STATE DEPARTMENT OF MENTAL HEALTH
MEDI-CAL OVERSIGHT

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

FISCAL YEAR (FY) 2009-2010

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ANNUAL REVIEW PROTOCOL FOR
CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES
FISCAL YEAR 2009-2010

LIST OF ABBREVIATIONS

24/7	24 HOURS A DAY/SEVEN DAYS A WEEK	MCMCP	MEDI-CAL MANAGED CARE PLAN
APP	AID PAID PENDING	MHP	MENTAL HEALTH PLAN
ASO	ADMINISTRATIVE SERVICES ORGANIZATION	MHRC	MENTAL HEALTH REHABILITATION CENTER
CCPR	CULTURAL COMPETENCE PLAN REQUIREMENTS	MHS	MENTAL HEALTH SERVICES
CCR	CALIFORNIA CODE OF REGULATIONS	MOE	MAINTENANCE OF EFFORT
CFR	CODE OF FEDERAL REGULATIONS	MOU	MEMORANDUM OF UNDERSTANDING
CiMH	CALIFORNIA INSTITUTE FOR MENTAL HEALTH	N	NO - NOT IN COMPLIANCE
CMS	CENTERS FOR MEDICARE AND MEDICAID SERVICES	NFCCPR	NOT FOLLOWING CULTURAL COMPETENCE PLAN REQUIREMENTS
DHCS	DEPARTMENT OF HEALTH CARE SERVICES	NFP	NOT FOLLOWING PLAN
DMH	DEPARTMENT OF MENTAL HEALTH (STATE)	NOA	NOTICE OF ACTION
DSM-IV	DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS	P&Ps	POLICIES AND PROCEDURES
EPSDT	EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT	PCP	PRIMARY CARE PHYSICIAN
FY	FISCAL YEAR	PHI	PROTECTED HEALTH INFORMATION
IMD	INSTITUTION FOR MENTAL DISEASES	POA	POINT OF AUTHORIZATION
IP	IMPLEMENTATION PLAN	QI	QUALITY IMPROVEMENT
LEP	LIMITED ENGLISH PROFICIENT	QIC	QUALITY IMPROVEMENT COMMITTEE
LPHA	LICENSED PRACTITIONER OF THE HEALING ARTS	RCL	RATE CLASSIFICATION LEVEL
LPT	LICENSED PSYCHIATRIC TECHNICIAN	SD/MC	SHORT-DOYLE/MEDI-CAL
LVN	LICENSED VOCATIONAL NURSE	SMHS	SPECIALTY MENTAL HEALTH SERVICES
MC	MEDI-CAL	SNF	SKILLED NURSING FACILITY
MCE	MEDI-CAL CARE EVALUATION	STP	SPECIALIZED TREATMENT PROGRAM

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 Mental Health Plan (MHP) provide beneficiaries with a current list of its providers upon first receiving a Specialty Mental Health Service (SMHS) and thereafter upon request?			**NOTE:** How does the MHP ensure that this requirement is met? • Review provider list and issuance upon first receiving a SMHS and upon request. • Does the MHP have Policies and Procedures (P&Ps) to address this?
• *CFR, Title 42, Section 438.10(f)(3)(6)(i)* • *CCR, Title 9, Chapter 11, Sections 1810.360(d) and 1810.110*		**OUT OF COMPLIANCE:** • No evidence that the MHP is providing a current provider list to beneficiaries upon first receiving a Specialty Mental Health Service. • Evidence reviewed indicates the MHP does not provide a current provider list upon request.		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
2. 2a.	Regarding the provider list: Does the list contain the names, locations, and telephone numbers of current contracted providers in the beneficiary's service areas by category?			**NOTE:** When reviewing larger counties, a regionalized provider list is ok. The provider list can include organizational, group, and individual providers. • At a minimum, the services are to be categorized by psychiatric inpatient hospital, targeted case management, and/or all other SMHS.

SECTION A **ACCESS**

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
2b.	Does the provider list include alternatives and options for cultural/linguistic services?			**NOTE:** Refer to MHP's Cultural Competence Plan Requirements (CCPR) for the definition of ethnic, racial, culture-specific specialties. • Review provider list and check for cultural/linguistic services on list. • Look for ethnic specific providers.
2c.	When applicable, does the provider 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)*		**OUT OF COMPLIANCE:** • The provider list does not contain the names, addresses, telephone numbers, cultural/linguistic alternatives and options. • The provider list does not contain minimum required categories. • No means to identify providers who are not accepting new beneficiaries		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
3.	Is there evidence that the MHP is making efforts to include culture-specific providers and services in the range of programs offered?			**NOTE:** Does the MHP have evidence of mechanisms in place to track progress for the inclusion of culture-specific providers and services in the range of programs offered? Tracking may include increases or reductions in culture-specific providers.
• *CFR, Title 42, Section 438.206(c)(2)* • *CCR, Title 9, Chapter 11, Section 1810.110(a)* • *DMH Information Notice No. 02-03, Enclosure, Page 20*		**OUT OF COMPLIANCE:** • No evidence the MHP is making efforts to include culture-specific providers and services		

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
4.	Does the MHP provide beneficiaries with a copy of the beneficiary booklet upon first receiving a SMHS and upon request?			**NOTE:** How does the MHP ensure that this requirement is met? • Review evidence that the beneficiary booklet is provided upon first receiving services and upon request. • 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(d)*		**OUT OF COMPLIANCE:** • There is evidence that the MHP does not provide the beneficiary with the beneficiary booklet upon first receiving SMHS and upon request.		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
5.	Is the beneficiary booklet available in English and the MHP's identified threshold language(s)?			**NOTE:** Check on MHP's threshold language(s) per the Department of Mental Health (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)* • *DMH Information Notice No. 02-03, Enclosure, Page 17, and DMH Information Notice No. 07-10*		**OUT OF COMPLIANCE:** • Beneficiary booklet not available in English and, when applicable, the threshold language(s)		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				

SECTION A **ACCESS**

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
6.	Does the MHP make written materials in English and the threshold language(s) available to beneficiaries in alternative formats and in an appropriate manner that takes into consideration the special needs of those who, for example, are visually limited or have limited reading proficiency?			**NOTE:** Written materials apply to informing materials, e.g. beneficiary booklet and additional written materials developed by the MHP. Examples of alternative formats can be audio tape, compact disc (CD), and large print. • This requirement does not apply to non-informing materials, e.g. pamphlet on depression. • What alternative formats are available? • How does the MHP ensure this requirement is met? • Look for evidence alternative formats are available.
• *CFR, Title 42, Section 438.10(d)(1)(ii)* • *CCR, Title 9, Chapter 11, Section 1810.110(a)*		**OUT OF COMPLIANCE:** • Informing materials and additional written materials developed by the MHP in English and the threshold language(s) not made available in alternative formats		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
7.	Does the MHP inform beneficiaries that information is available in alternative formats and how to access those formats?			**NOTE:** How does the MHP inform beneficiaries that information is available in alternative formats and, as well as, how to access those formats?
• *CFR, Title 42, Section 438.10(d)(2)*		**OUT OF COMPLIANCE:** • There is no evidence the MHP is informing beneficiaries that information is available in alternative formats and how to access those formats.		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				

SECTION A **ACCESS**

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
8. 8a.	Regarding the under-served target populations: Is there evidence of community information and education plans or P&Ps that enable the MHP's beneficiaries' access to SMHS?			**NOTE:** "Under-served target populations" refers to beneficiaries with specific cultural and linguistic needs identified in the MHP's CCPR. Under-served communities are those groups who have low levels of access and/or use of mental services, and who face pervasive institutional and socioeconomic barriers to obtaining health and mental health care. • Identify the under-served target populations based on the MHP's CCPR. • Review education plans or P&Ps that are in place. • Is the MHP in compliance with its CCPR?
8b.	Is there evidence of outreach for informing under-served target populations about cultural/linguistic services available, e.g. number of community presentations and/or forums?			**NOTE:** Ask the MHP to describe its outreach efforts. • Review evidence of MHP's outreach efforts.

• *CCR, Title 9, Chapter 11, Section 1810.410(a)* • *DMH Information Notice No. 02-03, Enclosure, Page 20*	**OUT OF COMPLIANCE:** • Not Following Cultural Competence Plan Requirements (NFCCPR) • No evidence of any outreach efforts, including outreach to under-served target populations identified in the MHP's CCPR

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION A **ACCESS**

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
9. 9a.	Regarding mental health services available to the persons who are homeless and hard-to-reach: Is there evidence of outreach to persons who are homeless with mental disabilities?			**NOTE:** Review evidence of outreach to persons who are homeless.
9b.	Is there evidence of outreach to the hard-to-reach individuals with mental disabilities?			**NOTE:** "Hard-to-reach individuals" refers to any special population (excluding under-served) as defined by the MHP. • N/A if the MHP has not identified any special hard-to-reach populations. • Review evidence of outreach to the hard-to-reach individuals.
• *W&IC Sections 5600.2(d) and 5614(b)(5)*		**OUT OF COMPLIANCE:** • No evidence of any outreach efforts to persons who are homeless and hard-to-reach individuals.		

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION A **ACCESS**

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
10. 10a.	Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number: Does the statewide toll-free telephone number make available information on how to access SMHS, including services needed to treat a beneficiary's urgent condition/crisis situation?			**NOTE:** DMH review team members will test the 24/7 toll-free telephone number. • Test after-hours, as well as, regular work hours in both English and other language(s). • At a minimum, staff answering the toll-free telephone 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.
10b.	Does the (24/7) toll-free telephone 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?			**NOTE:** 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 county? • If TDD or California Relay Services is utilized, how are beneficiaries informed of the toll-free telephone number?

CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
• *CCR, Title 9, Chapter 11, Sections 1810.405(d) and 1810.410(e)(1)* • *DMH Information Notice No. 02-03, Enclosures, Pages 15-16*			**OUT OF COMPLIANCE:** • Not Following Plan (NFP) • No 24/7 coverage • Information in "10a." not made available • Lack of linguistic capacity, including TDD or California Relay Services, in all languages spoken by beneficiaries of the county as evidenced by the results of DMH test calls
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)			
11. Does the MHP maintain a written log of the initial requests via telephone, in writing or in person for SMHS from beneficiaries of the MHP? Does the written log contain the name of the beneficiary, the date of the request, and the initial disposition of the request?			**NOTE:** The MHP shall maintain a written log of the following: - Name of the beneficiary - Date of the request for SMHS - Initial disposition of the request - Request for services made by a beneficiary must be recorded in a written log. These requests may be made by phone, in person, or in writing. • Request the MHP to describe the logging system. • Request to review the written logs for the dates of the DMH test calls.
• *CCR, Title 9, Chapter 11, Section 1810.405(f)*			**OUT OF COMPLIANCE:** • Written log of initial requests are not being maintained. • The MHP is not recording required information. • The DMH review team's test calls are not recorded.

SECTION A **ACCESS**

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
12. 12a.	Is there evidence that Limited English Proficient (LEP) individuals are informed of the following in a language they understand? LEP individuals have a right to free language assistance services.			**NOTE:** If available, look at the P&Ps. • Is the MHP following its CCPR? • 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.
12b.	LEP 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-e)* • *DMH Information Notice No. 02-03, Enclosure, Page 16* • *Title VI, Civil Rights Act of 1964 (42 U.S.C., Section 2000d; CFR, Title 45, Part 80)*		**OUT OF COMPLIANCE:** • No evidence that LEP individuals are informed as required • Evidence language assistance services are not made available		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
13.	Whenever feasible and at the request of the beneficiary, does the MHP provide an opportunity to change persons providing the SMHS, including the right to use culture-specific providers?			**NOTE:** Is the MHP in compliance with its Implementation Plan (IP)? • Ask the MHP to describe the processes for changing the person who will provide the service. • Review the requests/outcomes. • Review the P&Ps.
	• *CCR, Title 9, Chapter 11, Section 1830.225(a)(b)* • *DMH Information Notice No. 02-03, Enclosure, Page 21*	**OUT OF COMPLIANCE:** • NFP • No evidence that the MHP does not provide an opportunity to change persons providing the service • The MHP is denying access to another provider or culture-specific provider.		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
14. 14a.	Has the MHP developed a process to certify or provide culturally competent services as evidenced by: A process to evaluate the competencies of staff in providing culturally and linguistically competent services.			**NOTE:** Is the MHP following its CCPR? Ask the MHP to provide information on specific efforts they have implemented during this review period.
14b.	Assessing staff training needs and provide the necessary training in evaluation, diagnosis, treatment, and referral services for the multicultural groups in their service area.			

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
14c.	Implementation of training programs to improve the cultural competence skills of staff and contract providers.			**NOTE:** The MHP provides evidence of training provided since the last review.
• *CCR, Title 9, Chapter 11, Section 1810.410(a)* • *DMH Information Notice No. 02-03, Enclosure, Page 22*		**OUT OF COMPLIANCE:** • NFCCPR • Evidence that the MHP is not working on process for a-c		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
15. 15a.	Has the MHP implemented training programs to certify or assure the demonstrated ability of bilingual staff or interpreter services in the following areas? The ability to communicate ideas, concerns, and rationales, in addition to the translation of the words used by both the provider and the consumer.			**The following information applies to items a-d:** **NOTE:** Is the MHP following its CCPR? • Have the MHP describe the training program(s). • Have the MHP provide evidence of interpreter training. • Do the training programs include all the areas listed in a-d?
15b.	The familiarity with the beneficiary's culture, degree of proficiency in the beneficiary's spoken and non-verbal communication.			
15c.	The familiarity with variant beliefs concerning mental illness in different cultures.			
15d.	Knowledge of the mental health field.			
• *CCR, Title 9, Chapter 11, Section 1810.410(a)* • *DMH Information Notice No. 02-03, Enclosure, Page 22*		**OUT OF COMPLIANCE:** • NFCCPR • No training programs in place		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				

SECTION A **ACCESS**

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
16. 16a.	When the MHP is involved in the placement, does the MHP provide the DHCS issued Early and Periodic Screening, Diagnosis and Treatment (EPSDT) notice and DMH issued Therapeutic Behavioral Services (TBS) notice to Medi-Cal (MC) beneficiaries under 21 years of age and their representative in the following circumstances? At the time of admission to a Skilled Nursing Facility (SNF) with a Specialized Treatment Program (STP) for the mentally disordered or a Mental Health Rehabilitation Center (MHRC) that has been designated as an Institution for Mental Diseases (IMD).			**The following information applies to items a-c:** **NOTE:** Obtain DHCS and DMH issued notices used to provide information regarding the availability of EPSDT and TBS information. • Review the MHP's written procedures that ensure that the information is being provided when required. • Review evidence that EPSDT and TBS notices are being issued as required.
16b.	At the time of placement in a Rate Classification Level (RCL) 13-14 foster care group home.			
16c.	At the time of placement in a RCL 12 foster care group home when the MHP is involved in the placement.			

- *CCR, Title 9, Chapter 11, Section 1810.310 (a)(1)*
- *DMH Letter No. 01-07, Enclosures Pages 1 & 2*
- *DMH Letter No. 04-04, Enclosures Pages 1 & 2*

OUT OF COMPLIANCE:
- The MHP is not using the correct informing notices.
- The MHP does not have a procedure for providing information as required.
- There is no evidence that the procedures are being followed.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

CRITERIA	IN COMPLIANCE Y N	INSTRUCTIONS TO REVIEWERS COMMENTS

The Following Questions are Covered in the County Mental Health Plan Annual Attestation

17.	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? • *CFR, Title 42, Section 438.10(f)(5)*	**OUT OF COMPLIANCE:** • The MHP is not making good faith efforts to give proper written notice of termination within the 15 day time limit.
18. 18a.	Does the MHP have written policies to ensure the following beneficiary rights: The right to receive information in accordance with CFR, Title 42, Section 438.10.	
18b.	The right to be treated with respect and with due consideration for his/her dignity and privacy.	
18c.	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.	
18d.	The right to participate in decisions regarding his/her health care, including the right to refuse treatment.	
18e.	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.	
18f.	The right to request and receive a copy of his/her Protected Health Information (PHI)	
18g.	The right to request that his/her PHI be amended.	
18h.	The right to be furnished health care services	
• *CFR, Title 42, Section 438.100(a)(b)(d)* • *DMH Letter No. 04-05*		**OUT OF COMPLIANCE**: • No written policies that ensure these rights .

	CRITERIA	IN COMPLIANCE Y N	*INSTRUCTIONS TO REVIEWERS* COMMENTS

The Following Questions are Covered in the County Mental Health Plan Annual Attestation

19. 19a.	Regarding Mandated Key Points of Contact: Is there documented evidence to show which services have linguistically proficient staff or interpreters available to beneficiaries during regular operating hours?	
19b.	Is there documented evidence to show the response to offers of interpreter services?	
	• *CCR, Title 9, Chapter 11, Section 1810.410(d)(2)* • *DMH Information Notice No. 02-03, Enclosure, Page 16*	**OUT OF COMPLIANCE:** • Linguistically proficient staff or interpreter services are not available during regular operating hours. • No documented evidence to show response to offers of interpreter services
20.	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 culturally and linguistically appropriate services? • *CCR, Title 9, Chapter 11, Section 1810.410(e)(2)* • *DMH Information Notice No. 02-03, Enclosure, Page 17* • *Title VI, Civil Rights Act of 1964 (42 U.S.C., Section 2000d* • *CFR, Title 45, Part 80*	**OUT OF COMPLIANCE:** • No P&Ps • Beneficiaries are not being linked to appropriate services.
21. 21a.	Regarding annual training on client culture: Is there evidence of an annual training on client culture that includes a client's personal experiences?	

	CRITERIA	IN COMPLIANCE Y N	*INSTRUCTIONS TO REVIEWERS* COMMENTS

The Following Questions are Covered in the County Mental Health Plan Annual Attestation

21b.	The training plan must also include for children and adolescents, the parent and/or caregiver's personal experiences.	
• *CCR, Title 9, Chapter 11, Section 1810.410* • *DMH Information Notice No. 02-03, Enclosure, Page 24*		**OUT OF COMPLIANCE:** • NFCCPR • No annual training on client culture that includes a client's personal experiences • Training for children and adolescents does not include a parent and/or caregiver's personal experiences.
22. 22a.	Regarding advance directive: Has the MHP implemented written P&Ps respecting advance directive in compliance with the requirements of CFR, Title 42, Sections 422.128 and 438.6(i)(1)(3)(4)?	
22b.	Does the MHP provide adult beneficiaries with written information on advance directive policies, including a description of applicable State laws?	
22c.	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. 2) MHP's written policies respecting the implementation of those rights.	
22d.	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?	

CRITERIA		IN COMPLIANCE Y N	INSTRUCTIONS TO REVIEWERS COMMENTS

The Following Questions are Covered in the County Mental Health Plan Annual Attestation

• *CFR, Title 42, Sections 422.128 and 438.6(i)(1)(3)(4)*		**OUT OF COMPLIANCE:** • The MHP has not implemented written policies on advance directive. • The MHP is not providing adult beneficiaries with written information on advance directive. • Written information does not contain the required information.
23.	Does the MHP have written policies to ensure the following?	
23a.	Beneficiaries are not discriminated against based on whether or not the beneficiary has executed an advance directive.	
23b.	Provide for the education of staff concerning its P&Ps on advance directive.	
• *CFR, Title 42, Sections 438.6(h)(2)(i), 422.128(b)(1)(ii)(F) and 417.436(d)(1)(iv)*		**OUT OF COMPLIANCE:** • No written policies for a-b • No evidence provided for the education of staff concerning its P&Ps on advance directive.

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 in accordance with Title 9 regulations?			**NOTE:** Review random sample of DMH selected TARs to determine if qualified mental health professionals are approving/denying TARs in accordance with Title 9 regulations.
1b.	Are all adverse decisions regarding hospital requests for payment authorization that were based on criteria for medical necessity or emergency admission being reviewed and approved in accordance with Title 9 regulations by: 1) a physician 2) at the discretion of the MHP, by a psychologist for patients admitted by a psychologist and who received services under the psychologist's scope of practice.			**NOTE:** Review random sample of DMH selected TARs that were affected by adverse decisions. • Adverse decision is based on medical necessity criteria. • Check TARs for evidence of physician review or when applicable psychologist review. • Check if an NOA-C is issued to the beneficiary when adverse decisions are rendered.
1c.	Does the MHP approve or deny TARs within 14 calendar days of the receipt of the TAR and in accordance with Title 9 regulations?			**NOTE:** Receipt date may be stamped on the TAR or recorded on other supported evidence. • Review random sample of DMH selected TARs and check receipt date with approval or denial date.

CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
• *CCR, Title 9, Chapter 11, Sections 1820.220(c)(d)(f)(h), 1850.210, 1820.225, 1820.230, 1820.205, and 1820.215*	**OUT OF COMPLIANCE:** • TARs not being approved/denied by qualified staff in accordance with Title 9 regulations. • Physician or, when applicable, a psychologist, is not reviewing adverse decisions. • No physician signature regarding adverse decisions on the TAR or no evidence of physician review. • The MHP is not approving or denying TARs within 14 calendar days of the receipt of the TAR and in accordance with Title 9 regulations.		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)			

RE: NON-HOSPITAL SPECIALTY MENTAL HEALTH SERVICES

2.	Does the MHP ensure that SMHS are available to treat beneficiaries who require services for an emergency or urgent condition 24/7?			**NOTE:** Ask the MHP to describe the 24/7 availability of services for emergency or urgent conditions. • Review the P&Ps.
• *CCR, Title 9, Chapter 11, Section 1810.405(c)*		**OUT OF COMPLIANCE:** • NFP • SMHS for an emergency or urgent condition not available 24/7		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
3.	Are payment authorization requests being approved or denied by licensed, waivered, or registered mental health professionals of the beneficiary's MHP?			**NOTE:** Licensed Psychiatric Technicians (LPTs) and Licensed Vocational Nurses (LVNs) can approve/deny requests only when an urgent condition exists. • Review payment authorization requests.

CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
• *CFR, Title 42, Section 438.210(b)(3)* • *CCR, Title 9, Chapter 11, Section 1830.215(c) and 1810.253*			**OUT OF COMPLIANCE:** • MHP is not using appropriate staff to approve/deny authorizations • MHP is using LPTs and LVNs when an urgent condition does not exist.
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)			

RE: UTILIZATION MANAGEMENT

4.	Does the MHP have a payment authorization system in place that meets the requirements specified in the MHP Contract for Day Treatment Intensive and Day Rehabilitation?			**NOTE:** Review the procedure/system for informing providers and county staff of the need to request an MHP payment authorization. An MHP payment authorization refers to a written, electronic, or verbal authorization given by an MHP to a service provider. • Check that the procedure/system has assurances that payment is not being made without prior authorization. - Review the Day Treatment requirements in the MHP Contract. - An initial MHP payment authorization is required. - An Advance Authorization if more than 5 days per week, or - If continuation of Day Treatment Intensive at least every 3 months, or - If continuation of Day Rehabilitation at least every 6 months.

SECTION B ***AUTHORIZATION***

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
	• *CCR, Title 9, Chapter 11, Section 1810.405(c)* • *DMH Information Notice 02-06, Enclosures, Pages 1-5* • *DMH Letter No. 03-03*			**OUT OF COMPLIANCE:** • Not following MHP Contract • No payment authorization system in place that meets requirements.
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
5. 5a.	Regarding authorization timeframes: For standard authorization decisions, does the MHP provide notice as expeditiously as the beneficiary's health condition requires and within 14 calendar days following receipt of the request for service with a possible extension of up to 14 additional days?			**The following information applies to items a-b:** **NOTE:** "Notice" means decision notification. • Review sample of MHP's authorization decisions. • Extension for an additional 14 calendar days is possible if: - Beneficiary or provider requests extension, - MHP identifies need for additional information, documents the need and how the extension is in the beneficiary's best interest within its authorization records.
5b.	For expedited authorization decisions, does the MHP provide notice as expeditiously as the beneficiary's health condition requires and within 3 working days following receipt of the request for service or, when applicable, within 14 calendar days of an extension?			
	• *CFR, Title 42, Section 438.210(d)(1)(2)*			**OUT OF COMPLIANCE:** • The MHP is not providing notices within required timeframes.

SECTION B ***AUTHORIZATION***

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
6.	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)(1)(2)(3)*		**OUT OF COMPLIANCE:** • No evidence of UM activities • Not following the MHP Contract		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
7. 7a.	Regarding Notices of Action (NOAs): NOA-A: Is the MHP providing a written NOA-A to the beneficiary when the MHP or its providers determine that the beneficiary does not meet the medical necessity criteria to be eligible to any SMHS?			**The following information applies to items a-e:** **NOTE:** Revised versions of NOAs are dated June 1, 2005 · • Review NOAs given during FY 08-09 • If utilizing a form different from the DMH approved form, does it contain all the required elements? • Review the P&Ps. • Review request-for-service logs for requests for services that did not receive an intake assessment appointment.

SECTION B ***AUTHORIZATION***

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
7b.	NOA-B: Is the MHP providing a written NOA-B to the beneficiary when the MHP denies, modifies, or defers (beyond timeframes) a payment authorization request from a provider for SMHS?			**NOTE:** Is the MHP or its providers providing a NOA-B when payment authorization requests are denied, modified, or deferred beyond timeframes. • Check authorizations.
7c.	NOA-C: 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 service(s). • Does the MHP deny payment authorization of services that have already been delivered?
7d.	NOA-D: 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?			**NOTE:** Review the grievance and appeals records to determine if the MHP has failed to act within the required timeframes. • Review the grievances/appeals log(s).
7e.	NOA-E: 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 (MHP)?			**NOTE:** 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, Section 438.404(c)(2)*
- *CCR, Title 9, Chapter 11, Section 1830.205(a)(b)(1)(2)(3)*
- *DMH Letter No. 05-03*

OUT OF COMPLIANCE:
- There is evidence the MHP is not issuing NOAs per regulations and the MHP Contract.
- The MHP is not using the revised versions of NOAs dated June 1, 2005.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION B ***AUTHORIZATION***

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
8.	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 individual, group, and organizational providers. • "Qualified health care professional" means "Licensed Mental Health Professional" per CCR, Title 9, Chapter 11, Section 1810.223.
• *CFR, Title 42, Section 438.206(b)(3)* • *CCR, Title 9, Chapter 11, Section 1810.405(e)*		**OUT OF COMPLIANCE:** • No evidence the MHP provides for a second opinion from a qualified health care professional		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				

SECTION B ***AUTHORIZATION***

	CRITERIA	IN COMPLIANCE Y N	*INSTRUCTIONS TO REVIEWERS* COMMENTS

The following questions are covered in the County Mental Health Plan Annual Attestation

9.	Regarding authorization of services, does the MHP have written P&Ps to ensure consistent application of review criteria for authorization decisions? • *CFR, Title 42, 438.210(b)(1)*	**OUT OF COMPLIANCE:** • The MHP does not have written P&Ps. • No evidence of the consistent application of review criteria for authorization decisions.
10.	Does the MHP have procedures for ensuring access to services for out-of-county beneficiaries in the following categories: Adults in residential placements out-of-county? • *CCR, Title 9, Chapter 11, Section 1830.220(b)(3)(4)(A)* • *DMH Information Notice No. 97-06, D, 4*	**OUT OF COMPLIANCE:** • NFP • The MHP has no procedures for ensuring access to services for beneficiaries' out-of-county. • Procedures not being followed
11. 11a.	Regarding the authorization, documentation and reimbursement of services when a child is in a foster care, KinGAP or Aid to Adoptive Parents (AAP) aid code residing outside his or her county of origin, does the MHP have procedures in the following categories: Is the MHP in the child's county of origin providing for or arranging for medically necessary SMHS for children in a foster care, KinGAP or Aid to Adoptive Parents (AAP) aid code residing outside his or her county of origin?	

	CRITERIA	IN COMPLIANCE Y N	*INSTRUCTIONS TO REVIEWERS* COMMENTS

The following questions are covered in the County Mental Health Plan Annual Attestation

11b.	Is the MHP in a child's county of origin accepting the following standardized forms issued by DMH, or is the MHP subject to an externally placed requirement (e.g. federal integrity agreement) that prevents the use of the standardized forms? A) Client Assessment B) Client Plan C) Service Authorization Request D) Client Assessment Update E) Progress Notes – Day Treatment Intensive Services F) Progress Notes – Day Rehabilitation Services	
11c.	Is the MHP adhering to the existing timelines when processing or submitting authorization requests for children in a foster care, AAP or KinGAP aid code living outside his or her county of origin?	
• *CCR, Title 9, Chapter 11, Section 1830.220(b)(4)* • *DMH Information Notice 09-06* • *DMH Information Notice 97-06, D, 4*		**OUT OF COMPLIANCE:** • The MHP has no procedures for ensuring authorization, documentation and reimbursement of services when a child is in a foster care, KinGAP or Aid to Adoptive Parents (AAP) aid code residing outside his or her county of origin. • The standard DMH issued forms are not been used, or if applicable, an MHP exemption request has not been submitted to DMH.

SECTION B ***AUTHORIZATION***

CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
			• The MHP does not have procedures for ensuring that processing or authorization timelines are met in accordance CCR, Title 9, Chapter 11, Section 1830.220(b)(4) .

SECTION C ***BENEFICIARY PROTECTION***

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
1. 1a.	Regarding notice to the Quality Improvement Committee (QIC) and subsequent action: 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?			**NOTE:** Review the procedures in place.
1b.	When applicable, has there been subsequent implementation of needed system changes?			
• *CCR, Title 9, Chapter 11, Section 1850.205(c)(7)*		**OUT OF COMPLIANCE:** • The MHP does not have procedures in place. • Evidence procedures not being followed • Implementation of needed system changes not taking place		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
2. 2a.	Does the MHP maintain a grievance and appeal log(s) that contains, at least, the following entries? The name/identifier of the beneficiary.			**NOTE:** Verify information is present for each grievance and appeal.
2b.	The date of receipt of the grievance/appeal.			
2c.	The nature of the problem.			
• *CCR, Title 9, Chapter 11, Section 1850.205(d)(1)*		**OUT OF COMPLIANCE:** • NFP • Log(s) does not contain this information on all grievances and appeals.		

SECTION C BENEFICIARY PROTECTION

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
3.	Does the MHP provide written acknowledgement of each grievance and appeal to the beneficiary in writing?			**NOTE:** Have the MHP describe the process for notifying the beneficiary. • Review the written notifications.
• *CFR, Title 42, Section 438.406(a)(2)* • *CCR, Title 9, Chapter 11, Section 1850.205(d)(4)*		**OUT OF COMPLIANCE:** • MHP not acknowledging the receipt of each grievance and appeal in writing.		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
4.	Is the MHP notifying beneficiaries, or their representatives, of the grievance or appeal disposition and is this being documented?			**NOTE:** Unless extension was requested, grievance or appeal disposition timeframes are no later than 60 calendar days for grievances; 45 calendar days for appeals; and 3 working days for expedited appeals. • How are the beneficiaries/representatives notified? • Review the grievance and appeal records regarding notification.
• *CFR, Title 42, Section 438.408(d)* • *CCR, Title 9, Chapter 11, Sections 1850.206(b)(c), 1850.207(c)(h), 1850.208(d)(e)*		**OUT OF COMPLIANCE:** • The MHP is not notifying the beneficiary or their representatives of the grievance or appeal disposition.		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				

SECTION C BENEFICIARY PROTECTION

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
5. 5a.	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" refers to notice of disposition to beneficiaries or their representatives.
5b.	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, Section 438.408(e)(1)(2)(as modified by the waiver renewal request of August, 2002 and CMS letter, August 22, 2003)* • *CCR, Title 9, Chapter 11, Section 1850.207(h)(3)*		**OUT OF COMPLIANCE:** • The written notice does not include requirements a-b.		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
6.	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 the providers notified? • Review evidence of provider notification.
• *CCR, Title 9, Chapter 11, Section 1850.205(d)(6)*		**OUT OF COMPLIANCE:** • The MHP is not notifying the provider of the grievance or appeal disposition.		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				

SECTION C BENEFICIARY PROTECTION

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
7.	Does the MHP ensure services are continued while an appeal or State fair hearing is pending?			**NOTE:** Beneficiaries must have met Aid Paid Pending (APP) criteria per CCR, Title 22, Section 51014.2 (e.g. 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, August 22, 2003)* • *CCR, Title 9, Chapter11, Section 1850.215* • *CCR, Title 22, Section 51014.2* • *DMH Letter No. 05-03*	**OUT OF COMPLIANCE:** • When APP criteria have been met, the MHP is not continuing SMHS as required.		

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

	CRITERIA	IN COMPLIANCE Y N	*INSTRUCTIONS TO REVIEWERS* COMMENTS

The Following Questions are Covered in the County Mental Health Plan Annual Attestation

8.	Do the MHP's grievance and appeal processes include the following?	
8a.	Allow a beneficiary to authorize another person to act on his/her behalf.	
8b.	Allow a beneficiary to select a provider as his/her representative in the appeal process.	
8c.	Upon request, identify a staff person or other individual to assist the beneficiary with the grievance and appeal processes.	
8d.	Not subject a beneficiary to discrimination or any other penalty for filing a grievance or appeal	
8e.	Upon request, identify a staff person or other individual to provide information regarding the status of a beneficiary's grievance or appeal.	
8f.	Allow a beneficiary or designee to file a grievance or appeal orally.	
• *CFR, Title 42, Section 438.402(b)(3)* • *CCR, Title 9, Chapter 11, Section 1850.205(c)(d)(e)*		**OUT OF COMPLIANCE:** • The MHP does not have grievance and appeal processes in place for a-f. • Evidence indicates processes are not being followed
9.	Does the MHP's appeal process allow a beneficiary and his/her representative an opportunity, before and during the appeal process, to examine the beneficiary's case file, including medical records, and any other documents and records considered during the appeal process. • *CFR, Title 42, Section 438.406(b)(1-4)* • *CCR, Title 9, Chapter 11, Section 185.207(f)*	**OUT OF COMPLIANCE:** • Evidence indicates appeal process is not being followed

	CRITERIA	IN COMPLIANCE Y N	*INSTRUCTIONS TO REVIEWERS* COMMENTS

The Following Questions are Covered in the County Mental Health Plan Annual Attestation

10.	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? A. Appeals based on lack of medical necessity B. Grievances regarding denial of expedited resolution of an appeal C. Grievances/appeals that involve clinical issues • *CFR, Title 42, Section 438.406(a)(3)(ii)* • *CCR, Title 9, Chapter 11, Section 1850.205 (c)(9)*	**OUT OF COMPLIANCE:** • When required, the MHP is not utilizing staff with appropriate clinical expertise.
11.	For expedited appeals, is the MHP making reasonable efforts to provide prompt oral notice? • *CFR, Title 42, Section 438.408(d)(2)* • *CCR, Title 9, Chapter 11, Section 1850.208(f)(2)*	**OUT OF COMPLIANCE:** • The MHP is not making reasonable efforts to provide prompt oral notice.
12.	Are there notices posted explaining grievance, appeal and expedited appeal process procedures in locations at all MHP provider sites sufficient to ensure that the information is readily available to both beneficiaries and provider staff? • *CCR, Title 9, Chapter 11, Section 1850.205(c)(1)(B)*	**OUT OF COMPLIANCE:** • Posted notice(s) are not at MHP provider sites. • The posted notice(s) does not contain grievance, appeal, and expedited appeal process procedures as required.
13.	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? • *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 for a verbal or written request.
14.	Does the MHP ensure that the staff making decisions on grievances and appeals were not involved in any previous level of review or decision-making? • *CFR, Title 42, Section 438.406(a)(3)(i)* • *CCR, Title 9, Section 1850.205(c)(8)*	**OUT OF COMPLIANCE:** • MHP using staff previously involved in decision-making

	CRITERIA	IN COMPLIANCE Y N	INSTRUCTIONS TO REVIEWERS COMMENTS

The Following Questions are Covered in the County Mental Health Plan Annual Attestation

15.	Is the MHP resolving grievances within the State established timeframes? • *CFR, Title 42, Section 438.408 (a)(b)(1)* • *CCR, Title 9, Chapter 11, Section 1850.206(b)*	**OUT OF COMPLIANCE:** • The MHP is not resolving grievances within established timeframes. • When applicable, the MHP is not providing the beneficiary with a reason for the extension in writing.
16.	Is the MHP resolving appeals within the State established timeframes? • *CFR, Title 42, Sections 438.408 (a)(b)(2)* • *CCR, Title 9, Chapter 11, Section 1850.207(c)*	**OUT OF COMPLIANCE:** • The MHP is not resolving appeals within established timeframes. • When applicable, MHP is not providing beneficiary with reason for extension in writing.
17.	Is the MHP resolving expedited appeals within the State established timeframes? • *CFR, Title 42, Sections 438.408 (a)(b)(3)* • *CCR, Title 9, Chapter 11, Section 1850.208(d)*	**OUT OF COMPLIANCE:** • The MHP is not resolving expedited appeals within established timeframes. • When applicable, MHP is not providing beneficiary with reason for extension in writing.

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

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
MAINTENANCE OF EFFORT (MOE)				
1. 1a. 1b.	Regarding the MOE requirements, is the county in compliance with either 1a or 1b? Is the county depositing its local matching funds per the schedule developed by the DMH? 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?			**NOTE:** Interview MHP fiscal officer. • Refer to MOE dollar amount requirements as noted within DMH Information Notice 95-13 and DMH Information Notice 97-05. • Obtain from county the quarterly county submission reports to the State Controller's Office for FY 08-09.
• *W&IC Sections* 5614(b)(1), 17*608.05(a)(b)(c), and 17609.05* • *DMH Information Notices No. 97-05 and No. 95-13*		**OUT OF COMPLIANCE:** • The county is not depositing its local matching funds per schedule. • The county is not in compliance with Section 17608.05(c).		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
FUNDING OF CHILDREN'S SERVICES				
2. 2a.	Is the county in compliance with either 2a or 2b? 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.			**NOTE:** Interview MHP fiscal officer. • Obtain verification from the county.

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
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.
• *W&IC Sections 5704.5(b) and 5614(b)(3)*		**OUT OF COMPLIANCE:** • The county does not maintain funding for children's services per requirement. • The county does not have documentation from noticed public hearing.		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
3. 3a.	Is the county in compliance? 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 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.			**NOTE:** Interview MHP fiscal officer. • Obtain verification from the county.
• *W&IC Sections 5704.6(a)(c) and 5614(b)(3)*		**OUT OF COMPLIANCE:** • The county does not allocate funding for children's services per requirement. • The county does not have documentation from noticed public hearing.		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				

		IN COMPLIANCE		*INSTRUCTIONS TO REVIEWERS*
	CRITERIA	**Y**	**N**	**COMMENTS**

The Following Questions are Covered in the County Mental Health Plan Annual Attestation

4.	Regarding Program Integrity Requirements, does the MHP have the following in place?	
4a.	A compliance plan that is designed to guard against fraud and abuse.	
4b.	Written P&Ps and standards of conduct that articulate the organization's commitment to comply with all applicable federal and State standards.	
4c.	The designation of a compliance officer and a compliance committee that is accountable to senior management.	
4d.	Effective training and education for the compliance officer and the organization's employees.	
4e.	Effective lines of communication between the compliance officer and the organization's employees.	
4f.	Enforcement of the standards through well publicized disciplinary guidelines.	
4g.	Provision for internal monitoring and auditing.	
4h.	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:** The County/MHP does not have written P&Ps on each of the required elements.

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS

The Following Questions are Covered in the County Mental Health Plan Annual Attestation

5.	Regarding hospital contracts, does the MHP have one of the following in place for each disproportionate share and traditional hospital that meets selection criteria? A. A signed contract for the current fiscal year. B. A DMH approved request for exemption. C. A letter from the hospital(s) stating its desire to not contract with the MHP. D. A letter from the MHP declaring that the hospital(s) does not want to contract. • *CCR, Title 9, Chapter 11, Section 1810.430(a)(b)(c)*	**OUT OF COMPLIANCE:** • The MHP is not contracting with listed hospitals and no approved exemption(s) or documentation of a refusal(s) to contract is in place.
6.	Has the MHP submitted Fee for Service/Medi-Cal contract hospital rates annually as required? • *CCR, Title 9, Chapter 11, Section 1810.375(c)* • *W&IC Section 5614(b)(4)*	**OUT OF COMPLIANCE:** • Hospital rates not submitted by June 1st of each year
7. 7a.	Regarding Research and Performance Outcomes: Is the county reporting adult performance outcome system data as required?	
7b.	Is the county reporting children performance outcome system data as required?	
• *W&IC Section 5610(a); County Performance Contract*		**OUT OF COMPLIANCE:** • The county is not reporting data as required.

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 MHP maintaining the program principles and the array of treatment options required under W&IC Sections 5600.4 and 5600.9 inclusive?			**NOTE:** Treatment 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 Persons who are Homeless - Group Services
• *W&IC Sections 5600.35(a), 5614*		**OUT OF COMPLIANCE:** • To the extent resources are available; evidence the county is not providing services to the target population in every geographic area.		

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

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

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
2.	To the extent resources are available, is the county organized to provide an array of treatment options?			**NOTE:** Treatment 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 Persons who are Homeless - Group Services
• *W&IC Sections 5600.4(a-k), 5614*		**OUT OF COMPLIANCE:** • To the extent resources are available, the county is not organized to provide an array of treatment options.		

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
3.	Is the county organized to provide the Specialty Mental Health Services as listed in accordance with CCR, Title 9, Chapter 11, Section 1810.247?			**NOTE: 1810.247. Specialty Mental Health Services.** "Specialty Mental Health Services" means: (a) Rehabilitative Mental Health Services, including: (1) Mental health services; (2) Medication support services; (3) Day treatment intensive; (4) Day rehabilitation; (5) Crisis intervention; (6) Crisis stabilization; (7) Adult residential treatment services; (8) Crisis residential treatment services; (9) Psychiatric health facility services; (b) Psychiatric Inpatient Hospital Services; (c) Targeted Case Management; (d) Psychiatrist Services; (e) Psychologist Services; (f) EPSDT Supplemental Specialty Mental Health Services.

• *CCR, Title 9, Chapter 11, Section 1810.247* • *NOTE: Authority: Section 14680, W&IC. Reference: Sections 5777, 14021.3, 14021.4, 14132, and 14684..*	**OUT OF COMPLIANCE:** • The county is not organized to provide SMHS listed in accordance with Title 9, Chapter 11, Section 1810.247.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

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

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS 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 Physicians (PCPs) when no Medi-Cal Managed Care Plans are present B. PCPs who do not belong to a Medi-Cal Managed Care Plan C. Federally Qualified Health Centers, Indian Health Centers, or Rural Health Centers			**The following information applies to items a-b:** **NOTE:** Is the MHP following its Implementation Plan (IP)? • Ask the MHP to describe the processes in place for a-b. • Review the MHP's P&Ps. • When possible, verify processes in practice for a-b.
1a.	Are the following conditions being met? 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, Section 1810.415(a)(b)(c)		**OUT OF COMPLIANCE:** • There are no processes in place for a-b.		

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION G ***PROVIDER RELATIONS***

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
1.	Does the MHP have an ongoing monitoring system in place that ensures all contracted individual, group, and organizational providers utilized by the MHP are in compliance with the documentation standards requirements contained in the MHP Contract with the DMH?			**NOTE:** Monitoring of contracted individual, group, and organizational providers may be by way of the contract/written agreements with these providers. • Ask the MHP how it monitors the individual, group and organizational providers to ensure documentation standards are being met. • Review samples of the monitoring activities/documentation conducted by the MHP.
• *CCR, Title 9, Chapter 11, Sections 1810.110(a) and 1840.112*		**OUT OF COMPLIANCE:** • The MHP does not have a monitoring system in place. • The MHP has no documentation of monitoring activities.		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
2.	Does the MHP have an ongoing monitoring system in place that ensures contracted organizational providers are certified and recertified per conditions in the MHP Contract with the DMH?			**NOTE:** 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 certifications and recertifications to determine compliance.
• *CCR, Title 9, Chapter 11, Section 1810.435*		**OUT OF COMPLIANCE:** • The MHP does not have a monitoring system in place. • The MHP is not following certification and recertification requirements of the MHP Contract.		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
3. 3a.	Does the MHP maintain and monitor a network of appropriate providers that is supported by written agreements that consider the following? The anticipated MC enrollment.			**The following information applies to items a-e:** **NOTE:** "Network" includes all providers (individual, group, and organizational), including county and contract providers. • 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?
3b.	The expected utilization of services.			
3c.	The numbers and types of providers required.			
3d.	The number of network providers who are not accepting new beneficiaries.			
3e.	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)*	**OUT OF COMPLIANCE:** • The MHP is not maintaining and monitoring the network of providers per a-e.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION G ***PROVIDER RELATIONS***

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
4. 4a.	Regarding the MHP's provider network, does the MHP ensure? Providers meet State standards for timely access to care and services, taking into account the urgency of need for services.			**The following information applies to items a-f:** **NOTE:** How is the MHP monitoring and ensuring a-f? • State standards: - 24/7 Access to urgent and emergency services - 24/7 toll-free telephone number - MHP standards for providers as indicated in written agreements with its providers • Sample a few provider contracts to verify contract standards are being met, e.g. timeline for first appointment.
4b.	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. • There should be no language that discriminates against MC beneficiaries, e.g. appointment times limited to specific hours of the day/week.
4c.	Services are available 24/7 when medically necessary.			**NOTE:** This applies to the provider network, not each individual provider.
4d.	Mechanisms have been established to ensure compliance.			• What mechanisms does the MHP have in place to ensure compliance?
4e.	Providers are regularly monitored to determine compliance.			**NOTE:** Monitored per certification and recertification cycle in the MHP Contract, as well as, complaints and usual occurrences. • Monitoring activities could also include other forms of review, e.g. regular QI or contract oversight reviews.

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
4f.	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*		**OUT OF COMPLIANCE:** • The MHP is not monitoring its provider network per a-f.		

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

	CRITERIA	IN COMPLIANCE Y N	*INSTRUCTIONS TO REVIEWERS* COMMENTS

The Following Questions are Covered in the County Mental Health Plan Annual Attestation

5.	Regarding provider selection and retention, does the MHP have written P&Ps for selection and retention of providers that include the following:	
5a.	Credentialing and re-credentialing requirements?	
5b.	Nondiscrimination against providers that serve high-risk populations or specialize in conditions that require costly treatment?	
5c.	The MHP does not employ or contract with providers excluded from participation in federal health care programs under CFR, Title 42, Section 1128 or Section 1128A of the Social Security Act?	
• *CFR, Title 42, Sections 438.214(a-e)*		**OUT OF COMPLIANCE:** • MHP does not have written P&Ps to meet the requirements of a-c
6. 6a.	If the MHP subcontracts, the MHP must ensure the following: The MHP oversees and is accountable for any functions and responsibilities that it delegates to any subcontractor.	
6b.	The prospective subcontractor's ability to perform the activities to be delegated.	

	CRITERIA	IN COMPLIANCE Y N	*INSTRUCTIONS TO REVIEWERS* COMMENTS

The Following Questions are Covered in the County Mental Health Plan Annual Attestation

6c.	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. 4) Provides for corrective action when deficiencies or areas for improvement are identified.	
• *CFR, Title 42, Section 438.230(a)(b)*		**OUT OF COMPLIANCE:** • The MHP does not ensure its subcontractors meet the requirements of a-c. • The MHP is not conducting monitoring activities.
7.	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?	**OUT OF COMPLIANCE:** • The MHP is not providing the grievance system information to its contractors at the time they enter a contract.

SECTION H **QUALITY IMPROVEMENT**

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
1. 1a.	Is the QIC involved in or overseeing the following QI activities? Recommending policy changes.			**NOTE:** Review minutes for evidence of each activity described in a-d.
1b.	Reviewing and evaluating the results of QI activities.			
1c.	Instituting needed QI actions.			
1d.	Ensuring follow-up of QI processes.			

- *CCR, Title 9, Chapter 11, Section 1810.440*

OUT OF COMPLIANCE:
- NFP
- There is no evidence that the QIC is involved in and overseeing activities described in a-d.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

2. 2a.	Regarding the annual QI work plan: 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?			**The following information applies to items a-b:** **NOTE:** Review the QI work plan.
2b.	Does the MHP incorporate relevant cultural competent and linguistic standards in the annual QI work plan?			

CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
• *CCR, Title 9, Chapter 11, Section 1810.440* • *DMH Information Notice No. 02-03, Enclosure, Page 25*			**OUT OF COMPLIANCE:** • The work plan does not evaluate the effectiveness of the QI program and show how QI activities have contributed to improvement in clinical care and beneficiary service. • The work plan does not incorporate cultural/linguistic standards. • The MHP does not have a current QI work plan in place.
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)			
3. Does the QI work plan monitor previously identified issues, including tracking of issues over time?			**NOTE:** Review the current QI 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*			**OUT OF COMPLIANCE:** • NFP • No current QI work plan in place. • Not following the QI work plan • There is no evidence of monitoring or tracking activities over time.
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)			

SECTION H **QUALITY IMPROVEMENT**

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
4. 4a.	Does the QI work plan include goals and monitoring activities and is the MHP conducting activities to meet the following work plan areas? 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.			**<u>The following information applies to items a-c</u>:** **<u>NOTE</u>:** 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.			
4b.	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.			**<u>NOTE</u>:** Review P&Ps. • Goals should be set for 4b. (1-4). • Mechanisms for monitoring should be in place for 4b. (1-4). • Does the MHP test call its toll-free number for 4b. (1-4)?
	2) Timeliness of services for urgent conditions.			
	3) Access to after-hours care.			
	4) Responsiveness of the 24/7 toll-free number.			

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
4c.	Monitoring beneficiary satisfaction as evidenced by: 1) Annual survey of beneficiary satisfaction.			**The following information applies to items 1-6:** **NOTE:** How are providers informed?
	2) Annual evaluation of beneficiary grievances and fair hearings.			
	3) Annual review of requests for changing persons providing services.			
	4) Providers are informed of the results of the beneficiary/family satisfaction surveys.			
	5) Completion of a consumer satisfaction survey in the threshold languages.			• Refer to DMH Information Notice No. 02-03, Enclosure, Page 19 for Question 4c. 5. and 6.
	6) Satisfaction surveys, in each threshold language, indicated that, at least, 75% of the respondents had access to written information in their primary language.			
4d.	Monitoring the MHP's service delivery system as evidenced by: 1) Relevant clinical issues, including the safety and effectiveness of medication practices, are identified?			

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
	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?			
4e.	Monitoring provider appeals?			
	• *CCR, Title 9, Chapter 11, Section 1810.440* • *DMH Information Notice No. 02-03, Enclosure, Page 19*			**OUT OF COMPLIANCE:** • NFP • Not following contract • No current QI work plan in place • Not following the QI work plan • There is no evidence of monitoring activities.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION I **MENTAL HEALTH SERVICES ACT**

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
1.	Is there evidence that the Community Program Planning Process includes, at a minimum: • Involvement of clients with serious mental illness and/or serious emotional disturbance and their family members in all aspects of the Community Program Planning Process; • Participation of stakeholders, as defined in CCR, Title 9, Chapter 14, Section 3200.270 and in CCR, Title 9, Chapter 14, Section 3300.(b)(4) • Training, as needed, to County staff designated as being responsible for any of the functions listed in CCR, Title 9, Chapter 14, Section 3300(b) (1) (2) (3) (A) that will enable staff to establish and sustain a Community Program Planning Process; and training offered to those stakeholders, clients, and when appropriate, the client's family who are participating in the Community Program Planning Process.			**NOTE:** Records of number of public stakeholder meetings/forums held, number of stakeholders in attendance, invitation to stakeholders to participate in the planning process. County provided responses to comments, copies of announcements of public meetings, sign-in sheets, and/or other similar documents/reports. • Evidence of training provided to staff and offered to clients could include flyers, announcements, agendas, or sign-in sheets for training provided to staff and offered to clients and family members.

• *CCR, Title 9, Chapter 14, Section 3300 (c)(i) Section 3300 (b)(4)*	**OUT OF COMPLIANCE:** • Lack of evidence of client and family member participation in Community Program Planning Process; lack of evidence of training provided to staff and offered to clients and family members.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
2.	Is there evidence that the County has established peer support and family education support services or expanded these services to meet the needs and preferences of clients and/or family members?			**NOTE:** Sign in sheets, brochures, flyers, announcements, minutes, curricula, or similar documents that reflect that peer support services and family education support services are available or offered.
CCR, Title 9, Chapter 14, Section 3610(b)		**OUT OF COMPLIANCE:** • Lack of evidence of peer support and family education support services for clients and/or family members.		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
3.	Is there evidence that a Personal Service Coordinator/Case manager or other qualified individual known to the client/family is available to respond to the client/family 24 hours a day, 7 days a week to provide after-hour intervention.			**NOTE:** Job descriptions, duty statements, staff schedules reflecting 24 hour coverage, written information provided to clients/family members that includes 24 hour contact information.
CCR, Title 9, Chapter 14, Section 3620(f)(1)(i)		**OUT OF COMPLIANCE:** • Lack of evidence that a Personal Service Coordinator/Case manager or other qualified individual known to the client/family is available to respond to the client/family 24 hours a day, 7 days a week to provide after-hour intervention.		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
RE: MEDICAL NECESSITY				
1. 1a.	Does the beneficiary meet all three of the following reimbursement criteria (1a, 1b, and 1c. below)? The beneficiary has a DSM IV diagnosis contained in the CCR, Title 9, Chapter 11, Section 1830.205(b)(1)(a-r).			**NOTE:** Review assessment(s), evaluation(s), and/or other documentation to support a-c. • Is the beneficiary's diagnosis among the list of diagnoses in CCR, Title 9, Chapter 11, Section 1830.205(b) (1) (A-R)?
1b.	The beneficiary, as a result of a mental disorder listed in 1a, must have, at least, one of the following criteria (1-4 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 MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder that SMHS can correct or ameliorate.			**NOTE:** Refer to CCR, Title 9, Chapter 11, Sections 1830.205 (b)(2) and 1830.210 (a)(b)(c)

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
1c.	Must meet each of the intervention criteria listed below (1 and 2): 1) 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 SMHS can correct or ameliorate per No. 1b. (4)? 2) The expectation is that the proposed intervention will do, at least, one of the following (A, B, C, or D): 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 MC beneficiaries under the age of 21 years, correct or ameliorate the condition.			**NOTE:** 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 SMHS can correct or ameliorate No. 1b. (4)? • Can a connection be identified between the proposed intervention and the following: A) Diminishing the impairment? B) Preventing a significant deterioration? C) Allowing a child to progress developmentally as individually appropriate? D) 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

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

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
RE: ASSESSMENT				
2.	Regarding the Assessment, are the following conditions met?			**NOTE:** Assessment information need not be in specific document or section of the chart.
2a	Has an assessment been completed and, as appropriate, does it contain areas addressed in the MHP Contract with the DMH?			• Review assessment(s), evaluation(s), and/or other documentation to support 1a, 1b, and 1c.

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
				• Does the assessment(s) include the appropriate elements? These elements may include the following: a) Physical health conditions reported by the client are prominently identified and updated b) Presenting problems and relevant conditions affecting physical and mental health status: e.g. living situation, daily activities, and social support c) Client strengths in achieving client plan goals d) Special status situations and risks to client or other e) Medications, dosages, dates of initial prescription and refills, and informed consent(s) f) Allergies and adverse reactions, or lack of allergies/sensitivities g) Mental health history, previous treatments dates, providers, therapeutic interventions and responses, sources of clinical data, relevant family information, lab tests, and consultation reports h) Past and present use of tobacco, alcohol, and caffeine, as well as, illicit, prescribed, and over-the-counter drugs i) For children and adolescents, pre-natal and perinatal events, and complete developmental history

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
2b.	Documentation that is legible.			

• *CCR, Title 9, Chapter 11, Section 1810.204*	**OUT OF COMPLIANCE:** • NFP • No assessment has been completed • The assessment does not contain the elements, as appropriate.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

RE: CLIENT PLAN

3. 3a.	Does the client's plan contain the following elements? Specific, observable, or quantifiable goals.			
3b.	The proposed type(s) of intervention(s).			
3c.	The proposed duration of the intervention(s).			
3d.	Documentation 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, 2, or 3): 1) A person providing the service(s). 2) A person representing the MHP providing the 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.

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
3f.	Is the 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. 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's signature on the plan, or a description of the client's participation and agreement in the progress notes.			**NOTE:** 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 documentation of why the signature could not be obtained documented on the plan? • 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)*		**OUT OF COMPLIANCE:** • NFP • No client plan has been completed. • Requirements not met in a-c • Writing that is illegible • Absence of signature for e-f		

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

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

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
RE: PROGRESS NOTES				
4. 4a.	Do progress notes document the following? The date services were provided.			**The following information applies to items a-e:**
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.	Documentation 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 September 1, 2003, day treatment intensive weekly note must be signed by one of the following: - Physician - Licensed/Waivered Psychologist - Licensed/Registered/Social Worker - Licensed/Registered/Marriage and Family Therapist - Registered Nurse
• *CCR, Title 9, Chapter 11, Section 1810.440(c)*		**OUT OF COMPLIANCE:** • NFP • Progress notes within the review period do not contain these elements.		

CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

RE: OTHER CHART DOCUMENTATION

5.	Is there a process to notify the beneficiary that a copy of the client's plan is available upon request?			**NOTE:** Describe the procedure for obtaining the client's plan.
• *DMH Letter 02-01, Enclosure A*		**OUT OF COMPLIANCE:** • There is no evidence of a process in place.		

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

6.	When applicable, was information provided to beneficiaries in an alternative format?			**NOTE:** When applicable, review evidence that beneficiaries were provided with information in an alternative format.
• *CFR, Title 42, Section 438.10(d)(2)* • *CCR, Title 9, Chapter 11, Section 1810.410(a)* • *DMH Information Notice No. 97-06, D, 5*		**OUT OF COMPLIANCE:** • There is no evidence that beneficiaries were provided with information in an alternative format based on the MHP's IP or policy.		

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

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

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
7. 7a.	Regarding cultural/linguistic services: Is there any evidence that mental health interpreter services are offered?			**The following information applies to items a-c:** **NOTE:** Coordinate findings with DMH system review process. • Review CCPR and charts. • If beneficiary is 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 CCPR?			
7c.	Is service-related personal correspondence in the client's preferred language?			
• *CFR, Title 42, Section 438.10(c)(4)(5)* • *CCR, Title 9, Chapter 11, Section 1810.410(a)(d)* • *DMH Information Notice No. 02-03, Enclosures, Pages 17-18*		**OUT OF COMPLIANCE:** • No evidence of a-c		

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
RE: MEDICAL NECESSITY-ADMISSION, ACUTE AND CONTINUED STAY SERVICES				
1.	Does the beneficiary have a DSM IV diagnosis contained in the CCR, Title 9, Chapter 11, Sections 1820.205(a)(1)(A) through 1820.205(a)(1)(R)?			Refer to Section1820.205 medical necessity criteria for reimbursement of Psychiatric Inpatient Hospital Services.
• *CCR, Title 9, Chapter 11, Section 1820.205(a)(1)*		**OUT OF COMPLIANCE:** • Beneficiary does not have a DSM IV diagnosis from the included list in Section 1820.205.		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
2. 2a.	Did the beneficiary meet criteria in both 2a. and 2b. below? Cannot be safely treated at a lower level of care.			**NOTE:** Review medical record documentation.
2b.	Required psychiatric inpatient hospital services, as the result of a mental disorder, due to indications in either (1) or (2) below 1) Had symptoms or behaviors due to a mental disorder that (one of the following): a) Represented a current danger to self or others, or significant property destruction.			
	b) Prevented the beneficiary from providing for, or utilizing food, clothing or shelter.			
	c) Presented a severe risk to the beneficiary's physical health.			

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
	d) Represented a recent, significant deterioration in ability to function.			
	2) Required admission for one of the following:			
	a) Further psychiatric evaluation.			The documentation must indicate why the "further psychiatric evaluation" can only be conducted on an inpatient psychiatric unit.
	b) Medication treatment.			The documentation must indicate why the "medication treatment" can only be conducted on an inpatient psychiatric unit.
	c) Other treatment which could reasonably be provided only if the beneficiary were hospitalized.			
• *CCR, Title 9, Chapter 11, Section 1820.205(a)*		**OUT OF COMPLIANCE:** • Beneficiary does not meet criteria stated in 2a and 2b		

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

3.	Did the beneficiary's continued stay services in a psychiatric inpatient hospital meet one of the following reimbursement criteria 3a-3d:			• Review medical record documentation.
3a.	Continued presence of indications which meet the medical necessity criteria specified in items 2a. and 2b. just above?			
3b.	Serious adverse reaction to medication, procedures, or therapies requiring continued hospitalization?			
3c.	Presence of new indications which met medical necessity criteria specified in items 2a and 2b just above?			

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
3d.	Need for continued medical evaluation or treatment that could only have been provided if the beneficiary remained in a psychiatric inpatient hospital?			
• *CCR, Title 9, Chapter 11, Section 1820.205(b)*		**OUT OF COMPLIANCE:** • Documentation does not support medical necessity criteria.		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				

RE: ADMINISTRATIVE DAY SERVICES

4.	If payment has been authorized for administrative day services, were the following requirements met:			
4a.	During the hospital stay, did the beneficiary previously meet medical necessity criteria for reimbursement of acute psychiatric inpatient hospital services?			
4b.	Was there no appropriate, non-acute treatment facility within a reasonable geographic area?			

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
4c.	Did the hospital document contacts with a minimum of five (5) appropriate, non-acute treatment facilities per week subject to the following requirements? 1) The lack of placement options at appropriate, non-acute residential treatment facilities and the contacts made at appropriate facilities shall be documented to include but not be limited to:			
	a) The status of the placement option.			
	b) Date of the contact.			
	c) Signature of the person making the contact.			

- *CCR, Title 9, Chapter 11, Section 1820.220(5)(A)(B)*

OUT OF COMPLIANCE:
- Documentation does not meet criteria for administrative day services.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* 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 to determine whether interpretive services were offered. • Review medical record documentation. • Review inpatient IP
5b.	When applicable, is there documentation of the response to offers of interpreter services as described in the MHP's CCPR?			
• *CCR, Title 9, Chapter 11, Section 1810.410(a)* • *DMH Information Notice No. 02-03, Enclosure, Page 13*		**OUT OF COMPLIANCE:** • NFP • Documentation does not indicate that mental health interpreter services were offered • The response not documented		

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
6.	Does the record documentation in the beneficiary's chart reflect staff efforts to provide screening, referral, and coordination with other necessary services, including, but not limited to, substance abuse, educational, health, housing, vocational rehabilitation and Regional Center services?			**NOTE:** Use "Admission Summary Worksheet" and "Continued Stay Summary Worksheet." • Review medical record documentation. • Review MHP inpatient IP.
• *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		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
7.	Were services delivered by licensed staff within their own scope(s) of practice?			
• *W&IC Section 5778(n)*		**OUT OF COMPLIANCE:** • Evidence that staff are delivering services outside their scope of practice		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
8.	When applicable:			• As needed, review evidence that beneficiaries are provided information in an alternate format.
8a.	Is there evidence the MHP provided beneficiary protection material to beneficiaries in an alternate format when appropriate?			
8b.	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:** • Where appropriate, no evidence that beneficiaries are provided with information in an alternate format. • Correspondence not in client's primary language.		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
9.	Does the MHP document in the individuals medical record whether or not the individual has executed an advance directive?			
• *CFR, Title 42, Sections 438.100(b)(1) and 417.436(d)(3)*		**OUT OF COMPLIANCE:** • Medical record does not document whether or not an advance directive has been executed.		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
RE: PLAN OF CARE				
10. 10a.	Does the beneficiary have a written plan of care that includes the following elements: Diagnoses, symptoms, complaints, and complications indicating the need for admission?			• Review medical record documentation.
10b.	A description of the functional level of the beneficiary?			
10c.	Objectives?			
10d.	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
10e.	Plans for continuing care, including review and modification to the plan of care?			
10f.	Plans for discharge?			
10g.	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.
10h.	Documentation of the physician's establishment of this plan?			**NOTE:** Look for physician's signature.

• *CFR, Title 42, Subchapter C, Subpart D, Sections 456*.180 • *CCR, Title 9, Chapter 11,* Section 1820.210	**OUT OF COMPLIANCE:** • Required elements are not documented

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION L— UTILIZATION REVIEW-SD/MC HOSPITAL SERVICES

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
1. 1a.	Does the Utilization Review (UR) Plan: Provide for a committee to perform UR?			**NOTE:** 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		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
2. 2a.	Does the UR plan provide that each recipient's record UR contain, at least, the required information: Identification of the recipient?			**NOTE:** 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			

SECTION L— UTILIZATION REVIEW-SD/MC HOSPITAL SERVICES

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
2f.	Reasons and plan for continued stay, if the attending physician believes continued stay is necessary?			
2g.	Other supporting material that the committee believes appropriate to be included in the record?			
• *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		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
3. 3a.	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: Determination of need for continued stay?			**NOTE:** 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? • Is the documentation of the determination of need for continued stay required?
3b.	Evaluation criteria for continued stay?			**NOTE:** Is the evaluation criteria documented?
3c.	Initial continued stay review date?			**NOTE:** Are the dates written?
3d.	Subsequent continued stay review dates?			

SECTION L— UTILIZATION REVIEW-SD/MC HOSPITAL SERVICES

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
3e.	Description of methods and criteria for continued stay review dates; length of stay modification?			**NOTE:** 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?			**NOTE:** Is the continued stay review process documented?
3g.	Notification of adverse decision?			**NOTE:** Is the notification of adverse decision documented?
3h.	Time limits for final decision and notification of adverse decision?			**NOTE:** Are time limits for final decisions adhered to?
• *CFR, Title 42, Subchapter C, Subpart D, Sections 456.231-238* • *CCR, Title 9, Chapter 11,* Section *1820.210*		**OUT OF COMPLIANCE:** • NFP • UR plan does not include all of the required elements		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
4. 4a.	Is the UR Plan in compliance with each of the following: Contains a description of the types of records that are kept by the URC?			**NOTE:** Review IP, MHP UR Plan, URC minutes, URC records, and URC reports. • Are all the types of records described by the UR Plan kept by the URC? • Do the records contain all the required elements?

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
4b.	Contains a description of the types and frequency of the URC reports and the arrangements for distribution to individuals?			**NOTE:** 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?			**NOTE:** 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		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
5.	Does the URC include anyone who is directly responsible for the care of the beneficiary whose care is being viewed?			**NOTE:** 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		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				

SECTION L— UTILIZATION REVIEW-SD/MC HOSPITAL SERVICES

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
6. 6a.	Regarding the authorization process: 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)*	**6a. (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 **6b. (POA) OUT OF COMPLIANCE:** POA did not approve or deny the payment authorization within 14 calendar days of receipt of the request		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
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		

SECTION L— UTILIZATION REVIEW-SD/MC HOSPITAL SERVICES

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
8. 8a.	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: During the hospital stay, the beneficiary previously met medical necessity criteria for acute psychiatric inpatient hospital services?			**NOTE:** Use "Admission Summary Worksheet" and "Continued Stay Worksheet." • Review UR records, POA records, URC minutes, UR reports, medical records, denials, and list of all non-acute placement facilities utilized by the facility.
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? 2) Date of the contact? 3) Signature of the person making the contact?			**NOTE:** 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.
	• *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		

SECTION L— UTILIZATION REVIEW-SD/MC HOSPITAL SERVICES

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
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?			**NOTE:** 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		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
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?			**NOTE:** 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?
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?			**NOTE:** 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.

SECTION L— UTILIZATION REVIEW-SD/MC HOSPITAL SERVICES

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
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 • Lack of documentation as required that MCE or equivalent findings are analyzed and how used for improved changes and to correct deficiencies or problems		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
11. 11a.	Regarding MCE or equivalent studies: Do the contents of the MCE or equivalent studies meet federal requirements?			**NOTE:** Review current and past MCE or equivalent studies for two years.
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 L— UTILIZATION REVIEW-SD/MC HOSPITAL SERVICES

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
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		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				

SECTION M THERAPEUTIC BEHAVIORAL SERVICES

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS

MUST MEET BOTH A & B BELOW

A. CERTIFIED CLASS

1. 1a.	Is the child/youth a member of the certified classes who meets one of the following: 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			**NOTE:** This documentation need not be in the chart.
1b.	Child/youth is being considered by the county for placement in a facility described in 1a? or			**NOTE:** A child/youth meets the requirements of "being considered for" placement in an RCL 12 or above placement when an RCL 12 or above placement is one option (not necessarily the only option) that is being considered as part of a set of possible solutions to address the child/youth needs. Additionally, whether or not an RCL 12 or above placement is available, a child/youth meets the requirements when his or her behavior could result in placement in such a facility if the facility were actually available.
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?			**NOTE:** Review prior TBS notification or other documentation.

CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
• *DMH Information Notice No. 08-38*			**OUT OF COMPLIANCE:** • Beneficiary is not a member of the certified class listed in a-d
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)			

B. NEED FOR THIS LEVEL OF SERVICES

2.	The child/youth is receiving other specialty mental health services?			
• *DMH Information Notice No. 08-38*				**OUT OF COMPLIANCE:** • Beneficiary does not meet criteria
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				

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

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
				this requirement.
• *DMH Information Notice No. 08-38*		**OUT OF COMPLIANCE:** • Services are not being provided under the direction of an LPHA		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
4. 4a.	Does the plan for TBS contain the following (must contain 4 (a-e): 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?			**NOTE:** Focus on presence of elements (a-e). • Review plan for TBS.

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
4b.	Specific interventions to resolve behaviors or symptoms, such as anger management techniques?			
4c.	Specific outcome measures that can be used to demonstrate that the frequency of targeted behaviors has declined and has been replaced by adaptive behaviors?			
4d.	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?			**NOTE:** 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.
4e.	The manner for assisting parents/caregivers with skills and strategies to provide continuity of care when the service is discontinued?			**NOTE:** 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. • 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 Information Notice No. 08-38*		**OUT OF COMPLIANCE:** • No plan for TBS • Plan for TBS does not contain the components a-e		

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

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 MHP 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 Specialty 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 Local Program Support Branch: County Technical Assistance:

The staff of the Local Program Support Branch: County Technical Assistance 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. Local Program Support Branch: County Technical Assistance is responsible for approving amendments to MHP implementation plans and for coordinating the State Fair Hearing process.

To obtain assistance, please contact your Local Program Support Branch: County Technical Assistance liaison or write to the address below:

Local Program Support Branch: County Technical Assistance
State Department Mental Health
1600 9th Street, Room 100
Sacramento, CA. 95814