

CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES SYSTEM REVIEW PREPARATION CHECKLIST – FY 2013-2014

ATTESTATION: The signed Attestation is due to the Department 60 days prior to the Mental Health Plan's scheduled review.

DOCUMENTS TO BE SENT ELECTRONICALLY TO THE SYSTEM LEAD PRIOR TO THE REVIEW:

System:

1. Beneficiary Booklet in English, threshold language(s), and alternate formats
2. Current Quality Improvement (QI) Work Plan and QI Work Plan Evaluation
3. Cultural Competence Plan Requirements with updates
4. Provider List in English and threshold language(s)
5. MHP Policy and Procedure for monitoring of excluded providers
6. The MHP's 24/7 Toll-Free Number

Charts:

MHP's Documentation Standards/Guidelines or Policies & Procedures that address:

1. Medical Necessity – How medical necessity is determined and the frequency of reestablishment of medical necessity.
2. Assessments – The MHP's documentation standards/guidelines for the specified time period for completion of the initial and subsequent assessments and required elements.
3. Client Plans – The MHP's documentation standards/guidelines for the specified time period for completion of initial/annual client plans and required elements.
4. Progress Notes – The MHP's documentation standards/guidelines for late entries of medical record notes and staff signatures.
5. Medication Consents – The MHP's documentation standards/guidelines for obtaining medication consents and a copy of the form(s).
6. The MHP's written definition of a "long-term client" receiving Specialty Mental Health Services (SMHS).
7. Alternative formats and cultural/linguistic services.

DOCUMENTATION NEEDED TO BE PRESENT AT THE TIME OF THE REVIEW, INCLUDING, BUT NOT LIMITED TO THE FOLLOWING:

System:

1. MHP's Policies and Procedures and documentation to support the requirements;
2. Beneficiary Protection written materials, forms, and logs;
 - Grievances
 - Appeals
 - Expedited appeals
 - State fair hearings
 - Second opinion
 - Posted notices
 - Written acknowledgement

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3. Advance Directives;
4. Written Log of Initial Requests for SMHS;
5. Treatment Authorization Requests;
6. Funding, Reporting, and Contracting documentation;
7. Provider Network monitoring mechanisms;
8. Notices of Action – A thru E;
9. Most current DMH issued Medi-Cal Services for Children and Young Adults: Early & Periodic Screening, Diagnosis & Treatment brochure located at http://www.dmh.ca.gov/Services_and_Programs/Children_and_Youth/EPSTDt.asp; and
10. Hospital and Non-Hospital Utilization Management Activities, authorization process, including second opinions, authorization criteria, payment authorization system and records of authorization decisions.

Charts:

1. MHP's Chart Documentation Manual;
2. Original medical records for the claim sample;
3. Staff Signature List: The staff names, signatures, job titles and licenses/waivers/registrations of staff providing services for all SMHS in the selected charts covering the review period and when applicable, of staff who signed the weekly summary notes for Intensive Day Treatment Services;
4. List of clients from the 10 (small) or 20 (medium/large) beneficiary sample that have both Medicaid and Medi-Cal coverage; and
5. List of provider names and numbers that are in the 10 (small) or 20 (medium/large) beneficiary sample, and indicate whether each is county-owned or contracted.