP to describe the processes for changing the person who will provide the service. • Review the requests/outcomes. • Review P&Ps.
CCR, Title 9, Chapter 11, Sections 1830.225(a) and (b); DMH Information Notice No. 02-03, Page 21; MHP Contract, Exhibit A, Attachment 1, Section A		**OUT OF COMPLIANCE:** 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.		

SECTION A **ACCESS**

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
22.	Regarding mandated key points of contact:			NOTE: 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." NOTE: 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." NOTE: Some clinic sites must be identified as mandated key points of contact. • Is the MHP following its CCP?
22a.	Is there documented evidence to show which services have linguistically proficient staff or interpreters available to beneficiaries during regular operating hours?			• Confirm mandated key points of contact for each language. • 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. • Review evidence of interpreters and linguistically proficient staff. • Look for language proficiency as defined by the MHP.
22b.	Is there documented evidence to show the response to offers of interpretive service?			• Review evidence in charts, or elsewhere, of offers of interpretive services, availability of such services, and/or how beneficiaries are linked to appropriate service. • Request a chart(s) that requires interpreter services.

SECTION A **ACCESS**

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
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 16				**OUT OF COMPLIANCE:** NFCCP; interpreter services are not available during regular operating hours; no documented evidence to show response to offers of interpretive service.
23.	Regarding all key points of contact: Is there evidence, including documented progressive steps, to show that beneficiaries who do not meet the threshold language criteria are linked to appropriate services?			• Review P&Ps about linking as well as evidence that beneficiaries who do not meet the threshold language criteria are linked to appropriate services. Review evidence of linking.
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 17; Title VI, Civil Rights Act of 1964, (42 U.S.C., Section 2000d, 45 C.F.R., part 80)				**OUT OF COMPLIANCE:** No P&Ps to link; beneficiaries who do not meet the threshold language are not being linked to appropriate services.
24. 24a.	Has the MHP developed a process to certify or otherwise provide culturally competent services as evidenced by: A process to evaluate the competencies of staff in providing culturally and linguistically competent services?			NOTE: If a pilot county, a-c are in compliance in FY 07-08. The following counties are pilot counties: Santa Clara, San Bernardino, Kern, and Sacramento. • Is the MHP following its CCP?
24b.	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?			
24c.	Implementation of training programs to improve the cultural competence skills of MHP staff and contract providers?			• Describe the process.

SECTION A **ACCESS**

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
CCR, Title 9, Chapter 11, Section 1810.410(a); MHP Contract, Exhibit A, Attachment 1, Section J; DMH Information Notice No. 02-03, page 22		**OUT OF COMPLIANCE:** NFCCP; evidence that the MHP is not working on a process for a-c.		
25.	Has the MHP implemented training programs to certify or otherwise assure the demonstrated ability of bi-lingual staff or interpreter services in the following areas:			• Is the MHP following its CCP? • Have the MHP describe the training program(s). • Does the training program include all the areas listed in a-d?
25a.	The ability to communicate ideas, concerns, and rationales, in addition to the translation of the words used by both the provider and the consumer?			
25b.	The familiarity with the beneficiary's culture, degree of proficiency in the beneficiary's spoken and non-verbal communication?			
25c.	The familiarity with variant beliefs concerning mental illness in different cultures?			
25d.	Knowledge of the mental health field?			
CCR, Title 9, Chapter 11, Section 1810.410(a); MHP Contract, Exhibit A, Attachment 1, Section J; DMH Information Notice No. 02-03, Page 22		**OUT OF COMPLIANCE:** NFCCP; no training program in place		
26.	Regarding penetration and retention rates, does the MHP:			• Is the MHP following its CCP?

SECTION A **ACCESS**

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
26a.	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?			• Review the system used to track utilization rates. • Review tracking of rates covered in a-c.
26b.	Establish a "percent improvement" for penetration and retention rates of ethnic groups with low penetration and retention rates?			
26c.	Take specific actions to meet the "percent improvement" above?			
CCR, Title 9, Chapter 11, Section 1810.410(a); MHP Contract, Exhibit A, Attachment 1, Section J; DMH Information Notice No. 02-03, pages 24-25		**OUT OF COMPLIANCE:** No tracking system in place for a-c; no analysis completed for a; no percentage improvement identified; no actions taken to meet the improvement percentage.		
27. 27a.	Regarding annual training on client culture: Is there evidence of annual training on client culture that includes a client's personal experience?			• Is the MHP following its CCP or CCP Update? NOTE: Per DMH Information Notice 02-03; Client Culture is defined as, "A set of values, beliefs, and lifestyles that are molded in part, by a client's personal experiences with a mental illness, the mental health system, and their own ethnic culture." • Review CCP. • Review each year since last review.
27b.	Does the (annual) plan for training also include, for children and adolescents, a parent and/or caregiver's personal experiences?			

SECTION A **ACCESS**

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
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.				**OUT OF COMPLIANCE:** NFCCP; no annual training; training for children and adolescents does not include a parent and/or caregiver's personal experiences.
28	When the MHP is involved in the placement, does the MHP provide the DHS issued EPSDT notice and DMH issued TBS notice to Medi-Cal Beneficiaries 21 years of age and younger and their representative in the following circumstances:			Obtain State DHS and DMH issued notices used to provide information regarding the availability of EPSDT and TBS information. Review the MHP written procedures that ensure that the information is provided when required.
28a	At the time of admission to a Skilled Nursing Facility (SNF) with a Special Treatment Program (STP) for the mentally disordered or a Mental Health Rehabilitation Center (MHRC) that has been designated as an Institution for Mental Disease (IMD).			For items a-c: Is there evidence that notices were provided?
28b	At the time of placement in an RCL 13-14 foster care group home.			
28c	At the time of placement in an RCL 12 foster home when the MHP is involved in the placement.			
CCR, Title 9, Chapter 11, Section 1810.310 (a)(1); DMH Letter No. 01-07				**OUT OF COMPLIANCE**: The MHP is not using the correct informing notices; the MHP does not have a procedure for providing information when required; there is no evidence that the procedures are being followed.

SECTION A **ACCESS**

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
29a	Does the MHP have a list of TBS providers?			Obtain the list of TBS providers. Review documentation that indicates that TBS providers have received training.
29b	Has training on TBS been provided?			
CCR, Title 9, Chapter 11, Section 1810.310(a)(4); DMH Letter No. 99-03; Emily Q vs.		**OUT OF COMPLIANCE***:* The MHP does not have a list of TBS provider; there is no evidence that providers have received TBS training.		

SECTION B **AUTHORIZATION**

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
RE: HOSPITAL SERVICES UTILIZING A POINT OF AUTHORIZATION				
1. 1a.	Regarding the Treatment Authorization Requests (TARs): Are the TARS being approved or denied by licensed, waivered, or registered mental health professionals of the beneficiary's MHP?			• Review random sample of DMH selected TARs to determine if qualified mental health professionals are approving/denying TARs.
1b.	Are all adverse decisions based upon a lack of medical necessity being reviewed and supported by a physician or, when applicable, a psychologist?			NOTE: Only adverse decisions based upon medical necessity require physician review and support. NOTE: Review and support must be by way of a physician's signature, although it need not be on the TAR. • Review random sample of DMH selected TARs. • Describe how denials of medical necessity are being reviewed and supported, i.e., signature on TARs.
1c.	Does the MHP approve or deny TARs within 14 calendar days of the receipt of the TAR?			NOTE: Receipt date may be stamped on TAR or recorded elsewhere. • Review DMH selected TARs. • Check receipt date with approval or denial date. • Review some TARs submitted following an appeal (1st & 2nd level) ruled in favor of the provider.
CCR, Title 9, Chapter 11, Sections 1820.220(d), (f), & (h) and 1850.305(d)(2)(D), and (e)(5)(C)		**OUT OF COMPLIANCE:** TARs not being approved/denied by qualified staff; 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 calendar 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?			• Have the MHP describe the 24/7 availability of services for emergency or urgent condition. • If available, review P&Ps.

SECTION B **AUTHORIZATION**

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
CCR, Title 9, Chapter 11, Section 1810.405(c); MHP Contract, Exhibit A, Attachment 1, Section A		**OUT OF COMPLIANCE:** NFP; emergency/urgent services not available 24/7		
3.	When payment authorization is required, are the authorizations being approved or denied by licensed, waivered, or registered mental health professionals of the beneficiary's MHP?			NOTE: Authorization is needed for, at least, day treatment and TBS. NOTE: Licensed PTs and LVNs can approve/deny requests only when an urgent condition exists.
CFR, Title 42, Section 438.210(b)(3); CCR, Title 9, Chapter 11, Section 1830.215(a)(2)		**OUT OF COMPLIANCE:** 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:			• Look for system for informing providers and county staff of need to request authorization, including when prior authorization is required. • Make sure system has assurances that payment is not made without authorization.
4a.	Day Treatment?			• Review day treatment requirements in MHP Contract.
4b.	Therapeutic Behavioral Services?			• Review TBS requirements in MHP Contract.
CCR, Title 9, Chapter 11, Section 1810.405(c); MHP Contract with DMH, Exhibit A, Attachment 1, Sections X & Y		OUT OF COMPLIANCE: Not following Contract; no authorization system in place.		
4.	Regarding authorization timeframes:			NOTE: "Notice" means decision notification. • Review selected authorizations made by the MHP.
4a.	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			NOTE: Extension for an additional 14 calendar days is possible if: 1) Beneficiary or provider requests extension, or 2) MHP identifies need for additional information and documents the need and how the extension is in the

SECTION B **AUTHORIZATION**

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
	for service or, when applicable, within 14 calendar days of an extension?			beneficiary's best interest in its authorization records.
4b.	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?			NOTE: Extension for an additional 14 calendar days is possible if: 1) Beneficiary or provider requests extension, or *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.
CFR, Title 42, 438.210(d)(1)&(2); MHP Contract, Exhibit A, Attachment 2, Section B		**OUT OF COMPLIANCE:** MHP not providing notices within required timelines.		
5.	Is there evidence that the MHP is reviewing utilization management (UM) activities annually, including a review of the consistency in the authorization process?			• Review both hospital and non-hospital authorization processes. • Review the MHP's activities in this area. • How is the MHP reviewing this annually?
CCR, Title 9, Chapter 11, Section 1810.440(b); MHP Contract with DMH, Exhibit A, Attachment 1, Appendix B		**OUT OF COMPLIANCE:** Not following MHP Contract; no evidence of monitoring activity on an annual basis.		
6.	Does the MHP have in place, written policies and procedures to ensure consistent application of review criteria for authorization decisions?			• Review P&Ps.
CFR, Title 42, 438.210(b)(1); MHP Contract, Exhibit A, Attachment 2, Section B		**OUT OF COMPLIANCE:** MHP does not have written P&Ps in place to ensure consistent application of review criteria for authorization decisions; not following the P&Ps.		
7.	Regarding authorization of service, does the MHP consult with a provider when appropriate?			• Review P&Ps. • Review MHP's documentation.
CFR, Title 42, 438.210(b)(2)(ii); MHP Contract, Exhibit A, Attachment 2, Section B		**OUT OF COMPLIANCE:** MHP not consulting when appropriate.		

SECTION B **AUTHORIZATION**

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
8.	Regarding Notices of Action (NOAs):			NOTE: Revised versions of NOAs are dated June 1, 2005. NOTE: Review NOAs given during FY 06-07. NOTE: If utilizing a form different from the DMH approved form, does it contain all the required elements? • Review P&Ps.
8a.	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 medical necessity criteria and is not entitled to any specialty mental health services?			• Review request-for-service logs for requests for services that did not receive an intake assessment appointment.
8b.	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?			• Is the MHP or its providers providing an NOA-B when payment authorization requests are denied, modified, or deferred beyond timelines? • Check authorizations.
8c.	When a service is not medically necessary or otherwise not a service covered by the MHP Contract, is the MHP providing a written NOA-C 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?			NOTE: Applies to both hospital and non-hospital. • Does the MHP deny payment authorization of services that have already been delivered?
8d.	When required, is the MHP providing a written NOA-D to the beneficiary when the MHP fails to act within the timeframes for disposition of standard grievances, the resolution of standard appeals, or the resolution of expedited appeals?			• Review grievance and appeal records to determine if the MHP has failed to act within the required timeframes. • Review grievance/appeal log(s).

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
8e.	When required, is the MHP providing a written NOA-E to the beneficiary when the MHP fails to provide a service in a timely manner, as determined by the Contractor?			• Does the MHP have standards for the delivery of services in a timely manner? • How does the MHP track such activity to determine if the services are delivered in a timely manner?
CFR, Title 42, 438.404(c)(2); CCR, Title 9, Chapter 11, Sections 1850.210(a)(b)(c); MHP Contract, Exhibit A, Attachment 2, Section D		**OUT OF COMPLIANCE:** There is evidence the MHP is not issuing NOAs per regulations and the MHP Contract.		
9.	Regarding TBS, does the MHP submit a Notice of Action to DMH within 30 days of issuance when: • The provider's request for TBS authorization is denied by the MHP • The authorized days for TBS in the client plan are reduced • The service is terminated before the authorized number of days has expired • TBS was not provided in a timely manner			NOTE: Obtain, from the Medi-Cal Policy and Support Unit, copies of the NOAs that have been submitted. Review the NOAs to verify submission to DMH within 30 days of issuance.
DMH Letter No. 99-03		**OUT OF COMPLIANCE:** The MHP has not submitted a NOA within the 30 dy period.		
10.	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?			NOTE: Plan includes organizational, group, and individual providers. NOTE: "Qualified health care professional" means "Licensed Mental Health Professional" per Title 9, Section 1810.223.
CFR, Title 42, 438.206(b)(3); CCR, Title 9, Section 1810.405(e); MHP Contract Exhibit A, Attachment 1, Section A		**OUT OF COMPLIANCE:** No evidence the MHP provides for a second opinion from a qualified health care professional		

SECTION B **AUTHORIZATION**

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
11. 11a.	Does the MHP have procedures for ensuring access to services for out-of-county beneficiaries in the following categories: Children in foster care and other residential placements out of county?			• Review procedures. • Have MHP describe how Specialty Mental Health Services are accessed for a-b. • Is the MHP utilizing the services of the Administrative Services Organization (ASO) or another process?
11b.	Adults in residential placements out of county?			• Does the MHP have any adults in residential placements?
CCR, Title 9, Chapter 11, Sections 1830.210, 1830.215 and 1830.220; DMH Information Notice No: 97-06, D, 4		**OUT OF COMPLIANCE:** NFP; MHP has no procedures for ensuring access to services for beneficiaries out of county; procedures not being followed		

SECTION C BENEFICIARY PROTECTION

	CRITERIA	INCOMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* 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?			NOTE: Visit some organizational provider site(s) to verify. • Review evidence that MHP has informed its providers about this requirement. • Review contract language and ask the MHP if posted at all sites –hospital/non-hospital; network/SD-MC; in-county/out of county. • Does not reference complaint; does reference grievance and appeal process.
CCR, Title 9, Chapter 11, Section 1850.205(c)(1)(B)		**OUT OF COMPLIANCE:** Posted notices not in all provider sites visited; posted notice(s) does not contain current requirements.		
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?			NOTE: Visit some organizational provider site(s) to verify. • Review evidence that MHP has informed its providers about this requirement. • Review contract language and ask if grievance/appeal forms and self-addressed envelopes are available at all sites – hospital/non-hospital; network/SD-MC; in-county/out-of-county.
CCR, Title 9, Chapter 11, Section 1850.205(c)(1)(C)		**OUT OF COMPLIANCE:** Grievance/appeal forms and self-addressed envelopes are not available in all provider sites visited without the need to made a verbal or written request.		
3. 3a.	Does the MHP's grievance and appeal processes include the following: Allow a beneficiary to authorize another person to act on his/her behalf?			• Review P&Ps. • How does beneficiary learn of a-f?
3b.	Allow a beneficiary to select a provider as his/her representative in the appeal process?			• This applies only to appeal process.
3c.	Upon request, identify a staff person or other individual to assist the beneficiary with the grievance and appeal processes?			

SECTION C BENEFICIARY PROTECTION

	CRITERIA	INCOMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
3d.	Not subject a beneficiary to discrimination or any other penalty for filing a grievance or appeal?			• How are staff informed and trained to insure beneficiaries are not subjected to discrimination or any other penalty for filing a grievance or appeal?
3e.	Upon request, identify a staff person or other individual to provide information regarding the status of a beneficiary's grievance or appeal?			• How are beneficiaries informed?
3f.	Allow a beneficiary or designee to file a grievance or appeal orally?			NOTE: An oral appeal must be followed-up with a written, signed appeal. • Have MHP describe process.
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		**OUT OF COMPLIANCE:** MHP does not have processes in place for a-f; evidence processes not being followed		
4.	Does the MHP's appeals' process also include the following:			• Review process. • How does the MHP ensure 4a? • Are staff informed and trained about 4a?
4a.	Ensures the beneficiary and his or her representative an 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?			
CFR, Title 42, Section 438.406(b)(1-4); MHP Contract, Exhibit A, Attachment 2, Section C		**OUT OF COMPLIANCE:** Appeals' process does not ensure 4a; evidence process not being followed		
5.	Regarding notice to the Quality Improvement Committee (QIC) and subsequent action:			

SECTION C BENEFICIARY PROTECTION

	CRITERIA	INCOMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
5a.	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?			• Review procedures.
5b.	When applicable, has there been subsequent implementation of needed system changes?			
CCR, Title 9, Chapter 11, Sections 1850.205(c)(7); MHP Contract, Exhibit A, Attachment 2, Section C		**OUT OF COMPLIANCE:** MHP does not have procedures in place; evidence procedures not being followed; when applicable, implementation of needed system changes not taking place		
6.	Does the MHP maintain a grievance and appeal log(s) that contains, at least, the following entries:			• Verify information is present for each grievance and appeal.
6a.	The name/identifier of the beneficiary?			
6b.	The date of receipt of the grievance/appeal?			
6c.	The nature of the problem?			
CCR, Title 9, Chapter 11, Sections 1850.205(e)(6)(A)1.,2.,3; MHP Contract, Exhibit A, Attachment 2, Section C		**OUT OF COMPLIANCE:** NFP; log(s) does not contain this information on all grievances and appeals		
7.	Does the MHP acknowledge the receipt of each grievance and appeal to the beneficiary in writing?			• Have the MHP describe the process for notifying the beneficiary. • Review written notifications.
CFR, Title 42, Section 438.406(a)(2); MHP Contract, Exhibit A, Attachment 2, Section C		**OUT OF COMPLIANCE:** MHP not acknowledging the receipt of each grievance and appeal in writing		
8.	Does the MHP ensure that the staff that make decisions on grievances and appeals were not involved in any previous level of review or			NOTE: This is to avoid conflict of interests • How does the MHP ensure this?

	CRITERIA	INCOMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
	decision-making?			
CFR, Title 42, Section 438.406(a)(3); MHP Contract, Exhibit A, Attachment 2, Section C		**OUT OF COMPLIANCE:** MHP using staff previously involved in decision-making		
9.	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?			NOTE: "Appropriate clinical expertise" is determined by the MHP and scope of practice. • Review P&Ps.
CFR, Title 42, Section 438.406(a)(3); CCR, Title 9, Section 1830.215(a)(2); MHP Contract, Exhibit A, Attachment 2, Section C		**OUT OF COMPLIANCE:** When required, MHP not utilizing staff with appropriate clinical expertise		
10.	Is the MHP resolving grievances within State established timeframes?			NOTE: 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. NOTE: Unless the extension was requested by beneficiary, the MHP must provide the reason for the extension in writing to the beneficiary. • Review decisions.
CFR, Title 42, Section 438.408(b)(1); MHP Contract, Exhibit A, Attachment 2, Section C		**OUT OF COMPLIANCE:** MHP not resolving grievances within established timeframes; when applicable, not providing beneficiary with reason for extension in writing		

SECTION C BENEFICIARY PROTECTION

	CRITERIA	INCOMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
11.	Is the MHP resolving appeals within State established timeframes?			NOTE: 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. NOTE: Unless the extension was requested by beneficiary, the MHP must provide the reason for the extension in writing to the beneficiary. • Review decisions.
CFR, Title 42, Section 438.408(b)(2); MHP Contract, Exhibit A, Attachment 2, Section C		**OUT OF COMPLIANCE:** MHP not resolving appeals within established timeframes; when applicable, not providing beneficiary with reason for extension in writing		
12.	Is the MHP resolving expedited appeals within State established timeframes?			NOTE: 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. NOTE: Unless the extension was requested by beneficiary, the MHP must provide the reason for the extension in writing to the beneficiary. • Review decisions.
CFR, Title 42, Section 438.408(b)(3); MHP Contract, Exhibit A, Attachment 2, Section C		**OUT OF COMPLIANCE**: MHP not resolving expedited appeals within established timeframes; when applicable, not providing beneficiary with reason for extension in writing		
13.	Is the MHP notifying beneficiaries, or their representatives, of the grievance or appeal disposition within State specified timeframes and is this being documented?			NOTE: 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. • How are beneficiaries/representatives notified? • Review grievance and appeal records.

SECTION C BENEFICIARY PROTECTION

	CRITERIA	INCOMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
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		**OUT OF COMPLIANCE:** MHP not notifying the beneficiary of the grievance or appeal disposition within required timeframes		
14. 14a.	Does the written notice of the appeal resolution include the following: The results of the resolution process and the date it was completed?			NOTE: "Notice" is notice of disposition to beneficiaries or their representatives.
14b.	For appeals, if beneficiary is dissatisfied with the decision the beneficiary has the right to request a State fair hearing, and how to do so?			Note: Request for State fair hearing may be requested only after county process is concluded or grievance/appeal timeframes have expired.
CFR, Title 42, Sections 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		**OUT OF COMPLIANCE:** The written notice does not include requirements in a-b		

SECTION C BENEFICIARY PROTECTION

	CRITERIA	INCOMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
15.	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?			NOTE: Notification need not be in writing. • How are providers notified?
CCR, Title 9, Chapter 11, Section 1850.205(e)(6)(E); MHP Contract, Exhibit A, Attachment 2, Section C		**OUT OF COMPLIANCE:** MHP not notifying the provider of the grievance or appeal disposition		
16.	For expedited appeals, is the MHP making reasonable efforts to provide oral notice?			• Review appeal records. • Ask for description of notice per P&Ps.
CFR, Title 42, Section 438.408(d)(2); MHP Contract, Exhibit A, Attachment 2, Section C		**OUT OF COMPLIANCE:** MHP is not making reasonable efforts to provide oral notice		
17.	Does the MHP ensure services are continued while an appeal or State fair hearing is pending?			NOTE: Beneficiaries must have met Aid Paid Pending criteria per CCR, Title 22, Section 51014.2 (i.e., made a request for an appeal 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.)
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, DMH Letter No. 05-03		**OUT OF COMPLIANCE:** When Aid Paid Pending criteria have been met, MHP not continuing specialty mental health services as required.		

SECTION D FUNDING, REPORTING, AND CONTRACTING REQUIREMENTS

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS

MAINTENANCE OF EFFORT (MOE)

1.	Regarding the MOE requirements, is the county in compliance with either 1a or 1b:			• Interview fiscal officer. • See MOE dollar amount schedule—last published: FY'96-97.
1a.	Is the county depositing its local matching funds per the schedule developed by the DMH?			• Obtain from county the quarterly county submission reports to the State Controller's Office for FY 06-07.
1b.	If the county elects not to apply MOE funds, is the county in compliance with Section 17608.05(c) that prohibits the county from using the loss of these funds for realignment purposes?			
W&IC Sections 5614(b)(1), 1*7608.05(a)&(b)&(c), and 17609.05; DMH Policy Letter No. 97-05*		**OUT OF COMPLIANCE:** County is not depositing its local matching funds per schedule; county is not in compliance with Section 17608.05(c)		

FUNDING OF CHILDREN'S SERVICES

2.	Is the county in compliance with either 2a or 2b:			• Interview fiscal officer. • Obtain verification from county.
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?			NOTE: Public hearing is the Board of Supervisors meeting. • If proportion has decreased, review documentation from public hearing.

SECTION D FUNDING, REPORTING, AND CONTRACTING REQUIREMENTS

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
W&IC Sections 5704.5(b) and 5614(b)(3)				OUT OF COMPLIANCE: County does not maintain funding for children's services per requirement; the county does not have documentation from noticed public hearing
3.	Is the county in compliance:			• Interview fiscal officer. • Obtain verification from county.
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?			
W&IC Sections 5704.6(a)&(c) and 5614(b)(3)				OUT OF COMPLIANCE: County does not allocate funding for children's services per requirement; the county does not have documentation from noticed public hearing.

REPORTING REQUIREMENTS

1.	Has the MHP reported the unexpended balance remaining from the previous year's allocation?			NOTE: Due December 31st to the County Financial Program Support Unit. NOTE: DMH Coordinator to obtain information directly from County Financial Program Support Unit. NOTE: Refers to Managed Care funds covered under Sections 1810.330 and 1810.335. NOTE: This item is referring to the cost settlement report.

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
CCR, Title 9, Chapter 11, Section 1810.375(d); W&IC Section 5614(b)(4)				**OUT OF COMPLIANCE:** County not submitting the amount of unexpended funds by December 31st of the following year even if submitted by the time of the review.
2.	Regarding hospital contracts, does the MHP have one of the following in place for each disproportionate share and traditional hospital that meets selection criteria: • A signed contract for the current fiscal year? • A DMH approved request for exemption? • A letter from the hospital(s) stating its desire to not contract with the MHP?			NOTE: DMH staff to obtain approved request(s) for exemption directly from Medi-Cal Policy and Support Unit. • Review DMH Information Notice to determine list of hospitals requiring a contract for current FY. • Review contract(s) to document all are in place. NOTE: New exemption required each year. NOTE: Hospitals can refuse to contract with the MHP. NOTE: MHP should provide letter from the hospital stating its desire to not contract with the MHP. NOTE: New letter required each year unless provider has informed MHP otherwise. NOTE: If hospital(s) refuses to contract with the MHP, see documentation of such refusal.

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
	• A Letter from the MHP declaring that the hospital(s) does not want to contract?			NOTE: If hospital refuses to write such a letter, MHP may make such a declaration in writing. NOTE: New letter required each year unless provider has informed MHP otherwise.
CCR, Title 9, Chapter 11, Sections 1810.430(a)&(b) and (c)(1)(A)(B)&(C)		**OUT OF COMPLIANCE:** MHP not contracting with listed hospitals and no approved exemption(s) or documentation of a refusal(s) to contract is in place.		
3.	Has the MHP submitted a list of all hospitals with which the MHP has current contracts?			NOTE: Due October 1st to Medi-Cal Policy and Support Unit. NOTE: DMH Coordinator to obtain information directly from responsible DMH unit. NOTE: Per DMH Information Notice 07-09.
CCR, Title 9, Chapter 11, Sections 1810.375 (b) W&IC 5614(b)(4)		**OUT OF COMPLIANCE:** List of hospitals not submitted by October 1st		
4.	Has the MHP submitted Fee for Services/Medi-Cal contract hospital rates annually as required?			NOTE: Due June 1to Medi-Cal Policy and Support Unit. NOTE: N/A if not a host county. NOTE: DMH Coordinator to obtain information directly from responsible DMH unit.
CCR, Title 9, Chapter 11, Sections 1810.375(c) and W&IC Section 5614(b)(4)		**OUT OF COMPLIANCE:** Hospital rates not submitted by June 1 of each year.		
5.	Regarding Research and Performance Outcomes:			NOTE: Check with responsible Research and Performance Outcome Development Unit for due date. NOTE: DMH Coordinator to obtain information directly from responsible DMH unit.

SECTION D FUNDING, REPORTING, AND CONTRACTING REQUIREMENTS

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
5a.	Is the county reporting adult performance outcome system data as required*?*			
5b.	Is the county reporting children performance outcome system data as required*?*			
W&IC Sections 5614(b)(7) and 5610(a); County Performance Contract; MHP Contract, Exhibit A, Attachment 3, Section 12		**OUT OF COMPLIANCE:** County not reporting data as required		
6.	As requested, has the county completed the Mental Health Board/ Commission survey and provided the results to the DMH?			
W&IC Section 5604		**OUT OF COMPLIANCE:** County not providing the results of the survey to the DMH as requested		

SECTION D FUNDING, REPORTING, AND CONTRACTING REQUIREMENTS

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
7. 7a.	Regarding Program Integrity Requirements, does the MHP have the following in place: A compliance plan?			NOTE: Review County/MHP policies and procedures. • Does not apply to contractors.
7b.	Written policies, procedures and standards of conduct that articulate the organization's commitment to comply with all applicable Federal and State standards?			
7c.	The designation of a compliance officer and a compliance committee that are accountable to senior management?			
7d.	Effective training and education for the compliance officer?			
7e.	Effective lines of communication between the compliance officer and the organization's employees?			
7f.	Enforcement of the standards through well-publicized disciplinary guidelines?			
7g.	Provision for internal monitoring?			
7h.	Provision for prompt response to detected offenses, and for development of corrective action initiatives relating to the MHP's contract?			
CFR , Title 42, Section 438.608		**OUT OF COMPLIANCE:** County/MHP does not have policies and procedures on each of the required elements		

SECTION E TARGET POPULATIONS AND ARRAY OF SERVICES

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
1.	To the extent resources are available, is the county providing services to the target population in every geographic area?			NOTE: Check with appropriate DMH unit to determine whether or not county has been previously found to be out of compliance.
W&IC Sections 5600.35 and 5614(b)(5).		**OUT OF COMPLIANCE:** To the extent resources are available, evidence the county is not providing services to the target population in every geographic area		
2.	To the extent resources are available, is the county organized to provide an array of treatment options?			NOTE: Check with appropriate DMH unit to determine whether or not county has been previously found to be out of compliance. NOTE: Options may include: • Pre-crisis and crisis services • Comprehensive evaluation and assessment • Individual Service Plan • Medication education and management • Case management • 24/7 treatment services • Rehabilitation and support services • Vocational rehabilitation • Residential services • Services for homeless persons • Group services
W&IC Sections 5600.4(a-k) and 5614(b)(5)		**OUT OF COMPLIANCE:** To the extent resources are available, the county is not organized to provide an array of treatment options		

SECTION F ***INTERFACE WITH PHYSICAL HEALTH CARE***

		IN COMPLIANCE		*INSTRUCTIONS TO REVIEWERS*
	CRITERIA	**Y**	**N**	**COMMENTS**
	RE: RELATIONSHIP WITH PHYSICAL HEALTH CARE PROVIDERS WHO DO NOT BELONG TO A MEDI-CAL MANAGED CARE PLAN			
1.	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:			• Is the MHP following its IP? • Have the MHP describe the processes in place for a-b. • When possible, verify processes in practice for a-b.
1a.	A process is in place for the MHP to provide clinical consultation and training, including consultation and training on medications?			
1b.	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:** There are no processes in place for a-b.		

SECTION G PROVIDER RELATIONS

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS 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?			NOTE: Applicable only if an authorization unit is used to authorize services. • Has the MHP gathered provider satisfaction information within the past two years? • Information must be gathered from a sample of all provider types subject to authorization, e.g., hospitals, day treatment, TBS.
1b.	Upon gathering the provider satisfaction information, does the MHP use the information to address identified items of dissatisfaction?			• Has the MHP used this information to address identified items of dissatisfaction?
CCR, Title 9, Chapter 11, Section 1810.315; MHP Contract, Exhibit A, Attachment 1, Appendix B		**OUT OF COMPLIANCE:** MHP has made no attempt to gather or use this information to address identified items of dissatisfaction; not surveying all providers subject to authorization		
2.	Does the MHP have an ongoing monitoring system in place that ensures all contracted individual, group, and organizational providers utilized by the MHP are in compliance with the documentation standards requirements contained in the MHP Contract with the DMH?			NOTE: Monitoring of individual, group, and organizational providers contract providers may be by way of the contract/written agreements with these providers. • Ask the MHP how it monitors the individual and group providers to ensure documentation standards are being met. • Review some of the monitoring documentation.
CCR, Title 9, Chapter 11, Sections 1810.110(a) and 1840.112; MHP Contract, Exhibit A, Attachment 3, Section 11		OUT OF COMPLIANCE: MHP does not have a monitoring system in place; no documentation of monitoring activities		
3.	Does the MHP have an ongoing monitoring system in place that ensures contracted organizational providers are certified and recertified per conditions of the MHP Contract with the DMH?			• Ask the MHP how it monitors the contract organizational providers to ensure onsite certifications and recertifications are completed per MHP Contract requirements. • Check dates on a sample of re/certifications to determine compliance.
CCR, Title 9, Chapter 11, Section 1810.435; MHP Contract, Exhibit A, Attachment 1, Section K		OUT OF COMPLIANCE: MHP does not have a monitoring system in place; MHP not following re/certification requirements of the contract		

SECTION G PROVIDER RELATIONS

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
4.	Does the MHP maintain and monitor a network of appropriate providers that is supported by written agreements that consider the following:			NOTE: "Network" includes all providers (organizational, group, and individual), including county and contract providers. NOTE: Written agreement means MHP written contracts with its individual, group, and organizational providers. • Look for MHP analysis of factors a-e. • Are changes being made based on analysis?
4a.	The anticipated Medi-Cal enrollment?			
4b.	The expected utilization of services?			
4c.	The numbers and types of providers required?			
4d.	The number of network providers who are not accepting new beneficiaries?			
4e.	The geographic location of providers?			NOTE: Distance, travel time, means of transportation ordinarily used by beneficiaries, and physical access to those beneficiaries with physical disabilities should be considered.
CFR, Title 42, Section 438.206(b)(1); MHP Contract, Exhibit A, Attachment 1, Section B		**OUT OF COMPLIANCE:** MHP not maintaining and monitoring the network of providers per a-e		
5.	Regarding the MHP's provider network, does the MHP ensure:			• How is the MHP monitoring and ensuring a-f?
5a.	Providers meet State standards for timely access to care and services, taking into account the urgency of need for services?			NOTE: 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. NOTE: Sample a few provider contracts to verify contract standards are being met, e.g., timeline for first appointment.

SECTION G PROVIDER RELATIONS

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
5b.	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?			NOTE: This applies at the contract provider level. NOTE: There should be no language that discriminates against M/C beneficiaries, e.g., appointment times limited to specific hours of the day/week.
5c.	Services are available 24 hours a day, 7 days a week when medically necessary?			NOTE: This applies to the provider network, not each individual provider.
5d.	Mechanisms have been established to ensure compliance?			
5e.	Providers are regularly monitored to determine compliance?			NOTE: Monitored per re/certification cycle in the MHP Contract as well as complaints and usual occurrences. NOTE: Monitoring activities could also include other forms of review, e.g., regular QI or contract oversight reviews.
5f.	Corrective action is taken if there is a failure to comply?			
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		**OUT OF COMPLIANCE**: MHP not monitoring its provider network per a-f		
6.	Regarding provider selection and retention, does the MHP have written policies and procedures for selection and retention of providers that include the following:			• Look for P&Ps for a-d.
6a.	Credentialing and re-credentialing requirements?			NOTE: When applicable, this includes monitoring for current licenses, waivers, and registrations.

SECTION G PROVIDER RELATIONS

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
6b.	Nondiscrimination against providers that serve high-risk populations or specialize in conditions that require costly treatment?			
6c.	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?			NOTE: 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. NOTE: To check List of Excluded Individuals/Entities: *http://www.oig.hhs.gov/fraud/exclusions/aboutexclusions.html*
6d.	The MHP must comply with any additional requirements established by the State?			
CFR, Title 42, Section 438.214(a-e); MHP Contract, Exhibit A, Attachment 1, Section K		**OUT OF COMPLIANCE:** MHP does not have written P&Ps to meet the requirements of a-d		
7.	If the MHP subcontracts, the MHP must ensure the following:			NOTE: Subcontract means provider contracts. • Review contract monitoring activities. • Review provider contract language.
7a.	The MHP oversees and is accountable for any functions and responsibilities?			
7b.	The prospective subcontractor's ability to perform the activities to be delegated?			

SECTION G PROVIDER RELATIONS

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
7c.	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?			NOTE: Formal review for organizational providers per MHP Contract. NOTE: Should follow own process for individual providers per Title 9 requirements. NOTE: Monitoring activities could include chart, UR, QI reviews; but there must be some ongoing monitoring.
	4. Provides for corrective action when deficiencies or areas for improvement are identified?			
CFR, Title 42, Section 438.230(a) and (b); MHP Contract, Exhibit E, Section 7		**OUT OF COMPLIANCE:** MHP does not ensure its subcontractors meet the requirements of a-c		
8.	Does the MHP provide the information specified in CFR, Title 42, Section 438.10(g)(1) about the grievance system to all providers and subcontractors at the time they enter into a contract?			NOTE: Section 438.10(g) (1) refers to the beneficiary grievance system. NOTE: Grievances system includes grievances, appeals, and fair hearing procedures.
CFR, Title 42, Section 438.414		**OUT OF COMPLIANCE:** MHP is not providing the grievance system information to its contractors at the time of contracting		

SECTION H **QUALITY IMPROVEMENT**

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
1.	Does the MHP Quality Improvement (QI) program include the active participation of the following stakeholders in the ongoing planning, design, and execution of the QI program: a) Practitioners/providers?			• Review evidence that each category is represented. • Review evidence that there is active participation from each category.
	b) Beneficiaries?			
	c) Family members?			
CCR, Title 9, Chapter 11,Sections 1810.440(a)(2)(A)(B)&(C); MHP Contract with DMH, Exhibit A, Attachment 1, Appendix A.				**OUT OF COMPLIANCE:** Evidence that all stakeholders (a-c) are not actively participating in the ongoing planning, design, and execution of the QI program
2. 2a.	Regarding the QIC: Is the QIC meeting as frequently as described in the QI Plan?			• See IP for the specified frequency of the QIC meetings.
2b.	Are the minutes: 1) Dated?			• Review minutes for date.
	2) Signed?			• Are the minutes signed?
	3) Reflective of QIC decisions and actions?			• Do the minutes reflect QIC decisions and actions?
CCR, Title 9, Chapter 11, Section 1810.440; MHP Contract with DMH, Exhibit A, Attachment 1,Appendix A.				**OUT OF COMPLIANCE:** NFP; minutes are not dated and signed
3. 3a.	Is the QIC involved in or overseeing the following QI activities: Recommending policy changes?			• Review minutes for evidence of each activity described in a-d.

SECTION H **QUALITY IMPROVEMENT**

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
3b.	Reviewing and evaluating the results of QI activities?			
3c.	Instituting needed QI actions?			
3d.	Ensuring follow-up of QI processes?			
CCR, Title 9, Chapter 11, Section 1810.440; MHP Contract with DMH, Exhibit A, Attachment 1, Appendix A.		**OUT OF COMPLIANCE:** NFP; no evidence that the QIC is involved in and overseeing activities described in a-d		
4.	Regarding the annual work plan:			
4a.	Does the MHP evaluate the effectiveness of the QI program and show how QI activities have contributed to improvement in clinical care and beneficiary service?			• Review work plan.
4b.	Does the MHP incorporate relevant cultural competent and linguistic standards in the annual QI work plan?			
CCR, Title 9, Chapter 11, Section 1810.440; DMH Information Notice No. 02-03, Page 25; MHP Contract with DMH, Exhibit A, Attachment 1, Appendix A.		**OUT OF COMPLIANCE:** Work plan does not evaluate the effectiveness of the QI program and show how QI activities have contributed to improvement in clinical care and beneficiary service; work plan does not incorporate cultural/linguistic standards		
5.	Does the work plan monitor previously identified issues, including tracking of issues over time?			• Review work plan. • Have the MHP describe activities and monitoring of previously identified issues. • Are issues being tracked over time?
CCR, Title 9, Chapter 11, Section 1810.440; MHP Contract with DMH, Exhibit A, Attachment 1,Appendix A.		**OUT OF COMPLIANCE:** NFP; no work plan; not following work plan; no evidence of monitoring or tracking activities over time		

SECTION H QUALITY IMPROVEMENT

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
6.	Does the work plan include goals and monitoring activities and is the MHP conducting activities to meet the following work plan areas:			
6a.	Monitoring the service delivery capacity of the MHP as evidenced by:			
	1) A description of the current number, types, and geographic distribution of mental health services within the MHP's delivery system?			• MHP should have baseline statistics with goals for the year.
	2) Goals are set for the number, type, and geographic distribution of mental health services?			
6b.	Monitoring the accessibility of services as evidenced by: In addition to meeting statewide standards, goals have been set and mechanisms have been established to monitor the following:			
	1) Timeliness of routine mental health appointments?			• Review P&Ps. • Goals should be set for 1-4. • Mechanisms for monitoring should be in place for 1-4.
	2) Timeliness of services for urgent conditions?			
	3) Access to after-hours care?			
	4) Responsiveness of the 24/7 toll-free number?			• Does the MHP test-call its toll-free number?
6c.	Monitoring beneficiary satisfaction as evidenced by: 1) Annual survey of beneficiary satisfaction?			
	2) Annual evaluation of beneficiary grievances and fair hearings?			
	3) Annual review of requests for changing persons providing services?			

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
	4) Providers are informed of the results of the beneficiary/family satisfaction surveys?			• How are providers informed?
	5) Completion of a consumer satisfaction survey in the threshold languages?			NOTE: Nos. 5-6 are conditions of DMH Information Notice No. 02-03, page 19. The MHP is strongly encouraged to make these a part of its work plan.
	6) Satisfaction surveys, in each threshold language, indicated that, at least, 75% of the respondents had access to written information in their primary language?			
6d.	Monitoring the MHP's service delivery system as evidenced by: 1) Relevant clinical issues, including the safety and effectiveness of medication practices, are identified?			
	2) The interventions implemented when occurrences of potential poor care are identified?			
	3) Providers, beneficiaries, and family members are evaluating data to identify barriers to improvement related to clinical practice and/or administrative aspects of the delivery system?			
6e.	Monitoring provider appeals?			
6f.	When required, a Latino access study has been implemented or completed?			• Study should be completed.
CCR, Title 9, Chapter 11, Section 1810.440; DMH Information Notice No. 02-03, page 19; MHP Contract with DMH, Exhibit A, Attachment 1.				**OUT OF COMPLIANCE:** NFP; not following contract; no work plan; not following work plan; no evidence of monitoring activities

SECTION I ***IMPLEMENTATION OF CONLAN DECISION***

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
1.	Does the MHP have written procedures for processing specialty mental health services for beneficiary reimbursement claims with dates of service of 7/1/2006 and later?			• Are there written procedures?
1a.	Do the written procedures include a process for denied claims?			Review the written procedure for evidence of a denied claim process.
1b.	Do the written procedures include a reimbursement procedure?			Review the written procedures for evidence of a reimbursement process.
1c.	Do the written procedures include provisions to keep completed claims on file?			Review the written procedures for evidence of provisions to keep completed claims on file.
Conlan vs. Bonta (2002) and Conlan vs. Shewry (2005); DMH Letter No. 07-01		**OUT OF COMPLIANCE:** There are no written procedures; procedures do not contain the components specified in a-c.		

SECTION J MENTAL HEALTH SERVICES ACT

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
1.	Were required stakeholders involved in the Community Program Planning process?			Review: Public hearing report or transcript documentation summarizing the local stakeholder process, minutes of local mental health board meetings, documentation of decision-making process, list of recommendations offered, and/or other similar documents/reports. Review: Record of number of public stakeholder meetings/forums held, number of stakeholders involved, county- provided responses to comments, copies of announcements of public meetings, sign-in sheets, and/or other similar documents/reports. NOTE: A verbal description of the process is acceptable although written policy and procedures are preferable.
CCR, Title 9, Division 1, Chapter 14. Mental Health Services Act. Section: 3300 (c)(2); 3200.270		**OUT OF COMPLIANCE:** Lack of any written evidence of stakeholders events held or any other venues for stakeholders input.		
2.	Is there documentation of a local review process and public hearing by the local mental health board/ commission for the Three-Year Program and Expenditure Plan submissions?			Review: Public report or transcript, documentation summarizing the local stakeholder process, minutes of local mental health board meetings, documentation of decision-making process, list of recommendations offered, and/or other similar documents/reports. Review: Record of number of public stakeholder meetings/forums held, number of stakeholders involved, county-provided responses to comments, copies of announcements of public meetings, sign-in sheets, and/or other similar documents/reports. NOTE: A verbal description of the process is acceptable although written policy and procedures are preferable.
CCR, Title 9, Division 1, Chapter 14. Mental health Services Act. Section: 3530.20		*OUT OF COMPLIANCE: Lack of any written evidence of stakeholders events held or other venues for stakeholders input*		

SECTION J MENTAL HEALTH SERVICES ACT

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
3.	Is the required quarterly process report for Community Services and Supports consistent with Section 3530.20 and has it been submitted in a timely fashion?			*NOTE: DMH Coordinator to obtain information from County Operations:* • Exhibit 6: Three-Year Plan –Quarterly Progress Goals and Report NOTE: Exhibit 6 is required to be submitted both electronically and in hard-copy.
CCR, Title 9, Division 1, Chapter 14. Mental Health Services Act. Section: 3530.20				**OUT OF COMPLIACNCE:** Exhibit 6 not submitted quarterly
1.	Does the beneficiary meet all three of the following reimbursement criteria (1a., 1b., and 1c. below):			NOTE: Promote peer reviewer participation in the review of some charts. • Review assessment(s), evaluation(s), and/or other documentation to support a-c.

SECTION K CHART REVIEW—NON HOSPITAL SERVICES

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
1a.	The beneficiary has a DSM IV diagnosis contained in the CCR, Title 9, Chapter 11, Section 1830.205(b)(1)(A-R)?			• Is the beneficiary's diagnosis among the list of diagnoses in Section 1830.205(b)?
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? 4) For full-scope Medi-Cal (MC) beneficiaries under the age of 21 years, a condition as a result of the mental disorder that specialty mental health services can correct or ameliorate?			• Determine which condition(s) (1, 2, and/or 3) is the focus of treatment. NOTE: Definitions of "significant" at the discretion of the MHP. NOTE: Definitions of "probability" at the discretion of the MHP.
1c.	Must meet each of the intervention criteria listed below (4 and 5):			

SECTION K CHART REVIEW—NON HOSPITAL SERVICES

CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
4) The focus of the proposed intervention is to address the condition identified in no. 1b. (1-3) above, or for full-scope MC beneficiaries under the age of 21 years, a condition, as a result of the mental disorder, that specialty mental health services can correct or ameliorate per no. 1b. (4)?			• Does the proposed intervention(s) focus on the condition(s) identified in "b" (1-3) or, for full-scope MC beneficiaries under the age of 21 years, on a condition that specialty mental health services can correct or ameliorate (4)?
5) The expectation is that the proposed intervention will do, at least, one of the following (A, B, or C): A) Significantly diminish the impairment? B) Prevent significant deterioration in an important area of life functioning? C) Allow the child to progress developmentally as individually appropriate? D) For full-scope M/C beneficiaries under the age of 21 years, correct or ameliorate the condition?			• Can a connection be identified between the proposed intervention and the following: • Diminishing the impairment? • Preventing a significant deterioration? • Allowing a child to progress developmentally as individually appropriate? • Correcting or ameliorating the condition?
CCR, Title 9, Chapter 11, Sections 1830.205(b) and 1830.210(a)	**OUT OF COMPLIANCE:** Criteria a-b not supported by documentation; criteria "c" not established; no connection can be made between the diagnosis and the service(s) provided; no evidence that the intervention(s) will correct or ameliorate a defect, mental illness, or condition.		

		IN COMPLIANCE		*INSTRUCTIONS TO REVIEWERS*
	CRITERIA	**Y**	**N**	**COMMENTS**
RE: ASSESSMENT				

2.	Has an assessment been completed and, as appropriate, does it contain areas addressed in the MHP contract with the DMH?			NOTE: Assessment information need not be in a specific document or section of the chart.
				• Review assessment(s), evaluation(s), and/or other documentation to support 1a, 1b, and 1c.
				• Does the assessment(s) include the appropriate elements? These elements may include the following:
				  • Physical health conditions reported by the client are prominently identified and updated
				  • Presenting problems and relevant conditions affecting physical and mental health status: i.e., living situation, daily activities, social support
				  • Client strengths in achieving client plan goals
				  • Special status situations and risks to client or others
				  • Medications, dosages, dates of initial prescription and refills, and informed consent(s)
				  • Allergies and adverse reactions, or lack of allergies/sensitivities
				  • Mental health history, previous treatment dates, providers, therapeutic interventions and responses, sources of clinical data, relevant family information, lab tests, consultation reports
				  • For children and adolescents, pre-natal and perinatal events, and complete developmental history
				  • Past and present use of tobacco, alcohol, and caffeine, as well as illicit, prescribed, and over-the-counter drugs

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 K CHART REVIEW—NON HOSPITAL SERVICES

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
RE: CLIENT PLAN				
3.	Does the client's plan contain the following elements:			
3a.	Specific, observable, or quantifiable goals?			• Review the client plan.
3b.	The proposed type(s) of intervention?			• Look for type(s) of interventions.
3c.	The proposed duration of the intervention(s)?			• Look for duration of intervention(s).
3d.	Writing that is legible?			

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
3e.	A signature (or electronic equivalent) of, at least, one of the following: 1) A person providing the service(s)? 2) A person representing the MHP providing service(s)? 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: A. A physician? B. A licensed/waivered psychologist? C. A licensed/registered/ social worker? D. A licensed/registered/ marriage and family therapist? E. A registered nurse?			NOTE: It is good clinical practice to include the date with every signature. • If necessary, ask for a list of staff, staff signatures, and staff licenses.
3f.	Documentation of the client's degree of participation and agreement with the client plan as evidenced by one of the following: 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?			• Does the chart contain documentation of the client's degree of participation and agreement with the plan? • Describe how the MHP defines "long-term client." • Is the client a long-term client? • Is the client receiving more than one type of service? • Is there a client signature or explanation of why the signature could not be obtained documented on the plan?

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
	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?			• Is there reference to the client's participation and agreement in the body of the plan, client's signature on the plan or, is there a description of the client's participation and agreement in the progress notes?
	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

4. 4a.	Do progress notes document the following: The date services were provided?			• Review progress notes.
4b.	Client encounters, including clinical decisions and interventions?			
4c.	A signature (or electronic equivalent) of the staff providing the service with professional degree, license, or job title?			
4d.	Writing that is legible?			

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
4e.	Timeliness/frequency as following: 1) Every service contact for: A. Mental health services? B. Medication support services? C. Crisis intervention? 2) Daily for: A. Crisis residential? B. Crisis stabilization (one per 23/hour period)? C. Day treatment intensive? 3) Weekly for: A. Day treatment intensive? B. Day rehabilitation? C. Adult residential? 4) Other notes as following: A) Psychiatric health facility services: each shift? B) Targeted case management: every service contact, daily, or weekly summary?			NOTE: Effective 9/1/03, day treatment intensive weekly note must be signed by one of the following: A) Physician, B) licensed/waivered psychologist, C) licensed/registered/ social worker, D) licensed/registered/ marriage and family therapist, E) registered nurse.
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.		

RE: OTHER CHART DOCUMENTATION

5.	Is there a process to notify the beneficiary that a copy of the client plan is available upon request?			• Describe the procedure for obtaining client plan.

SECTION K CHART REVIEW—NON HOSPITAL SERVICES

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
CCR, Title 9, Chapter 11, Section 1810.110(a); MHP Contract with DMH, Exhibit A, Attachment 1, Appendix C		**OUT OF COMPLIANCE:** No evidence of a process in place		
6.	When applicable, was information provided to beneficiaries in an alternate format?			• Where applicable, review evidence that beneficiaries were provided with information in an alternate format.
CCR, Title 9, Chapter 11, Section 1810.110(a); DMH Information Notice No. 97-06, D, 5		**OUT OF COMPLIANCE:** No evidence that beneficiaries were provided with information in an alternate format based on MHP's IP or policy		
7.	Regarding cultural/linguistic services:			NOTE: Coordinate findings with DMH system review process. • Review CCP and charts.
7a.	Is there any evidence that mental health interpreter services are offered?			NOTE: If beneficiary Limited English Proficient (LEP), review for interpretive services offered. • Is there evidence beneficiaries are made aware of services available in their primary language? • When families provide interpreter services, is there documentation that other linguistic services were offered first, but the client preferred to provide a family interpreter?
7b.	When applicable, is there documentation of linking beneficiaries to culture-specific and/or linguistic services as described in the MHP's CCP?			
7c.	Is service-related personal correspondence in the client's preferred language?			
CCR, Title 9, Chapter 11, Sections 1810.410(a) and (d)(2); DMH Information Notice No. 02-03, Pages 17-18		**OUT OF COMPLIANCE:** No evidence of a-c.		

SECTION L CHART REVIEW—SD/MC HOSPITAL SERVICES

		IN COMPLIANCE		*INSTRUCTIONS TO REVIEWERS*
	CRITERIA	**Y**	**N**	**COMMENTS**
	RE: MEDICAL NECESSITY			
1.	Does the beneficiary's admission to a psychiatric inpatient hospital meet both of the following admission reimbursement criteria (1a. and 1b. below):			NOTE: Use "Admission Summary Worksheet" and "Disallowance Summary Worksheet." • Review medical record documentation.
1a.	The beneficiary has a DSM IV diagnosis contained in the CCR, Title 9, Chapter 11, Section 1820.205(a)(1)(A-R)?			• Is the diagnosis listed in the regulations?
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)?			NOTE: Use "Admission Summary Worksheet" and "Disallowance Summary Worksheet." • Review medical record documentation.
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.	Does the beneficiary have symptoms or behaviors of one of the following (2a-d):			• Review medical record documentation.
2a.	Represent a current danger to self or others, or to significant property destruction?			
2b.	Prevent the beneficiary from providing for, or utilizing food, clothing, or shelter?			
2c.	Present a severe risk to the beneficiary's physical health?			
2d.	Recent significant deterioration in ability to function?			
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 L CHART REVIEW—SD/MC HOSPITAL SERVICES

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
3.	Does the beneficiary require treatment and/or observation for, at least, one of the following (3a., 3b., or 3c.):			NOTE: Use "Admission Summary Worksheet" and "Disallowance Summary Worksheet." • Review medical record documentation.
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):			NOTE: Use "Continued Stay Summary Worksheet" and "Disallowance Summary Worksheet." • Review medical record documentation.
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?			• Daily note that describes severity of symptoms, behaviors, function and risk.
4c.	Presence of new indications which meet medical necessity criteria specified in items 1., 2., and 3. above?			• Review UR notes or other documentation for lack of availability to support.
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.		

		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?			NOTE: If beneficiary is LEP, review for interpretive services offered. • Review medical record documentation. • Review inpatient Implementation Plan (IP) (may be in specialty mental health services implementation plan). • MHP's implementation plan as authority. • When families provide interpreter services, is there documentation that other linguistic services were offered first, but the client preferred to provide a family interpreter?
5b.	When applicable, is there documentation of the response to offers of interpreter services as described in the MHP's cultural competency plan?			
CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 02-03, Page 13		**OUT OF COMPLIANCE:** NFP; documentation does not indicate that mental health interpreter services are offered; the response not documented.		
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?			NOTE: Use "Admission Summary Worksheet" and "Continued Stay Summary Worksheet." • Review medical record documentation. • Review MHP inpatient implementation plan.
CCR, Title 9, Chapter 11, Section 1810.310(a)(2)(A); W&IC Section 4696.1		**OUT OF COMPLIANCE:** NFP; documentation does not reflect staff efforts for screening, referral, and coordination with other necessary services.		

		IN COMPLIANCE		*INSTRUCTIONS TO REVIEWERS*
	CRITERIA	**Y**	**N**	**COMMENTS**
7.	Are services delivered by licensed staff within their own scope of practice?			
W&IC Section 5778 (n)		**OUT OF COMPLIANCE:** Evidence that staff are delivering services outside their scope of practice		

RE: PLAN OF CARE

8. 8a.	Does the beneficiary have a written plan of care that includes the following elements: Diagnoses, complaints, and complications indicating the need for admission?			NOTE: Use "Admission Summary Worksheet." • Review medical record documentation. • 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?			

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
8e.	Plans for continuing care?			
8f.	Plans for discharge?			
8g.	Documentation of the beneficiary's degree of participation in and agreement with the plan?			NOTE: Parents, family members, and other advocates can be included in this process as selected by the adult client. • Look for client's signature or statement describing client participation.
8h.	Documentation of the physician's establishment of this plan?			• Look for physician's signature.
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*		**OUT OF COMPLIANCE:** Required elements are not documented		
9.	When applicable:			
9a.	Is there evidence the MHP provided information to beneficiaries in an alternate format?			• As needed, review evidence that beneficiaries are provided information in an alternate format.
9b.	Is service-related personal correspondence in the client's preferred language?			
CCR, Title 9, Chapter 11, Section 1810.110(a); DMH Information Notice Nos. 97-06, D, 5 and 02-03, pages 17-18; W&IC Sections 5600.2(e) and 5614(b)(5)		**OUT OF COMPLIANCE:** As needed, no evidence that beneficiaries are provided information in an alternate format; correspondence not in client's primary language.		
10.	Does the MHP document in the individual's medical record whether or not the individual has executed an advance directive?			

SECTION M UTILIZATION REVIEW--SD/MC HOSPITAL SERVICES

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
CFR, Title 42, Section 438.100(b)(1)&417,436(d)(3)				**OUT OF COMPLIANCE:** Record does not document whether or not an advance directive has been executed
1. 1a.	Does the Utilization Review (UR) Plan: Provide for a committee to perform UR?			• Review IP, MHP UR Plan, and URC minutes. • Identify URC members. • Look at licenses of members.
1b.	Describe the organization, composition, and functions of the committee?			
1c.	Specify the frequency of the committee meetings?			• Are URC meetings held at the frequency specified?
CFR, Title 42, Subchapter C, Subpart D, Sections 456.201–205; CCR, Title 9, Chapter 11, Section 1820.210				**OUT OF COMPLIANCE:** 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
2. 2a.	Does the UR plan provide that each recipient's record (UR) contain, at least, the required information: Identification of the recipient?			• Do UR records include all of the required information?
2b.	The name of the recipient's physician?			
2c.	The date of admission?			
2d.	The plan of care required under CFR 456.180?			
2e.	Initial and subsequent continued stay review dates described under CFR 456.233 and 456.234			
2f.	Reasons and plan for continued stay, if the attending physician believes continued stay is necessary?			

SECTION M— UTILIZATION REVIEW-SD/MC HOSPITAL SERVICES

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
2g.	Other supporting material that the committee believes appropriate to be included in the record?			
CFR, Title 42, Subchapter C, Subpart D, Sections 456.211(a-g); CCR, Title 9, Chapter 11, Section 1820.210		**OUT OF COMPLIANCE:** UR records do not include all of the required information; the UR plan does not include all of the required review elements		
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:			• Does the UR plan include all of the required review elements? • Is there evidence on the UR worksheets that shows the UR plan is followed in practice?
3a.	Determination of need for continued stay?			• Is the documentation of the determination of need for continued stay required?
3b.	Evaluation criteria for continued stay?			• Is the evaluation criteria documented?
3c.	Initial continued stay review date?			• Are the dates written?
3d.	Subsequent continued stay review dates?			
3e.	Description of methods and criteria for continued stay review dates; length of stay modification?			• Are the methods and criteria for documentation described? • Do the methods include a description of how the length of stay may be modified?
3f.	Continued stay review process?			• Is the continued stay review process documented?
3g.	Notification of adverse decision?			• Is the notification of adverse decision documented?
3h.	Time limits for final decision and notification of adverse decision?			• Are time limits for final decisions adhered to?

SECTION M— UTILIZATION REVIEW-SD/MC HOSPITAL SERVICES

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
CFR, Title 42, Subchapter C, Subpart D, Sections 456.231-238; CCR, Title 9, Chapter 11, Section *1820.210*				**OUT OF COMPLIANCE:** UR plan does not include all of the required elements; not following plan
4.	Is the UR Plan in compliance with each of the following:			• Review IP, MHP UR Plan, URC minutes, URC records, and URC reports.
4a.	Contains a description of the types of records that are kept by the URC?			• Are all the types of records described by the UR Plan kept by the URC? • Do the records contain all the required elements?
4b.	Contains a description of the types and frequency of the URC reports and the arrangements for distribution to individuals?			• Are the URC reports of the types and frequency specified in the UR plan? • Is there evidence of arrangements for distribution to individuals?
4c.	Provides for the beneficiary's confidentiality in all records and reports?			• Review records to ensure compliance with confidentiality requirements.
CFR, Title 42, Subchapter C, Subpart D, Sections 456.212-213 and 456.232; CCR, Title 9, Chapter 11, Section 1820.210				**OUT OF COMPLIANCE:** 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?			• Review UR records, URC minutes, and medical records. • Identify care providers on URC and who is responsible for the care of the beneficiary.
CFR, Title 42, Subchapter D, Section 456.206; CCR, Title 9, Chapter 11, Section 1820.210				**OUT OF COMPLIANCE:** Care providers of beneficiary are present when URC reviews care provided to the beneficiary; no backup replacement to URC to maintain required composition
6.	Regarding the authorization process:			

SECTION M— UTILIZATION REVIEW-SD/MC HOSPITAL SERVICES

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
6a.	If no Point of Authorization (POA) is involved in the authorization process, has the URC or its designee approved or denied the initial MHP payment authorization no later than the third working day from the day of admission?			NOTE: Use "Admission Summary Worksheet" and "Continued Stay Worksheet." • Review UR records, URC minutes, UR reports, medical records, and denials.
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?			
	CCR, Title 9, Chapter 11, Sections 1820.220(h) and 1820.230(b)			**5a. (URC) OUT OF COMPLIANCE:** URC or designee approved or denied the initial MHP payment authorization later than the third working day from the day of admission **5b. (POA) OUT OF COMPLIANCE:** POA did not approve or deny the payment authorization within 14 calendar days of receipt of the request
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?			NOTE: Use "Admission Summary Worksheet" and "Continued Stay Worksheet." • Review UR records, URC minutes, UR reports, medical records, and denials.
	CCR, Title 9, Chapter 11, Section 1820.230(c)			**OUT OF COMPLIANCE:** 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:			NOTE: Use "Admission Summary Worksheet" and "Continued Stay Worksheet."
8a.	During the hospital stay, the beneficiary previously met medical necessity criteria for acute psychiatric inpatient hospital services?			• Review UR records, POA records, URC minutes, UR reports, medical records, denials, and list of all non-acute placement facilities utilized by the facility.

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
8b.	There is no appropriate, non-acute treatment facility available and the facility has documented its minimum number of appropriate contacts: 1) The status of the placement option?			• If less than five contacts were made per week, look for written justification. • 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.
	2) Date of the contact?			
	3) Signature of the person making the contact?			
CCR, Title 9, Chapter 11, Sections 1820.230(d)(2)(A)& (B) and 1820.220(j)(5)(A)&(B)		**OUT OF COMPLIANCE:** 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		
9.	Are persons employed or under contract to provide mental health services as physicians**,** psychologists, social workers, or marriage and family therapists licensed, waivered, or registered with their licensing boards?			• Review licenses, waivers, and registrations.
W&IC Sections 5778(n) and 5751.2		**OUT OF COMPLIANCE:** 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		
10. 10a.	Regarding Medi-Cal Care Evaluations (MCEs) or equivalent studies, does the UR plan contain the following: A description of the methods that the URC uses to select and conduct MCE or equivalent studies?			• 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?

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
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?			• 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.
10c.	Documentation that the MCE or equivalent studies have been analyzed?			
10d.	Documentation that actions have been taken to correct or investigate any deficiencies or problems in the review process and recommends more effective and efficient hospital care procedures?			
CFR, Title 42, Subchapter C, Subpart D, Section 456.242; CCR, Title 9, Chapter 11, Section 1820.210		**OUT OF COMPLIANCE:** 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:			• Review current and past MCE or equivalent studies for two years.
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 a MCE or equivalent study in progress at all times?			
CFR, Title 42, Subpart D., Sections 456.243 and 456.245; CCR, Title 9, Chapter 11, Section 1820.210		**OUT OF COMPLIANCE:** MCE or equivalent studies do not meet federal regulations		

SECTION M— UTILIZATION REVIEW-SD/MC HOSPITAL SERVICES

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
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?			
CCR, Title 9, Chapter 11, Section 1810.440(c)				**OUT OF COMPLIANCE:** Documentation and medical record system does not meet the requirements of the contract and any applicable requirements of State, federal law and regulation

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
MUST MEET BOTH A & B BELOW)				
A.	CERTIFIED CLASS			
1.	Is the child/youth a member of the certified classes who meets one of the following:			NOTE: This documentation need not be in the chart.
1a.	Child/youth is placed in a group home facility of RCL 12 or above and/or locked treatment facility for the treatment of mental health needs? or			
1b.	Child/Youth is being considered by the county for placement in a facility described in 1a? or			NOTE: "Being considered" is defined by the county. • Ask MHP how "being considered" is defined.
1c.	Child/Youth has undergone, at least, one emergency psychiatric hospitalization related to his/her current presenting disability within the preceding 24 months? or			
1d.	Child/Youth previously received TBS while a member of the certified class?			• Review prior TBS notification or other documentation.
DMH Letter No. 99-03, pages 3-4		**OUT OF COMPLIANCE:** Beneficiary is not a member of the certified class listed in a-d		

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
B.	NEED FOR THIS LEVEL OF SERVICES			
2.	Is there documentation that the child/youth needs TBS for the following reasons (must meet both 2a & 2b):			
2a.	It is highly likely in the clinical judgment of the mental health provider that without additional short term support of TBS: • 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 • The child/youth needs this additional support to transition to a lower level of residential placement or return to the natural home?			NOTE: 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. • Look for documentation in the chart that a change in the behavior or symptoms is expected or causing the placement to be in jeopardy.
2b.	The child/youth is receiving other specialty mental health services?			

DMH Letter No. 99-03, page 4	**OUT OF COMPLIANCE:** Beneficiary does not meet both a-b criteria

		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)?			NOTE: See DMH Letter No. 01-02 for ways in which direction may be provided. • LPHA includes: Physicians, licensed/waivered psychologists, licensed/registered/ social workers, licensed/registered/ Marriage and Family Therapists, and RNs. • Look for the signature or other documents that may satisfy this requirement.
DMH Letter No. 99-03, page 5		**OUT OF COMPLIANCE:** 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?			• Review treatment/client plan. • 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.
DMH Letter No. 99-03, page 6		**OUT OF COMPLIANCE:** 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 N THERAPEUTIC BEHAVIORAL SERVICES

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
5.	Does the plan for TBS contain the following (must contain 5a-e):			NOTE: Focus on presence of elements a-e. • Review plan for TBS.
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, and 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?			• 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.
5e.	The manner for assisting parents/caregivers with skills and strategies to provide continuity of care when the service is discontinued?			• 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. • NOTE: When the beneficiary receiving TBS is not a minor (age 18 - 20), the transition plan would involve parents/caregivers or other significant support persons in the beneficiary's life only with appropriate consent from the beneficiary.
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 N THERAPEUTIC BEHAVIORAL SERVICES

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
6.	Is there documented evidence that TBS is discontinued when:			NOTE: 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." • Check progress notes, the TBS plan or other documentation.
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?			
DMH Letter No. 99-03, pages 5 & 6, and the Interim Order in Emily Q. v. Bontá filed January 29, 2004				**OUT OF COMPLIANCE:** 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?			• Check progress notes, the TBS plan or other documentation.
DMH Letter No. 99-03, pages 5 & 6				**OUT OF COMPLIANCE:** TBS is not decreased or adjusted when indicated based on the clinical judgment of the MHP's provider

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
D.	**PROGRESS NOTES**			
8.	Do progress notes document the following (must meet a-c):			NOTE: A note is required for each time period the provider spends with the child.
8a.	The date/time period TBS was provided?			NOTE: The time of services may be a progress note by contact/shift.
8b.	A signature (or electronic equivalent) of the staff providing the service with job title, and, if applicable, license or professional degree?			
8c.	Writing that is legible?			
CCR, Title 9, Chapter 11, Section 1810.440(c); DMH Letter No. 99-03, pages 6-7; MHP Contract with DMH, Attachment C		**OUT OF COMPLIANCE**: Progress notes for TBS are not in compliance with a-c		
E.	**SERVICE ACTIVITY**			
9.	Is there documented evidence that the TBS plan and/or progress notes are focused on resolution of target behaviors or symptoms which:			• Review TBS plan and progress notes.
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?			
DMH Letter No. 99-03, page 5.		**OUT OF COMPLIANCE:** 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		

ATTACHMENT A— ENFORCEMENT AND CONSEQUENCES FOR NON-COMPLIANCE/TECHNICAL ASSISTANCE AND 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 an MHP 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 9th Street, Room 100
Sacramento, CA. 95814