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

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

FISCAL YEAR (FY) 2016-2017

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

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

(1) Require that the MHP develop a plan of correction. The plan of correction should include the following information:

a. Description of corrective actions, including milestones

b. Timeline for implementation and/or completion of corrective actions

c. Proposed (or actual) evidence of correction that will be submitted to DHCS

(2) Withhold all or a portion of payments due to the MHP from the Department.

(3) Impose civil penalties pursuant to Section 1810.385.

(4) Terminate the contract with the MHP pursuant to Section 1810.323.

(5) Take other actions deemed necessary to encourage and ensure contract and regulatory compliance.

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

(1) A description of the violation

(2) A description of any corrective action required by the Department and time limits for compliance.

(3) A description of any and all proposed actions by the Department under this Section or Sections 1810.385 or 1810.323, and any related appeal rights.

The MHP may appeal, in writing:

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

LIST OF ABBREVIATIONS

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

COUNTY MENTAL HEALTH PLAN ATTESTATION

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

7.	When the MHP is involved in the placement, the MHP must provide the DHCS issued Medi-Cal Services for Children and Young Adults: Early & Periodic Screening, Diagnosis & Treatment (EPSDT) brochure, which includes information about accessing Therapeutic Behavioral Services (TBS) to Medi-Cal (MC) beneficiaries under 21 years of age and their representative in the following circumstances: At the time of admission to a Skilled Nursing Facility (SNF) with a Specialized Treatment Program (STP) for the mentally disordered; at the time of admission to a Mental Health Rehabilitation Center (MHRC) that has been designated as an Institution for Mental Diseases; at the time of placement in a Rate Classification Level (RCL) 13-14 foster care group home or Short Term Residential Therapeutic Program (STRTPs will become effective in January 2017); and at the time of placement in an RCL 12 foster care group home when the MHP is involved in the placement. *CCR, title 9, chapter 11, section 1810.310 (a)(1; DMH Letter No. 01-07, DMH Letter No. 04-04; DMH Letter No. 04-11; DMH Information Notice No. 08-38; MHP Contract, Exhibit A, Attachment I.*
Section D: Beneficiary Protection	
8.	The MHP must ensure that its grievance, appeal and expedited appeal processes contain the requirements in CCR, title 9, chapter 11**,** and CFR, title 42 regulations. CFR, title 42, sections 438.402 and 438.406: CCR, title 9, chapter 11, sections 1850.205, 1850.206, 1850.207, and 1850.208.
9.	The MHP must ensure that staff making decisions on grievance, appeal, and expedited appeals have the appropriate clinical expertise to treat the beneficiary's condition. CFR, title 42, section 438.406(a)(3)(ii), and CCR, title 9, chapter 11, section 1850.205(c)(9).
10.	The MHP must ensure that when it denies a request for expedited appeal resolution, it will make reasonable efforts to give the beneficiary and his or her representative prompt oral notice of the denial of the request for an expedited appeal and provide written notice within two calendar days of the date of the denial. The written notice of the denial of the request for an expedited appeal is not a Notice of Action (NOA) as defined in CCR, title 9, chapter 11, section 1810.230.5. CFR, title 42, section 438.408(d)(2)(ii), and CCR, title 9, chapter 11, section 1850.208(f)(2).
11.	The MHP must ensure that it posts notices explaining grievance, appeal, and expedited appeal process procedures in locations at all MHP provider sites sufficient to ensure that the information is readily available to both beneficiaries and provider staff. CCR, title 9, chapter 11, section 1850.205(c)(1)(B).
12.	The MHP must ensure that forms that may be used to file grievances, appeals and expedited appeals, and self-addressed envelopes are available for beneficiaries to pick up at all MHP provider sites without having to make a verbal or written request to anyone. CCR, title 9, chapter 11, section 1850.205(c)(1)(C).
13.	The MHP must ensure that individuals making decisions on grievances and appeals were not involved in any previous level of review or decision-making. CFR, title 42, section 438.406(a)(3)(i).

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

SECTION A NETWORK ADEQUACY AND ARRAY OF SERVICES

	CRITERIA	FINDING Y	N	INSTRUCTIONS TO REVIEWERS
1.	Does the MHP have a current Implementation Plan which meets title 9 requirements?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Implementation Plan **GUIDANCE:** • MHP must submit to DHCS any proposed changes in the policies, processes, and procedures that would modify its Implementation Plan. • Verify policies and procedures reviewed (i.e., Problem Resolution, Provider Selection and Maintaining Network of Providers, Outreach, etc.) match the Implementation Plan.
2. 2a.	Regarding the array of SMHS offered the MHP's beneficiaries: Does the MHP provide or arrange for the provision of an appropriate range of SMHS to meet the needs of its beneficiaries?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Implementation Plan ☐ Medi-Cal Eligibility and Utilization Data Analysis Reports ☐ Capacity Data Reports ☐ MHP Service Map ☐ Target population data ☐ Cultural Competence Plan ☐ Other evidence deemed appropriate by review team
2b.	Are services encouraged in every geographic area to ensure access by members of the target populations for all age groups?			
2c.	Are services planned and delivered so that persons in all ethnic groups are served with programs that meet their cultural needs?			
2d.	Are services in rural areas designed and developed in flexible ways to meet the needs of the indigent and uninsured?			

SECTION A NETWORK ADEQUACY AND ARRAY OF SERVICES

				GUIDANCE: • Review evidence the MHP reviews capacity of its service providers. • Review data and documentation that services and programs at all levels have the capacity to provide culturally competent services to the target populations. • CCR, title 9, chapter 11, section 1810.247. Specialty Mental Health Services definition: (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; (g) Psychiatric Nursing Facility Services • Review service maps and data indicating location of MHP's services. • Review evidence services are planned and delivered to serve the cultural needs of all ethnic groups. • Ask the MHP how it provides flexible services in rural areas to meet the needs of the indigent and uninsured.

2e.	Does the MHP ensure services are available to beneficiaries 24/7 when medically necessary?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Program description for 24/7 services available to beneficiaries ☐ Program descriptions for pre-crisis and crisis services (e.g. mobile crisis response, crisis stabilization, crisis residential, etc.) ☐ Provider contracts ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • This requirement applies to the MHP's network of providers; not each individual provider. • Review and collect data and documentation describing the provision of pre-crisis and crisis services. • The focus of pre-crisis services is to offer ideas and strategies to improve the person's situation, and help access what is needed to avoid crisis. • The focus of crisis services is stabilization and crisis resolution, assessment of precipitating and attending factors, and recommendations for meeting identified needs. • Ask the MHP about its efforts to reduce inappropriate and/or over-utilization of higher level care/placements (e.g., crisis stabilization, crisis residential, inpatient acute psychiatric hospitalization) and emergency services (i.e., emergency departments, ambulance, EMTs, etc.) by its beneficiaries.
• *CCR, title 9, chapter 11, sections 1810.247 and 1810.310* • *WIC, sections 5600.2 to 5600.9, 5600.35(a), and 5614*		**OUT OF COMPLIANCE:** • MHP's Implementation Plan is not current		

SECTION A NETWORK ADEQUACY AND ARRAY OF SERVICES

CRITERIA		FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
				• MHP's Implementation Plan does not include required elements • To the extent resources are available; evidence the county is not maintaining the program principles as required under WIC 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 WIC regulations. • The MHP does not ensure services are available to beneficiaries 24/7 when medically necessary
3.	Does the MHP maintain and monitor a network of appropriate providers that is supported by written agreements that consider the following:			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Data analysis of factors identified in 3a-e ☐ Provider contracts ☐ Maps of geographic locations where services are provided ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • "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 the MHP considered and/or made changes to its network of providers based on the data and analysis of identified factors.
3a.	The anticipated number of Medi-Cal eligible clients?			
3b.	The expected utilization of services?			
3c.	The number and types of providers in terms of training, experience and specialization needed to meet expected utilization?			
3d.	The number of network providers who are not accepting new beneficiaries?			
3e.	The geographic location of providers and their accessibility to beneficiaries, considering distance, travel time, means of transportation ordinarily used by Medi-Cal beneficiaries and physical access for disabled beneficiaries?			
• *CFR, title 42, section 438.206(b)(1)* • *CCR, title 9, chapter 11, section 1810.310 (a)(5)(B)* • *MHP Contract, Exhibit A, Attachment I* • *CMS/DHCS, section 1915(b) waiver*				**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 3a-e as per title 9 and title 42 regulations.

SECTION A NETWORK ADEQUACY AND ARRAY OF SERVICES

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
4. 4a.	Regarding the MHP's implementation of Pathways to Wellbeing (Katie A Settlement Agreement): 1) Does the MHP have a mechanism in place to ensure appropriate identification of Katie A subclass members?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Katie A subclass identification data ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review the MHP's criteria for determining and documenting the identification of children/youth as in/out of the subclass. • Review the MHP's criteria for determining and documenting the identification of children needing ICC and IHBS.
	2) Does the MHP have a mechanism in place to identify children who are eligible for ICC and IHBS services?			
4b.	**SURVEY ONLY:** Does the MHP maintain and monitor an appropriate network of providers to meet the anticipated need of children/youth eligible for ICC and IHBS services?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Capacity assessment data ☐ Provider contracts ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review evidence the MHP is assessing its capacity to serve subclass members. • Review evidence the MHP's network of providers have the capacity to provide ICC and IHBS services. • Discuss MHP's plan to meet network adequacy requirements if the MHP is not in compliance.

SECTION A NETWORK ADEQUACY AND ARRAY OF SERVICES

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
4c.	Does the MHP have a mechanism to ensure appropriate participation in Child and Family Team (CFT) meetings?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ CFT meeting agendas and minutes, including list of meeting participants ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review evidence the MHP ensures its participation in CFT meetings. • Review communications and coordination among CFT members to verify participation of children/youth and their families.
4d.	**SURVEY ONLY:** Does the MHP have a mechanism to ensure all children/youth referred and/or screened by the MHP's county partners (i.e., child welfare) receive an assessment, and/or referral to a MCP for non-specialty mental health services, by a licensed mental health professional or other professional designated by the MHP?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Screening, referral and assessment tools ☐ Tracking tools ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review evidence the MHP has a mechanism to track referrals from the county child welfare department. • Review evidence the MHP tracks referrals to MCP partners for mild/moderate mental health services.

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

CRITERIA	FINDING Y N	INSTRUCTIONS TO REVIEWERS
• *Katie A Settlement Agreement* • *Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care for Katie A Subclass Members*	**OUT OF COMPLIANCE:** • MHP does not have a mechanism in place to ensure appropriate identification of Katie A subclass members • MHP does not ensure active participation of children/youth and their families in CFT meetings • MHP does not have a mechanism in place to assess its capacity to serve subclass members • MHP does not have a mechanism to ensure Katie A eligibility criteria are incorporated into screening, referral and assessment processes	

SECTION B **ACCESS**

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
1. 1a.	Regarding the beneficiary booklet: Does the Mental Health Plan (MHP) provide beneficiaries with a beneficiary booklet upon request and when first receiving a Specialty Mental Health Service (SMHS)?			**SUGGESTED DOCUMENTATION:** ☐ Beneficiary Booklet ☐ Policies and Procedures #_____ ☐ Client Intake Packet ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review evidence that a booklet is issued upon first receiving an SMHS and upon request. • Prior to onsite, verify the MHP's threshold language(s) per the DHCS MHSD Information Notice No. 13-09, dated 4/30/2013. • Check availability of culturally and linguistically appropriate written information in threshold languages in the beneficiary booklet. • Confirm the MHP's threshold language(s):_____
1b.	Is the beneficiary booklet available in English and in the MHPs identified threshold language(s)?			
• *CFR, title 42, section 438.10* • *CCR, title 9, chapter 11, section 1810.360(d)* • *CMS/DHCS section 1915(b) Waiver* • *CFR, title 42, section 438.10(c)(2),(3)* • *CCR, title 9, chapter 11, section 1810.410(c)(3)* • *DMH Information Notice No. 10-17, Enclosure, Page 18* • *DMH Information Notice No. 10-02, Enclosure, Page 23* • *DHCS MHSD Information Notice No. 13-09, dated 4/30/2013*				**OUT OF COMPLIANCE:** • No evidence that the MHP is providing a booklet to beneficiaries upon first receiving a Specialty Mental Health Service. • Evidence reviewed indicates the MHP does not provide a booklet upon request. • Beneficiary booklet is not available in English and, when applicable, in the threshold language(s).
2. 2a.	Regarding the provider list: Does the MHP provide beneficiaries with a current provider list upon request and when first receiving a SMHS?			**SUGGESTED DOCUMENTATION:** ☐ Provider List ☐ Policies and Procedures #_____

SECTION B **ACCESS**

CRITERIA		FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
2b.	Is the provider list available in English and in the MHPs identified threshold language(s)?			☐ Client Intake Packet ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review evidence that a provider list is issued upon first receiving an SMHS and upon request. • Prior to onsite, verify the MHP's threshold language(s) per the DHCS MHSD Information Notice No. 13-09, dated 4/30/2013. • When reviewing larger counties, a regionalized provider list is acceptable. • The provider list should include organizational, group, and individual providers including county owned and operated providers. Small counties *may only* have county owned and/or operated providers. • Provider list should include child/youth and adult/older providers. •
2c.	Regarding the provider list, does it contain the following: 1. Names of Providers?			**SUGGESTED DOCUMENTATION:** ☐ Provider List ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • At a minimum, the services are to be categorized by psychiatric inpatient hospital, targeted case management, and/or all other SMHS. • The provider list should be current and accurately reflect providers accepting new Medi-Cal beneficiaries. • MHP may denote providers accepting new beneficiaries by adding a footnote instructing beneficiaries to contact providers.
	2. Locations?			
	3. Telephone numbers?			
	4. Alternatives and options for linguistic services including non-English languages (including ASL) spoken by providers?			
	5. Does the list show providers by category?			

SECTION B **ACCESS**

CRITERIA		FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
	6. Alternatives and options for cultural services?			• Alternatives and options for culturally appropriate services may include services for transition-age youth, veterans, older adults, Lesbian, Gay, Bisexual, and Transgender or Questioning (LGBTQ), etc.
	7. A means to inform beneficiaries of providers that are not accepting new beneficiaries?			
• *CFR, title 42, section 438.10(f)(6)(i) and 438.206(a)* • *CCR, title 9, chapter 11, section 1810.410* • *DMH Information Notice No. 10-02, Enclosure, Page 24 and DMH Information Notice No. 10-17, Enclosure, Page 18* • *CMS/DHCS, section 1915(b) Waiver* • *MHP Contract Exhibit A, Attachment I*		**OUT OF COMPLIANCE:** • No evidence that the MHP is providing a provider list to beneficiaries upon first receiving a Specialty Mental Health Service and upon request • Provider list is not available in English and, when applicable, in the threshold language(s). • The provider list does not contain the names, locations, telephone numbers 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. • The provider does not include a means to identify providers who are not accepting new beneficiaries.		

SECTION B **ACCESS**

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
3.	Is there evidence that the MHP is making efforts to include culture-specific providers and services in the range of programs offered?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Provider list ☐ Provider contracts with culture-specific providers ☐ Provider contracts with provisions for cultural services ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • 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? • Refer to MHP's Cultural Competence Plan Requirements (CCPR) for the definition of ethnic, racial, culture-specific specialties. • Review evidence that the county/contractor has available, as appropriate, alternatives and options that accommodate individual preference. • Review evidence that the county/contractor provides culture-specific programs or referrals to community-based, culturally-appropriate, and non-traditional mental health providers. • Look for ethnic and cultural specific providers. The county may also include evidence of efforts to include additional culture-specific community providers and services in the range of programs offered by the county (e.g., older adults, veterans, and lesbian, gay, bisexual and transgender, etc.). Please note: counties may define underserved racial, ethnic, and cultural populations based on the MHP's service populations and disparities identified in the CCPR.

SECTION B **ACCESS**

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
	• *CFR, title 42, section 438.206(c)(2)* • *CCR, title 9, chapter 11, sections 1810.110(a) and 1810.410* • *CCR, tile 9, section 3320(a)(2)* • *DMH Information Notice No. 10-02, Enclosure, Page 24 and DMH Information Notice No. 10-17, Enclosure, Page 20* • *CMS/DHCS section 1915(b) Waiver* • *MHP Contract, Exhibit A, Attachment I*	**OUT OF COMPLIANCE:** • No evidence the MHP is making efforts to include culture-specific providers and services.		
4.	Whenever feasible and at the request of the beneficiary, does the MHP provide an opportunity to change persons providing the SMHS, including the right to use culture-specific providers?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Beneficiary booklet ☐ Change of Provider request form ☐ Change of Provider Logs ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Ask the MHP to describe the processes for changing providers. • Ask the MHP for the policy that describes the process. • Ask the MHP how these requests are tracked. • Review the requests/outcomes. Ask the MHP to show you examples of such a request being made, including initial request and the documented outcome.

SECTION B **ACCESS**

CRITERIA		FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
• *CCR, title 9, chapter 11, sections 1810.310(4)(A) and 1830.225(a),(b)* • *CCR, title 9, section 3320(a)(2)* • *CFR, title 42, section 438.6(m)* • *DMH Information Notice No. 10-02, Enclosure, Page 24 and DMH Information Notice No. 10-17, Enclosure, Page 20* • *MHP Contract, Exhibit E*		**OUT OF COMPLIANCE:** • No evidence that the MHP provides an opportunity to change persons providing SMHS, including the right to use culture-specific providers.		
5. 5a.	Regarding written materials: Does the MHP have written informing materials in alternative formats in English and the threshold language(s)?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Written informing materials in threshold languages in alternative formats ☐ Beneficiary booklet ☐ Other evidence deemed appropriate by review team **GUIDANCE:** Written materials apply to informing materials (e.g. beneficiary booklet, general program literature, forms, etc.). Review evidence of the alternative formats available. How does the MHP inform beneficiaries that information is available in alternative formats and how to access those formats? Are the alternative formats available in the threshold language(s) (e.g., large print, audio versions, or braille)?
5b.	1) Does the MHP inform beneficiaries that information is available in alternative formats?			
	2) Does the MHP inform beneficiaries how to access alternative formats?			
5c.	Do these written materials take into consideration persons with limited vision?			
5d.	Do these written materials take into consideration persons with limited reading proficiency (i.e., 6th grade reading level)?			

SECTION B **ACCESS**

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
5e.	Does the MHP have a mechanism for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and/or culturally appropriate field testing)?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Contracts with vendors for translated materials ☐ Samples of translated materials tested for accuracy ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review documentation the MHP has implemented a process for ensuring the accuracy of translated materials
• *CFR, title 42, section 438.10(d)(i),(ii)* • *CCR, title 9, chapter 11, sections 1810.110(a) and 1810.410(e)(4)* • *CFR, title 42, section 438.10(d)(2)* • *MHP Contract, Exhibit A, Attachment I*		**OUT OF COMPLIANCE:** • Informing materials and additional written materials in English and the threshold language(s) are not made available in alternative formats. • There is no evidence the MHP is informing beneficiaries that information is available in alternative formats and how to access those formats.		
6. 6a.	Review 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.			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Beneficiary booklet ☐ Samples of signs and posters ☐ Other evidence deemed appropriate by review team

SECTION B **ACCESS**

CRITERIA		FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
6b.	LEP individuals are informed how to access free language assistance services.			**GUIDANCE:** • CCR, title 9, chapter 11, section 1810.410, requires that there be policies and procedures to assist beneficiaries who need oral interpreter services in languages other than threshold languages to access the SMHS or related services available through "Key points of contact." • Interpreter services mean oral and sign language. • CFR, title 42, section 438.10 (c)(4) and (5) requires MHPs to make oral interpretation services available and make these services available free of charge to each potential beneficiary and beneficiary. This applies to all non-English languages, not just those that the State identifies as threshold languages. • 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.

SECTION B **ACCESS**

CRITERIA		FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
6c.	Does the MHP have a mechanism to ensure that interpreter services are offered to LEP individuals?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Beneficiary booklet ☐ Intake packet or client acknowledgement form ☐ Utilization Review documentation of interpreter services offered to clients ☐ Contracts with vendors for Interpreter services ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review evidence the MHP has policies and procedures to assist beneficiaries who need oral interpreter services in languages other than threshold languages to access SMHS or related services through key points of contact. • Interpreter services mean oral and sign language. • Ask the MHP how it informs all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing (CCPR, Criterion 7).

SECTION B **ACCESS**

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
6d.	Does the MHP have policies, procedures, and practices that comply with the following requirements of Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973: 1) Prohibiting the expectation that family members provide interpreter services?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Beneficiary booklet ☐ Posted signs and/or notices ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review MHP policies and procedures regarding language access and interpreter services. • If under rare circumstances a family member and/or child is used as an interpreter (e.g., monolingual parent will not communicate using MHP interpreter), the MHP's policies and procedures should require that the reason/justification is well documented.
	2) A client may choose to use a family member or friend as an interpreter after being informed of the availability of free interpreter services?			
	3) Minor children should not be used as interpreters?			

- *CFR, title 42, section 438.10 (c)(4) , 438.6(f)(1), 438.100(d), CFR, title 28, Part 35, 35.160(b)(1), CFR, title 28, Part 36, 36.303(c)*
- *CCR, title 9, chapter 11, section 1810.410(a)-(e)*
- *DMH Information Notice No. 10-02, Enclosure, Page 22, and DMH Information Notice No. 10-17, Enclosure, Page 17*
- *Title VI, Civil Rights Act of 1964 (U.S. Code 42, section 2000d; CFR, title 45, Part 80)*
- *MHP Contract, Exhibit A, Attachment I*
- *CMS/DHCS, section 1915(b) waiver*

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.
- No documentation that the MHP offered interpreter services to assist beneficiaries who need interpreter services.

SECTION B **ACCESS**

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
7. 7a.	Regarding outreach efforts for the purpose of providing information to beneficiaries and providers regarding access under the MHP: Is there evidence of community information and education plans or policies that enable Medi-Cal beneficiaries to access SMHS?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Evidence of community information and education plans ☐ Calendar of community events ☐ Fliers, outreach posters, sign-in sheets from community events ☐ Cultural Competence Plan ☐ Implementation Plan ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • 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 community information and education plans (e.g., number of community presentations or forums and locations used to disseminate information, etc.).

SECTION B **ACCESS**

CRITERIA		FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
7b.	Is there evidence of outreach for informing under-served target populations of the availability of cultural and linguistic services and programs?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Outreach calendars and tracking reports ☐ Fliers, outreach posters, sign-in sheets from community events ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review evidence of MHP's outreach efforts (e.g., calendar of events, sign-in sheets, tracking logs, etc.). • "Under-served target populations" are beneficiaries with specific cultural and linguistic needs identified in the MHP's CCPR. Under-served communities are those groups who have low levels of access and/or use of mental health services, and who face pervasive institutional and socioeconomic barriers to obtaining health and mental health care. • Ask the MHP how the under-served target populations are identified in the CCPR.
• *CCR, title 9, chapter 11, sections 1810.310(2)(B) and 1810.410* • *Information Notice 10-02 and Information Notice 10-17* • *MHP Contract, Exhibit A, Attachment I* • *CMS/DHCS, section 1915(b) waiver*		**OUT OF COMPLIANCE:** • Not following Cultural Competence Plan Requirements (CCPR). • No evidence of community information and education plans. • No evidence of outreach to under-served target populations identified in the MHP's CCPR.		

SECTION B **ACCESS**

CRITERIA		FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
8. 8a.	Regarding mental health services available to persons who are homeless and hard-to-reach individuals: Is there evidence of assertive outreach to persons who are homeless with mental disabilities?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Outreach calendars and tracking reports ☐ Fliers, outreach posters, sign-in sheets from community events ☐ Mobile response unit schedule/calendar ☐ Evidence of referrals or linkages with other social service agencies/services (e.g., homeless shelters, veterans services, law enforcement, churches, schools, etc.) ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Assertive outreach should make mental health services available to homeless and hard-to-reach individuals with mental disabilities. • Review evidence of assertive outreach to persons who are homeless or hard-to-reach (e.g., calendar of events, sign-in sheets, tracking logs, etc.). • "Hard-to-reach individuals" refers to any special population as defined by the MHP. •
8b.	Is there evidence of assertive outreach to hard-to-reach individuals with mental disabilities?			
• *WIC, section 5600.2(d)*		**OUT OF COMPLIANCE:** • No evidence of any assertive outreach efforts to persons who are homeless and hard-to-reach individuals.		

SECTION B **ACCESS**

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
9a.	Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number: 1. Does the MHP provide a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county?				**SUGGESTED DOCUMENTATION:** ☐ DHCS test call worksheets ☐ Policies and Procedures #_____ ☐ Contracts/documentation of vendors providing language access for 24/7 statewide toll free line ☐ Test call scripts ☐ MHP test call results ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • DHCS review team members will test the 24/7 toll-free telephone number in English and other language(s). • Information should be made available to all callers without regard to Medi-Cal status. • Results for each requirement will be calculated based on the test call findings. **Compliance %:** _____ • Formula for calculating percentage: Total number of test calls meeting requirements/ Total number of test calls made (applicable to each requirement) by DHCS
	2. Does the toll-free telephone number provide information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met?				
	3. Does the toll-free telephone number provide information to beneficiaries about services needed to treat a beneficiary's urgent condition?				
	4. Does the toll-free telephone number provide information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes?				

SECTION B **ACCESS**

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
9b.	Does the MHP provide a statewide (24/7) toll-free telephone number that provides adequate TTY/TDD or Telecommunications Relay Services?			**SUGGESTED DOCUMENTATION:** ☐ DHCS Test Calls ☐ Policies and Procedures #_____ ☐ Contracts/documentation of vendors providing service ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • TTY (Text Telephone/Teletype)/TDD (Telecommunication Device for the Deaf) is an electronic device for text communication via a telephone line, used when one or more of the parties have hearing or speech difficulties. A Telecommunications Relay Service is an operator service that allows people who are Deaf, Hard–of–Hearing, Speech–Disabled, or Deaf and Blind to place calls to standard telephone users via a keyboard or assistive device. Originally, relay services were designed to be connected through a TTY/TDD or other assistive telephone device. • If TTY/TDD or Telecommunications Relay Services are utilized, how are beneficiaries informed of the toll-free telephone number? • Ask the MHP to provide evidence of TTY/TDD or Telecommunications Relay Services, including how the MHP ensures linguistic capabilities in all languages. • Review practices that the MHP has in place for meeting clients' language needs.

SECTION B **ACCESS**

9c.	Does the MHP provide training for staff responsible for the statewide toll-free 24-hour telephone line to ensure linguistic capabilities?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Documentation of training plan, training records, and training activities ☐ Training materials ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review evidence of training for all staff responsible for the 24/7 statewide toll-free telephone line • Ask the MHP about frequency and content of training
• *CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1)* • *CFR, title 42, section 438.406 (a)(1)* • *DMH Information Notice No. 10-02, Enclosure, Page 21, and DMH Information Notice No. 10-17, Enclosure, Page 16* • *MHP Contract, Exhibit A, Attachment I*		**OUT OF COMPLIANCE:** • MHP does not meet 24/7 toll-free requirements as evidenced by the results of DHCS test calls. • Lack of linguistic capacity, including TTY/TDD or Telecommunications Relay Services, in all languages spoken by beneficiaries of the county as evidenced by the results of DHCS test calls		

SECTION B **ACCESS**

CRITERIA		FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
10. 10a.	Regarding the written log of initial requests for SMHS: Does the MHP maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Written Log(s) of Initial Requests ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review evidence the log(s) are maintained for all requests made by phone, in person or in writing. MHP may maintain the log electronically. • Review the written logs for required information pertaining to the DHCS test calls. • Test calls only requesting information about the MHP's Problem Resolution and State Fair Hearing processes are not required by regulation to be logged. • Initial dispositions may include, but are not limited to: caller provided with clinic hours/location, beneficiary scheduled for assessment with [Provider] at [Date/time], warm hand off to 24 hour Crisis Clinician, etc. **Compliance %:** _____ • Formula for calculating percentage: Total number of test calls logged with required elements/Total number of test calls made by DHCS
10b.	Does the written log(s) contain the following required elements: 1. Name of the beneficiary?				
	2. Date of the request?				
	3. Initial disposition of the request?				
• *CCR, title 9, chapter 11, section 1810.405(f)*		**OUT OF COMPLIANCE:** • Written log of initial requests does not meet Title 9 requirements. • MHP does not log requests made by phone, in person, or in writing. • The DHCS test calls of initial requests are not evident on the written log			

SECTION B **ACCESS**

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
11.	Has the MHP updated its Cultural Competence Plan annually in accordance with regulations?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Cultural Competence Plan ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review the MHP's Cultural Competence Plan to determine if it has been updated annually during the triennial review period.
• *CCR title 9, section 1810.410* • *DMH Information Notice 10-02 and 10-17*		**OUT OF COMPLIANCE** • MHP does not have a current CCP • MHP did not furnish evidence its CCP is updated annually		
12. 12a.	Regarding the MHP's Cultural Competence Committee (CCC): Does the MHP have a CCC or other group that addresses cultural issues and has participation from cultural groups that is reflective of the community?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Organizational Chart ☐ CCC Agendas and Meeting Minutes ☐ Cultural Competence Plan ☐ QI Program review documentation ☐ QIC Agendas and Minutes ☐ Other evidence deemed appropriate by review team
12b.	Does the MHP have evidence of policies, procedures, and practices that demonstrate the CCC activities include the following: 1. Participates in overall planning and implementation of services at the county?			

SECTION B **ACCESS**

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
	2. Provides reports to the Quality Assurance and/or the Quality Improvement Program?			**GUIDANCE:** • Review policies, procedures, and practices that assure members of the CCC will be reflective of the community including county management level and line staff, clients and family members from ethnic, racial, and cultural groups, providers, community partners, contractors, and other members as necessary (CCPR Criterion 4). • If the MHP does not have a CCC, review evidence another committee or group reviews cultural competence issues (e.g., Quality Improvement Committee).

SECTION B **ACCESS**

CRITERIA		FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
12c.	Does the CCC complete its Annual Report of CCC activities as required in the CCPR?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ CCC Annual Report(s) ☐ Cultural Competence Plan ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review the MHP's Cultural Competence Plan • Review completed CCC reports • Annual report of activities to include: o Goals and objectives of the committee o Evaluation of goals and objectives o Reviews and recommendations to county programs and services o Goals of Cultural Competence Plans o Human Resources report (i.e., workforce development and/or recruitment activities) o County organizational assessment o Training plans
• *CCR title 9, section 1810.410* • *DMH Information Notice 10-02 and 10-17*		**OUT OF COMPLIANCE** • MHP does not have an established Cultural Competence Committee • MHP does not have policies, procedures or practices to ensure its CCC participates in planning and implementation of services in the county • MHP does not demonstrate evidence the CCC reports to the QA/QI Program • CCC does not complete an Annual Report of CCC Activities		

SECTION B **ACCESS**

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
13a.	Regarding the MHP's plan for annual cultural competence training necessary to ensure the provision of culturally competent services: 1) Is there a plan for cultural competency training for the administrative and management staff of the MHP?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Cultural Competence Plan ☐ Cultural Competence Training Plan ☐ Documentation of training for administrative and management staff ☐ Documentation of training for persons providing SMHS employed by or contracting with the MHP ☐ Documentation of training for interpreters and bilingual staff ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Ask MHP to describe its process for ensuring that interpreters are trained and monitored for language competence. • Determine if pre/post tests for fluency are part of bilingual pay policy. • Ask the MHP if interpreters are trained utilizing the Mental Health Interpreter Training curriculum and/or if interpreters receive general training on mental health systems.
	2) Is there a plan for cultural competency training for persons providing SMHS employed by or contracting with the MHP?			
	3) Is there a process that ensures that interpreters are trained and monitored for language competence (e.g., formal testing)?			

SECTION B **ACCESS**

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
13b.	Does the MHP have evidence of the implementation of training programs to improve the cultural competence skills of staff and contract providers?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Documentation of tracking mechanisms to ensure all staff receive required annual training ☐ MHP Provider Contract ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review evidence that cultural competency training plans have been implemented during the triennial review period. • Review the MHP's Annual Training Report as required by the CCPR, DMH Information Notice 10-02. • Review evidence the MHP has a mechanism to track the participation of all staff in required cultural competence trainings. • Review evidence the MHP tracks participation of its contract providers in required cultural competence training.
• *CCR, title 9, chapter 11, section 1810.410 (a)-(e)* • *DMH Information Notice No. 10-02, Enclosure, Pages 16 & 22 and DMH Information Notice No. 10-17, Enclosure, Pages 13 & 17* • *MHP Contract, Exhibit A, Attachment I*		**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).		

SECTION C AUTHORIZATION

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
1. 1a.	Regarding the Treatment Authorization Requests (TARs) for hospital services: 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?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Sample of TARs ☐ List of MHP licensed/waivered/registered staff responsible for reviewing TARs during sample period ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Fee for Service hospitals must submit a TAR to the MHP Point of Authorization of the beneficiary. • Review random sample of a minimum of 100 TARs for inpatient hospital services to determine if qualified mental health professionals are approving/denying TARs in accordance with title 9 regulations. DHCS will identify the sample parameters during the review. • Obtain list of MHP licensed/waivered/registered staff responsible for reviewing TARs during sample period and match it with the signature on the TARs. **Compliance %:** _____ Formula for calculating percentage: Total number of TARs reviewed that comply with regulatory requirements/Total number of TARs reviewed.

SECTION C AUTHORIZATION

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
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, or 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?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Sample of TARs ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review random sample of TARs reflecting adverse determinations (i.e., denials or modifications) by the MHP. • 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 within 3 days when adverse decisions are rendered. **Compliance %:** _____ • Formula for calculating percentage: Total number of TARs reviewed that comply with regulatory requirements/Total number of TARs with adverse decisions reviewed.

SECTION C AUTHORIZATION

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
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?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Sample of TARs ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review random sample of 100 TARs. DHCS will identify the sample parameters during the review. • Verify number of days between receipt date and approval date for each TAR reviewed. • CCR, title 9, chapter 11, section 1810.242 states: "Receipt" means the receipt of a Treatment Authorization Request or other document. The "date of receipt" means the date the document was received as indicated by a date stamp made by the receiver or the fax date recorded on the document. For documents submitted by mail, the postmark date must be used as the date of receipt in the absence of a date/time stamp made by the receiver. • If MHP grants an extension, is the MHP notifying the beneficiary of the extension per CCR title 9, section 1820.220(i)? **Compliance %:** _____ • Formula for calculating percentage: Total number of TARs reviewed that comply with regulatory requirements/Total number of TARs reviewed.

SECTION C AUTHORIZATION

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
	• *CCR, title 9, chapter 11, sections 1810.242, 1820.220(c),(d), 1820.220 (f), 1820.220 (h), and 1820.215.* • *CFR, title 42, section 438.210(d)*	**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.			
2. 2a.	Regarding Standard Authorizations Requests for non-hospital SMHS: Does the MHP have written policies and procedures for initial and continuing authorizations of SMHS as a condition of reimbursement?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Payment authorization checklist/tools ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Have the MHP describe the providers and non-hospital specialty mental health services subject to payment authorization. • 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. • Determine if MHP requires authorization for ICC and IHBS.
2b.	Are payment authorization requests being approved or denied by licensed mental health professionals or waivered/registered professionals of the beneficiary's MHP?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Sample of Standard Authorization Requests (SARs)

SECTION C AUTHORIZATION

CRITERIA		FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
2c.	For standard authorization decisions, does the MHP make an authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and within 14 calendar days following receipt of the request for service with a possible extension of up to 14 additional days?				☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review a random sample of payment authorization requests (50 per medium/large county, 25 per small county).

SECTION C AUTHORIZATION

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
2d.	For expedited authorization decisions, does the MHP make an expedited authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and within 3 working days following receipt of the request for service or, when applicable, within 14 calendar days of an extension?				• CFR, title 42, section 438.210(b)(3) : "Licensed psychiatric technicians and licensed vocational nurses may approve or deny such requests only when the provider indicates that the beneficiary to whom the specialty mental health services will be delivered has an urgent condition as defined in Section 1810.253." • Is the process in accordance with CFR title 42 regulations? • Extension for an additional 14 calendar days is possible if: o Beneficiary or provider requests an extension. o 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. • For cases in which a provider indicates, or the MHP determines, that following the standard timeframe could seriously jeopardize the enrollee's life or health or ability to attain, maintain, or regain maximum function, the MHP must make an expedited authorization decision and provide notice as expeditiously as the enrollee's health condition requires and no later than three (3) working days after receipt of the request for services. **Compliance %:** _____ • Formula for calculating percentage: Total number of SARs reviewed that comply with regulatory requirements/Total number of SARs reviewed.

SECTION C AUTHORIZATION

CRITERIA		FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
• *CFR, title 42, section 438.210(b)(3)* • *CFR, title 42, section 438.210(d)(1),(2)* • *CCR, title 9, chapter 11, sections 1810.253, 1830.220, 1810.365, and 1830.215 (a-g)*		**OUT OF COMPLIANCE:** • MHP is not using appropriate staff to approve/deny authorizations. • MHP is using Licensed Psychiatric Technicians (LPTs) and LVNs when an urgent condition does not exist. • The MHP is not making authorization decisions within the required timeframes. • The MHP is not providing notices within the required timeframes. • The MHP does not have a process for expedited authorization decisions.			
3.	Regarding payment authorization for Day Treatment Intensive and Day Rehabilitation Services:				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Sample of DTI/DR Authorizations ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review Day Treatment Intensive and Day Rehabilitation authorizations (20 per large/medium county, 10 per small county). • Review Day Treatment policies and procedures • Check that the procedure/system has assurances that payment is not being made without prior authorization for services provided more than 5 days per week. **Compliance %:** _____ • Formula for calculating percentage: Total number of Day Treatment Authorizations reviewed that comply with regulatory requirements/Total number of Day Treatment Authorizations reviewed
3a.	The MHP requires providers to request advance payment authorization for Day Treatment Authorization and Day Rehabilitation in accordance with MHP Contract: 1) In advance of service delivery when services will be provided for more than 5 days per week				
	2) At least every 3 months for continuation of Day Treatment Intensive				
	3) At least every 6 months for continuation of Day Rehabilitation				
	4) The MHP requires providers to request authorization for mental health services provided concurrently with day treatment intensive and day rehabilitation, excluding services to treat emergency and urgent conditions.				

SECTION C AUTHORIZATION

CRITERIA		FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
• *CCR, title 9, chapter 11, 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.			
4. 4a.	Regarding out-of-plan services to beneficiaries placed out of county: Does the MHP provide out-of-plan services to beneficiaries placed out of county?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Authorizations for Out-of-Plan Services ☐ Provider Manual for Out-of-Plan Services ☐ Contract Template for Out-of-Plan Services ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review SARS and authorization decisions for out-of-county services. • Review policies and procedures for providing out-of-plan services to beneficiaries placed out of county. • Review evidence the MHP complies 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.
4b.	Does the MHP ensure that it complies with the timelines for processing or submitting authorization requests for children in a foster care, AAP, or KinGAP aid code living outside his or her county of origin?				
4c.	Does the MHP ensure access for foster care children outside its county of adjudication and ensure it complies with the use of standardized contract, authorization procedure, documentation standards and forms issued by DHCS, unless exempted?				
4d.	**SURVEY ONLY** 1) Does the MHP ensure timely transfer within 48 hours of the authorization and provision of SMHS for a child who will be placed "out of county"?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Authorizations for Out-of-Plan Services

SECTION C AUTHORIZATION

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
	2) Does the MHP have a mechanism to track the transfer of the authorization and provision of services to another MHP?				☐ Referrals for Assessment and Authorization of SMHS ☐ Provider Manual for Out-of-Plan Services ☐ Contract Template for Out-of-Plan Services ☐ Tracking tools ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review authorizations for out-of-county services • Review tracking logs to ensure timely transfer of the authorization • Review assessment records and authorizations to ensure the MHP complies with timeliness requirements
4e.	**SURVEY ONLY** 1) Does the MHP ensure an assessment has been conducted and authorization of services occurs within 4 business days of receipt of a referral for SMHS for a child by another MHP?				
	2) Does the MHP have a mechanism to track referrals for assessments and authorizations of services for children placed in its county?				
• *CCR, title 9, chapter 11, section 1830.220(b)(3) and (b)(4)(A); sections 1810.220.5, 1830.220 (b)(3), and b(4)(A),* • *WIC sections, 11376, 16125, 14716; 14717, 14684, 14718 and 16125* • *DMH Information Notice No. 09-06,* • *DMH Information Notice No. 97-06* • *DMH Information Notice No. 08-24*		**OUT OF COMPLIANCE** • The MHP does not provide out-out-plan services to beneficiaries placed out of county. • The MHP does not have a mechanism or process to ensure it complies with the timelines for processing and submitting authorization requests for children in a foster care, AAP, or KinGAP aid code living outside his/her county of origin. • The MHP does not ensure access for foster care children outside its county of adjudication. • The MHP does not ensure it complies with the use of standardized contract, authorization procedure, documentation standards and forms issued by DHCS.				
5. 5a.	Regarding consistency in the authorization process: Does the MHP have a mechanism to ensure consistent application of review criteria for authorization decisions?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ UM review tools (e.g., chart review tools, inter-rater reliability tools, etc.)

SECTION C AUTHORIZATION

CRITERIA		FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
5b.	Is there evidence that the MHP is reviewing Utilization Management (UM) activities annually, including monitoring activities to ensure that the MHP meets the established standards for authorization decision making?				☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Ask the MHP to describe their UM procedures to review for consistency in authorization decisions. • What actions does the MHP take to ensure consistency in authorization decisions?
• *MHP Contract, Exhibit A, Attachment 1*		**OUT OF COMPLIANCE** • MHP does not have a mechanism to ensure consistent application of authorization decisions			

SECTION C AUTHORIZATION

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
6. 6a.	Regarding Notices of Action (NOAs): 1) 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?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Sample NOAs (A-E) ☐ Other evidence deemed appropriate by review team **GUIDANCE (applies to questions 5a-5e):** • Review NOAs issued during the triennial review period. • Is the MHP issuing a NOA-A in accordance with the title 9 and title 42 requirements? • The MHP must retain copies of all NOAs issued to the beneficiaries in a centralized file accessible to the Department. • Revised versions of DHCS approved NOAs are dated June 1, 2005. • If utilizing a form different from the DHCS approved form, does it contain all the required elements? • If MHP has not issued NOA-As during the triennial review period, the reviewer will indicate “not applicable.” **Compliance %:** _____ Formula for calculating percentage: Total number of NOA-As reviewed that comply with regulatory requirements/Total number of NOA-As reviewed

SECTION C AUTHORIZATION

CRITERIA		FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
6a.	2) Does the MHP provide for a second opinion from a qualified health care professional within the MHP network or arrange for the beneficiary to obtain a second opinion outside the MHP network, at no cost to the beneficiary?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Sample of second opinion requests and determinations ☐ Second opinion tracking documentation ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review documentation of second opinion requests and determinations. Ask the MHP to show you at least 2 examples of such a request being made, including initial request and the documented outcome. • MHP network includes individual, group, and organizational providers.

SECTION C AUTHORIZATION

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
6b.	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?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Sample of NOA-Bs ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Is the MHP or its providers providing a NOA-B when payment authorization requests are denied, modified, or deferred beyond timeframes? • Review NOA-Bs issued during the triennial review period. • Review and compare with authorization requests. • If MHP has not issued NOA-Bs during the triennial review period, the reviewer will indicate "not applicable." **Compliance %:** _____ Formula for calculating percentage: Total number of NOA-Bs reviewed that comply with regulatory requirements/Total number of NOA-Bs reviewed.

SECTION C AUTHORIZATION

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
6c.	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?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Sample of NOA-Cs ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review NOA-Cs issued during the triennial review period. • Applies to both hospital and non-hospital service(s). • Does the MHP deny payment authorization of services that have already been delivered? • Review and compare In-patient TARs for denied days and issuance of an NOA-C, when applicable. **Compliance %:** _____ Formula for calculating percentage: Total number of NOA-Cs reviewed that comply with regulatory requirements/Total number of NOA-Cs reviewed

SECTION C AUTHORIZATION

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
6d.	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?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Sample of NOA-Ds ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review the grievances/appeals log(s) to determine if the MHP has failed to act within the required timeframes. • Review NOA-Ds issued during the triennial review period. • If MHP has not issued NOA-Ds during the triennial review period, the reviewer will indicate "not applicable." **Compliance %:** _____ Formula for calculating percentage: Total number of NOA-Ds reviewed that comply with regulatory requirements/Total number of NOA-Ds reviewed

SECTION C AUTHORIZATION

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
6e.	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)?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Sample of NOA-Es ☐ MHP's Timeliness Standards ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review the MHP standards for the delivery of services in a timely manner. • Review evidence of the tracking mechanism used by the MHP to determine if services are delivered in a timely manner. • Review NOA-Es issued during the triennial review period. • If MHP has not issued NOA-Es during triennial review period, the reviewer will indicate "not applicable." **Compliance %:** _____ Formula for calculating percentage: Total number of NOA-Es reviewed that comply with regulatory requirements/Total number of NOA-Es reviewed
• *CFR, title 42, sections 438.10(c), 438.400(b) and 438.404(c)(2)* • *CCR, title 9, chapter 11, sections 1830.205(a),(b)(1),(2),(3), 1850.210 (a)-(j) and 1850.212* • *DMH Letter No. 05-03* • *MHP Contract, Exhibit A, Attachment I* • *CFR, title 42, section 438.206(b)(3)* • *CCR, title 9, chapter 11, section 1810.405(e)*					**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. • 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. • The MHP does not provide for a second opinion process in accordance with title 9 and title 42 regulations.

SECTION C AUTHORIZATION

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
7.	Does the MHP have a policy and procedure in place which ensures that Forms JV-220 (Application Regarding Psychotropic Medication), JV-220(A) (Physician's Statement—Attachment), JV-221 (Proof of Notice: Application Regarding Psychotropic Medication), JV-222 (Input on Application Regarding Psychotropic Medication), and JV-223 (Order Regarding Application for Psychotropic Medication) will be completed and in the beneficiary's medical record when psychotropic medications are prescribed under the following circumstances: 1) When a child is under the jurisdiction of the juvenile court and living in an out-of-home placement and the child's physician is asking for an order: • Giving permission for the child to receive a psychotropic medication that is not currently authorized *or* • Renewing an order for a psychotropic medication that was previous authorized for the child because the order is due to expire?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ **GUIDANCE:** • Use of the forms is optional for a child who is a ward of the juvenile court and living in an out-of-home facility that is not considered a foster care placement as defined in *Welfare and Institutions Code* Section 727.4, unless one of the forms is required by a local rule of court. • Use of the forms is not required if the court has previously entered an order giving the child's parent the authority to approve or deny the administration of psychotropic medication to the child. • The JV220 does not replace the need for a medication consent form to be completed. A physician could review with the beneficiary the elements in the JV220 that are some of the elements required to be covered as part of the medication consent form but medication consent needs to be completed and signed. The consent could document that the JV220 information was reviewed with the beneficiary and the JV220 could be attached to the medication consent form.
	2) For a child who is a ward of the juvenile court and living in a foster care placement, as defined in Welfare and Institutions Code Section 727.4?				
•	*Judicial Council Forms, JV 219*	**OUT OF COMPLIANCE:** • MHP does provide evidence of a policy or procedure to ensure Form JV-220 is completed when a child is under the jurisdiction of the juvenile court and living in an out-of-home placement and the child's physician is asking for an order or for a child who is a ward of the juvenile court and living in a foster care placement.			

SECTION D BENEFICIARY PROTECTION

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
1.	Has the MHP developed a beneficiary problem resolution process that meets title 9 and title 42 regulatory requirements for each of the following: a) A grievance process.				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Beneficiary booklet ☐ Problem Resolution Informing Materials ☐ Problem Resolution forms ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • CCR, title 9, chapter 11, section 1850.208 (a)(b) • The expedited appeal process must, at a minimum: (a) Be used when the MHP determines, or the beneficiary and/or the beneficiary's provider certifies, that taking the time for a standard appeal resolution could seriously jeopardize the beneficiary's life, health or ability to attain, maintain, or regain maximum function. (b) Allow the beneficiary to file the request for an expedited appeal orally without requiring that the request be followed by a written appeal. • MHP to resolve and notify within three (3) working days after receipt of expedited appeal.
	b) An appeal process.				
	c) An expedited appeal process.				

• *CCR, title 9, chapter 11, sections 1850.206 (a) (b), 1850.207, and 1850.208 (a) (b)* • *CFR, title 42, section 438.402 Subpart F*	**OUT OF COMPLIANCE:** • MHP beneficiary problem resolution process does not meet title 9 and title 42 regulatory requirements.

SECTION D ***BENEFICIARY PROTECTION***

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
2. 2a.	The MHP is required to maintain a grievance, appeal, and expedited appeal log(s) that records the grievances, appeals, and expedited appeals within one working day of the date of receipt of the grievance, appeal, or expedited appeal. The log must include: 1) The name or identifier of the beneficiary.				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Grievances, Appeals, and Expedited Appeals ☐ Grievance, Appeals, Expedited Appeals Log(s) ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review logs to determine if required elements are logged • Review a sample of grievances, appeals, and/or expedited appeals (20 grievances and appeals per medium/large county), (10 grievances and appeals per small county); review sample of any expedited appeals received. • Verify information is present for each grievance, appeal and expedited appeal. **Compliance %:** _____ Formula for calculating percentage: Total number of GAEA logged by MHP/Total number of GAEA received by MHP
	2) The date of receipt of the grievance, appeal, and expedited appeal.				
	3) The nature of the problem.				

SECTION D ***BENEFICIARY PROTECTION***

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
2b.	Does the MHP's log match data reported in the Annual Beneficiary Grievance and Appeal report submitted to DHCS?				**SUGGESTED DOCUMENTATION:** ☐ Grievance, Appeals, Expedited Appeals Log(s) ☐ Annual Beneficiary Grievance and Appeal Report(s) ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • MHP is required to submit an annual report that summarizes beneficiary grievances, appeals, and expedited appeals received during the fiscal year. • The report must include the total number of grievances, appeals, and expedited appeals by type, subject areas, and disposition.
• *CCR, title 9, chapter 11, section 1850.205(d)(1)* • *CCR, title 9, chapter 11, section 1810.375(a)*		**OUT OF COMPLIANCE:** • Log(s) do not contain this information on all grievances/appeals/expedited appeals • The log(s) do not match the Annual Beneficiary Grievance and Appeal report			
3. 3a.	Regarding established timeframes for grievances, appeals, and expedited appeals: 1) Does the MHP ensure that grievances are resolved within established timeframes?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Grievances, Appeals, and Expedited Appeals ☐ Grievance, Appeals, Expedited Appeals Log(s) ☐ Other evidence deemed appropriate by review team
	2) Does the MHP ensure that appeals are resolved within established timeframes?				

SECTION D BENEFICIARY PROTECTION

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
	3) Does the MHP ensure that expedited appeals are resolved within established timeframes?				**GUIDANCE:** • Review logs and sample grievances, appeals and/or expedited appeals to verify the MHP is meeting established timeframes for resolving grievances, appeals, and expedited appeals. **Compliance %:** _____ Formula for calculating percentage: Total number of GAEA resolved within established timeframes/Total number of GAEA reviewed
3b.	Does the MHP ensure required notice(s) of an extension are given to beneficiaries?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Grievances, Appeals, and Expedited Appeals ☐ Grievance, Appeals, Expedited Appeals Log(s) ☐ Notification letter template ☐ Sample notification letters ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • MHP to provide written notification to beneficiaries if the timeframe for resolving grievances, appeals, and/or expedited appeals is extended. • Review samples of the notices sent to beneficiaries.

SECTION D BENEFICIARY PROTECTION

CRITERIA		FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
• *CFR, title 42, section 438.408(a),(b)(1)(2)(3)* • *CCR, title 9, chapter 11, section 1850.206(b)* • *CCR, title 9, chapter 11, section 1850.207(c)* • *CCR, title 9, chapter 11, section 1850.208.*					**OUT OF COMPLIANCE:** • MHP does not have a mechanism to ensure that grievances, appeals, and/or expedited appeals are resolved within established timeframes • MHP does not furnish evidence it is notifying beneficiaries when the timeframe is extended
4. 4a.	Regarding notification to beneficiaries: 1) Does the MHP provide written acknowledgement of each grievance to the beneficiary in writing?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Grievances, Appeals, and Expedited Appeals ☐ Grievance, Appeals, Expedited Appeals Log(s) ☐ Acknowledgement letter template ☐ Disposition letter template ☐ Sample notification letters ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review at least 10-15 completed grievances, appeals, and expedited appeals (e.g., grievance, acknowledgement, decision letter, provider notification, etc.), if MHP has received any during review cycle. • 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. **Compliance %:** _____ Formula for calculating percentage: Total number of beneficiaries appropriately notified /Total number of GAEA reviewed
	2) Is the MHP notifying beneficiaries, or their representatives, of the grievance disposition, and is this being documented?				
4b.	1) Does the MHP provide written acknowledgement of each appeal to the beneficiary in writing?				
	2) Is the MHP notifying beneficiaries, or their representatives, of the appeal disposition, and is this being documented?				
4c.	1) Does the MHP provide written acknowledgement of each expedited appeal to the beneficiary in writing?				
	2) Is the MHP notifying beneficiaries, or their representatives, of the expedited appeal disposition, and is this being documented?				

SECTION D BENEFICIARY PROTECTION

CRITERIA		FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
• *CFR, title 42, section 438.406(a)(2)* • *CCR, title 9, chapter 11, section 1850.205(d)(4)* • *CFR, title 42, section 438.408(d)(1)(2)* • *CCR, title 9, chapter 11, sections 1850.206(b),(c), 1850.207(c),(h), and 1850.208(d),(e)*					**OUT OF COMPLIANCE:** • MHP not acknowledging the receipt of each grievance/appeals/expedited appeal in writing. • The MHP is not notifying the beneficiary or their representatives of the grievance or appeal disposition.
5.	Does the written notice of the appeal resolution include the following:				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Sample written notices of appeal resolution ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • 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. • "Notice" refers to notice of disposition to beneficiaries or their representatives. • 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.
5a.	The results of the resolution process and the date it was completed?				
5b.	Notification of the right and how to request a State fair hearing, if beneficiary is dissatisfied with the appeal decision?				
• *CFR, title 42, section 438.408l(1),(2)(as modified by the waiver renewal request of August, 2002 and CMS letter, August 22, 2003)* • *CCR, title 9, chapter 11, section 1850.207(h)(3)* • *DMH Letter No. 05-03*					**OUT OF COMPLIANCE:** • The written notice does not include requirements 5a and 5b.

SECTION D BENEFICIARY PROTECTION

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
6.	Is the MHP notifying those providers cited by the beneficiary (or otherwise involved in the grievance, appeal, or expedited appeal) of the final disposition of the beneficiary's grievance, appeal or expedited appeal?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Notification letter templates ☐ Sample written notices to providers ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Ask the MHP how its providers are notified of final disposition. Review evidence of provider notification. • Ask the MHP how it provides information about the grievance system to all providers and subcontractors.
• *CCR, title 9, chapter 11, section 1850.205(d)(6)*					**OUT OF COMPLIANCE:** • The MHP is not notifying the provider of the grievance, appeal or expedited appeal disposition.

SECTION D ***BENEFICIARY PROTECTION***

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
7.	Does the MHP ensure services are continued while an appeal or State fair hearing is pending?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Documentation of continued services for beneficiaries pending appeals and/or State Fair Hearings ☐ Documentation of written notice to beneficiaries, if Aid Paid Pending (APP) criteria are met ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Beneficiaries must have met APP criteria per CCR, title 22, section 51014.2 (i.e., beneficiary made a request for an appeal within 10 days of the date the 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* • *CCR, title 9, chapter 11, 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.			
8. 8a.	Regarding notice to the Quality Improvement Committee (QIC) and subsequent action: 1) Does the MHP have procedures by which issues identified as a result of the grievance process are transmitted to the MHP's QIC, the MHP's administration or another appropriate body within the MHP's organization?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ QIC Meeting Agendas and Minutes ☐ QIC Work Plan ☐ Other evidence deemed appropriate by review team

SECTION D ***BENEFICIARY PROTECTION***

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
	2) Does the MHP have procedures by which issues identified as a result of the appeal process are transmitted to the MHP's QIC, the MHP's administration, or another appropriate body within the MHP's organization?				**GUIDANCE:** • MHP to identify issues resulting from grievances, appeals and/or expedited appeals. • MHP to provide evidence the QIC, the MHP's administration, or another appropriate body within the MHP was made aware of identified issues resulting from grievances, appeals and/or expedited appeals.
	3) Does the MHP have procedures by which issues identified as a result of the expedited appeal process are transmitted to the MHP's QIC, the MHP's administration or another appropriate body within the MHP's organization?				
8b.	When applicable, has there been subsequent implementation of needed system changes?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ QIC Meeting Agendas and Minutes ☐ QIC Work Plan ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • MHP to describe and give documented examples of implemented system changes resulting from grievances, appeals and/or expedited appeals.
CCR, title 9, chapter 11, sections 1850.205(c)(7), 1850.206, 1850.207 and 1850.208.		**OUT OF COMPLIANCE:** • The MHP does not have procedures in place. • Evidence procedures not being followed. • Implementation of needed system changes not taking place.			

SECTION E FUNDING, REPORTING AND CONTRACTING REQUIREMENTS

CRITERIA	FINDING Y P N	INSTRUCTIONS TO REVIEWERS
PLEASE NOTE: ALL QUESTIONS FROM THIS SECTION WERE MOVED TO THE ATTESTATION. IN FUTURE VERSIONS OF THE PROTOCOL, DHCS MAY CONSIDER ADDING NEW QUESTIONS TO THIS SECTION. AS SUCH, THE SECTION HEADER WILL BE MAINTAINED.		

SECTION F INTERFACE WITH PHYSICAL HEALTHCARE

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
1.	Regarding coordination of physical and mental health care: A. Primary Care Physicians (PCPs) when no Medi-Cal Managed Care Plans are present B. PCPs who do not belong to a Medi-Cal Managed Care Plan C. Federally Qualified Health Centers, Indian Health Centers, or Rural Health Clinics			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Training agendas, minutes, sign-in sheets ☐ Training materials ☐ Calendar of training events ☐ Other evidence deemed appropriate by review team
1a.	Does the MHP have a process in place to provide clinical consultation and training, including consultation and training on medications?			**GUIDANCE:** • CCR, title 9, chapter 11, section 1810.415(a) states: The MHP must make clinical consultation and training, including consultation and training on medications, available to a beneficiary's health care provider for beneficiaries whose mental illness is not treated by the MHP or for beneficiaries who are receiving treatment from another health care provider in addition to receiving specialty mental health services from the MHP. • MHP to describe the processes in place for providing consultation and training, including consulting and training on medications. • Review evidence that clinical consultation and trainings have been conducted during the triennial review period.

SECTION F INTERFACE WITH PHYSICAL HEALTH CARE

1b.	Does the MHP have a process in place for the exchange of medical record information that maintains confidentiality in accordance with applicable State and federal laws and regulations?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Release of Information forms ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review Confidentiality/HIPAA policies and forms
• *CFR, title 42, Part 438, section 438.208* • *DMH Information Notice No. 97-06* • *CCR title 9, chapter 11, section 1810.415(a),(b),(c)*		**OUT OF COMPLIANCE:** • There are no processes in place for 1a-b.		
CRITERIA		**FINDING Y**	**N**	**INSTRUCTIONS TO REVIEWERS**
2. 2a.	Regarding Memorandums of Understanding (MOUs) with Medi-Cal Managed Care Plans (MCPs): Does the MHP have MOUs in place with any Medi-Cal MCP that enrolls beneficiaries covered by the MHP? If not, does the MHP have documentation that a “good faith effort” was made to enter into an MOU?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ MOU(s) with MCP(s) ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • If MHP does not have MOU(s) in place, review evidence the MHP has made a good faith effort to enter into an MOU.

SECTION F INTERFACE WITH PHYSICAL HEALTH CARE

2b.	Does the MHP have a process for resolving disputes between the MHP and MCPs that include a means for beneficiaries to receive medically necessary services, including specialty mental health services and prescription drugs, while the dispute is being resolved?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ MOU(s) with MCP(s) ☐ Evidence of notification to beneficiaries (e.g., templates, samples, etc.) ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • MHP to describe process for resolving disputes between MHP and MCP. • Review evidence of MOU language which ensures a means for beneficiaries to receive medically necessary services, including SMHS and prescription drugs, while the dispute is being resolved.
2c.	Does the MHP have a mechanism for monitoring and assessing the effectiveness of any MOU with a physical health care plan?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Monitoring tools ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • MHP to describe process for monitoring and assessing the effectiveness of MOU(s) with physical health care plans.

SECTION F INTERFACE WITH PHYSICAL HEALTH CARE

2d.	Does the MHP have a referral protocol between MHP and Medi-Cal Managed Care Plan to ensure continuity of care?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Referral protocol, forms and/or tools ☐ Referral tracking mechanism ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • MHP to describe referral procedures between MHP and MCP. • MHP to describe mechanism for tracking referrals between MHP and MCP.
• *CCR, title 9, chapter 11, sections 1810.370 and 1810.415* • *MHP Contract, Exhibit A, Attachment I*		**OUT OF COMPLIANCE** • MHP does not have MOU(s) with MCP(s) • MHP does not demonstrate evidence a good faith effort was made to enter into an MOU • MHP does not have a process for resolving disputes and/or a mechanism for ensuring services continue during dispute resolution • MHP does not have a mechanism for monitoring and assessing the effectiveness of any MOU • MHP does not have a referral protocol to ensure continuity of care		

SECTION G PROVIDER RELATIONS

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
1.	Does the MHP have an ongoing monitoring system in place that ensures all contracted individual, group, and organizational providers utilized by the MHP are in compliance with the documentation standards requirements as per title 9 regulations?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Chart audit/monitoring tools ☐ Chart documentation manual ☐ Chart documentation training materials ☐ Chart audit reports (including reports showing disallowances) ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Monitoring of contracted individual, group, and organizational providers may be by way of the contract/written agreements with these providers. • Review the evidence of how the MHP monitors the individual, group and organizational providers to ensure documentation standards are being met. • Review MHP monitoring activities of documentation standards. • All types of providers (including ordering and referring providers) should be monitored for compliance with documentation standards. • Verify the MHP requires the NPI number of ordering, referring, and rendering providers to be included on all claims for payment.
• *CFR, title 42 sections 455.400 - 455.470, 455.410* • *CCR, title 9, chapter 11, 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.

SECTION G PROVIDER RELATIONS

CRITERIA		FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
2.	Does the MHP ensure that its providers offer hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation offered to commercial beneficiaries or comparable to Medicaid fee-for-service, if the provider serves only Medicaid beneficiaries?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Provider contract boilerplate ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review evidence the MHP's providers offer hours of operation
• *MHP Contract, Exhibit A, Attachment I*		**OUT OF COMPLIANCE:** The MHP does not monitor its providers to ensure compliance with the requirement.			

SECTION G PROVIDER RELATIONS

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
3. 3a.	Regarding the MHP's ongoing monitoring of county-owned and operated and contracted organizational providers: Does the MHP have an ongoing monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified as per title 9 regulations?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ MHP's Certification and Re-certification protocol ☐ Evidence of onsite certification/recertification of contracted organizational providers or county owned and operated self-certified providers ☐ Mechanism to track certification and re-certification status of providers ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review sample of provider certification and re-certification packets (3-5 randomly selected from provider list) to verify certification dates, fire clearance, contract, etc. • Ask the MHP how it informs and/or trains providers about relevant changes in state and federal policies and regulations. • Review evidence the MHP terminates or denies enrollment if the provider fails to permit access to provider locations for any site visits under §455.432

SECTION G PROVIDER RELATIONS

CRITERIA		FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
3b.	Is there evidence the MHP's monitoring system is effective?				**SUGGESTED DOCUMENTATION:** ☐ Evidence of onsite certification/recertification of contracted organizational providers or county owned and operated self-certified providers ☐ DHCS' Overdue Provider Report ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • DHCS to identify overdue re-certifications prior to the onsite review. • If DHCS identifies providers overdue for re-certification, the MHP may provide evidence it *previously* submitted transmittals to update provider status *prior to onsite review date*. **Compliance %:** _____ Formula for calculating percentage: Total number of overdue providers/Total number of providers
• *CCR, title 9, chapter 11, section 1810.435 (d)I* • *MHP Contract, Exhibit A, Attachment I*		**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. • Re-certifications are overdue			

SECTION G PROVIDER RELATIONS

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
4. 4a.	Regarding the MHP's network providers, does the MHP ensure the following: Mechanisms have been established to ensure that network providers comply with timely access requirements?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Evidence the MHP is monitoring timely access (e.g., tracking tools, database, etc.) ☐ Monitoring process and tools ☐ Provider contract boilerplate ☐ Timely access data ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review provider contracts to verify inclusion of the MHP's timeliness standards. • Review timeliness data that indicates standards are being met (e.g. timeline for first appointment).

SECTION G PROVIDER RELATIONS

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
4b.	Corrective action is taken if there is a failure to comply with timely access requirements?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Provider Contracts ☐ Evidence of corrective action plans ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review monitoring results and evidence of MHP action(s) when or if providers do not meet timeliness standards. • Review evidence that the MHP has policies and processes in place to take corrective action, when needed. • Review a random sample of corrective actions issued to providers during the triennial review period.
• *CFR, title 42, section 438.206(b)(1)* • *CCR, title 9, chapter 11, section 1810.310 (a)(5)(B)* • *MHP Contract, Exhibit A, Attachment I* • *CMS/DHCS, section 1915(b) waiver*		**OUT OF COMPLIANCE:** • The MHP is not maintaining and monitoring the network of providers that is supported by written agreements. • The MHP has not established timely access standards. • The MHP's provider contracts do not include language about timely access standards or monitoring mechanisms. • The MHP does not take corrective action if there is a failure to comply with timely access standards			

SECTION H **PROGRAM INTEGRITY**

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
1.	Does the MHP have a mandatory compliance plan that is designed to guard against fraud and abuse as required in CFR, title 42, subpart E, section 438.608?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Compliance Plan ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review MHP Compliance Plan
2. 2a.	Regarding the MHP's procedures designed to guard against fraud, waste, and abuse: Does the MHP have written policies, procedures, and standards of conduct that articulate the organization's commitment to comply with all applicable federal and State standards?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Compliance Plan ☐ Standards of Conduct ☐ Acknowledgement form signed by employees ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review MHP written administrative and management policies and procedures, and standards of conduct.

SECTION H **PROGRAM INTEGRITY**

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
2b.	Did the MHP designate a compliance officer that is accountable to senior management?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Organizational Chart ☐ Duty Statement of Compliance Officer ☐ Compliance Plan ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review evidence the compliance officer is accountable to senior management.
2c.	Does the MHP have a compliance committee that is accountable to senior management?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Compliance Plan ☐ Organizational Chart ☐ Compliance Committee agendas, minutes, roster ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review evidence the compliance committee is accountable to senior management.

SECTION H **PROGRAM INTEGRITY**

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
2d.	Is there evidence of effective training and education for the compliance officer?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Training certificates (other evidence of completed training) ☐ Duty Statement of Compliance Officer ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review evidence of specialized training and education for compliance officer. • Review evidence of policies identifying training and educational requirements for the compliance officer.
2e.	Is there evidence of effective training and education for the MHP's employees and contract providers?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Compliance Plan ☐ Tracking mechanism to ensure all staff and contractors complete training ☐ Sample training curricula ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review evidence of compliance training and education for employees. • Review evidence of policies identifying training and educational requirements for the compliance officer.

SECTION H **PROGRAM INTEGRITY**

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
2f.	Does the MHP ensure effective lines of communication between the compliance officer and the organization's employees and/or contract providers?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Compliance Plan ☐ Signage/Notices to staff ☐ Compliance training materials for staff ☐ Compliance Hotline ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review examples of communication (i.e., newsletters; memos, postings, etc.).
2g.	Does the MHP ensure enforcement of the standards through well publicized disciplinary guidelines?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Compliance Plan ☐ Employee Acknowledgement of Receipt ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review evidence of disciplinary guidelines and how MHP will enforce those standards.

SECTION H **PROGRAM INTEGRITY**

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
2h.	Does the MHP have a provision for internal monitoring and auditing of fraud, waste, and abuse?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Compliance Plan ☐ Monitoring and auditing tools ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review monitoring, auditing, policies and procedures.
2i.	Does the MHP have a provision for a prompt response to detected offenses and for development of corrective action initiatives relating to the MHP's Contract?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Compliance Plan ☐ Evidence of corrective actions implemented ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review policies and procedures to determine how the MHP defines "prompt response." • Review evidence of prompt response for detected offenses and corrective action plans.
• *CFR, title 42, sections 438.10, 438.604, 438.606, 438.608 and 438.610* • *MHP Contract, Exhibit A, Attachment I*		**OUT OF COMPLIANCE:** • The County/MHP does not have written P&Ps on each of the required elements. • The MHP does not meet the required Program Integrity Requirements.		

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
3. 3a.	Regarding verification of services: Does the MHP have a method to verify whether services reimbursed by Medicaid were actually furnished to the beneficiaries?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Tools for verifying services were furnished ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Refer to MHP Contract, Program Integrity Requirements. Pursuant to title 42, CFR, section 455.1(a)(2), the Contractor must have a way to verify with beneficiaries that services were actually provided. "Under authority of the sections 1902 (a)(4), 1903 (i)(2) and 1909 of the Social Security Act, Subpart A provides State plan requirements for the identification, investigation and referral of suspected fraud and abuse cases. In addition, the subpart requires the state have a method to verify whether services reimbursed by Medicaid were actually furnished to the *beneficiaries*. • MHP to provide documented evidence regarding their verification method, date of implementation, frequency, and sample size in accordance with this requirement. • MHP to provide documented evidence regarding their findings and actions taken. • Review tracking documents or logs. • MHP to provide documented evidence that services reimbursed by Medicaid/Medi-Cal that were not received by the beneficiary were recouped. • MHP may determine service verification method. Examples of methodologies may include, but are not limited to: o Sending Evidence of Service letters to beneficiaries o Sign-in/sign-out sheets for group services o Call scripts/logs
3b.	When unable to verify services were furnished to beneficiaries, does the MHP have a mechanism in place to ensure appropriate actions are taken?			

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
	• *CFR, title 42, sections 455.1(a)(2) and 455.20 (a)* • *MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements* • *Social Security Act, Subpart A, Sections 1902(a)(4), 1903(i)(2) and 1909*			**OUT OF COMPLIANCE:** • The MHP does not have policies/procedures in place to verify and track beneficiary receipt of services • MHP is not in compliance with regulatory and contractual requirements regarding Program Integrity Requirements, Service Verification. • No appropriate actions taken by MHP upon discovery that services reimbursed by Medicaid/Medi-Cal were actually furnished to the recipients. • Implementation of needed system changes not taking place. • The MHP does not have a method to verify with the beneficiary that services reimbursed by Medicaid/Medi-Cal were received.
4. 4a.	Regarding disclosures of ownership, control and relationship information: Does the MHP ensure that it collects the disclosure of ownership, control, and relationship information from its providers, managing employees, including agents and managing agents, as required in CFR, title 42, sections 455.101, 455.104 and 455.416 and in Exhibit A of the MHP Contract, Program Integrity Requirements?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Provider contracts with reporting requirements ☐ Monitoring and tracking tools ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review MHP verification of disclosure of ownership, control and relationship information from individual providers, agents, and managing employees. • The MHP is responsible to monitor and obtain the required information from their contracted providers, regardless of for-profit or non-profit status. • In the event that, in the future, any person obtains an interest of 5% or more of any mortgage, deed of trust, note or other obligation secured by Contractor, and that interest equals at least 5% of Contractor's property or assets, then the Contractor will make the disclosures set forth in subsection 2(a).

SECTION H **PROGRAM INTEGRITY**

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
4b.	**SURVEY ONLY:** Does the MHP require its providers to consent to criminal background checks as a condition of enrollment per 42 CFR 455.434(a)?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Provider contracts ☐ Monitoring and tracking tools ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review evidence the MHP requires providers, or any person with a 5 percent or more direct or indirect ownership interest in the provider to submit a set of fingerprints. • The MHP must terminate the enrollment of any provider where any person with a 5 percent or greater direct or indirect ownership interest in the provider did not submit timely and accurate information and cooperate with any screening methods required in CFR, title 42, section 455.416. • Review evidence the MHP denies enrollment or terminates the enrollment of any provider where any person with a 5 percent or greater direct or indirect ownership interest in the provider has been convicted of a criminal offense related to that person's involvement with the Medicare, Medicaid, or title XXI program in the last 10 years.
4c.	**SURVEY ONLY:** Does the MHP require providers, or any person with a 5 percent or more direct or indirect ownership interest in the provider to submit a set of fingerprints per 42 CFR 455.434(b)(1)?			
• *CFR, title 42, sections 455.101,455.104, and 455.416* • *MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements*		**OUT OF COMPLIANCE:** • No evidence that the MHP ensures that any of the entities ranging from providers, managing employees, agents, and managing agents in the MHP require disclosure of ownership, control, and relationship information. • MHP not in compliance with CFR regulations and with regulatory and contractual requirements regarding Program Integrity Requirements, Disclosure of ownership, control and relationship information.		

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
5. 5a.	Regarding monitoring and verification of provider eligibility: Does the MHP ensure the following requirements are met: 1) Is there evidence that the MHP has a process in place to verify new and current (prior to contracting/employing and monthly thereafter) providers, including contractors, are not on the Office of Inspector General List of Excluded Individuals/Entities (LEIE)?			**SUGGESTED DOCUMENTATION:** • Policies and Procedures #_____ • Reports of database queries • Tracking logs • Contract with vendor to provide service • Other evidence deemed appropriate by review team **GUIDANCE:** • The Excluded Parties List System (EPLS) has been integrated into the System Award Management (SAM) database. • The MHP does not employ or contract with providers excluded from participation in Federal health care programs under CFR, title 42, section 1128 or section 1128A of the Social Security Act or CFR, title 42, section 438.214. • Verify the MHP is checking required databases: http://oig.hhs.gov/exclusions/exclusions_list.asp and https://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp and https://www.sam.gov/portal/SAM/#1 • Verify frequency of monitoring efforts. Per 42 CFR Section 455.436, MHPs are required to check the LEIE and SAM databases no less frequently than monthly. • The Social Security Death Master File is required to be checked upon enrollment. • The National Plan and Provider Enumeration System databases is required to be checked upon enrollment and re-enrollment (i.e., certification) of the provider. • Review the MHP written policies and procedures to ensure that the MHP is not employing or contracting with excluded providers and contractors. Verify that the MHP is following its written P&Ps.
	2) Is there evidence that the MHP has a process in place to verify new and current (prior to contracting/employing and monthly thereafter) providers and contractors are not on the DHCS Medi-Cal List of Suspended or Ineligible Providers?			
	3) **SURVEY ONLY:** Is there evidence that the MHP has a process in place to verify new and current (prior to contracting/employing) providers and contractors are not in the Social Security Administration's Death Master File?			
	4) Is there evidence that the MHP has a process in place to verify the accuracy of new and current (upon enrollment and re-enrollment) providers and contractors in the National Plan and Provider Enumeration System (NPPES)?			

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
	5) Is there evidence the MHP has a process in place to verify new and current (prior to contracting/employing and monthly thereafter) providers and contractors are not in the Excluded Parties List System/System Award Management (EPLS/SAM) database?			
5b.	When an excluded provider/contractor is identified by the MHP, does the MHP have a mechanism in place to take appropriate corrective action?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Evidence of corrective action measures ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review policies and procedures regarding the identification of an excluded provider and action(s) taken by the MHP. Action(s) taken must include: o The immediate cessation of billing services on behalf of the MHP. o Prevention of the future filing of claims for services rendered by the excluded provider.
• *CFR, title 42, sections 438.214(d), 438.610, 455.400-455.470, 455.436(b)* • *DMH Letter No. 10-05* • *MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements*				**OUT OF COMPLIANCE:** • There is no evidence that the MHP verifies that its new and current providers and contractors are not on the Excluded Provider List(s). • There is no evidence that the MHP has taken immediate action, as required in Title 42, in response to identifying a provider was on the Excluded Provider List(s).

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
6.	Does the MHP confirm that providers' licenses have not expired and there are no current limitations on the providers' licenses?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Tracking logs ☐ Verification reports ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • MHP to verify that providers are licensed in accordance with state law. • Review evidence the MHP confirms eligibility of registered providers. • Review the MHPs policies and procedures for submitting a Professional Licensing Waiver (PLW) request to DHCS.
7.	**SURVEY ONLY:** Does the MHP verify that all ordering, rendering, and referring providers have a current National Provider Identifier (NPI) number?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Tracking logs ☐ Verification reports ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • MHP to verify that all ordering, referring and rendering providers, including contract providers, have a current NPI number
• *CFR, title 42, sections 455.410, 455.412 and 455.440*		**OUT OF COMPLIANCE:** • MHP does not have a mechanism to confirm providers' licenses have not expired • MHP does not have a mechanism to confirm providers' licenses do not have current limitations		

SECTION I **QUALITY IMPROVEMENT**

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
1. 1a.	Regarding the MHP's Quality Management (QM) Program: Does the MHP have a written description of the QM Program which clearly defines the QM Program's structure and elements, assigns responsibility to appropriate individuals, and adopts or establishes quantitative measures to assess performance and to identify and prioritize area(s) for improvement?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ QM Program Description ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Does the QM Program description include all required elements? • QM Program is inclusive of Quality Improvement (QI) • QI Program description and work plan may be offered as evidence of compliance for the QM program requirements if all required elements are included.
1b.	Is there evidence the MHP's QM Program is evaluated annually and updated as necessary?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Annual QM Program Evaluation ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review evidence of annual QM Program evaluations.
• *CCR, title 9, § 1810.440(a)(6)* • *42 C.F.R. § 438.240(e)* • *MHP Contract, Exhibit A, Attachment I*		**OUT OF COMPLIANCE:** • MHP does not have a written description of the QM program which meets contractual requirements • MHP does not evaluate QM program annually		

SECTION I QUALITY IMPROVEMENT

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
2. 2a.	Regarding mechanisms to assess beneficiary/ family satisfaction: Does the MHP survey beneficiary/family satisfaction with the Contractor's services at least annually?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Beneficiary/Family Satisfaction Survey Sample ☐ Survey Results ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review evidence surveys were conducted in all threshold languages. • Activities related to beneficiary satisfaction can include surveys, outreach, education, focus groups, and other related activities. • Refer to current External Quality Review Organization (EQRO) report regarding consumer satisfaction survey, if applicable.
2b.	Does the MHP evaluate beneficiary grievances, appeals, and fair hearings at least annually?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ QI agenda and minutes ☐ Analysis of grievances, appeals, and fair hearings ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review evidence the MHP is evaluating beneficiary grievances, appeals, fair hearings to determine if there are trends or areas needing quality improvement.

SECTION I QUALITY IMPROVEMENT

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
2c.	Does the MHP evaluate requests to change persons providing services at least annually?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ QI agendas and minutes ☐ Analysis of change of provider requests ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review evidence the MHP is evaluating change of provider requests to determine if there are trends or areas needing quality improvement.
2d.	Does the MHP inform providers of the results of beneficiary/family satisfaction activities?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Sample(s) notification(s) to providers ☐ Beneficiary/family satisfaction reports ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review MHP's mechanism for informing providers of results. • Does the MHP have a procedure for addressing any negative survey results with providers?
• *MHP Contract, Exhibit A, Attachment I*		**OUT OF COMPLIANCE:** • MHP does not have a process for surveying beneficiaries and/or family members about their satisfaction with care • MHP does not evaluate grievances, appeals, or fair hearings at least annually • MHP does not evaluate requests to change persons providing services at least annually • MHP does not inform providers of the results of beneficiary/family satisfaction activities		

SECTION I QUALITY IMPROVEMENT

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
3. 3a.	Regarding monitoring of medication practices: Does the MHP have mechanisms to monitor the safety and effectiveness of medication practices at least annually?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Monitoring tools ☐ Training protocols ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • The monitoring mechanism must be under the supervision of a person licensed to prescribe or dispense prescription drugs.
3b.	**SURVEY ONLY:** Does the MHP have a policy and procedure in place regarding monitoring of psychotropic medication use, including monitoring psychotropic medication use for children/youth?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Monitoring tools ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review the policy to determine if it specifically addresses monitoring psychotropic medication use for children / youth • Review evidence of psychotropic medication monitoring by the MHP

SECTION I QUALITY IMPROVEMENT

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
3c.	**SURVEY ONLY:** If a quality of care concern or an outlier is identified related to psychotropic medication use is there evidence that the MHP took appropriate action to address the concern?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Evidence of corrective actions ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review evidence of corrective actions taken to address quality of care concerns related to psychotropic medication use.
4.	Does the MHP have mechanisms to address meaningful clinical issues affecting beneficiaries system-wide?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ QM/QI Work Plan ☐ QIC agendas and/or minutes ☐ Clinical Performance Improvement Projects (PIPs)/(EQRO) ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • MHP to describe mechanisms to address meaningful clinical issues affecting beneficiaries system wide. • MHP to describe clinical PIPs during triennial period.

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
5.	Does the MHP have mechanisms to monitor appropriate and timely intervention of occurrences that raise quality of care concerns and take appropriate follow-up action when such an occurrence is identified?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ QM/QI Work Plan ☐ QIC agendas and/or minutes ☐ Monitoring tools ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • MHP to describe mechanisms to monitor quality of care occurrences and appropriate follow up action.
• *MHP Contract, Exhibit A, Attachment I*		**OUT OF COMPLIANCE:** • MHP does not have mechanisms to monitor the safety and effectiveness of medication practices at least annually • MHP does not have mechanisms to address significant clinical issues affecting beneficiaries • MHP does not have mechanisms to address occurrences that raise quality of care concerns		
6. 6a.	Regarding the QM Work Plan: Does the MHP have a QM Work Plan covering the current contract cycle with documented annual evaluations and documented revisions as needed?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ QM/QI Work Plan ☐ QM/QI Work Plan evaluations ☐ QIC agendas and/or minutes ☐ Other evidence deemed appropriate by review team
6b.	Does the QM Work Plan include evidence of the monitoring activities including, but not limited to, review of beneficiary grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, provider appeals, and clinical records review?			

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
6c.	Does the QM Work Plan include evidence that QM activities, including performance improvement projects, have contributed to meaningful improvement in clinical care and beneficiary service?			**GUIDANCE:** • Review the MHP's QM Work Plan for required contractual elements. • Review the QI Evaluations for goals, completed goals, goals continued from year to year, and new goals each year.
6d.	Does the QM work plan include a description of completed and in-process QM activities, including: 1) Monitoring efforts for previously identified issues, including tracking issues over time?			
	2) Objectives, scope, and planned QM activities for each year?			
	3) Targeted areas of improvement or change in service delivery or program design?			
6e.	Does the QM work plan include a description of mechanisms the Contractor has implemented to assess the accessibility of services within its service delivery area, including goals for: 1) Responsiveness for the Contractor's 24-hour toll-free telephone number?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ QM/QI Work Plan ☐ QIC agendas and/or minutes ☐ Monitoring tools ☐ Test Call procedures ☐ Provider contracts ☐ Other evidence deemed appropriate by review team
	2) Timeliness for scheduling of routine appointments?			
	3) Timeliness of services for urgent conditions?			

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
	4) Access to after-hours care?			**GUIDANCE:** • MHP to have standards/goals for accessibility of services and mechanisms to assess services within its service delivery area.
6f.	Does the QM work plan include evidence of compliance with the requirements for cultural competence and linguistic competence?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ QM/QI Work Plan, ☐ QIC agendas and/or minutes ☐ Cultural Competence Plan ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review evidence the MHP has a current Cultural Competence Plan. • Review evidence the QM Work Plan includes goals and activities related to cultural and linguistic competence.
• *CCR, title 9, chapter 11, section 1810.440(a)(5)* • *DMH Information Notice No. 10-17, Enclosures, Pages 18 & 19, and DMH Information Notice No. 10-02, Enclosure, Page 23* • *CFR, title 42, Part 438-Managed Care, sections 438.204, 438.240 and 438.358.* • *MHP Contract, Exhibit A, Attachment I* • *CCR, tit. 9, § 1810.410*		**OUT OF COMPLIANCE:** • The MHP does not have a QI Work Plan that meets regulatory and contractual requirements. • 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.		
7. 7a.	Regarding the QI Program: Is the QIC involved in or overseeing the following QI activities: 1) Recommending policy decisions?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ QIC agendas and minutes ☐ Other evidence deemed appropriate by review team

SECTION I QUALITY IMPROVEMENT

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
	2) Reviewing and evaluating the results of QI activities?			**GUIDANCE:** • Review QIC meeting minutes regarding decisions and actions taken.
	3) Instituting needed QI actions?			
	4) Ensuring follow-up of QI processes?			
	5) Documenting QI committee meeting minutes?			
7b.	Does the MHP QI program include active participation by the MHP's practitioners and providers, as well as beneficiaries and family members, in the planning, design and execution of the QI program?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ QIC roster ☐ QI agenda and minutes ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review evidence of the involvement of providers, beneficiaries, and family members in planning, design, and execution of the QI program, including evaluating data.
• *MHP Contract, Exhibit A, Attachment I*		**OUT OF COMPLIANCE:** • MHP does not provide evidence the QIC is involved in or overseeing QI activities • MHP does not provide evidence the QI program includes active participation of the MHPs practitioners and providers, as well as beneficiaries and family members in the planning, design, and execution of the QI program		

SECTION I QUALITY IMPROVEMENT

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
8. 8a.	Regarding QI activities in accordance with the MHP contract: Does the MHP collect and analyze data to measure against the goals or prioritized areas of improvement that have been identified?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Data to measure against identified goals ☐ QI agenda and minutes ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • MHP should have baseline statistics with goals for the year, as well as, annual evaluations and updates. • Review data used to measure against identified goals.
8b.	Does the MHP obtain input from providers, beneficiaries and family members in identifying barriers to delivery of clinical care and administrative services?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ QI agenda and minutes ☐ Samples of input received ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • MHP to describe mechanisms for obtaining input from providers, beneficiaries and family members in identifying barriers to delivery of clinical care and administrative services.
• *CCR title 9, section 1819.440(a)(5)* • *MHP Contract, Exhibit A, Attachment I*		**OUT OF COMPLIANCE:** • MHP does not collect and/or analyze data to measure against goals and priorities		

SECTION I QUALITY IMPROVEMENT

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
9. 9a.	Regarding the Utilization Management Program: Does the MHP's Utilization Management (UM) Program evaluate medical necessity, appropriateness and efficiency of services provided to Medi-Cal beneficiaries prospectively or retrospectively?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ UM evaluation tools ☐ Chart audit tools ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • MHP to describe UM process for evaluating medical necessity • MHP to describe chart audit sampling methodology. • MHP to describe process for disallowing claims for services not meeting medical necessity criteria.
• *MHP Contract, Exhibit A, Attachment I*		**OUT OF COMPLIANCE:** • MHP does not evaluate medical necessity, appropriateness and efficiency of services provided to Medi-Cal beneficiaries prospectively or retrospectively • MHP does not recoup funds for services not meeting medical necessity criteria		
10. 10a.	Regarding the adoption of practice guidelines: **SURVEY ONLY** Does the MHP have practice guidelines, which meet the requirements of the MHP contract, in compliance with 42 CFR 438.236 and CCR title 9, section 1810.326 ?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ MHP's Practice Guidelines ☐ Provider Manual ☐ Provider contract boilerplate ☐ Other evidence deemed appropriate by the review team **GUIDANCE:** • The practice guidelines must meet the following requirements:
10b.	**SURVEY ONLY** Does the MHP disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries?			

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
10c.	**SURVEY ONLY** Does the MHP take steps to assure that decisions for utilization management, beneficiary education, coverage of services, and any other areas to which the guidelines apply are consistent with the guidelines adopted?			• They are based on valid and reliable clinical evidence or a consensus of health care professionals in the applicable field. • They consider the needs of beneficiaries. • They are adopted in consultation with contracting health care professionals. • They are reviewed and updated periodically as appropriate.
• *MHP Contract, Exhibit A, Attachment I* • *42 CFR 438.236*		**OUT OF COMPLIANCE:** • MHP has not adopted practice guidelines • MHP's practice guidelines do not meet the requirements • MHP does not disseminate its practice guidelines to its providers and/or beneficiaries • MHP does not take steps to assure that decisions for utilization management, beneficiary education, coverage of services, and other areas are consistent with the guidelines		
11. 11a.	Regarding the 1915(b) Special Terms and Conditions (STC): 1) Has the MHP submitted data required for the performance dashboard per the STC requirements of the 1915(b) SMHS waiver?			**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Data reports for dashboard components ☐ MHP's webpage for dashboard ☐ Tracking mechanisms and measurement tools ☐ MHP's webpage for QM Work Plan ☐ Other evidence deemed appropriate by review team
	2) Has the MHP posted its performance dashboard per the STC requirements of the 1915(b) SMHS waiver?			

SECTION I QUALITY IMPROVEMENT

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
	SURVEY ONLY 3) Does the MHP's performance data include the performance data of its contracted providers?			**GUIDANCE:** • Review the MHP's performance dashboard to ensure required data elements are included and complete • Review the MHP's system for tracking and measuring timeliness of care • Ask the MHP if it has implemented measurement of the statewide metrics • Review evidence the MHP's current QM Work Plan is posted on its website in a standardized and easily accessible location.
11b.	Does the MHP have a system in place for tracking and measuring timeliness of care, including wait times to assessments and wait time to providers?			
11c.	Is the MHP's current QM Work Plan posted on its website?			
• *1915(b) Waiver Special Terms and Conditions*		**OUT OF COMPLIANCE:** • The MHP has not submitted required data for STC performance dashboard • The MHP has not posted its performance dashboard • The MHP's performance dashboard does not include data and information from its contracted providers • The MHP has not established a mechanism for tracking and measuring timeliness of care • The MHP's current QM Work Plan is not posted on its website		

SECTION J MENTAL HEALTH SERVICES ACT (MHSA)

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
1. 1a.	Regarding the WIC 5847 requirement for county mental health programs to prepare and submit a three-year program and expenditure plan and annual update: Is there evidence that the County circulated a draft plan and annual update for public review and comment for at least 30 calendar days?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Evidence of circulation methods and posting ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • The County must provide evidence of circulation methods, posting date, and 30-day public comment period. • The County must provide evidence of a public hearing at the close of the 30-day comment period. • The MHP must provide documentation of where and when the draft plan was posted (i.e., a copy of a website page with the date of the posting, copy of the public notice and evidence of the 30-day public comment period).

SECTION J MENTAL HEALTH SERVICES ACT (MHSA)

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
1b.	Is there evidence that the mental health board conducts a public hearing at the close of the 30-day public comment period?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Board agenda and minutes ☐ Written summary and analysis of any substantive recommendations ☐ Written description of substantive changes made to the proposed Three-Year Program and Expenditure Plan or Annual Update ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • The MHP must provide a summary and analysis of any substantive recommendations. • The MHP must provide a description of any substantive changes made to the Plan or annual update.
• *WIC 5847* • *WIC 5848(a)* • *WIC 5848(b)* • *CCR, title 9, section 3315 and section 3200.270* • *County Performance Contract*		**OUT OF COMPLIANCE:** • County has not completed a 30 day comment period. • County has not conducted a hearing at the end of the comment period. • Stakeholder process did not meet Title 9 requirements.			

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

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

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
2c.	Does the County conduct outreach to clients with Serious Mental Illness (SMI) and/or Serious Emotional Disturbance (SED), and their family members, to ensure the opportunity to participate in the CPPP?				☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Participation of stakeholders is defined in CCR, title 9, chapter 11, section 3200.210. Stakeholder participation should include representatives of unserved and/or underserved populations and family members of unserved and/or underserved populations. • Per W&I Code 5948(a) Each three-year program and expenditure plan and update shall be developed with local stakeholders, including adults and seniors with severe mental illness, families of children, adults, and seniors with severe mental illness, providers of services, law enforcement agencies, education, social services agencies, veterans, representatives from veteran's organizations, providers of alcohol and drug services, health care organizations, and other important interests. Counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations. A draft plan and update shall be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested a copy of the draft plans.

CRITERIA		FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
• *CCR, title 9, chapter 14, sections 3200.270, 3300, 3310, and 3315* • *Welfare and Institutions Code 5848(a)* • *County Performance Contract*		**OUT OF COMPLIANCE:** • MHP did not provide evidence that clients with SMI or SED and their families were involved in the CPPP • MHP did not provide evidence that stakeholder participation included representatives of unserved and/or underserved populations • MHP did not provide evidence that stakeholder participation reflected the diversity of the demographics of the County			
3. 3a.	Regarding Community Services and Supports requirements: Has the County established peer support and family education support services or expanded these services to meet the needs and preferences of clients and/or family members?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Evidence of peer support and family education services (e.g., program descriptions, etc.) ☐ Evidence of outreach to diverse racial/ethnic, cultural, and linguistic populations ☐ County demographic data of client population ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • County to provide evidence that it has established peer support and family education support services. • Ask County to describe outreach efforts to reach diverse populations.
3b.	Has the County conducted outreach to provide equal opportunities for peers who share the diverse racial/ethnic, cultural, and linguistic characteristics of the individuals/clients served?				
• *CCR, title 9, chapter 14,* section *3610*		OUT OF COMPLIANCE: • County has not established peer support and family education support services • County has not expanded peer support and/or family education support services • County does not provide evidence it conducted outreach to diverse population to ensure equal opportunities for peers who share diverse racial/ethnic, cultural and linguistic characteristics of clients served			

SECTION J MENTAL HEALTH SERVICES ACT (MHSA)

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
4. 4a.	Regarding the County's Capacity to Implement Mental Health Services Act (MHSA) Programs: Does the County conduct an assessment of its capacity to implement the proposed programs/services?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Assessment report ☐ County demographic data ☐ County penetration rate data ☐ List of service providers meeting the needs of racially and ethnically diverse populations ☐ Other evidence deemed appropriate by review team **GUIDANCE:** Review evidence of assessment including required elements.
4b.	Does the assessment include: 1) The strengths and limitations of the County and service providers that impact their ability to meet the needs of racially and ethnically diverse populations?				
	2) Bilingual proficiency in threshold languages?				
	3) Percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to the percentage of the total population needing services and the total population being served?				
• *CCR, title 9, chapter 14, section 3650(5)*		**OUT OF COMPLIANCE:** • County did not provide an assessment of its capacity to implement proposed MHSA programs/services which meets title 9 requirements			

SECTION J MENTAL HEALTH SERVICES ACT (MHSA)

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
5. 5a.	Regarding Full Service Partnerships (FSP): Does the County designate a Personal Service Coordinator (PSC)/Case Manager for each client, and when appropriate the client's family, to be the single point of responsibility for that client/family?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Evidence a PSC/Case Manager is assigned to FSP clients ☐ Mechanism to track assignment of PSC/Case Manager to FSP clients ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review evidence County designated PSC/Case Manager for a sample of FSP clients and their families. • How does the County track FSP clients and their families? • What is the process for assigning a PSC/Case Manager to a client/family?
5b.	Does the County ensure the PSC/Case Manager is responsible for developing an Individual Services and Supports Plan (ISSP) with the client and, when appropriate, the client's family?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ ISSP sample ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Review evidence the PSC/Case Manager is responsible for developing an ISSP with the client and, when appropriate, the client's family. • Review a sample of ISSP's developed for FSP clients. • Review a sample of ISSP's developed for family members of FSP clients.

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
5c.	Does the County ensure the PSC/Case Manager is culturally and linguistically competent or, at a minimum, is educated and trained in linguistic and cultural competence and has knowledge of available resources within the client/family's racial/ethnic community?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ List of PSC/Case Managers assigned to FSP Clients ☐ Duty statement/job description for PSC/Case Manager ☐ Evidence of training and educational opportunities for PSC/Case Managers in linguistic and cultural competence ☐ List of available community resources ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • County to provide documentation of PSC/Case Manager's education and/or training in linguistic and cultural competence.
5d.	Does the County ensure that a PSC/Case Manager or other qualified individual known to the client/family is available to respond to the client/family 24 hours a day, 7 days a week to provide after-hours interventions?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Duty statement/job description for PSC/Case Manager ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Small counties may meet this requirement through use of peers or community partners, such as community based organizations, known to the client/family.

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
5e.	Does the County provide FSP services to all age groups (i.e., older adults, adults, transition-age youth, and children/youth)?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Evidence FSP services provided to all age groups ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • County to provide evidence FSP services provided to all age groups.
• *CCR, title 9, chapter 14,* section *3620*		**OUT OF COMPLIANCE:** • County has not established peer support and family education support services • County has not expanded peer support and/or family education support services • County does not provide evidence it conducted outreach to diverse population to ensure equal opportunities for peers who share diverse racial/ethnic, cultural and linguistic characteristics of clients served			
6. 6a.	Regarding the County's MHSA Issue Resolution Process: Does the County have in place an Issue Resolution Process to resolve issues related to the MHSA community planning process, consistency between approved MHSA plans and program implementation, and the provision of MHSA funded mental health services?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • County Performance Contracts require that Counties adopt an Issue Resolution Process in order to resolve issues related to the MHSA community planning process, consistency between approved MHSA plans and program implementation, and the provision of MHSA funded mental health services

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
6b.	Does the County's Issue Resolution Log contain the following information: 1) Dates the issues were received?				**SUGGESTED DOCUMENTATION:** ☐ Policies and Procedures #_____ ☐ MHSA Issue Resolution Log ☐ Other evidence deemed appropriate by review team **GUIDANCE:** • Counties are required to keep and update an Issue Resolution Log to handle client disputes and complaints. • The Issue Resolution Log may reflect all grievances, regardless of program type; MHSA issues should be noted. • Tracking log must include dates, brief description of the issue(s), final resolution. **Compliance %:** _____ Formula for calculating percentage: Total number of MHSA Issues logged that comply with contractual requirements/Total number of MHSA Issues received
	2) A brief description of the issues? Has the County submitted the Annual MHSA Revenue and Expenditure Report within the established timeframe?				
	3) Final resolution outcomes of those issues?				
	4) The date the final issue resolution was reached?				

• *WIC 5650* • *WIC 5651* • *County Performance Contract*	**OUT OF COMPLIANCE:** • County does not keep an Issue Resolution Log. • County did not include dates, explanation of issues, outcomes, or dates of outcomes.

SECTION K CHART REVIEW—NON-HOSPITAL SERVICES

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

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
1. 1a.	Does the beneficiary meet all three (3) of the following medical necessity criteria for reimbursement (1a, 1b, and 1c. below)? The beneficiary has a current ICD diagnosis which is included for non-hospital SMHS in accordance with the MHP contract?				**GUIDANCE:** • Review assessment(s), evaluation(s), and/or other documentation to support 1a-1c. • Is the beneficiary's diagnosis included in the list of diagnoses in CCR, title 9, chapter 11, section 1830.205(b)(1)(A-R). **Compliance Rating: _____%** (Number of claims meeting medical necessity criteria/Total number of claims in audit sample)
1b.	The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below): 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 or emotional disturbance that SMHS can correct or ameliorate.				**GUIDANCE:** • Refer to CCR, title 9, chapter 11, sections 1830.205 (b)(2)(A-C) and 1830.210. • Is there documentation that supports that the beneficiary, as a result of a mental disorder or emotional disturbance listed in CCR, title 9, chapter 1, section 1830.205(b)(1)(A-R) has met at least one (1) of the criteria listed in 1b.

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
1c.	Do the proposed and actual intervention(s) meet the intervention criteria listed below: 1) The focus of the proposed and actual intervention(s) is to address the condition identified in No. 1b. (1-3) above, or for full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that SMHS can correct or ameliorate per No. 1b(4).				**GUIDANCE:** • Do the proposed and actual intervention(s) focus on the condition(s) identified in No. 1b (1-3) or, for full-scope MC beneficiaries under the age of 21 years, on a condition that SMHS can correct or ameliorate per No.1b (4)? • Is there a connection between the proposed intervention and at least one (1) of 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?
	2) The expectation is that the proposed and actual intervention(s) will do at least one (1) of the following (A, B, C, or D): 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.				

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
1d.	The condition would not be responsive to physical health care based treatment.				**GUIDANCE:** • Disorders due to medical conditions are not covered. Examples include, but are not limited to: o Psychosis due to Wilson's disease o Depression due to hypothyroidism
• *CCR, title 9, chapter 11, section 1830.205 (b)(c)* • *CCR, title 9, chapter 11, section1830.210* • *CCR, title 9, chapter 11, section 1810.345(c)* • *CCR, title 9, chapter 11, section 1840.112(b)(1-4)* • *CCR, title 9, chapter 11, section 1840.314(d)* • *CCR, title 22, chapter 3, section 51303(a)* • *Credentialing Boards for MH Disciplines*		**OUT OF COMPLIANCE:** • Criteria 1a-c not supported by documentation. • No connection is identified between the functional impairment as it relates to the diagnosis and the service(s) provided. • No evidence that the intervention(s) provided met the intervention criteria listed in 1c.			
2. 2a.	Regarding the Assessment, are the following conditions met: 1) Has the Assessment been completed in accordance with the MHP's established written documentation standards for timeliness?				**GUIDANCE:** • Review the MHP's written documentation standards guidelines. • Review assessment(s), evaluation(s), and/or other documentation to support 2a, 2b, and 2c. • Review the prior and current assessment for timeliness and frequency. • The MHP must establish written standards for timeliness and frequency for the required assessment elements identified in 2c. (Refer to MHP Contract, Exhibit A, Attachment I).
	2) Has the Assessment been completed in accordance with the MHP's established written documentation standards for frequency?				**Compliance Rating: _____%** (Number of assessments meeting requirements/Total number of assessments reviewed in audit sample)

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
2b.	Do the Assessments include the areas specified in the MHP Contract with the Department? 1) Presenting Problem. The beneficiary's chief complaint, history of presenting problem(s) including current level of functioning, relevant family history and current family information;				**GUIDANCE:** • Review for the required appropriate elements. These elements may include, but are not limited to, the following: 1) Presenting Problem 2) Relevant conditions and psychosocial factors 3) Mental Health History 4) Medical History 5) Medications 6) Substance Exposure/Substance Use 7) Client Strengths 8) Risks 9) A mental status examination 10) A complete diagnosis 11) Additional clarifying formulation information, as needed **Compliance Rating: _____%** (Number of assessments with all required elements/Total number of assessments reviewed in audit sample)
	2) Relevant conditions and psychosocial factors affecting the beneficiary's physical health and mental health including, as applicable; living situation, daily activities, social support, cultural and linguistic factors, and history of trauma or exposure to trauma;				
	3) Mental Health History. Previous treatment, including providers, therapeutic modality (e.g., medications, psychosocial treatments) and response, and inpatient admissions. If possible, include information from other sources of clinical data such as previous mental health records and relevant psychological testing or consultation reports;				

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

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
	8) Risks. Situations that present a risk to the beneficiary and/or others, including past or current trauma;				**GUIDANCE:** • Risk in this context refers to triggers and/or situations (e.g., psychosocial factors) which may present a risk of decompensation and/or escalation of the beneficiary's condition • A history of Danger To Self (DTS) or Danger To Others (DTO), are examples of "risks" that are to be evaluated as part of the assessment. Additional examples are previous inpatient hospitalizations for DTS or DTO; prior suicide attempts; lack of family or other support systems; prior arrests; currently on probation; history of alcohol/drug abuse; history of self-harm behaviors, e.g., cutting; history of assaultive behavior; physical impairment which makes him/her vulnerable to others, e.g., limited vision, deaf, wheelchair bound.
	9) A mental status examination;				
	10) A Complete Diagnosis; A diagnosis from the current ICD-code must be documented, consistent with the presenting problems, history, mental status examination and/or other clinical data; including any current medical diagnoses.				
2c.	Does the assessment include: 1) The date of service?				

CRITERIA		FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
	2) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, and licensure or job title?				
	3) The date the documentation was entered in the medical record?				
• *CCR, title 9, chapter 11, section 1810.204* • *CCR, title 9, chapter 11, section 1840.112(b)(1-4)* • *CCR, title 9, chapter 11, section 1840.314(d)(e)* • *CCR, title 9, chapter 4, section 851- Lanterman-Petris Act* • *MHP Contract, Exhibit A, Attachment I*		**OUT OF COMPLIANCE**: • No assessment has been completed. • The assessment or other documents in the medical record do not contain the required elements. • Documentation that is illegible.			

CRITERIA		FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
3. 3a.	Regarding medication consent forms: Did the provider obtain and retain a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication?				**GUIDANCE:** • Review the medication orders and medication consents. • Attestation by clinician is not acceptable in lieu of medication consent. • Medication consents should be specific for each medication prescribed. • For circumstances in which a beneficiary does not have a medication history and/or current medications, reviewers should indicate "Not Applicable" in the findings.
3b.	Does the medication consent for psychiatric medications include the following required elements: 1) The reasons for taking such medications?				

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
	2) Reasonable alternative treatments available, if any?				**Compliance Rating: _____%** (Number of med consents meeting requirements/Total number of med consents reviewed in audit sample)
	3) Type of medication?				
	4) Range of frequency (of administration)?				
	5) Dosage?				
	6) Method of administration?				
	7) Duration of taking the medication?				
	8) Probable side effects?				
	9) Possible side effects if taken longer than 3 months?				
	10) Consent once given may be withdrawn at any time?				
3c.	Do medication consents include: 1) The date of service?				
	2) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, and licensure or job title?				
	3) The date the documentation was entered in the medical record?				

- *CCR, title 9, chapter 11, section 1810.204*
- *CCR, title 9, chapter 11, section 1840.112(b)(1-4)*
- *CCR, title 9, chapter 11, section 1840.314(d)(e)*
- *CCR, title 9, chapter 4, section 851- Lanterman-Petris Act*

OUT OF COMPLIANCE:
- No assessment has been completed.
- The assessment or other documents in the medical record do not contain the required elements.

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
• *MHP Contract, Exhibit A, Attachment I*		• Medication consent requirements not met. • Documentation that is illegible.			
4. 4a.	Regarding the client plan, are the following conditions met: Has the client plan been updated at least annually and/or when there are significant changes in the beneficiary's condition?				**GUIDANCE:** • Review the MHP's written documentation standards guidelines. • Review the prior and current client plans for timeliness and frequency. **Compliance Rating**: _____**%** (Number of client plans meeting requirements/Total number of client plans reviewed in audit sample)
4b.	Does the client plan include the items specified in the MHP Contract with the Department? 1) Specific, observable, and/or specific quantifiable goals/treatment objectives related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis.				**GUIDANCE:** • Review the objectives and interventions of the client plan for compliance as indicated in 4B (1-7). • Assessment, Crisis Intervention, Plan Development, and Crisis Stabilization services may be provided prior to completion of the client plan. • If MHP does not set its own timeliness standard, initial client plans should be completed within 60 days. • The client plan is to be a collaborative process with the beneficiary. • A detailed description of the intervention should include the treatment category (e.g., TCM, therapy, etc.) and a description of specific strategies (i.e., what is being done) within the identified modality and how these strategies address the beneficiary's functional impairment.
	2) The proposed type(s) of intervention/modality including a detailed description of the intervention to be provided.				
	3) The proposed frequency of intervention(s).				
	4) The proposed duration of intervention(s).				
	5) Interventions that focus and address the identified functional impairments as a result of the mental disorder or emotional disturbance.				
	6) Interventions are consistent with client plan goal(s)/treatment objective(s).				
	7) Be consistent with the qualifying diagnoses.				

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
4c.	Is the client plan signed (or electronic equivalent) by: 1) The person providing the service(s) or, 2) A person representing a team or program providing the service(s) or, 3) A person representing the MHP providing service(s) or, 4) By one of the following, as a co-signer, if the client plan is used to establish that services are provided under the direction of an approved category of staff, and if the signing staff is not of the approved categories, one (1) of the following must sign: A. A Physician B. A Licensed/Registered/Waivered Psychologist C. A Licensed/Registered/Waivered Social Worker D. A Licensed/Registered/Waivered Marriage and Family Therapist E. A Licensed/Registered/Waivered Professional Clinical Counselor* F. A Registered Nurse, including but not limited to nurse practitioners, and clinical nurse specialists				**GUIDANCE:** • MHP must provide a list of (all licensed/waivered/registered) staff, staff signatures (or electronic equivalent), professional degree, and licensure or job title. • MHP must provide evidence for registered staff (e.g., print out from Board of Behavioral Science). • Consumers/peers must meet MHP's minimum qualifications. • *LPCCs are **not** permitted to assess or treat couples or families unless the LPCC has completed ALL the required experience and course work on this subject as specified in CA Business and Professions Code Section 4999.20: 1) **Six (6) semester / nine (9) quarter units** focused on theory and application of marriage family therapy **AND** 2) No less the **500 hours** of documented **supervised experience** working directly with couples, families, or children **AND** 3) A minimum of six hours of **continuing education** specific to marriage and family therapy, completed in **each license renewal** cycle.
4d.	Regarding the beneficiary's participation and agreement with the client plan: 1) Is there documentation of the beneficiary's degree of participation and agreement with the client plan as evidenced by, but not limited to:				**GUIDANCE:** • Review for the beneficiary's degree of participation and agreement with the plan as follows: Reference the beneficiary's participation and agreement in the body of the client plan, the beneficiary's signature on the client plan, or a description of the beneficiary's participation and agreement in the medical record.

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
	a. Reference to the beneficiary's participation in and agreement in the body of the client plan; or b. The beneficiary signature on the client plan; or c. A description of the beneficiary's participation and agreement in the medical record (e.g., as in a progress note).				
	2) Does the client plan include the beneficiary's signature or the signature of the beneficiary's legal representative when: a. The beneficiary is expected to be in long-term treatment, as determined by the MHP, and, b. The client plan provides that the beneficiary will be receiving more than one (1) type of SMHS?				**GUIDANCE:** • The beneficiary signature is required under the following circumstances: o The beneficiary expected to be in long-term treatment as determined by the MHP. o The beneficiary is receiving more than one type of SMHS. • The beneficiary is required to sign the client plan per the MHP's documentation standards guidelines. • Does the MHP have a written definition of what constitutes a long-term care beneficiary?
	3) When the beneficiary's signature or the signature of the beneficiary's legal representative is required on the client plan and the beneficiary refuses or is unavailable for signature, does the client plan include a written explanation of the refusal or unavailability of the signature?				**GUIDANCE:** • When the beneficiary's signature is required on the client plan and the beneficiary refuses or is unavailable for signature, is there a written explanation of the refusal or unavailability?
4e.	Is there documentation that the contractor offered a copy of the client plan to the beneficiary?				**GUIDANCE:** • Review the medical record for documentation.
4f.	Does the client plan include: 1) The date of service;				**GUIDANCE:**

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
	2) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, and licensure or job title; AND				• The person or persons required to sign the client plan (See 4c) must sign the client plan, including the type of professional degree, and licensure or job title
	3) The date the documentation was entered in the medical record?				
• *CCR, title 9, chapter 11, section 1810.205.2* • *CCR, title 9, chapter 11, section 1810.254* • *CCR, title 9, chapter 11, section 1810.440(c)(1)(2)* • *CCR, title 9, chapter 11, section 1840.112(b)(2-5)* • *CCR, title 9, chapter 11, section 1840.314(d)(e)* • *DMH Letter 02-01, Enclosure A* • *WIC, section 5751.2* • *MHP Contract, Exhibit A, Attachment I* • *CCR, title 16, Section 1820.5* • *California Business and Profession Code, Section 4999.20*				**OUT OF COMPLIANCE:** • Requirements not met in 4a-4c. • Client plan was not completed. • Client plan was not updated at least annually and when there were significant changes in the beneficiary's condition. • Client plan was not signed by staff as indicated in 4c. • No evidence that the contractor offered a copy of the client plan to the beneficiary. • No evidence of the beneficiary agreeing or participating in the client plan. • Client plan was not signed by the beneficiary when required. • No written explanation when the beneficiary refuses to sign or is unavailable. • No written definition of what constitutes a long-term care beneficiary. • Documentation that is illegible.	
5a.	Do the progress notes document the following: 1) Timely documentation of relevant aspects of client care, including documentation of medical necessity?				**GUIDANCE:** • Review the MHP's documentation standards guidelines. • The MHP sets its timeliness standards for documentation. • The date the service was documented in the medical record by the person providing the service. **Compliance Rating: _____%** (Number of progress notes meeting requirements/Total number of progress notes reviewed in audit sample)
	2) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions?				
	3) Interventions applied, beneficiary's response to the interventions, and the location of the interventions?				

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
	4) The date the services were provided?				
	5) Documentation of referrals to community resources and other agencies, when appropriate?				
	6) Documentation of follow-up care or, as appropriate, a discharge summary?				
	7) The amount of time taken to provide services?				
	8) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, and licensure or job title?				
5b.	When services are being provided to, or on behalf of, a beneficiary by two or more persons at one point in time, do the progress notes include: 1) Documentation of each person's involvement in the context of the mental health needs of the beneficiary?				
	2) The exact number of minutes used by persons providing the service?				**GUIDANCE:** • The time utilized by all those providing services must be added together to yield the total claimable services.
	3) Signature(s) of person(s) providing the services?				
5c.	Timeliness/frequency as follows: 1) Every service contact for: A. Mental health services				**GUIDANCE:** • The day treatment intensive weekly clinical summary note must be reviewed and signed by one of the following:

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
	B. Medication support services C. Crisis intervention D. Targeted Case Management 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 (clinical summary) B. Day rehabilitation C. Adult residential				o Physician o Licensed/Registered/Waivered Psychologist o Licensed/Registered/Waivered Social Worker o Licensed/Registered/Waivered Marriage and Family Therapist o Licensed/Registered/Waivered Professional Clinical Counselor o Registered Nurse • Documentation must support the program requirements, the type of service, date of service and units of time claimed.
5d.	Do all entries in the beneficiary's medical record include: 1) The date of service?				
	2) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, and licensure or job title?				
	3) The date the documentation was entered in the medical record?				

- *CCR, title 9, chapter 11, section 1810.254*
- *CCR, title 9, chapter 11, section 1810.440(c)*
- *CCR, title 9, chapter 11, section 1840.112(b)(2-6)*
- *CCR, title 9, chapter 11, section 1840.314*
- *CCR, title 9, chapter 11, sections 1840.316 - 1840.322*
- *CCR, title 22, chapter 3, section 51458.1*
- *CCR, title 22, chapter 3, section 51470*
- *MHP Contract, Exhibit A, Attachment I*

OUT OF COMPLIANCE:

- Progress notes do not describe how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning outlined in the client plan.
- Progress notes that do not indicate the date of service, the amount of time, and beneficiary encounters as specified in 5a - 5c.
- Documentation that is illegible.
- Services not documented timely.
- No signature of person providing the services as specified in 5a (8).
- Evidence that beneficiaries are not receiving services that were claimed.

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS

6.
 	
6a.
	Regarding cultural/linguistic services and availability in alternative formats:
	
	Is there any evidence that mental health interpreter services are offered and provided, when applicable?
					GUIDANCE:
					• Review CCPR, MHP's policies and procedures and medical records for:
					  • If beneficiary is Limited English Proficient (LEP), there is documentation interpreter services were offered and provided and an indication of the beneficiary's response.
					  • There is evidence beneficiaries are made aware that specialty mental health services are available in their preferred language.
					• Linkages might include referrals to community based organizations or other community resources.
					• Interpreter services mean oral and sign language.

6b.	If the needs for language assistance is identified in the assessment, is there documentation of linking beneficiaries to culture-specific and/or linguistic services as described in the MHP's CCPR?				
6c.	When applicable, was treatment specific information provided to beneficiaries in an alternative format (e.g., braille, audio, large print, etc.)?				**GUIDANCE:** • When applicable, review evidence beneficiaries were provided with information in an alternative format.
• *CFR, title 42, section 438.10(c)(4),(5)* • *CCR, title 9, chapter 11, section 1810.405(d)* • *CCR, title 9, chapter 11, section 1810.410*		**OUT OF COMPLIANCE:** • No evidence of 6a-d.			
7a.	**Regarding Service Components for Day Treatment Intensive and Day Rehabilitation programs:** 1) Do *Day Treatment Intensive* and *Day Rehabilitation* programs include all the following required service components: A. Daily Community Meetings; *				**GUIDANCE:** • Review the MHP's written documentation standard guidelines. • Review the Written Weekly Schedule for: A. Required service components including requirements for community meetings and *Day Treatment Intensive* psychotherapy. B. Required and qualified staff. C. Documentation of the specific times, location, and assigned staff. • Community meetings must occur at least once a day and have the following staffing:
	B. Process Groups;				

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
	C. Skill-building Groups; and				o For Day Treatment Intensive: Staff whose scope of practice includes psychotherapy. o For Day Rehabilitation: Staff who is a physician, licensed/waivered/registered psychologist, clinical social worker, marriage and family therapist, or professional clinical counselor, registered nurse, psychiatric technician, licensed vocational nurse, or mental health rehabilitation specialist. • The MHP must retain the authority to set additional higher or more specific standards than those set forth in the MHP Contract, provided the MHP's standards are consistent with applicable state and federal laws and regulations and do not prevent the delivery of medically necessary Day Treatment Intensive and Day Rehabilitation.
	D. Adjunctive Therapies?				
	2) Does *Day Treatment Intensive* include Psychotherapy?				**GUIDANCE:** • Psychotherapy does not include physiological interventions, including medication intervention. • Day Rehabilitation may include psychotherapy instead of process groups, or in addition to process groups.
7b.	**Regarding Attendance:** 1) Is there documentation of the total number of minutes/hours the beneficiary actually attended the program each day?				**GUIDANCE:** • Review the progress notes for: A. Documentation of attendance in the total number of minutes/hours. B. *Day Treatment Intensive* and *Day Rehabilitation* services were provided as claimed. C. If the beneficiary is unavoidably absent and does not attend the scheduled hours of operation, there is a separate entry in the medical record documenting the reason and the total minutes/hours of actual attendance. • Per the MHP Contract, Exhibit A, Attachment I, in cases where absences are frequent, it is the responsibility of the Contractor
	2) If the beneficiary is unavoidably absent: A. Is the total time (number of hours and minutes) the beneficiary actually attended the program that day documented; B. Is the beneficiary present for at least 50 percent of the scheduled hours of operation for that day; **AND**,				

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
	C. Is there a separate entry in the medical record documenting the reason for the unavoidable absence?				to ensure that the provider re-evaluates the beneficiary's need for the *Day Rehabilitation* or *Day Treatment Intensive* program and takes appropriate action.
7c.	**Regarding Continuous Hours of Operation:** Did the provider apply the following when claiming for the continuous hours of operation of *Day Treatment Intensive* and *Day Rehabilitation* services? A. For Half Day: The beneficiary received face-to-face services a minimum of three (3) hours each day the program was open. B. For Full-Day: The beneficiary received face-to-face services in a program with services available more than four (4) hours per day.				**GUIDANCE:** • Review Written Weekly Schedule and other documentation to ensure this requirement is met. • Breaks between activities, as well as lunch and dinner breaks, do not count toward the total continuous hours of operation for purposes of determining minimum hours of service.
7d.	**Regarding Staffing Requirements:** 1) Do *Day Treatment Intensive* and *Day Rehabilitation* meet the following staffing requirements: A. For *Day Treatment Intensive*: Psychotherapy is provided by licensed, registered, or waivered staff practicing within their scope of practice.				**GUIDANCE:** • Review the Written Weekly Schedule, progress notes and other documentation to determine if the required and qualified staff are available for all scheduled hours of operation.
	B. For all scheduled hours of operation: There is at least one staff person present and available to the group in the therapeutic milieu.				

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
7e.	**Regarding Documentation Standards:** 1) Is the required documentation timeliness/frequency for *Day Treatment Intensive* or *Day Rehabilitation* being met? A. For *Day Treatment Intensive* services: • Daily progress notes on activities; and • A weekly clinical summary. • Monthly – One documented contact with family, caregiver, or significant support person identified by an adult beneficiary, or one contact per month with the legally responsible adult for a beneficiary who is a minor. Adults may decline this service component. This contact may be face-to-face, or by an alternative method (e.g., e-mail, telephone, etc.). The contacts should focus on the role of the support person in supporting the beneficiary's community reintegration. The Contractor shall ensure that this contact occurs outside hours of operation and outside the therapeutic program for day treatment intensive and day rehabilitation.				**GUIDANCE:** • Review for: A. Required documentation timeliness/frequency for *Day Treatment Intensive and Day Rehabilitation.* B. Required and qualified staff documenting and providing the service. C. Required standards for all entries in the medical record. • The *Day Treatment Intensive* weekly clinical summary must be reviewed and signed by a physician, a licensed/ waivered/registered psychologist, clinical social worker, marriage and family therapist, or professional clinical counselor; or a registered nurse who is either staff to the *Day Treatment Intensive* program or the person directing the service.
	B. For *Day Rehabilitation* services: • Weekly progress note.				

	CRITERIA	FINDING Y	P	N	INSTRUCTIONS TO REVIEWERS
	• Monthly – One documented contact with family, caregiver, or significant support person identified by an adult beneficiary, or one contact per month with the legally responsible adult for a beneficiary who is a minor. Adults may decline this service component. This contact may be face-to-face, or by an alternative method (e.g., e-mail, telephone, etc.). The contacts should focus on the role of the support person in supporting the beneficiary's community reintegration. The Contractor shall ensure that this contact occurs outside hours of operation and outside the therapeutic program for day treatment intensive and day rehabilitation.				
	2) Do all entries in the beneficiary's medical record include: A. The date(s) of service; B. The signature of the person providing the service (or electronic equivalent); C. The person's type of professional degree, licensure or job title; D. The date of signature; E. The date the documentation was entered in the beneficiary record; <u>and</u> F. The total number of minutes/hours the beneficiary actually attended the program?				

	CRITERIA	FINDING Y	FINDING P	FINDING N	INSTRUCTIONS TO REVIEWERS
7f.	**Regarding the Written Program Description:** 1) Is there a Written Program Description for *Day Treatment Intensive* and *Day Rehabilitation?* A. Does the Written Program Description describe the specific activities of each service and reflect each of the required components of the services as described in the MHP Contract.				**GUIDANCE:** • Review the Written Program Description and Written Weekly Schedule to determine if: A. There are specific activities described for each service component. B. All required service components are reflected in the Written Program Description, as well as indicated on the Written Weekly Schedule. C. Required and qualified staff are available for all scheduled hours of operation. • The Weekly Schedule may be a standard consistent schedule; however, if the schedule changes from week to week, all weekly schedules for the review period must be made available. • If the MHP uses *Day Treatment Intensive* and/or *Day Rehabilitation* staff who are also staff with other responsibilities (e.g., as staff of a group home, a school, or another mental health treatment program), there must be documentation of the scope of responsibilities for these staff and the specific times in which *Day Treatment Intensive* or *Day Rehabilitation* activities are being performed exclusive of other activities.
	2) Is there a Mental Health Crisis Protocol?				
	3) Is there a Written Weekly Schedule? A. Does the Written Weekly Schedule: a) Identify when and where the service components will be provided and by whom; and b) Specify the program staff, their qualifications, and the scope of their services?				

• *CCR, title 9, chapter 11, section 1810.212* • *CCR, title 9, chapter 11, section 1810.213* • *CCR, title 9, chapter 11, section 1840.112(b)* • *CCR, title 9, chapter 11, section 1840.314(d)(e)* • *CCR, title 9, chapter 11, section 1840.318* • *CCR, title 9, chapter 11, section 1840.360* • *MHP Contract, Exhibit A, Attachment I* • *DMH Letter No. 03-03*	**OUT OF COMPLIANCE**: • The service components for *Day Treatment Intensive* and *Day Rehabilitation* were not offered or provided; or were provided by staff outside their scope of practice. • Staff not present as required in 7d. • Beneficiary attendance requirements were not met. • No documentation of the total number of minutes/hours the beneficiary actually attended the program. • When unavoidably absent, no documentation of the reason and/or total number of minutes/hours of actual attendance. • Scheduled hours of continuous operation requirements for *Day Treatment Intensive* and *Day Rehabilitation* were not met.

SECTION K CHART REVIEW—NON-HOSPITAL SERVICES

CRITERIA	FINDING Y P N	INSTRUCTIONS TO REVIEWERS
		• No documentation of the date(s) of service, signature of the person providing the service (or electronic equivalent), the person's type of professional degree, licensure or job title, and/or date of signature. • Daily progress notes and weekly clinical summary requirements were not met. • Written Weekly Schedule or Written Program Description requirements were not met.

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

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
1.	Does the beneficiary have a current ICD diagnosis which is included per CCR, title 9, chapter 11, sections 1820.205(a)(1)(A) through 1820.205(a)(1)(R)?			**GUIDANCE:** • Refer to CCR, title 9, chapter 11, section 1820.205 medical necessity criteria for reimbursement of Psychiatric Inpatient Hospital Services.
• *CCR, title 9, chapter 11, section 1820.205(a)(1)*		**OUT OF COMPLIANCE:** • Beneficiary does not have a DSM diagnosis from the included list in CCR, title 9, chapter 11, section 1820.205.		
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 must be considered to have met this criterion?			**GUIDANCE:** • Review medical record documentation.
2b.	Required psychiatric inpatient hospital services, as the result of a mental disorder or emotional disturbance, due to indications in either (1) or (2) below: 1) Had symptoms or behaviors due to a mental disorder or emotional disturbance that (one of the following): a) Represented a current danger to self or others, or significant property destruction.			
	b) Prevented the beneficiary from providing for, or utilizing food, clothing or shelter.			

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
	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:			**GUIDANCE:** • The documentation must indicate why the "further psychiatric evaluation" can only be conducted in an inpatient psychiatric unit.
	a) Further psychiatric evaluation.			
	b) Medication treatment.			**GUIDANCE:** • The documentation must indicate why the "medication treatment" can only be conducted in an inpatient psychiatric unit.
	c) Other treatment which could reasonably be provided only if the beneficiary were hospitalized.			
• *CCR, title 9, chapter 11, section 1820.205(a)(2)*		**OUT OF COMPLIANCE:** • Beneficiary does not meet criteria stated in 2a-2b.		
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.			**GUIDANCE:** • Review medical record documentation.
3b.	Serious adverse reaction to medication, procedures, or therapies requiring continued hospitalization.			

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
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, chapter 11, section 1820.205(b)*		**OUT OF COMPLIANCE:** • Documentation does not support medical necessity criteria.		
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?			
4c.	Did the hospital document contacts with a minimum of five (5) appropriate, non-acute treatment facilities per week subject to the following requirements? 1) The lack of placement options at appropriate, non-acute residential treatment facilities and the contacts made at appropriate facilities must be documented to include, but not be limited to:			
	a) The status of the placement option.			
	b) Date of the contact.			
	c) Signature of the person making the contact.			

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
• *CCR, title 9, chapter 11, section 1820.220(5)(A),(B)*		**OUT OF COMPLIANCE:** • Documentation does not meet criteria for administrative day services.		
5. 5a.	Regarding linguistically competent services: Is there any evidence that mental health interpreter services are offered?			**GUIDANCE:** • If beneficiary is LEP, review to determine whether interpretive services were offered. • Review medical record documentation. • Review inpatient Implementation Plan (IP).
5b.	When applicable, is there documentation of the response to offers of interpreter services as described in the MHP's CCPR?			
• *CCR, title 9, chapter 11, section 1810.410(a)* • *DMH Information Notice No. 10-02, Enclosure, Page 22 and DMH Information Notice No. 10-17, Enclosure, Page 17*		**OUT OF COMPLIANCE:** • Not following plan (NFP). • Documentation does not indicate that mental health interpreter services were offered. • The response not documented.		
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?			**GUIDANCE:** • Use "Admission Summary Worksheet" and "Continued Stay Summary Worksheet." • Review medical record documentation. • Review MHP inpatient IP.
• *CCR, title 9, chapter 11, section 1810.310(a)(2)(A)* • *WIC, section 4696.1*		**OUT OF COMPLIANCE:** • NFP • Documentation does not reflect staff efforts for screening, referral, and coordination with other necessary services.		
7.	Were services delivered by licensed staff within their own scope(s) of practice?			
8a.	When applicable: Is there evidence the MHP provided beneficiary protection material to beneficiaries in an alternate format when appropriate?			**GUIDANCE:** • As needed, review evidence that beneficiaries are provided information in an alternate format.
8b.	Is service-related personal correspondence in the client's preferred language?			

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
• *CCR, title 9, chapter 11, section 1810.110(a)* • *DMH Information Notice Nos. 97-06 (paragraph D, 5 of the attachment), DMH Information Notice No. 10-02, Enclosure, Page 23, and DMH Information Notice No. 10-17, Enclosure, Pages 18-19* • *WIC, 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 preferred language.		
9.	Does the MHP document in the individual's 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.		
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?			**GUIDANCE:** • Review medical record documentation.
10b.	A description of the functional level of the beneficiary?			
10c.	Specific observable and/or specific quantifiable goals/treatment objectives related to the beneficiary's mental health needs and functional impairments resulting from the qualifying mental health diagnosis/diagnoses?			
10d.	Descriptions of the types of interventions/modalities, including a detailed description of the interventions to be provided?			
10e.	A proposed frequency and duration for each of the interventions?			
10f.	Interventions which are consistent with the qualifying diagnoses?			
10g.	Any orders for: 1) Medications?			

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
	2) Treatments? 3) Restorative and rehabilitative services? 4) Activities? 5) Therapies? 6) Social services? 7) Diet? Special procedures recommended for the health and safety of the beneficiary?			
10h.	Plans for continuing care, including review and modification to the plan of care?			
10i.	Plans for discharge?			
10j.	Documentation of the beneficiary's degree of participation in and agreement with the plan?			**GUIDANCE:** • Parents, family members, and other advocates can be included in this process as selected by the adult client. • Look for client's signature or statement describing client participation.
10k.	Documentation of the physician's establishment of the plan?			**GUIDANCE:** • Look for physician's signature. • 42 CFR § 456.180 Individual written plan of care. (a) Before admission to a mental hospital or before authorization for payment, the attending physician or staff physician must establish a written plan of care for each applicant or beneficiary. • CCR Title 9 § 1820.230. MHP Payment Authorization by a Utilization Review Committee. (a) MHP payment authorization for psychiatric inpatient hospital services provided by a SD/MC hospital, if not made by an MHP's Point of Authorization pursuant to Section 1820.220, shall be made by the hospital's Utilization Review Committee. (b) The hospital's Utilization Review Committee or its designee shall approve or deny the

CRITERIA		FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
				initial MHP payment authorization no later than the third working day from the day of admission. • Verify the physician did not establish a written plan of care prior to the authorization of services which must be done by the hospital Utilization Review Committee or its designee no later than the third working day from the day of admission.
• *CFR, title 42, section 456.180* • *CCR, title 9, chapter 11, sections 1820.210, 1820.230*		**OUT OF COMPLIANCE:** • Required elements are not documented.		

SECTION M UTILIZATION REVIEW – SD/MC HOSPITAL SERVICES

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
1. 1a.	Does the Utilization Review (UR) Plan: Provide for a committee to perform UR?			**GUIDANCE:** • Review IP, MHP UR Plan, and Utilization Review Committee (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?			**GUIDANCE:** • Are URC meetings held at the frequency specified?
• *CFR, title 42, section 456.201-205* • *CCR, title 9, chapter 11, section 1820.210*		**OUT OF COMPLIANCE:** • UR Plan does not provide a committee to perform UR. • URC does not describe the organization, composition, and functions. • URC meetings not held according to stated frequency. • URC does not have two physicians.		
2. 2a.	Does the UR plan provide that each recipient's record includes, at least, the required information: Identification of the recipient?			**GUIDANCE:** • Review UR plan to determine if the required information is present. • Do the medical records include all of the required information?
2b.	The name of the recipient's physician?			
2c.	The date of admission?			
2d.	The plan of care required under CFR 456.180?			
2e.	Initial and subsequent continued stay review dates described under CFR 456.233 and 456.234?			
2f.	Reasons and plan for continued stay (if the attending physician believes continued stay is necessary)?			

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
2g.	Other supporting material that the committee believes appropriate to be included in the record?			
• *CFR, title 42, sections 456.211, 456.233 and 456.234* • *CCR, title 9, chapter 11, section 1820.210*		**OUT OF COMPLIANCE:** • UR records do not include all of the required information. • The UR plan does not include all of the required review elements.		
3. 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?			**GUIDANCE:** • 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?			**GUIDANCE:** • Is the evaluation criteria documented?
3c.	Initial continued stay review date?			**GUIDANCE:** • 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?			**GUIDANCE:** • Are the methods and criteria for documentation described? • Do the methods include a description of how the length of stay may be modified?
3f.	Continued stay review process?			**GUIDANCE:** • Is the continued stay review process documented?
3g.	Notification of adverse decision?			**GUIDANCE:** • Is the notification of adverse decision documented?

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
3h.	Time limits for final decision and notification of adverse decision?			**GUIDANCE:** • Does the hospital adhere to time limits for final decisions?
• *CFR, title 42, section 456.231-238* • *CCR, title 9, chapter 11, section 1820.210*		**OUT OF COMPLIANCE:** • NFP. • UR plan does not include all of the required elements.		
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?			**GUIDANCE:** • 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?			**GUIDANCE:** • 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?			**GUIDANCE:** • Review records to ensure compliance with confidentiality requirements.
• *CFR, title 42, sections 456.212-213 and 456.232* • *CCR, title 9, chapter 11, section 1820.210*		**OUT OF COMPLIANCE:** • NFP. • Incomplete records. • Reports not distributed. • Lack of confidentiality protections. • Medical care criteria does not assess need for continued stay.		
5.	Does the URC include anyone who is directly responsible for the care of the beneficiary whose care is being reviewed?			**GUIDANCE:** • Review UR records, URC minutes, and medical records. • Identify care providers on URC and who is responsible for the care of the beneficiary.

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
• *CFR, title 42, section 456.206* • *CCR, title 9, chapter 11, section 1820.210*		**OUT OF COMPLIANCE:** • Care providers of beneficiary are present when URC reviews care provided to the beneficiary. • No backup replacement to URC to maintain required composition.		
6. 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?			**GUIDANCE:** • Use "Admission Summary Worksheet" and "Continued Stay Worksheet." • Review UR records, URC minutes, UR reports, medical records, and denials.
6b.	If the MHP uses a POA process, has the POA approved or denied the payment authorization request within 14 calendar days of receipt of the request?			
• *CCR, title 9, chapter 11, sections 1820.220(h) and 1820.230(b)*		**OUT OF COMPLIANCE:** • 5. (URC) OUT OF COMPLIANCE: URC or designee approved or denied the initial MHP payment authorization later than the third working day from the day of admission. • 6a-b. (POA) OUT OF COMPLIANCE: POA did not approve or deny the payment authorization within 14 calendar days of receipt of the request.		
7.	If a hospital's URC authorizes payment, at the time of the initial MHP authorization for payment, did the hospital's URC or its designee specify the date for the subsequent MHP payment authorization determination?			**GUIDANCE:** • Use "Admission Summary Worksheet" and "Continued Stay Worksheet." • Review UR records, URC minutes, UR reports, medical records, and denials.
• *CCR, title 9, chapter 11, section 1820.230(c)*		**OUT OF COMPLIANCE:** • URC or designee did not specify the date for the subsequent MHP payment authorization determination.		

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
8. 8a.	Did the URC or its designee, or POA authorize payment for administrative day services only when both of the following criteria (8a. and 8b.) have been met: During the hospital stay, the beneficiary previously met medical necessity criteria for acute psychiatric inpatient hospital services?			**GUIDANCE:** • 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?			**GUIDANCE:** • 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 must there be less than one contact per week.
• *CCR, title 9, chapter 11, sections 1820.230(d)(2)(A and,(B) and 1820.220(j)(5)(A and,(B)*		**OUT OF COMPLIANCE:** • URC or designee authorized payment for administrative day services for a beneficiary that had not previously met medical necessity criteria as required. • There is no appropriate, non-acute treatment facility available and the facility has not documented its minimum number of appropriate contacts.		
9.	Are persons employed or under contract to provide mental health services as physicians**,** psychologists, social workers, marriage and family therapists or professional clinical counselors (pending Centers for Medicare and Medicaid Services (CMS) approval) licensed, waivered, or registered with their licensing boards?			**GUIDANCE:** • Review licenses, waivers, and registrations.
• *WIC, 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.		

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
10. 10a.	Regarding Medical 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?			**GUIDANCE:** • 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?			**GUIDANCE:** • Review current and past MCE or equivalent studies for two years and published results; URC minutes related to MCE study findings; analysis of MCE or equivalent studies; documentation of improved quality care; changes in use of facilities and services; documented actions taken to correct or investigate deficiencies or problems in the review process; and recommendations for hospital care procedures.
10c.	Documentation that the MCE or equivalent studies have been analyzed?			
10d.	Documentation that actions have been taken to correct or investigate any deficiencies or problems in the review process and recommends more effective and efficient hospital care procedures?			
• *CFR, title 42, section 456.241 and 456.242* • *CCR, title 9, chapter 11, section 1820.210*		**OUT OF COMPLIANCE:** • NFP • Plan does not contain description of URC methods. • URC not using methods. • Lack of documentation as required that MCE or equivalent findings are analyzed and how used for improved changes and to correct deficiencies or problems.		
11. 11a.	Regarding MCE or equivalent studies: Do the contents of the MCE or equivalent studies meet federal requirements?			**GUIDANCE:** • Review current and past MCE or equivalent studies for two years.

	CRITERIA	FINDING Y	FINDING N	INSTRUCTIONS TO REVIEWERS
11b.	Has at least one MCE or equivalent study been completed each calendar year?			
11c.	Is an MCE or equivalent study in progress at all times?			
• *CFR, title 42, sections 456.242, 456.243, 456.244 and 456.245* • *CCR, title 9, chapter 11, section 1820.210*		**OUT OF COMPLIANCE:** • MCE or equivalent studies do not meet federal regulations.		
12.	Does the SD/MC hospital have a beneficiary documentation and medical record system that meets the requirements of the contract between the MHP and the department and any applicable requirements of State, federal law and regulation?			
• *CCR, title 9, chapter 11, section 1810.440(c)*		**OUT OF COMPLIANCE:** • Documentation and medical record system does not meet the requirements of the contract and any applicable requirements of State, federal law and regulation.		