STATE DEPARTMENT OF MENTAL HEALTH
MEDI-CAL OVERSIGHT

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

FISCAL YEAR (FY) 2010-2011

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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, 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

ITEMS COVERED IN THE COUNTY MENTAL HEALTH PLAN ATTESTATION

Section A: Access	
1.	The MHP shall ensure that it makes a good faith effort to give affected beneficiaries written notice of termination of a contracted provider, within 15 days after receipt or issuance of the termination notice to each enrollee who received his or her primary care from, or was seen on a regular basis by, the terminated provider. CFR, title 42, section 438.10(f)(5)
2.	The MHP shall have written policies regarding beneficiary rights. CFR, title 42, section 438.100(a),(b) and (d); DMH Letter No. 04-05.
3.	The MHP shall ensure that it complies with cultural competence and linguistic requirements including the development and implementation of a cultural competence plan. CCR, title 9, section 1810.410, DMH Information Notice No. 02-03, Enclosure, Pages 16, 17, 24 and DMH Information Notice 10-02, Enclosures, Criterion 7, Section III, C, Page 22, Criterion 7, Section IV, A, Page 22, Criterion 5, Section IV, Pages 18 & 19, Title VI, Civil Rights Act of 1964 (U.S. Code 42., section 2000d; CFR, title 45, Part 80).
4.	The MHP must maintain written policies and procedures that meet the requirements for advance directives. CFR, title 42, sections 422.128 and 438.6.
5.	The MHP must maintain written policies and procedures to ensure beneficiaries are not discriminated against based on whether or not the beneficiary has executed an advance directive. CFR, title 42, sections 438.6(i)(1),(2),(3); 422.128(b)(1)(ii)(F) and 417.436 (d)(iv).
6.	The MHP must maintain written policies and procedures that provides for the education of staff concerning its policies and procedures on advance directives. CFR, title 42, sections 438.6(i); 422.128(b)(1)(ii)(H) and 417.436(d)(1)(vi).
Section B: Authorization	
7.	The MHP shall have in place, and follow written policies and procedures and have in effect mechanisms to ensure consistent application of review criteria for authorization decisions. CFR, title 42, section 438.210.
8.	The MHP shall provide out-of-plan services to beneficiaries placed out of county. CCR, title 9, section 1830.220 and DMH Information Notice No. 97-06, D, 4.

ITEMS COVERED IN THE COUNTY MENTAL HEALTH PLAN ATTESTATION - continued

9.	The MHP shall ensure its compliance with requirements regarding authorization, documentation, provision and reimbursement of services when a child is in a foster care, KinGAP or Aid Adoptive Parents (AAP) aid code and residing outside his or her county of origin. The MHP shall ensure that it complies with the 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, section 1830.220 (b)(3) and (b)(4)(A); Welfare and Institutions Code (W&IC) sections, 5777.7, 11376, and 16125.; DMH Information Notice No. 09-06, DMH Information Notice No. 97-06 and DMH Information Notice No. 08-24.
10.	The MHP shall ensure that it complies with the use of standardized forms issued by DMH, unless exempted by DMH. CCR, title 9, sections 1810.220.5 and 1830.220 (b)(3), and b(4)(A), DMH Information Notices No. 09-06, Page 2, No. 08-24 and No. 97-06, D, 4, Welfare and Institutions Code (W&IC) sections 5777.6, 5777.7, 11376, 14684, and 16125.
Section C: Beneficiary Protection	
11.	The MHP shall ensure that its grievance, appeal and expedited appeal processes contain the requirements, in CCR, title 9 and CFR, title 42 regulations. CFR, title 42, sections 438.402 and 438.406: CCR, title 9, sections 1850.205, 1850.206, 1850.207, and 1850.208.
12.	The MHP shall ensure that staff making decisions on grievance, appeal, and expedited appeals have the appropriate clinical expertise to treat the beneficiary's condition. CFR, title 42, section 438.406(a)(3)(ii), and CCR, title 9, section 1850.205(c)(9).
13.	The MHP shall ensure that when it denies a request for expedited appeal resolution, it will make reasonable efforts to give the beneficiary and his or her representative prompt oral notice of the denial of the request for an expedited appeal and provide written notice within two calendar days of the date of the denial. CFR, title 42, section 438.408(d)(2)(ii), and CCR, title 9, section 1850.208(f)(2).
14.	The MHP shall ensure that it posts notices explaining grievance, appeal, and expedited appeal process procedures in locations at all MHP provider sites sufficient to ensure that the information is readily available to both beneficiaries and provider staff. CCR, title 9, section 1850.205(c)(1)(B).

ITEMS COVERED IN THE COUNTY MENTAL HEALTH PLAN ATTESTATION – continued

15.	The MHP shall ensure that forms that may be used to file grievances, appeals and expedited appeals, and self addressed envelopes are available for beneficiaries to pick up at all MHP provider sites without having to make a verbal or written request to anyone. CCR, title 9, section 1850.205(c)(1)(c).
16.	The MHP shall ensure that individuals making decisions on grievances and appeals were not involved in any previous level of review or decision-making. CFR, title 42, section 438.406(a)(3)(i).
17.	The MHP shall ensure that grievances are resolved within established timeframes and that any required notice of an extension is given. CFR, title 42, section 438.408(a),(b)(1) and CCR, title 9, section 1850.206(b
18.	The MHP shall ensure that appeals are resolved within established timeframes and that any required notice of an extension is given. CFR, title 42, section 438.408(a),(b)(2) and CCR, title 9, section 1850.207(c).
19.	The MHP shall ensure that expedited appeals are resolved within established timeframes and that any required notice of an extension is given. CFR, title 42, section 438.408(a),(b)(3) and CCR, title 9, section 1850.208.
Section D: Funding, Reporting, and Contracting Requirements	
20.	The MHP shall have written policies, procedures, standards of conduct and a mandatory Compliance Plan that meets Program Integrity Requirements. CFR, title 42, section 438.608.
21.	The MHP shall ensure that it contracts with disproportionate share and traditional hospitals when the hospital meets selection criteria unless the MHP has obtained an exemption. CCR, title 9, section 1810.430(a),(b) and (c).
22.	The MHP shall ensure that the Fee-for-Service/Medi-Cal contract hospital rates negotiated by the MHP are submitted annually. CCR, title 9, section 1810.375(c), and Welfare and Institutions Code (W&IC) section 5614 (b)(4).
23.	The MHP shall ensure that adult and children performance outcome system data is reported. Welfare and Institutions Code (W&IC) section 5610; County Performance Contract.

ITEMS COVERED IN THE COUNTY MENTAL HEALTH PLAN ATTESTATION – continued

Section E: Provider Relations	
24.	The MHP shall have written policies and procedures for selection, retention, credentialing and recredentialing of providers; the provider selection policies and procedures must not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment; 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 42 438.214(a)-(e).
25.	The MHP shall ensure that it over sees and is accountable for any functions and responsibilities that it delegates to any subcontractor and before any delegation evaluates the prospective subcontractor's ability to perform the activities to be delegated. CFR, title 42, section 438.230(a).
26.	The MHP shall ensure that it provides the information specified at CFR, title 42, section 438.10(g)(1) about the grievance system to all providers and subcontractors at the time they enter into a contract. CFR, title 42, section 438.414.

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

LIST OF ABBREVIATIONS - continued

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 booklet and a provider list upon request and when first receiving a Specialty Mental Health Service (SMHS)?			**NOTE:** How does the MHP ensure that this requirement is met? • Review evidence that the booklet and a provider list are issued upon first receiving a SMHS and upon request.
• *CFR, title 42, section 438.10 (c)(2),(3) and (f)(3) and (f)(6)(i)* • *CCR, title 9, section 1810.360(d)*		**OUT OF COMPLIANCE:** • No evidence that the MHP is providing a booklet and a provider list to beneficiaries upon first receiving a Specialty Mental Health Service. • Evidence reviewed indicates the MHP does not provide a booklet and a 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, telephone numbers of, and non-English languages spoken by, 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.

	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. • Documented evidence that the county/contractor has available, as appropriate, alternatives and options that accommodate individual preference, or cultural and linguistic preferences, demonstrated by the provision of culture-specific programs, provided by the county/contractor and/or referral to community-based, culturally-appropriate, non-traditional mental health provider. • Look for ethnic specific providers. The county may also include evidence that it is making efforts to include additional culture-specific community providers and services in the range of programs offered by the county.
2c.	Does the provider list identify a means to inform beneficiaries of providers that are not accepting new beneficiaries?			
• *CFR, title 42, section 438.10(f)(6)(i)* • *CCR, title 9, section 1810.410* • *DMH Information Notice No. 02-03, Enclosure, Page 20 and DMH Information Notice No. 10-02, Enclosure, Page 24*		**OUT OF COMPLIANCE:** • The provider list does not contain the names, locations, telephone numbers of and non-English languages spoken by contracted providers. • The provider list does not contain 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.)				

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
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? • The MHP may also include evidence that it is making efforts to include additional culture-specific community providers and services in the range of programs offered by the county.
• *CFR, title 42, section 438.206(c)(2)* • *CCR, title 9, sections 1810.110(a) and 1810.410* • *DMH Information Notice No. 02-03, Enclosure, Page 20 and DMH Information Notice No. 10-02, Enclosure, Page 24*		**OUT OF COMPLIANCE:** • No evidence the MHP is making efforts to include culture-specific providers and services.		
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 beneficiary booklet and the provider list available in English and when applicable, in 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. 10-07. • Check availability of culturally and linguistically appropriate written information in threshold languages, including at a minimum the beneficiary booklet.
• *CFR, title 42, section 438.10(c)(2),(3)* • *CCR, title 9, section 1810.410(c)(3)* • *DMH Information Notice No. 02-03, Enclosure, Page 17, DMH Information Notice No. 10-07, and DMH Information Notice No. 10-02, Enclosure, Page 23*		**OUT OF COMPLIANCE:** • Beneficiary booklet and the provider list are not available in English and, when applicable, the threshold language(s).		

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.)				
5.	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 used by the MHP) such as general program literature. • Ask MHP to provide evidence of the alternative formats that are available. • Are the alternative formats available in the threshold language(s)? • How does the MHP ensure this requirement is met?
• *CFR, title 42, section 438.10(d)(i),(ii)* • *CCR, title 9, sections 1810.110(a) and 1810.410(e)(4)*		**OUT OF COMPLIANCE:** • Informing materials and additional written materials in English and the threshold language(s) are 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.)				
6.	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, 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
7. 7a.	Regarding the under-served target populations: Is there evidence of community information and education plans 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 health services, and who face pervasive institutional and socioeconomic barriers to obtaining health and mental health care. • Ask the MHP how the under-served target populations are identified in the CCPR. • Review evidence of community information and education plans utilized by the MHP (e.g. number of community presentations and/or forums used to disseminate information about specialty mental health services, etc)? • Is the MHP in compliance with its CCPR?
7b.	Is there evidence of outreach for informing under-served target populations of the availability of cultural/linguistic services and programs?			**NOTE:** Ask the MHP to describe its outreach efforts to inform all Medi-Cal beneficiaries of available services under the consolidation of specialty mental health services. • Review evidence of MHP's outreach efforts (e.g., calendar of events, sign-in sheets, tracking logs, etc).
• *CCR, title 9, sections 1810.310(2)(A),(B) and 1810.410* • *DMH Information Notice No. 02-03, Enclosure, Page 20, and DMH Information Notice No. 10-02, Enclosure, Page 25*		**OUT OF COMPLIANCE:** • Not Following Cultural Competence Plan Requirements (NFCCPR). • No evidence of community information and education plans. • No evidence of 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
8. 8a.	Regarding mental health services available to the persons who are homeless and hard-to-reach individuals: Is there evidence of assertive outreach to persons who are homeless with mental disabilities?			**NOTE:** "Homeless" individuals refer to any special population who are without a home of any kind. • Review evidence of assertive outreach to persons who are homeless (e.g., calendar of events, sign-in sheets, tracking logs, etc).
8b.	Is there evidence of assertive outreach to hard-to-reach individuals with mental disabilities?			**NOTE:** "Hard-to-reach individuals" refer to any special population as defined by the MHP. • "Hard-to-reach individuals" are not included in the under-served population. • N/A if the MHP has not identified any special hard-to-reach populations. • Review evidence of assertive outreach to the hard-to-reach individuals (e.g., calendar of events, sign-in sheets, tracking logs, etc).
• *W&IC section 5600.2(d)*		**OUT OF COMPLIANCE:** • No evidence of any assertive 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
9. 9a.	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, with language capability in all languages spoken by beneficiaries of the county, 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 after-hours, as well as, regular work hours in both English and other language(s). CCR, title 9, section 1810.405(d) states; Each MHP shall provide a statewide, toll-free telephone number 24 hours a day, seven days per week, with; • language capability in all languages spoken by beneficiaries of the county, that; • provide information to beneficiaries about how to access specialty mental health services, including; • specialty mental health services required to assess whether medical necessity criteria are met; • services needed to treat a beneficiary's urgent condition, and • how to use the beneficiary problem resolution and fair hearing processes.

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
9b.	Does the MHP provide a statewide (24/7) toll-free telephone number that provides adequate Telecommunication Device for the Deaf (TDD) or Telecommunications Relay Services, including linguistic capability, in all the languages spoken by beneficiaries of the county?			**NOTE:** A TDD is an electronic device for text communication via a telephone line, used when one or more of the parties have hearing or speech difficulties. A Telecommunications Relay Service, is an operator service that allows people who are Deaf, Hard–of–Hearing, Speech–Disabled, or Deaf and Blind to place calls to standard telephone users via a keyboard or assistive device. Originally, relay services were designed to be connected through a TDD or other assistive telephone device. • If TDD or California Telecommunications Relay Services is utilized, how are beneficiaries informed of the toll-free telephone number? • Ask the MHP to provide evidence of TDD or Telecommunications Relay Services provided, including how the MHP ensures linguistic capabilities in all languages. • Review practices that the MHP has in place for meeting clients' language needs. The use of the language line is viewed as acceptable in the provision of services only when other options are unavailable.
• *CCR, title 9, sections 1810.405(d) and 1810.410(e)(1)* • *CFR, title 42, section 438.406 (a)(1)* • *DMH Information Notice No. 02-03, Enclosures, Pages 15-16, and DMH Information Notice No. 10-02, Enclosure, Page 21*		**OUT OF COMPLIANCE:** • Not Following Plan (NFP). • No 24/7 coverage. • Information in "9a." not made available. • Lack of linguistic capacity, including TDD or Telecommunications 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.)				

SECTION A **ACCESS**

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
10.	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, 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.		
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
11. 11a.	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:** CCR, title 9, section 1810.410, requires that there be policies and procedures to assist beneficiaries who need oral interpreter services in languages other than threshold languages to access the SMHS or related services available through "Key points of contact". • Review the MHP P&Ps. • Is the MHP following its CCPR? • CFR, title 42, section 438.10 requires MHPs to make oral interpretation services available and make these services available free of charge to each potential beneficiary. This applies to all non-English languages, not just those that the State identifies as prevalent. • Ask the MHP how these services are made available?
11b.	LEP individuals are informed how to access free language assistance services.			• Review evidence that beneficiaries are informed in writing in English and other languages of their rights to language assistance services, including posting of this right.

• *CFR, title 42, section 438.10 (c)(4)* • *CCR, title 9, section 1810.410(a)-(e)* • *DMH Information Notice No. 02-03, Enclosure, Page 16, and DMH Information Notice No. 10-02, Enclosure, Page 22* • *title VI, Civil Rights Act of 1964 (U.S. Code 42, section 2000d; CFR, title 45, Part 80)*	**OUT OF COMPLIANCE:** • No evidence that LEP individuals are informed of the right to free language assistance services. • No evidence that LEP individuals are informed how to access free language assistance 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
12.	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) as per CCR, title 9, section 1810.310? • Ask the MHP to describe the processes for changing the persons who will provide the services. • Review the requests/outcomes.
• *CCR, title 9, sections 1810.310 (4)(A) and 1830.225(a),(b)* • *DMH Information Notice No. 02-03, Enclosure, Page 21 and DMH Information Notice No. 10-02, Enclosure, Page 24*		**OUT OF COMPLIANCE:** • NFP • No evidence that the MHP provides an opportunity to change persons providing SMHS, including the right to use culture-specific providers.		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
13. 13a.	Has the MHP developed a process to provide culturally competent services as evidenced by: A plan for cultural competency training for the administrative and management staff of the MHP, the persons providing SMHS employed by or contracting with the MHP, to provide interpreter or other support services to beneficiaries?			**NOTE:** CCR, title 9, section1810.410 requires that the MHP develop a plan to provide cultural competency training for the administrative and management staff of the MHP, the persons providing SMHS employed by or contracting with the MHP, to provide interpreter or other support services to beneficiaries. • Ask the MHP to describe the plan for cultural competency training that was noted in the CCPR. Ask the MHP to provide information on the current status of the cultural competency plan including specific efforts they have implemented during this review period.

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
13b.	Implementation of training programs to improve the cultural competence skills of staff and contract providers.			**NOTE:** Ask the MHP to provide information on specific cultural competency trainings that have been implemented during the triennial review period.
13c.	A process that ensures that interpreters are trained and monitored for language competence (e.g., formal testing).			• Ask MHP to describe the process for ensuring that interpreters are trained and monitored for language competence.
• *CCR, title 9, section 1810.410 (a)-(e)* • *DMH Information Notice No. 02-03, Enclosure, Page 22, and DMH Information Notice No. 10-02, Enclosure, Page 16*		**OUT OF COMPLIANCE:** • No evidence that the MHP has developed a plan to provide cultural competency training for all MHP staff and contracted providers to provide interpreter or other support services to beneficiaries. • No evidence that the MHP has implemented training programs. • No evidence that the MHP has a process in place to ensure that interpreters are trained and monitored for language competence (e.g., formal testing).		
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
14. 14a.	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.
14b.	At the time of placement in a Rate Classification Level (RCL) 13-14 foster care group home.			
14c.	At the time of placement in a RCL 12 foster care group home when the MHP is involved in the placement.			

• *CCR, title 9, section 1810.310 (a)(1)* • *DMH Letter No. 01-07, Enclosures Pages 1 & 2* • *DMH Letter No. 04-04, Enclosures Pages 1 & 2* • *DMH Letter No. 04-11* • *DMH Information Notice No. 08-38*	**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.)

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 mental health or waivered/registered professionals of the beneficiary's MHP in accordance with title 9 regulations?			**NOTE:** Point of Authorization shall be in the form of Treatment Authorization Request (TAR) for Fee-for-Service/Medi-Cal hospitals. • 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 or supporting documentation, of physician review or when applicable, of 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:** CCR, title 9, section 1810.242 states: "Receipt" means the receipt of a Treatment Authorization Request or other document. The "date of receipt" means the date the document was received as indicated by a date stamp made by the receiver or the fax date recorded on the document. • Review random sample of DMH selected TARs.

SECTION B ***AUTHORIZATION***

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
•	*CCR, title 9, sections 1810.242, 1820.220(c),(d), 1820.220 (f), 1820.220 (h), and 1820.215.*			**OUT OF COMPLIANCE:** • TARs not being approved or 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 or supporting documentation 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:** "Urgent Condition" means a situation experienced by a beneficiary that, without timely intervention, is highly likely to result in an immediate emergency psychiatric condition. • Ask the MHP to describe the 24/7 availability of services for emergency or urgent conditions.
•	*CCR, title 9, sections 1810.405(c), and 1810.253*			**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 mental health professionals or waivered/registered 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.

SECTION B ***AUTHORIZATION***

CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
• *CFR, title 42, section 438.210(b)(3)* • *CCR, title 9, sections 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 regarding Day Treatment Intensive and Day Rehabilitation in accordance with title 9 regulations?			**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. - 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.
• *CCR, title 9, sections 1830.215 (e) and 1840.318.* • *DMH Information Notice 02-06, Enclosures, Pages 1-5* • *DMH Letter No. 03-03*			**OUT OF COMPLIANCE:** • Not following title 9 regulations. • No payment authorization system in place that meets requirements.

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.)				
5. 5a.	Regarding authorization timeframes: For standard authorization decisions, does the MHP make an authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and within 14 calendar days following receipt of the request for service with a possible extension of up to 14 additional days?			**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. - If an extension is requested, review the process for notifying the beneficiary and a random sample of the written notifications.
5b.	For expedited authorization decisions, does the MHP make an expedited authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and within 3 working days following receipt of the request for service or, when applicable, within 14 calendar days of an extension?			• Review the MHP process for expedited authorization decisions. • Is the process in accordance with title 42 regulations? • If an extension is requested, review the process for notifying the beneficiary and a random sample of the written notifications.

SECTION B ***AUTHORIZATION***

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
•	*CFR, title 42, section 438.210(d)(1),(2)*	**OUT OF COMPLIANCE:** • The MHP is not making authorization decisions within the required timeframes. • The MHP is not providing notices within the required timeframes.		
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 monitoring activities to ensure that the MHP meets the established standards for authorization decision making, action is taken to improve performance if necessary, and 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, section 1810.440(b)(1),(2),(3)*	**OUT OF COMPLIANCE:** • No evidence that the MHP is reviewing UM activities annually.		
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
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 issued during the triennial review period. • If utilizing a form different from the DMH approved form, does it contain all the required elements? • Is the MHP issuing a NOA-A in accordance with the title 9 and title 42 requirements? • Review request-for-service logs for requests for services that did not receive an intake assessment appointment.
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? • Review In-patient TARS for denied days and issuance of NOA-C when applicable.
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 grievances and appeals records to determine if the MHP has failed to act within the required timeframes. • Review the grievances/appeals log(s).

SECTION B ***AUTHORIZATION***

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
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, sections 1830.205(a),(b)(1),(2),(3) and 1850.210 (a)-(g)* • *DMH Letter No. 05-03*		**OUT OF COMPLIANCE:** • There is evidence the MHP is not issuing NOAs per regulations. • 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.)				

	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 MHP network, or arranges for the beneficiary to obtain a second opinion outside the MHP network, at no cost to the beneficiary?			**NOTE:** MHP network includes individual, group, and organizational providers. • CCR, title 9, section 1810.405 (e) states; At the request of a beneficiary, the MHP of the beneficiary shall provide for a second opinion by a licensed mental health professional, other than psychiatric technician or a licensed vocational nurse, employed by, contracting with or otherwise made available by the MHP when the MHP or its providers determine that the medical necessity criteria in sections 1830.205(b)(1), (b)(2) or(b)(3)(C) and section 1830.210(a) have not been met and that the beneficiary is, therefore, not entitled to any specialty mental health services from the MHP. The MHP shall determine whether the second opinion requires a face-to-face encounter with the beneficiary. • Review the MHPs second opinion process.
• *CFR, title 42, section 438.206(b)(3)* • *CCR, title 9, section 1810.405(e)*		**OUT OF COMPLIANCE:** • No evidence the MHP provides for a second opinion from a qualified health care professional within the MHP network. • No evidence that the MHP is arranging for a second opinion outside the MHP network, at no cost to the beneficiary.		
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
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, 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, 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, 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, sections 1850.206(b),(c),1850.207(c),(h), and 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.)				

	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:** DMH Letter No. 05-03 states; Effective July 1, 2005, beneficiaries will be required to exhaust the MHP's problem resolution process prior to filing for a state fair hearing. • Review evidence that the MHP advised the beneficiary of the right to request a State fair hearing if the beneficiary is dissatisfied with the appeal decision.
• *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, section 1850.207(h)(3)* • *DMH Letter No. 05-03*		**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, section 1850.205(d)(6)*		**OUT OF COMPLIANCE:** • The MHP is not notifying the provider of the grievance or appeal disposition.		

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.)				
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, 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.)				

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 09-10.
• *W&IC sections 5614(b)(1), 17608.05(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 significantly, review documentation from public hearing.
•	*W&IC sections 5704.5(b), 5705.6 (c) 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 age 18, 50% of any new funding received for new or expanded mental health programs until the amount expended for mental health services to persons under age 18 equals not less than 25% of the county's gross budget for mental health or not less than the percentage of persons under age 18 in the total county population, whichever percentage is less.			**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.)				

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

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
BRONZAN - MCCORQUODALE NON MEDI-CAL SERVICES				
1. 1a.	Regarding program principles and the array of treatment options required under W&IC sections 5600.2 to 5600.9 inclusive: To the extent resources are available, are services encouraged in every geographic area and are the services to the target populations planned and delivered so as to ensure access by members of the target populations, including all ethnic groups in the state?			**NOTE:** Program principles include: § 5600.2. Health care systems; target populations; factors; client–centered, culturally competent, and fully accountable. § 5600.3. Mental health account funds; populations targeted for use § 5600.35. Statewide access to services § 5600.4. Treatment options § 5600.5. Children and youth in target population; minimum array of services § 5600.6. Adults in target population; minimum array of services § 5600.7. Older adults in target population; minimum array of services § 5600.8. Allocation of funds § 5600.9. Planning and delivery of services
1b.	To the extent resources are available, is the county organized to provide an array of treatment options in every geographic area to the target population categories as described in W&IC section 5600.3, including all ethnic groups?			**NOTE:** Treatment options 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

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

	IN COMPLIANCE		*INSTRUCTIONS TO REVIEWERS*
CRITERIA	**Y**	**N**	**COMMENTS**
• *W&IC sections 5600.2 to 5600.9, 5600.35(a), and 5614*	**OUT OF COMPLIANCE:** • To the extent resources are available; evidence the county is not maintaining the program principles as required under W&IC regulations. • To the extent resources are available, evidence the county is not organized to provide an array of treatment options in every geographic area to the target population categories as described in the W&IC regulations.		
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
MEDI-CAL SPECIALITY MENTAL HEALTH SERVICES				
2.	Is the county organized to provide the Specialty Mental Health Services as listed in accordance with CCR, title 9, section 1810.247?			**NOTE:** CCR, title 9, section 1810.247. Specialty Mental Health 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; and (g) Psychiatric Nursing Facility Services.
• *CCR, title 9, section 1810.247* • *W&IC, section 14680*		**OUT OF COMPLIANCE:** • The county is not organized to provide SMHS listed in accordance with CCR, title 9, 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			**<u>The following information applies to items a-b</u>:** **<u>NOTE</u>:** Is the MHP following its Implementation Plan (IP)? • Ask the MHP to describe the processes in place for 1a-b. • Review the MHP's P&Ps. • Verify processes in practice for 1a-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, section 1810.415(a),(b), and (c)* • *CFR, title 42, Part 438, section 438.208* • *DMH Information Notice No. 97-06*		**<u>OUT OF COMPLIANCE</u>:** • There are no processes in place for 1a-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 as per title 9 regulations?			**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, sections 1810.110(a), 1810.435(a),(b)(4) and (c)(7), 1840.112, and 1840.314.*		**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 as per title 9 regulations?			**NOTE:** Ask the MHP how it monitors the contract organizational providers to ensure onsite certifications and recertifications are completed as per title 9 regulations. • Check dates on a sample of certifications and recertifications to determine compliance.
• *CCR, title 9, section 1810.435 (d),(e)*		**OUT OF COMPLIANCE:** • The MHP does not have a monitoring system in place. • The MHP is not following certification and recertification requirements as per 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.)				

SECTION G PROVIDER RELATIONS

	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: In establishing and maintaining the network, did the MHP consider 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. • Review evidence of the 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)* • *CCR, title 9, section 1810.310 (a)(5)(B)*		**OUT OF COMPLIANCE:** • The MHP is not maintaining and monitoring the network of providers that is supported by written agreements. • The MHP in establishing and maintaining the network did not consider the factors listed in a-e as per title 9 and title 42 regulations.		
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 the following: 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?			• Review a random sample of provider corrective actions issued during the triennial review period.
• *CFR, title 42, section 438.206(c)(1)*		**OUT OF COMPLIANCE:** • The MHP is not monitoring its provider network to ensure compliance with the requirements of a-f as per title 42 regulations.		
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
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, 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?			**NOTE:** Review the current QI work plan.
• *CCR, title 9, section 1810.440*		**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 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.)				

SECTION H **QUALITY IMPROVEMENT**

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
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, 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.)				
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.			**The following information applies to items a-c:** **NOTE:** 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.			

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
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.			**NOTE:** 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.			
4c.	Monitoring beneficiary satisfaction as evidenced by: 1) Annual survey of beneficiary satisfaction.			**The following information applies to items 1-4:** **NOTE:** Refer to DMH Consumer Perception Survey letters dated April 3, 2009, September 23, 2009, and June 14, 2010 • How are providers informed? • Review evidence that the consumer satisfaction survey was provided in all threshold languages. • Ask the MHP to provide a summary report of the survey results. • In FY 10-11 Consumer Perception Survey pilot methodology may result in delayed compliance on the part of the MHP.
	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.			

SECTION H **QUALITY IMPROVEMENT**

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
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?			NOTE: CCR, title 9, section 1810.440(a)(5) requires that the MHP QI program conduct monitoring activities including but not limited to review of beneficiary grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, provider appeals, and clinical records review.
	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 as per title 9 regulations?			NOTE: CCR, title 9, section 1810.440(a)(5) requires that the MHP QI program conduct monitoring activities including but not limited to review of beneficiary grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, provider appeals, and clinical records review.
• *CCR, title 9, section 1810.440(a)(5)* • *DMH Information Notice No. 02-03, Enclosure, Page 19, and DMH Information Notice No. 10-02, Enclosure, Page 23* • *DMH Consumer Perception Survey letters dated April 3, 2009, September 23, 2009, and June 14, 2010*				**OUT OF COMPLIANCE:** • NFP. • 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.)				

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
RE: COMMUNITY SERVICES AND SUPPORTS (CSS)				
1.	Is there evidence that a Personal Service Coordinator/Case manager or other qualified individual known to the client and/or family is available to respond to the client and/or family 24 hours a day, 7 days a week for after-hour intervention?			**NOTE:** Each client and/or family member who is part of a full-service partnership must have an assigned Personal Service Coordinator/Case manager. The client medical chart should have the name of the full-service partnership. • Review job descriptions, duty statements, staff schedules reflecting 24 hour coverage, and evidence of written information provided to clients and/or family members that includes 24 hour contact information. • Evidence of established procedures for after hour intervention. • Look for evidence that a Personal Service Coordinator/Case manager has been assigned to each client and/or family member.
•	*CCR, title 9, section 3620(f)(1)(A)-(C)*	**OUT OF COMPLIANCE:** • Lack of evidence that a Personal Service Coordinator/Case manager or other qualified individual known to the client and/or family is available to respond to the client and/or family 24 hours a day, 7 days a week to provide after-hour intervention. • No evidence that a Personal Service Coordinator/Case manager has been assigned to each client and/or family member who is part of a full-service partnership.		
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 collects program outcome data for all Full Service Partnership (FSP) programs?			**NOTE:** Regarding Full Service Partnership Data Collection Requirements; evidence of the following three assessment types should have been completed and submitted to DMH: - Partnership Assessment - Key Event Tracking - Quarterly Assessment • How does the County ensure that this requirement is met?
•	*CCR, title 9, sections 3530.30 and 3620.10*	**OUT OF COMPLIANCE:** • No evidence that data was reported to DMH. • County has outstanding data reports to DMH; Key Event Tracking Data and/or Quarterly Assessment Data.		
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: WORKFORCE EDUCATION AND TRAINING (WET)				
3.	Is there evidence that the county has designated a Workforce Education and Training Coordinator, with specific tasks related to Workforce Education and Training?			**NOTE:** CCR, title 9, requires that the County designate a Workforce Education and Training Coordinator whose duties shall include, but not be limited to: (1) Coordinating Workforce Education and Training programs and activities and (2) Acting as a liaison to the Department. • How does the County ensure that this requirement is met? • Review job descriptions and duty statements that include the specific tasks related to Workforce, Education and Training coordination and acting as liaison to the Department.
• *CCR, title 9, section 3810(b)(1)-(2)*		**OUT OF COMPLIANCE:** • Lack of evidence that there is a designated individual whose duty statement requires them to perform tasks related to Workforce, Education and Training coordination and acting as liaison to the Department.		
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
4.	Is there evidence that the Workforce Education and training programs and activities address workforce shortages and deficits identified in the Workforce Needs Assessment as required by CCR, title 9, section 3830?			**NOTE:** How does the County ensure that this requirement is met? • Review evidence of a needs assessment which identifies shortages in the public mental health workforce. • Review evidence of activities such as RFP/contracts with outside vendors or duty statements of County personnel indicating that the responsible entity is engaged in the following; 1. Educating the Public Mental Health System workforce on incorporating the General Standards in section 3320 into its work. 2. Increasing the number of clients and family members of clients employed in the public mental health system. 3. Conducting focused outreach and recruitment to clients and family members. 4. Evidence that the County has partnered with the State-level stipend or Physician Assistant programs by placing student-interns in the County or County-Based organizations. (Instruction to Reviewer: Please check all four activities noted above.)
• *CCR, title 9, section 3810 (a)*		**OUT OF COMPLIANCE:** • No connection can be made between the identified public mental health workforce shortage and the RFP, contracts, and/or duty statements reviewed in any of the above activities. • The County has made no attempt to issue contracts, RFPs, or duty statement for a licensed professional (MFT, PHd, MSW, PMHNP, MD, or DO) that would enable it to partner with State-level stipend or Physician Assistant programs.		

	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: PREVENTION AND EARLY INTERVENTION PROGRAMS (PEI)				
5.	Does the County have a PEI Plan and if applicable, is there evidence that the County is providing prevention and early intervention services through outreach to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses?			**NOTE:** Review evidence that the County has provided evidence of at least one of the following: • Contracts with providers for delivery of services in natural community settings (e.g., primary care health centers, community clinics, maternal health centers, community wellness centers, infant/toddler programs, preschools, schools, colleges, universities, family resource centers, juvenile probation, adult probation, youth centers, senior centers, Tribal/Native American centers, multicultural centers, faith-based organizations, refugee and immigrant assistance centers, child and family welfare services, employment centers, etc.) Not all settings need to be represented. • Documentation of the co-location of services provided in the settings noted above. Documentation of locating staff at these settings. • Documentation of outreach to families for prevention and early intervention (e.g., sign-in sheets, staff time spent on outreach activities, data collection of various sites for outreach purposes, etc.). • Documentation of public media efforts on prevention and early intervention (announcement, broadcasts, newspapers, brochures, etc). • Documentation of list of activities provided by the County on outreach efforts. • Documentation of timely access to services for underserved populations.

CRITERIA	IN COMPLIANCE Y N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
• *W&IC, sections 5840(a) and 5840(b)*		**OUT OF COMPLIANCE:** • Lack of evidence that Prevention and Early Intervention services are being provided.
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: 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, 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, 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, sections 1830.205 (b)(2)(A-C) and 1830.210 (a)(b)(c).

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

	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 1b. (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?

		IN COMPLIANCE		*INSTRUCTIONS TO REVIEWERS*
	CRITERIA	**Y**	**N**	**COMMENTS**
	• *CCR, title 9, sections 1830.205(b) , 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.
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 beneficiary 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) Beneficiary strengths in achieving client plan goals. d) Special status situations and risks to beneficiary or others; 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; and 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, 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 beneficiary's degree of participation and agreement with the client plan as evidenced by one of the following? 1) When the beneficiary is a long-term client, as defined by the MHP, and the client is receiving more than one type of service, the client's signature, or an explanation of why the signature could not be obtained, is documented on the plan. 2) When the beneficiary 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 beneficiary degree of participation and agreement with the plan? • Describe how the MHP defines "long-term beneficiary." • Is the beneficiary a long-term client beneficiary? • Is the beneficiary receiving more than one type of service? • Is there a beneficiary signature or documentation of why the signature could not be obtained and documented on the plan? • Is there reference to the beneficiary's participation and agreement in the body of the plan, beneficiary's signature on the plan or, is there a description of the beneficiary's participation and agreement in the progress notes?
• *CCR, title 9, 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.)				

	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.	Beneficiary 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, section 1810.440(c)*		**OUT OF COMPLIANCE:** • NFP. • Progress notes within the review period do not contain these elements.		
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:	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, 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 beneficiary 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 provided in the beneficiary's preferred language?			

• *CFR, title 42, section 438.10(c)(4),(5)* • *CCR, title 9, section 1810.410(a),(d)* • *DMH Information Notice No. 02-03, Enclosures, Pages 17-18 and DMH Information Notice No. 10-02, Enclosure, Page 22 and 23*	**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, sections 1820.205(a)(1)(A) through 1820.205(a)(1)(R)?			Refer to CCR, title 9, section 1820.205 medical necessity criteria for reimbursement of Psychiatric Inpatient Hospital Services.
•	*CCR, title 9, section 1820.205(a)(1)*	**OUT OF COMPLIANCE:** • Beneficiary does not have a DSM IV diagnosis from the included list in CCR, title 9, sections 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-2b. below: Cannot be safely treated at a lower level of care, except that a beneficiary who can be safely treated with crisis residential treatment services or psychiatric health facility services for an acute psychiatric episode shall be considered to have met this criterion?			**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.			

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
	b) Prevented the beneficiary from providing for, or utilizing food, clothing or shelter.			
	c) Presented a severe risk to the beneficiary's physical health.			
	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, section 1820.205(a)*		**OUT OF COMPLIANCE:** • Beneficiary does not meet criteria stated in 2a-2b.		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
3. 3a.	Did the beneficiary's continued stay services in a psychiatric inpatient hospital meet one of the following reimbursement criteria 3a-3d: Continued presence of indications which meet the medical necessity criteria specified in items No. 2a-2b. above?			• Review medical record documentation.
3b.	Serious adverse reaction to medication, procedures, or therapies requiring continued			

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
	hospitalization?			
3c.	Presence of new indications which met medical necessity criteria specified in items 2a and 2b just above?			
3d.	Need for continued medical evaluation or treatment that could only have been provided if the beneficiary remained in a psychiatric inpatient hospital?			
• *CCR, title 9, 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. 4a.	If payment has been authorized for administrative day services, were the following requirements met: 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, 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.)				
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?			

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
• *CCR, title 9, section 1810.410(a)* • *DMH Information Notice No. 02-03, Enclosure, Page 16 and DMH Information Notice No. 10-02, Enclosure, Page 22*				**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.)				
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, 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, section 1810.110(a)* • *DMH Information Notice Nos. 97-06 (paragraph D, 5 of the attachment), DMH Information Notice No. 02-03, Pages 17-18, and DMH Information Notice No. 10-02, Enclosure, Page 23* • *W&IC, sections 5600.2(e) and 5614(b)(5)*		**OUT OF COMPLIANCE:** • Where appropriate, no evidence that the beneficiary is 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, section 456*.180 • *CCR, title 9, 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, section 456.201-205* • *CCR, title 9, 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			

	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, section 456.211* • *CCR, title 9, 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?			
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?

SECTION L— UTILIZATION REVIEW-SD/MC HOSPITAL SERVICES

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
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, section 456.231-238* • *CCR, title 9, 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?
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.

SECTION L— UTILIZATION REVIEW-SD/MC HOSPITAL SERVICES

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
	• *CFR, title 42, sections 456.212-213 and 456.232* • *CCR, title 9, 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, section 456.206* • *CCR, title 9, 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.)				
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.

	CRITERIA	IN COMPLIANCE Y	N	*INSTRUCTIONS TO REVIEWERS* COMMENTS
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, sections 1820.220(h) and 1820.230(b)*	**OUT OF COMPLIANCE:** **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, section 1820.230(c)*	**OUT OF COMPLIANCE:** • URC or designee did not specify the date for the subsequent MHP payment authorization determination.		
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
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, 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.		
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
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, section 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.
10c.	Documentation that the MCE or equivalent studies have been analyzed?			

SECTION L— UTILIZATION REVIEW-SD/MC HOSPITAL SERVICES

	CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
10d.	Documentation that actions have been taken to correct or investigate any deficiencies or problems in the review process and recommends more effective and efficient hospital care procedures?			
• *CFR, title 42, section 456.242* • *CCR, title 9, 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, section 456.243* • *CCR, title 9, section 1820.210*		**OUT OF COMPLIANCE:** • MCE or equivalent studies do not meet federal regulations.		
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
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, 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				
RE: 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. **NOTE**: The child/youth is receiving other specialty mental health services in addition to TBS.
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.)				
2. 2a.	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.
2b.	Specific interventions to resolve behaviors or symptoms, such as anger management techniques?			
2c.	Specific outcome measures that can be used to demonstrate that the frequency of targeted behaviors has declined and has been replaced by adaptive behaviors?			
2d.	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.
2e.	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 -

CRITERIA	IN COMPLIANCE Y	N	INSTRUCTIONS TO REVIEWERS COMMENTS
			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.)			