

**FISCAL YEAR (FY) 2016/2017 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL  
HEALTH SERVICES AND OTHER FUNDED SERVICES  
CONTRA COSTA COUNTY MENTAL HEALTH PLAN REVIEW  
April 10, 2017  
FINDINGS REPORT**

This report details the findings from the triennial system review of the **Contra Costa County** Mental Health Plan (MHP). The report is organized according to the findings from each section of the FY 2016/2017 Annual Review Protocol for Consolidated Specialty Mental Health Services (SMHS) and Other Funded Services (Mental Health and Substance Use Disorder Services Information Notice No. 16-045), specifically Sections A-J and the Attestation. This report details the requirements deemed out of compliance (OOC), or in partial compliance, with regulations and/or the terms of the contract between the MHP and DHCS. The corresponding protocol language, as well as the regulatory and/or contractual authority, will be followed by the specific findings and required Plan of Correction (POC).

For informational purposes, this findings report also includes additional information that may be useful for the MHP, including a description of calls testing compliance of the MHP’s 24/7 toll-free telephone access line and a section detailing information gathered for the 16 “SURVEY ONLY” questions in the protocol.

The MHP will have an opportunity to review the report for accuracy and appeal any of the findings of non-compliance (for both System Review and Chart Review). The appeal must be submitted to DHCS in writing within 15 business days of receipt of the findings report. DHCS will adjudicate any appeals and/or technical corrections (e.g., calculation errors, etc.) submitted by the MHP prior to issuing the final report.

A Plan of Correction (POC) is required for all items determined to be out of compliance. The MHP is required to submit a POC to DHCS within 60 days of receipt of the findings report for all system and chart review items deemed out of compliance. The POC should include the following information:

- (1) Description of corrective actions, including milestones
- (2) Timeline for implementation and/or completion of corrective actions
- (3) Proposed (or actual) evidence of correction that will be submitted to DHCS
- (4) Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should propose an alternative corrective action plan to DHCS
- (5) Description of corrective actions required of the MHP’s contracted providers to address findings

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**RESULTS SUMMARY: SYSTEM REVIEW**

<b>SYSTEM REVIEW SECTION</b>	<b>TOTAL ITEMS REVIEWED</b>	<b>SURVEY ONLY ITEMS</b>	<b>TOTAL FINDINGS PARTIAL or OOC</b>	<b>PROTOCOL QUESTIONS OUT-OF-COMPLIANCE (OO) OR PARTIAL COMPLIANCE</b>	<b>IN COMPLIANCE PERCENTAGE FOR SECTION</b>
ATTESTATION	5	0	0/5		100%
SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES	14	2	0/14		100%
SECTION B: ACCESS	48	5	5/48	5b2, 5d, 9a2, 9a4, 9b	90%
SECTION C: AUTHORIZATION	26	2	6/26	1b, 1c, 2d, 4b, 6d, 6e	77%
SECTION D: BENEFICIARY PROTECTION	25	0	6/25	2a3, 2b, 3a1, 3a2, 3b, 4c1	76%
SECTION E: FUNDING, REPORTING & CONTRACTING REQUIREMENTS	<b>NOT APPLICABLE</b>				
SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	0/6		100%
SECTION G: PROVIDER RELATIONS	6	0	1/6	3b	83%
SECTION H: PROGRAM INTEGRITY	19	4	2/19	4a, 6	90%
SECTION I: QUALITY IMPROVEMENT	30	8	0/30		100%
SECTION J: MENTAL HEALTH SERVICES ACT	21	0	0/21		100%
<b>TOTAL ITEMS REVIEWED</b>	<b>200</b>	<b>16</b>	<b>20</b>		

**Overall System Review Compliance**

Total Number of Requirements Reviewed	216 (with 5 Attestation items)			
Total Number of SURVEY ONLY Requirements	16 (NOT INCLUDED IN CALCULATIONS)			
Total Number of Requirements Partial or OOC	<b>20</b>		<b>OUT OF 200</b>	
<b>OVERALL PERCENTAGE OF COMPLIANCE</b>	<b>IN</b>	90%	<b>OO/Partial</b>	10%
	(# IN/200)		(# OOC/200)	

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**FINDINGS**

**ATTESTATION**

DHCS randomly selected five Attestation items to verify compliance with regulatory and/or contractual requirements. Attestation items 2, 8, 9, 11, and 13 were selected. All requirements were deemed in compliance. A Plan of Correction is not required.

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**SECTION B: ACCESS**

PROTOCOL REQUIREMENTS	
B5.	Regarding written materials:
B5a.	Does the MHP have written informing materials in alternative formats in English and the threshold language(s)?
B5b.	1) Does the MHP inform beneficiaries that information is available in alternative formats?
	2) Does the MHP inform beneficiaries how to access alternative formats?
<ul style="list-style-type: none"> <li>• CFR, title 42, section 438.10(d)(i),(ii)</li> <li>• CCR, title 9, chapter 11, sections 1810.110(a) and 1810.410(e)(4)</li> </ul>	
<ul style="list-style-type: none"> <li>• CFR, title 42, section 438.10(d)(2)</li> <li>• MHP Contract, Exhibit A, Attachment I</li> </ul>	

**FINDINGS**

The MHP does not have a mechanism to inform beneficiaries of how to access alternative formats. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: The Beneficiary Handbook page 3. The handbook stated that materials are available in English and Spanish in written and taped formats. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP had no method of informing the beneficiary how to access informing materials in alternative formats. Protocol question B5b2 is deemed OOC.

**PLAN OF CORRECTION**

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC, and to demonstrate that it is informing beneficiaries of how to access informing materials in alternative formats.

PROTOCOL REQUIREMENTS	
B5c.	Do these written materials take into consideration persons with limited vision?
B5d.	Do these written materials take into consideration persons with limited reading proficiency (e.g., 6 <sup>th</sup> grade reading level)?
<ul style="list-style-type: none"> <li>• CFR, title 42, section 438.10(d)(i),(ii)</li> <li>• CCR, title 9, chapter 11, sections 1810.110(a) and 1810.410(e)(4)</li> </ul>	
<ul style="list-style-type: none"> <li>• CFR, title 42, section 438.10(d)(2)</li> <li>• MHP Contract, Exhibit A, Attachment I</li> </ul>	

**FINDINGS**

The MHP did not furnish evidence its written materials take into consideration persons with limited vision and/or persons with limited reading proficiency (e.g., 6<sup>th</sup> grade reading level). DHCS reviewed the following documentation presented by the MHP as evidence of compliance: The MHP provided evidence of assessing the reading levels for the grievance form, the appeal request, and change of provider form. The reading levels were recorded at

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grades 7.1, 10.0, and 10.9. The reading level assessment was performed in Microsoft Word after this question was asked by the DHCS team during the review. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the assessments of the identified documents to determine reading levels were not performed as materials were being developed or modified over the span of the triennial review period. Protocol question B5d is deemed OOC.

**PLAN OF CORRECTION**

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that its written materials take into consideration persons with limited vision and/or persons with limited reading proficiency (e.g., 6<sup>th</sup> grade reading level).

<b>PROTOCOL REQUIREMENTS</b>	
B9a.	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?
	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?
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1)</li> <li>• CFR, title 42, section 438.406 (a)(1)</li> </ul>	<ul style="list-style-type: none"> <li>• DMH Information Notice No. 10-02, Enclosure, Page 21, and DMH Information Notice No. 10-17, Enclosure, Page 16</li> <li>• MHP Contract, Exhibit A, Attachment I</li> </ul>

The DHCS review team made seven (7) calls to test the MHP's 24/7 toll-free line. The seven (7) test calls are summarized below:

**Test Call #1** was placed on February 2, 2017, at 2:05 pm. The call was initially answered after one (1) ring via a phone tree directing the caller to select a language option, which included the MHP's threshold language. After selecting the option for English, the operator asked if the caller was in crisis, the caller replied in the negative. The caller requested information on how to access SMHS. The operator explained that there were no clinicians available, that this was the Call Center, and requested the caller's phone number so a clinician could call back. The caller declined to provide a phone number. The operator asked for the caller's date of birth, Medi-Cal ID number, and SSN. The caller asked if he/she could bring those items to the appointment. The operator explained that the information was needed to determine eligibility for services. The operator asked what symptoms the caller was experiencing. The caller replied feeling down, sleeping a lot, no appetite, and depressed. The call was transferred to a second operator who requested the caller's address, the caller provided 1245 Stonybrook Drive, Martinez, CA. The operator asked the following questions and the response was negative for each: suicide, hallucinations, drugs, drugs for mental health issues, hospitalization and substance abuse. The operator asked when the symptoms first occurred, the caller replied Christmas-time. The operator informed the caller of a drop-in clinic, Miller Wellness Center, at 25 Allen Street in Martinez, open Monday through Friday, 12:00 pm to 8 pm, and Saturdays, 8:00 am to 4:00 pm. The operator informed the caller to

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bring ID and Medi-Cal card. The caller was provided language options, information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, as well as information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions B9a1, B9a2 and B9a3.

**Test Call #2** was placed on March 8, 2017, at 11:55 am. The call was initially answered after two (2) rings via a phone tree directing the caller to select a language option, which included the MHP's threshold languages. After selecting the option for English, and then the option for Mental Health Services, the operator answered the call and immediately asked if the call was an emergency. The caller asked about getting mental health services for his/her son, and the call was then transferred to another operator. The caller again requested information about accessing mental health services for his/her son. The operator responded that they could connect the caller to a therapist, or they could leave their phone number and a therapist would call them back. The operator explained that the therapist does the screening, and based on the information provided his/her son would be referred to either a clinician, therapist, or a private office. The caller was provided language options, information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, as well as information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions B9a1, B9a2, and B9a3.

**Test Call #3** was placed on March 20, 2017, at 2:07 pm. The call was initially answered after one (1) ring via a phone tree directing the caller to select a language option, which included the MHP's threshold languages. After selecting the option for English, the caller heard a recorded greeting and instructions to call 911 in an emergency. The caller was then placed on hold for three and a half (3 1/2) minutes while the call was transferred to a live operator. The caller requested information about accessing mental health services in the county. The operator asked the caller to provide his/her name, phone number, Date-of-Birth, Social Security Number, and Medi-Cal Number. The DHCS test caller informed the operator they did not have their Social Security Number or Medi-Cal Number handy. The operator stated that was ok, they would look them up by DOB. The operator asked the DHCS test caller if his/her last name was Baker, and then placed the caller on hold. After three (3) minutes, the DHCS test caller hung up. The caller was provided language options and information about services needed to treat a beneficiary's urgent condition. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. This call is deemed in compliance with protocol questions B9a1 and B9a3, and out of compliance with protocol question B9a2.

**Test Call #4** was placed on March 17, 2017, at 7:16 am. The call was answered after five (5) rings via a phone tree directing the caller to select a language option, which included the MHP's threshold languages. After selecting option 1 for English, the DHCS test caller then heard a recorded greeting and instructions to call 911 if experiencing a life-threatening emergency. The operator answered and asked the caller's name, and then a series of screening questions. The caller provided his/her name and answered the questions. The operator also asked for a call back number, and the caller responded that he/she preferred not to provide the number. The operator then stated that in order to make an appointment the

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caller would have to talk to staff during business hours, that the normal process was for a clinician to return the call within 2 business days. The caller stated that he/she would call back. The operator stated that if the caller was having a behavioral health emergency to go to the hospital or call 911. The caller was provided language options, and information about services needed to treat a beneficiary's urgent condition. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The call is deemed in compliance with the regulatory requirements for protocol questions B9a1 and B9a3, and out of compliance with protocol question B9a2.

**Test Call #5** was placed on February 23, 2017, at 12:47 pm and answered after two (2) rings via a phone tree. The caller pressed option 1 for English (option 2 for Spanish, several other language options), and then option 2 for mental health services. After two (2) rings, a live operator answered the call and asked for the caller's name. The operator asked if the caller was currently experiencing a crisis, caller responded no. The caller then stated that he/she had just moved to Contra Costa County, was running out of his/her anxiety medication, and was calling to obtain information regarding where he/she could be seen. The operator stated she would take the caller's information and have a clinician contact the caller. The caller stated he/she didn't feel comfortable giving any information over the phone and asked the operator if she could provide any clinic information. The operator stated she was only a front end clerk and would transfer the caller to a clinician who could further assist the caller.

The call was transferred to a second operator. The operator stated the front end clerk had explained the caller's situation, and stated he would be able to assist the caller. The operator asked if the caller was in crisis, the caller responded no. The operator stated he would conduct a screening over the phone and then provide the caller with clinic information. The caller stated he/she did not have his/her Medi-Cal information and was calling just to obtain information about the process. The operator replied that the caller should first call the Medi-Cal Service Center at 866-663-3225 and have his/her information transferred to Contra Costa County. The operator also suggested calling the Health Clinic appointment line (800-495-8885) to receive assistance obtaining a primary care doctor. The caller asked if there was a clinic available where he/she could walk in and receive services the same day. The operator asked what city the caller lived in, the caller replied Concord. The operator stated the caller could be seen at Miller Wellness Center on 25 Allen Street in Martinez, and provided the phone number and walk-in hours and days. The operator stated the Wellness Center may have the caller contact the access line first to be screened, and provided its 24-hour crisis line number. The caller was provided language options, information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions B9a1, B9a2, and B9a3.

**Test Call #6** was made on March 29, 2017, at 12:27 pm. The phone rang one (1) time and was answered with a message "You have reached Contra Costa Behavioral Health Access Line, for English press 1", and then other language options continued. The caller pressed 1 for English. The phone tree continued, "for Mental Health press 1, for Alcohol and other Drugs press 2, if you are a provider press 3". The caller selected 1 for Mental Health. A message came on stating that all operators were busy, to please hold, and that if this is life threatening

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to hang up and dial 911. A live operator picked up the phone and identified herself, after being on hold for approximately five (5) minutes. The operator immediately asked if this was a crisis call, the caller responded no. The operator asked the caller's name and phone number. The caller stated their name, but declined to provide a phone number. The caller stated that he/she had a complaint about his/her therapist and wanted to know how to file a complaint. The operator asked if it was a county or contracted clinic, the caller responded county clinic. The operator asked the caller to hold while she checked on the process. The operator returned and provided the name and phone number of the County Grievance Coordinator. The operator instructed the caller that he would be able to assist the caller with the grievance process. The operator then paused, and asked if the caller would like to be transferred. The caller responded yes, and the call was transferred. The phone rang four (4) times and then went to voice message. The caller ended the call. The caller was provided language options, and information about services needed to treat a beneficiary's urgent condition. The caller was not provided information about how to use the beneficiary problem resolution and fair hearing process. This call is deemed in compliance for protocol questions B9a1 and B9a3. This call is deemed OOC for protocol question B9a4.

**Test Call #7** was placed on March 17, 2017, at 7:46 am. The call was initially answered after one (1) ring via a phone tree. The phone tree then directed the caller to select a language option, which included the MHP's threshold languages. After selecting the option for English, the caller heard a recorded greeting and instructions to call 911 in an emergency. After five (5) rings, an operator stated that he/she reached the Contra Costa Behavioral Health after hours line. The caller requested information about how to file a complaint. The operator asked the caller for his/her name, call back number, and zip code. The caller provided his/her name, and declined giving his/her telephone number. The operator asked if the caller had any suicidal thoughts, the caller responded in the negative. The operator provided the caller the telephone number to the county grievance line, and instructed the caller to call the number. The caller asked the operator if he/she can go in to fill out a complaint form, the operator said he/she did not have the address and instructed the caller to call back in ten (10) minutes for more information. The caller was provided language options and information about services needed to treat a beneficiary's urgent condition. The caller was not provided information about how to use the beneficiary problem resolution and fair hearing processes. This call is deemed in compliance with protocol questions B9a1 and B9a3, and OOC with protocol question B9a4.

**FINDINGS**

**Test Call Results Summary**

Protocol Question								Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
<b>9a-1</b>	IN	<b>100%</b>						
<b>9a-2</b>	IN	IN	OOC	OOC	IN	N/A	N/A	<b>60%</b>
<b>9a-3</b>	IN	<b>100%</b>						
<b>9a-4</b>	N/A	N/A	N/A	N/A	N/A	OOC	OOC	<b>0%</b>

In addition to conducting the seven (7) test calls, DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Four MHP test call summaries, the Test

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Call scenarios list, the County Script for Access Line calls, and the Access Line Script for Optum (Access after-hours contractor). However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, compliance was determined by the seven (7) DHCS test calls. Protocol questions B9a1 and B9a3 are deemed in compliance, protocol question B9a2 is deemed in partial compliance, and protocol question B9a4 is deemed OOC.

**PLAN OF CORRECTION**

The MHP will submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides a statewide, toll-free telephone number 24 hours a day, 7 days per week that will provide information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and how to use the beneficiary problem resolution and fair hearing processes.

<b>PROTOCOL REQUIREMENTS</b>	
B9b.	Does the MHP provide a statewide (24/7) toll-free telephone number that provides adequate TTY/TDD or Telecommunications Relay Services?
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1)</li> <li>• CFR, title 42, section 438.406 (a)(1)</li> </ul>	<ul style="list-style-type: none"> <li>• DMH Information Notice No. 10-02, Enclosure, Page 21, and DMH Information Notice No. 10-17, Enclosure, Page 16</li> <li>• MHP Contract, Exhibit A, Attachment I</li> </ul>

**FINDING**

The MHP did not furnish evidence its 24/7 toll-free telephone number provides adequate TTY/TDD or Telecommunications Relay Services. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Beneficiary Handbook; One Door to Wellness, Recovery; and Resiliency Brochure. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the TTY/TDD number listed in the Beneficiary Handbook was for the State’s Ombudsman Office and not the MHP as required. There was no evidence provided that the MHP has a TTY/TDD number. Protocol question B9b is deemed OOC.

**PLAN OF CORRECTION**

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that its 24/7 toll-free telephone number provides adequate TTY/TDD or Telecommunications Relay Services.

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***SECTION C: AUTHORIZATION***

<b>PROTOCOL REQUIREMENTS</b>	
C1.	Regarding the Treatment Authorization Requests (TARs) for hospital services:
C1a.	Are the TARs being approved or denied by licensed mental health or waived/registered professionals of the beneficiary’s MHP in accordance with title 9 regulations?

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C1b.	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?
C1c.	Does the MHP approve or deny TARs within 14 calendar days of the receipt of the TAR and in accordance with title 9 regulations?
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, sections 1810.242, 1820.220(c),(d), 1820.220 (f), 1820.220 (h), and 1820.215.</li> <li>• CFR, title 42, section 438.210(d)</li> </ul>	

**FINDINGS**

The MHP did not furnish evidence it complies with regulatory requirements regarding Treatment Authorization Requests (TARs) for hospital services. DHCS reviewed the MHP's authorization policy and procedure: Policy 833 Inpatient Provider Problem Resolution and Appeal; Policy 821 Adverse Decisions; and Policy 717 Prepayment Review. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the sample of 99 TARs reviewed by DHCS showed that procedures followed did not meet regulatory requirements. Protocol question C1c is deemed in partial compliance. The TAR sample review findings are detailed below:

PROTOCOL REQUIREMENT		# TARS IN COMPLIANCE	# TARs OOC	COMPLIANCE PERCENTAGE
C1a	TARs approved or denied by licensed mental health or waived/registered professionals	99	0	100%
C1c	TARs approves or denied within 14 calendar days	89	10	90%

The TAR samples included one (1) TAR which was denied based on based on criteria for medical necessity or emergency admission. The TAR did not include evidence that adverse decisions based on criteria for medical necessity or emergency admission were reviewed and approved by a physician (or by a psychologist, per regulations). Protocol question C1b is deemed OOC.

PROTOCOL REQUIREMENT		# TARS IN COMPLIANCE	# TARs OOC	COMPLIANCE PERCENTAGE
C1b	Adverse decisions based on criteria for medical necessity or emergency admission approved by a physician (or psychologist, per regulations)	0	1	0%

**PLAN OF CORRECTION**

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it complies with regulatory requirements regarding Treatment Authorization Requests (TARs) for hospital services.

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<b>PROTOCOL REQUIREMENTS</b>	
C2.	Regarding Standard Authorization Requests for non-hospital SMHS:
C2a.	Does the MHP have written policies and procedures for initial and continuing authorizations of SMHS as a condition of reimbursement?
C2b.	Are payment authorization requests being approved or denied by licensed mental health professionals or waived/registered professionals of the beneficiary's MHP?
C2c.	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?
C2d.	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?
<ul style="list-style-type: none"> <li>• <i>CFR, title 42, section 438.210(b)(3)</i></li> <li>• <i>CFR, title 42, section 438.210(d)(1),(2)</i></li> <li>• <i>CCR, title 9, chapter 11, sections 1810.253, 1830.220, 1810.365, and 1830.215 (a-g)</i></li> </ul>	

**FINDINGS**

The MHP did not furnish evidence it complies with regulatory requirements regarding expedited authorization decisions for standard authorization requests (SARs) for non-hospital SMHS services. DHCS reviewed the MHP's authorization policy and procedures: Policy 706 Utilization Review SMHS Authorization Process; Policy 707 Day Treatment Authorization; and Policy 708 Utilization Review TBS. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, only Policy 708 contained an expedited authorization process, when all authorization processes should include the expedited 3 working days process. In addition, DHCS inspected a sample of twenty-three (23) SARs to verify compliance with regulatory requirements. Due to the expedited authorization process only being present in the TBS policy, Protocol question C2d is deemed OOC. The SAR sample review findings are detailed below:

<b>PROTOCOL REQUIREMENT</b>		<b># SARs IN COMPLIANCE</b>	<b># SARs OOC</b>	<b>COMPLIANCE PERCENTAGE</b>
C2b	SARs approved or denied by licensed mental health professionals or waived/registered professionals	23	0	100%
C2c	MHP makes authorization decisions and provides notice within 14 calendar days	23	0	100%
C2d	MHP makes expedited authorization decisions and provide notice within 3 working days	0	0	0

**PLAN OF CORRECTION**

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it complies with regulatory requirements regarding SARs for non-hospital SMHS services.

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<b>PROTOCOL REQUIREMENTS</b>	
C4.	Regarding out-of-plan services to beneficiaries placed out of county:
C4a.	Does the MHP provide out-of-plan services to beneficiaries placed out of county?
C4b.	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?
C4c.	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?
<ul style="list-style-type: none"> <li>MHP Contract, Exhibit A, Attachment 1</li> </ul>	

**FINDINGS**

The MHP did not furnish evidence it complies with the timelines for processing or submitting authorization requests for children in foster care, AAP, or KinGAP aid code living outside his or her county of origin. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy 719 Authorization of Services to Foster Care, KinGAP, AAP children non-minor dependents placed outside of county of origin; and SARs log for children in foster care, AAP, or KinGAP aid code living outside his/her county of origin. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the log did not contain the dates the authorizations were made, making it impossible to track authorization timelines. The MHP stated that they strive to meet a 3 business day authorization timeline. Protocol question C4b is deemed OOC.

**PLAN OF CORRECTION**

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate 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.

<b>PROTOCOL REQUIREMENTS</b>	
C6d.	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?
<ul style="list-style-type: none"> <li>CFR, title 42, sections 438.10(c), 438.400(b) and 438.404(c)(2)</li> <li>CCR, title 9, chapter 11, sections 1830.205(a),(b)(1),(2),(3), 1850.210 (a)-(j) and 1850.212</li> <li>DMH Letter No. 05-03</li> <li>MHP Contract, Exhibit A, Attachment 1</li> <li>CFR, title 42, section 438.206(b)(3)</li> <li>CCR, title 9, chapter 11, section 1810.405(e)</li> </ul>	

**FINDING**

The MHP did not furnish evidence it provides 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. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy 815 Notices of Action. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP stated they have not issued any NOA-Ds over the span of the triennial review period. However, upon reviewing the grievance and appeals logs it was noted that two (2) grievances were not resolved within 60 days, and five (5) appeals initiated in 2014 and 2015 did not show a

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decision date where the appeal would be closed. There was no evidence that a NOA-D had been issued for these seven (7) items. Protocol question C6d is deemed OOC.

**PLAN OF CORRECTION**

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides 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.

<b>PROTOCOL REQUIREMENTS</b>	
C6e.	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)?
	<ul style="list-style-type: none"> <li>• <i>CFR, title 42, sections 438.10(c), 438.400(b) and 438.404(c)(2)</i></li> <li>• <i>CCR, title 9, chapter 11, sections 1830.205(a),(b)(1),(2),(3), 1850.210 (a)-(j) and 1850.212</i></li> <li>• <i>DMH Letter No. 05-03</i></li> <li>• <i>MHP Contract, Exhibit A, Attachment I</i></li> <li>• <i>CFR, title 42, section 438.206(b)(3)</i></li> <li>• <i>CCR, title 9, chapter 11, section 1810.405(e)</i></li> </ul>

**FINDING**

The MHP did not furnish evidence it provides a written NOA-E to the beneficiary when the MHP fails to provide a service in a timely manner. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy 815 Notices of Action; NOA-E template letter; the Contra Costa Mental Health Services Timeliness Self-Assessment for FY 14-15 Site Reviews; and the Self-Assessment of Timely Access for FY 14-15 Site Reviews. Also, the MHP stated that they did not issue any NOA-Es during the triennial period. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, evidence presented demonstrated that many beneficiaries did not receive services within the MHPs timeliness standard of 15 days. For example, the Timely Access data shows that the 15-day goal was met 65.4% of the time in FY 14-15, and 89.5% of the time in FY 15-16. Also, with a new method to track first appointment offered in 2016, the MHP reported that 92% of beneficiaries met the timeliness standard. The remaining 34.6%, 10.5%, and 8% of the beneficiaries who did not meet the timeliness standard should have been issued a NOA-E. Protocol question C6e is deemed OOC.

**PLAN OF CORRECTION**

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides a written NOA-E to the beneficiary when the MHP fails to provide a service in a timely manner.

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**SECTION D: BENEFICIARY PROTECTION**

<b>PROTOCOL REQUIREMENTS</b>	
D2.	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.
D2a.	The log must include:
	1) The name or identifier of the beneficiary.
	2) The date of receipt of the grievance, appeal, and expedited appeal.
	3) The nature of the problem.
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1850.205(d)(1)</li> <li>• CCR, title 9, chapter 11, section 1810.375(a)</li> </ul>	

**FINDINGS**

The MHP did not furnish evidence it maintains an appeal log that records the appeals. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy 804.1 Outpatient Mental Health Consumer Appeal and Expedited Appeal Procedures; and the Appeal Log. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the log did not include the required field 'nature of the problem'. Protocol question D2a3 is deemed OOC.

**PLAN OF CORRECTION**

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it maintains an appeal log that records the required appeal components.

<b>PROTOCOL REQUIREMENTS</b>	
D2b.	Does the MHP's log match data reported in the Annual Beneficiary Grievance and Appeal report submitted to DHCS?
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1850.205(d)(1)</li> <li>• CCR, title 9, chapter 11, section 1810.375(a)</li> </ul>	

**FINDING**

The MHP's grievance and appeal logs did not match data reported to DHCS in the Annual Beneficiary Grievance and Appeal Report for fiscal years 2014-15 and 2015-16. Specifically, The MHPs log reported 15 appeals in 2014-15, and 1 appeal in 2015-16. The MHP reported no appeals to DHCS during those two fiscal years. Protocol question D2b is deemed OOC.

**PLAN OF CORRECTION**

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it maintains grievance, appeal, and expedited appeal logs which match data reported to DHCS in the Annual Beneficiary Grievance and Appeal report.

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<b>PROTOCOL REQUIREMENTS</b>	
D3.	Regarding established timeframes for grievances, appeals, and expedited appeals:
D3a.	1) Does the MHP ensure that grievances are resolved within established timeframes?
	2) Does the MHP ensure that appeals are resolved within established timeframes?
	3) Does the MHP ensure that expedited appeals are resolved within established timeframes?
D3b.	Does the MHP ensure required notice(s) of an extension are given to beneficiaries?
	<ul style="list-style-type: none"> <li>• <i>CFR, title 42, section 438.408(a),(b)(1)(2)(3)</i></li> <li>• <i>CCR, title 9, chapter 11, section 1850.206(b)</i></li> <li>• <i>CCR, title 9, chapter 11, section 1850.207(c)</i></li> <li>• <i>CCR, title 9, chapter 11, section 1850.208.</i></li> </ul>

**FINDINGS**

The MHP did not furnish evidence it ensures grievances, appeals, and expedited appeals are resolved within established timeframes and/or required notice(s) of an extension are given to beneficiaries. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy 804.1 Outpatient Mental Health Consumer Appeal and Expedited Appeal Procedures, Grievance Log; and Appeal Log. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, two grievances were not resolved within the 60-day requirement, and two (2) appeals from 2014 and 2015 were still showing as open on the log. There was no evidence that an extension was provided to the beneficiaries.

In addition, DHCS inspected a sample of ten (10) grievances to verify compliance with regulatory requirements. NOTE: Besides the log, there was no documentation available on any of the appeals. Those appeals were coordinated by a staff who is no longer with the MHP.

Protocol questions D3a1 and D3a2 are deemed in partial compliance. Protocol question D3b is deemed OOC.

**PLAN OF CORRECTION**

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it ensures grievances, appeals, and expedited appeals are resolved within established timeframes.

<b>PROTOCOL REQUIREMENTS</b>	
D4.	Regarding notification to beneficiaries:
D4a.	1) Does the MHP provide written acknowledgement of each grievance to the beneficiary in writing?
	2) Is the MHP notifying beneficiaries, or their representatives, of the <u>grievance disposition</u> , and is this being documented?
D4b.	1) Does the MHP provide written acknowledgement of each <u>appeal</u> to the beneficiary in writing?
	2) Is the MHP notifying beneficiaries, or their representatives, of the <u>appeal disposition</u> , and is this being documented?
D4c.	1) Does the MHP provide written acknowledgement of each <u>expedited appeal</u> to the beneficiary in writing?
	2) Is the MHP notifying beneficiaries, or their representatives, of the expedited appeal disposition, and is this being documented?
	<ul style="list-style-type: none"> <li>• <i>CFR, title 42, section 438.406(a)(2)</i></li> <li>• <i>CCR, title 9, chapter 11, section 1850.205(d)(4)</i></li> <li>• <i>CFR, title 42, section 438.408(d)(1)(2)</i></li> <li>• <i>CCR, title 9, chapter 11, sections 1850.206(b),(c), 1850.207(c),(h), and 1850.208(d),(e)</i></li> </ul>

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**FINDINGS**

The MHP did not furnish evidence it provides written acknowledgement of each expedited appeal to beneficiaries. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy 804.1 Outpatient Mental Health Consumer Appeal and Expedited Appeal Procedures. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the policy did not include language that a written acknowledgement would be sent for each expedited appeal received.

Besides the appeal log, the MHP had no appeal or expedited appeal documentation in either hard copy or electronic format available for review. An employee who no longer works for the MHP was responsible for the processing for grievances, appeals, and expedited appeals.

	# REVIEWED	ACKNOWLEDGEMENT		DISPOSITION		COMPLIANCE PERCENTAGE
		# IN	# OOC	# IN	# OOC	
Grievances	10	10	0	10	0	100%
Appeals	N/A	N/A	N/A	N/A	N/A	N/A
Expedited Appeals	N/A	N/A	N/A	N/A	N/A	N/A

Protocol question D4c1 is deemed OOC.

**PLAN OF CORRECTION**

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides written acknowledgement to beneficiaries for all expedited appeals.

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***SECTION G: PROVIDER RELATIONS***

PROTOCOL REQUIREMENTS	
G3.	Regarding the MHP's ongoing monitoring of county-owned and operated and contracted organizational providers:
G3a.	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?
G3b.	Is there evidence the MHP's monitoring system is effective?
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1810.435 (d)</li> <li>• MHP Contract, Exhibit A, Attachment I</li> </ul>	

**FINDINGS**

The MHP did not furnish evidence it has an ongoing and effective monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified per title 9 regulations. DHCS reviewed the following documentation as evidence of compliance: the DHCS-generated Overdue Provider Report, data pulled 4/3/2017. Specifically, four (4) out of the 100 Medi-Cal active providers were overdue on their recertifications, 4% were out of compliance.

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The table below summarizes the report findings:

TOTAL ACTIVE PROVIDERS (per OPS)	NUMBER OF OVERDUE PROVIDERS (at the time of the Review)	COMPLIANCE PERCENTAGE
100	4	96%

Protocol question G3b is deemed in partial compliance.

**PLAN OF CORRECTION**

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has an ongoing and effective monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified per title 9 regulations.

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***SECTION H: PROGRAM INTEGRITY***

PROTOCOL REQUIREMENTS	
H4.	Regarding disclosures of ownership, control and relationship information:
H4a.	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 and 455.104 and in the MHP Contract, Program Integrity Requirements?
<ul style="list-style-type: none"> <li>• <i>CFR, title 42, sections 455.101 and 455.104</i></li> <li>• <i>MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements</i></li> </ul>	

**FINDING**

The MHP did not furnish evidence it collects the disclosure of ownership, control, and relationship information from its providers, managing employees, including agents and managing agents as required in regulations and the MHP Contract. The MHP stated that they are not currently collecting ownership disclosures. Protocol question H4a is deemed OOC.

**PLAN OF CORRECTION**

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it collects the disclosure of ownership, control, and relationship information from its providers, managing employees, including agents and managing agents as required in regulations and the MHP Contract.

PROTOCOL REQUIREMENTS	
H6	Does the MHP confirm that providers' licenses have not expired and there are no current limitations on the providers' licenses?
<ul style="list-style-type: none"> <li>• <i>CFR, title 42, sections 455.410, 455.412 and 455.440</i></li> </ul>	

**FINDING**

The MHP did not furnish evidence it confirms that providers' licenses have not expired and there are no current limitations on the providers' licenses. DHCS reviewed the following

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documentation presented by the MHP as evidence of compliance: Policy 830 Staff Privileging, Verification of Credentials and Participation in a Federally Funded Health Care Program; and Policy 817 Credentialing, Recredentialing, Non-Delegated and Delegated Individual and Group Providers. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the policies do not contain the requirement that clinical licenses are to be checked for current limitations. Protocol question H6 is deemed OOC.

**PLAN OF CORRECTION**

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it confirms that providers' licenses have no current limitations.

**SURVEY ONLY FINDINGS**

**SECTION A: NETWORK ADEQUACY**

PROTOCOL REQUIREMENTS	
A4b.	<p><b>SURVEY ONLY:</b> 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?</p>
	<ul style="list-style-type: none"> <li>• <i>Katie A Settlement Agreement</i></li> <li>• <i>Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care for Katie A Subclass Members</i></li> </ul>

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Service Plan, and General Condition Contract for Katie A Services. The MHP stated that they currently have 212 ICC eligible clients, and have no wait time for appointments. They have dedicated service providers for ages 0 to 5, youth homes, TAY-specific providers, and providers based in each of the three county regions (east, west, and central). The MHP has monthly meetings with the ICC and IHBS providers and receive monthly statements from them. The documentation provides sufficient evidence of compliance with federal and State requirements.

**SUGGESTED ACTIONS**

No further action required at this time.

PROTOCOL REQUIREMENTS	
A4d.	<p><b>SURVEY ONLY:</b> 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?</p>
	<ul style="list-style-type: none"> <li>• <i>Katie A Settlement Agreement</i></li> <li>• <i>Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care for Katie A Subclass Members</i></li> </ul>

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**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Policy 721 Quality management/Utilization Review; Pathways to Mental Health Services (Katie A); Katie A Implementation Plan; Mental Health Assessment Referral Protocol; ICC Referral Checklist for general EPSDT; and the MIST Screening Tool. The MHP currently screens 30-40 CFS youth a month, and have found that the need for ICC and IHBS slots has increased by 40%. In addition to dedicated Katie A staff, the MHP is training each clinician on the screening process. The documentation provides sufficient evidence of compliance with federal and State requirements.

**SUGGESTED ACTIONS**

No further action required at this time.

**SECTION C: AUTHORIZATION**

PROTOCOL REQUIREMENTS	
C4d.	<p><b>SURVEY ONLY</b></p> <p>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”?</p> <p>2) Does the MHP have a mechanism to track the transfer of the authorization and provision of services to another MHP?</p>
<ul style="list-style-type: none"> <li>• 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),</li> <li>• WIC sections, 11376, 16125, 14716; 14717, 14684, 14718 and 16125</li> <li>• DMH Information Notice No. 09-06,</li> <li>• DMH Information Notice No. 97-06</li> <li>• DMH Information Notice No. 08-24</li> </ul>	

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Policy 601; and Log Authorizations. The documentation lacks specific elements to demonstrate compliance with federal and State requirements. Specifically, the log tracks the date the request is received, but not the date authorization is approved for services. There is no mechanism to track the timely transfer of services. The MHP stated that they are not tracking timeliness, but that their goal is currently three (3) days. The log does effectively track the transfer of the authorization and provision of services to another MHP.

**SUGGESTED ACTIONS**

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: Develop a mechanism to track the timely transfer within 48 hours of the authorization and provision of SMHS for a child who will be placed “out of county”.

PROTOCOL REQUIREMENTS	
C4e.	<p><b>SURVEY ONLY</b></p> <p>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?</p> <p>2) Does the MHP have a mechanism to track referrals for assessments and authorizations of services for children placed in its county?</p>

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- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• 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),</li> <li>• WIC sections, 11376, 16125, 14716; 14717, 14684, 14718 and 16125</li> </ul> | <ul style="list-style-type: none"> <li>• DMH Information Notice No. 09-06,</li> <li>• DMH Information Notice No. 97-06</li> <li>• DMH Information Notice No. 08-24</li> </ul> |
|--|---|

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: SAR Tracking Database printout. Specifically, for C4e1 the MHP stated the MHP “is unable to assess, in most cases, within four (4) days. Cases do not come to us with consents in place from the home county. Often, the SAR Coordinator must track these down from the Home County Child Welfare Worker, Juvenile Probation Officer, or in some cases a combination of these two agencies and Education. This creates a significant lag time in serving the youth that varies by case ranging from a week to several weeks in order to have appropriate release and consent in place to initiate services”.

Regarding C4e2, the MHP stated, “we use a SAR Tracking Database to track all incoming and outgoing children and youth needing service. This database is updated on a case by case basis and is kept current by the SAR Coordinator and a Senior Secretary. Requests are received or issued and logged immediately for service in the database”.

**SUGGESTED ACTIONS**

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: Develop a mechanism so the MHP can ensure an assessment has been conducted and authorization of services occurs within four (4) business days of receipt of a referral for SMHS for a child by another MHP.

***SECTION H: PROGRAM INTEGRITY***

<b>PROTOCOL REQUIREMENTS</b>	
H4b.	<p><b><u>SURVEY ONLY:</u></b> Does the MHP require its providers to consent to criminal background checks as a condition of enrollment per 42 CFR 455.434(a)?</p>
<ul style="list-style-type: none"> <li>• CFR, title 42, sections 455.101, 455.104, and 455.416</li> <li>• MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements</li> </ul>	

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Department of Justice Criminal Background Log for county staff; a contracted provider’s evidence of completed criminal background checks. The MHP stated that for County-staffed providers everyone receives a criminal background check. For contracted providers the MHP stated that the providers are required to perform the checks and provide evidence of the checks to the MHP upon request. The documentation provides sufficient evidence of compliance with federal and State requirements.

**SUGGESTED ACTIONS**

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: update policies and contracts to reflect and align with this requirement.

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PROTOCOL REQUIREMENTS	
H4c.	<b>SURVEY ONLY:</b> 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)?
<ul style="list-style-type: none"> <li>• <i>CFR, title 42, sections 455.101, 455.104, and 455.416</i></li> <li>• <i>MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements</i></li> </ul>	

**SURVEY FINDING**

No evidence was provided to DHCS for this Survey Only question.

**SUGGESTED ACTIONS**

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: 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.

PROTOCOL REQUIREMENTS	
H5a3.	<b>SURVEY ONLY:</b> 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?
<ul style="list-style-type: none"> <li>• <i>CFR, title 42, sections 438.214(D), 438.610, 455.400-455.470, 455.436(B)</i></li> <li>• <i>DMH Letter No. 10-05</i></li> <li>• <i>MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements</i></li> </ul>	

**SURVEY FINDING**

No evidence was provided to DHCS for this survey only question.

**SUGGESTED ACTIONS**

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: Develop a process to verify new and current providers and contractors are not in the Social Security Administration's Death Master File.

PROTOCOL REQUIREMENTS	
H7.	<b>SURVEY ONLY:</b> Does the MHP verify that all ordering, rendering, and referring providers have a current National Provider Identifier (NPI) number?
<i>CFR, title 42, sections 455.410, 455.412 and 455.440</i>	

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Instructions for Completing the Staff Number Assignment Worksheet and Update; and Credentialing/Privileging Form. The MHP stated that all applicants at the onset of employment must go through exclusion checks prior to being able to claim. This requirement includes both county and contracted, and licensed and unlicensed staff. All staff that provide direct services must complete the Credentialing packet and have an NPI number. The documentation provides sufficient evidence of compliance with federal and State requirements.

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**SUGGESTED ACTIONS**

No further action required at this time.

***SECTION I: QUALITY IMPROVEMENT***

<b>PROTOCOL REQUIREMENTS</b>	
I3b.	<b>SURVEY ONLY:</b> Does the MHP have a policy and procedure in place regarding monitoring of psychotropic medication use, including monitoring psychotropic medication use for children/youth?
<i>CFR, title 42, sections 455.410, 455.412 and 455.440</i>	

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Policy 553 Guidelines for the Use of Psychotropic Medications; Medication Peer Review Protocol; PowerPoint “Contra Costa County Parameters for Use of Psychotropic Medication” used for training staff on Psychotropic Medication use and standards; 2014, 2015 and 2016 QI Work Plan Evaluations for Medication Monitoring Goals and Outcomes. The MHP stated that they review 500-600 charts a year on medication practices for both children and adults. Each of the 41 physicians gets a report card after the review. The documentation provides sufficient evidence of compliance with federal and State requirements.

**SUGGESTED ACTIONS**

No further action required at this time.

<b>PROTOCOL REQUIREMENTS</b>	
I3c.	<b>SURVEY ONLY:</b> 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?
<ul style="list-style-type: none"> <li>• <i>CFR, title 42, sections 455.410, 455.412 and 455.440</i></li> </ul>	

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Five provider findings reports to the physicians after chart reviews; QI meeting minutes where goals and current goal status in meeting those goals was addressed; and 2014, 2015, and 2016 QI Work Plan Evaluations on Medication Monitoring go status. The documentation provides sufficient evidence of compliance with federal and State requirements.

**SUGGESTED ACTIONS**

No further action required at this time.

<b>PROTOCOL REQUIREMENTS</b>	
I10.	Regarding the adoption of practice guidelines:
I10a.	<b>SURVEY ONLY</b> 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?
I10b.	<b>SURVEY ONLY</b> Does the MHP disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries?

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I10c.	<b>SURVEY ONLY</b> 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?
<ul style="list-style-type: none"><li>• <i>MHP Contract, Exhibit A, Attachment I</i></li><li>• <i>42 CFR 438.236</i></li></ul>	

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Contra Costa BHS Overview of Select Evidence-Based Practices dated March 2017. The MHP stated that they use Evidence-Based Practices, and have not implemented practice guidelines. The MHP also stated that they do not have an estimated date to implement practice guidelines. The evidence lacks specific elements to demonstrate compliance with federal and State requirements. Specifically, the MHP does not have practice guidelines.

**SUGGESTED ACTIONS**

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: Develop practice guidelines which meet the requirements of the MHP contract, disseminate the guidelines to all affective providers and make available to beneficiaries and potential beneficiaries, and assure that areas to which the guidelines apply are consistent with the guidelines.