

**FISCAL YEAR (FY) 2016/2017 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL
HEALTH SERVICES AND OTHER FUNDED SERVICES
SANTA BARBARA COUNTY MENTAL HEALTH PLAN REVIEW
February 6-9, 2017
FINDINGS REPORT**

This report details the findings from the triennial system review of the **Santa Barbara County Department of Behavioral Wellness** 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

SYSTEM REVIEW SECTION	TOTAL ITEMS REVIEWED	SURVEY ONLY ITEMS	TOTAL FINDINGS PARTIAL or OOC	PROTOCOL QUESTIONS OUT-OF-COMPLIANCE (OOC) OR PARTIAL COMPLIANCE	IN COMPLIANCE PERCENTAGE FOR SECTION
ATTESTATION	5	0	1/5	7	80%
SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES	14	2	0/14	0	100%
SECTION B: ACCESS	48	0	8/48	6d3,9a2,9a3, 9a4,10b1,10b2, 10b3, 12b2	83%
SECTION C: AUTHORIZATION	26	2	4/26	1c,6c,6d,6e	85%
SECTION D: BENEFICIARY PROTECTION	25	0	1/25	3a1	96%
SECTION E: FUNDING, REPORTING & CONTRACTING REQUIREMENTS	NOT APPLICABLE				
SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	0/6	0	100%
SECTION G: PROVIDER RELATIONS	6	0	1/6	4b	83%
SECTION H: PROGRAM INTEGRITY	19	4	0/19	0	100%
SECTION I: QUALITY IMPROVEMENT	30	8	0/30	0	100%
SECTION J: MENTAL HEALTH SERVICES ACT	21	0	1/21	6b2	95%
TOTAL ITEMS REVIEWED	200	16	16		

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	16		OUT OF 200	
OVERALL PERCENTAGE OF COMPLIANCE	IN	92%	OOC/Partial	8%
	(# 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. **Below is a summary of findings for requirements deemed out-of-compliance.**

ATTESTATION REQUIREMENTS	
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 (IMD); 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 replace the RCL system beginning January 2017); and at the time of placement in an RCL 12 foster care group home when the MHP is involved in the placement.
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.310(a)(1) • DMH Letter No. 01-07 • DMH Letter No. 04-04 	<ul style="list-style-type: none"> • DMH Letter No. 04-11 • DMH Information Notice No. 08-38 • MHP Contract, Exhibit A, Attachment I

FINDING

The MHP did not furnish evidence that if it 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 (IMD); at the time of placement in a Rate Classification Level (RCL) 13-14 foster care group home; and at the time of placement in an RCL 12 foster care group home when the MHP is involved in the placement. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: **Policy# 4.011 EPSDT Therapeutic Behavioral Services Notification, dated 12/22/2016.** However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, **the policy did not specify that the brochure would be provided when a client enters a RCL 12 when the MHP is involved in the placement.** This Attestation requirement 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 it 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

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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 (IMD); at the time of placement in a Rate Classification Level (RCL) 13-14 foster care group home; and at the time of placement in an RCL 12 foster care group home when the MHP is involved in the placement.

SECTION B: ACCESS

PROTOCOL REQUIREMENTS	
B6d.	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?
	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?
	<ul style="list-style-type: none"> • 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 10-02 and 10-17 • 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

FINDINGS

The MHP did not furnish evidence it has policies, procedures, and practices, in compliance with title VI of the Civil Rights Act of 1964, ensuring minor children are not used as interpreters. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy #6 Non-English Speaking Beneficiaries dated 6/9/2010, **Patients Rights Brochure, and the Consumer Informing Flyer**. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. The Policy, consumer flyer, and Patient Rights brochure did not include language stating that minor children should not be used as interpreters. Protocol question **B6d3** 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 has policies, procedures and practices, in compliance with title VI of the Civil Rights Act of 1964, ensuring minor children are not used as interpreters.

PROTOCOL REQUIREMENTS	
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?

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<ul style="list-style-type: none">• <i>CCR, title 9, chapter 11, sections 1810.405(d) and</i>	
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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 December 28, 2016, at 10:42 pm. The call was answered after six (6) rings by a recorded message advising that all the counselors were busy and to hold for the next available counselor. The call was then answered via a live operator. The caller requested information about accessing SMHS in the county. The operator asked the caller if immediate assistance was required, and the caller replied in the negative. The operator advised the caller he/she was a licensed counselor and could provide immediate services. The caller declined the offer. The operator asked the caller for the area of his/her residence, and provided the caller with location and hours of operation of an adult clinic. The caller was provided information about how to access SMHS, and information about services needed to treat a beneficiary’s urgent condition. The call was deemed in compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

Test Call #2 was placed on January 13, 2017, at 10:50 am. The call was answered after one (1) ring via a live operator. The caller stated they wanted to file a complaint. The operator provided the Patient Rights Advocate number 805-681-4735. The operator asked the caller if this was for an adult or child, and if they lived in Santa Barbara. The caller responded adult, and yes they lived in Santa Barbara. The operator instructed the caller to call the Adult Clinic, at 805-681-4039, and ask for the site supervisor. The caller was not provided information about how to use the beneficiary problem resolution and fair hearing process. The call was deemed out of compliance with the regulatory requirements for protocol question B9a4.

Test Call #3 was placed on January 10, 2017, at 7:36 am. The call was initially answered after three (3) rings via a live operator. The caller requested information about how to access services. The operator asked for the caller’s name and telephone number so someone could call back to set up an assessment appointment. The caller provided his/her name and stated they didn’t have a phone. The caller asked the operator if he/she could go to a provider’s office to set up an appointment, the operator responded in the negative. The operator asked the caller if he/she need to talk to someone now because he/she was a counselor, the caller responded in the negative. The operator stated that an appointment is needed, and asked the caller for more personal information. The caller reiterated that he/she would just like information on how to access services. The operator asked if the caller had thoughts of hurting self or someone, if he/she has substance use or taking any psychiatric medication, or if the caller is living in a violent condition. The caller responded with a negative to all. The operator informed the caller that it has 24/7 phone support and that he/she can call back during business hours (8-5) if he/she would like to make an appointment for an assessment. The caller thanked the operator and ceased the call. The caller was provided 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 B9a2 and B9a3.

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Test Call #4 was placed on January 19, 2017, at 9:58 pm. The phone rang six (6) times before a message answered saying, "You have reached the counseling office. We appreciate you holding the line; a counselor will be with you shortly." The call was then put on hold. Intermittent messages came on thanking the caller for holding and that someone would be with them shortly. The caller waited on hold for ten (10) minutes before ending the call. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, information about services needed to treat a beneficiary's urgent condition, or information about how to use the beneficiary problem resolution and fair hearing processes. This call was deemed out of compliance with regulatory requirements for protocol questions B9a2, B9a3, and B9a4.

Test Call #5 was placed on January 17, 2017, at 12:46 pm. The call was answered via a live operator after two (2) rings. The caller explained he/she had been seeing a therapist, was not happy, and wanted to know how to file a complaint. The operator asked for the caller's first and last name, the caller stated his/her name. The operator asked for the caller's contact information, the caller declined to provide contact information. The operator stated the caller could obtain the form to file a complaint at the clinic where he/she was being seen and the receptionist could assist the caller if needed. The operator stated the caller could also obtain assistance with filing a complaint by calling either Cen Cal (800-421-2560) or the Patients' Rights Advocate (805-681-4735). The caller was provided information on how to use the beneficiary problem resolution and fair hearing process. This call was deemed in compliance with regulatory requirements for protocol question B9a4.

Test Call #6 was placed on January 17, 2017, at 9:25 am. The call was initially answered after one (1) ring via a live operator. The caller requested information about accessing mental health services in the county for an anxiety medication refill. The operator asked the caller questions to determine medical necessity (name, address, phone, DOB, Medi-Cal ID, marital status, primary language, ethnicity, phone number, last physical, disability, other medication besides for anxiety, name of prescribing doctor, religion, employer, attending school, under conservatory, gender, mental health diagnosis, other symptoms/when symptoms began, hurt self/others, suicidal, seeing a counselor, paranoia, psychiatric hospital stay, sleeping or eating problems, drug use, alcohol or substance abuse, attention problems, cutting/burning self, petty theft, trauma, anger issue, eating disorder, sexual aggression, criminal behavior). The responses were negative to all questions. The operator also asked if the caller was experiencing a crisis. The caller responded in the negative. The operator determined that the caller would not be eligible for SMHS and a referral was made to the Holman Group for a lower level of care. The call was transferred to the Holman Group, and the operator asked for the caller's Medi-Cal ID number. The caller explained that he/she didn't know the number, but could bring the card. The operator explained the intake process, the call would then be transferred to an on-call clinician who would setup a psychiatry appointment within 5 days. The operator asked the caller to callback with their Medi-Cal ID number. No additional information about mental health services was provided to the caller. The caller was initially provided information about how to access SMHS (assessment process), including SMHS required to assess whether medical necessity criteria are met, and the caller was provided information about services needed to treat a beneficiary's urgent condition. The call was deemed in compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

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Test Call #7 was placed on January 4, 2017, at 8:55 am. The call was answered after one (1) ring via a live operator. The caller requested information about accessing mental health services in the county. The operator asked a series of screening questions; caller's name, DOB, address, and if caller was a previous client. The operator then asked a variety of screening questions related to the callers living arrangements, emotional, physical, and mental status. The caller answered all questions. The operator asked if English was the callers' preferred or primary language. The caller responded that English was his/her preferred language. The operator stated that if the caller was in crisis or a life-threatening situation, the caller could call 911 and get immediate assistance. The caller replied he/she was not in crisis. The operator stated that based on the information provided the caller did not meet criteria for SMHS, and then provided community resources as options. The caller was provided language options, information about how to access SMHS (assessment process), 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 was deemed in compliance with regulatory requirements for protocol questions B9a1, B9a2, and B9a3.

FINDINGS

Test Call Results Summary

Protocol Question	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
9a-1	N/A	N/A	N/A	N/A	N/A	IN	IN	100%
9a-2	IN	N/A	IN	OOC	N/A	IN*	IN*	80%
9a-3	IN	N/A	IN	OOC	N/A	IN	IN	80%
9a-4	N/A	OOC	N/A	OOC	IN	N/A	N/A	33%

**The caller was assessed and referred to Holman for services*

In addition to conducting the seven (7) test calls, DHCS reviewed the following documentation presented by the MHP as evidence of compliance: **Policy #22 Test Call process 24/7 Access Line, Policy #9, Policy #8 Service Triage**. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, **the test calls demonstrated that the MHPs processes do not fully meet regulatory requirements for providing information on how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, informing beneficiaries about services needed to treat a beneficiary's urgent condition, and information about how to use the beneficiary problem resolution and fair hearing processes**. Protocol questions B9a2, B9a3, and B9a4 are deemed in partial compliance.

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, services needed to treat a beneficiary's

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urgent condition, and how to use the beneficiary problem resolution and fair hearing processes.

PROTOCOL REQUIREMENTS	
B10.	Regarding the written log of initial requests for SMHS:
B10a.	Does the MHP maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing?
B10b.	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?
<ul style="list-style-type: none"> CCR, title 9, chapter 11, section 1810.405(f) 	

FINDINGS

The MHP did not furnish evidence its written log(s) of initial requests for SMHS includes requests made by phone, in person, or in writing. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: **Access Call Logs**. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, four of the five test calls were logged accurately, however, call #4 had been placed on hold for ten minutes and then the call was terminated, leaving call #4 not logged.

The table below details the findings:

Test Call #	Date of Call	Time of Call	Log Results		
			Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
1	12/28/16	10:42pm	IN	IN	IN
3	1/10/17	7:36am	IN	IN	IN
4	1/19/17	9:58pm	OUT	OUT	OUT
6	1/17/17	9:25am	IN	IN	IN
7	1/4/17	8:55am	IN	IN	IN
Compliance Percentage			80%	80%	80%

Please note: Only calls requesting information about SMHS, including services needed to treat a beneficiary's urgent condition, are required to be logged.

Protocol questions B10b1, B10b2, and B10b3 are deemed in partial compliance.

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 its written log of initial requests for SMHS (including requests made via telephone, in person or in writing) complies with all regulatory requirements.

PROTOCOL REQUIREMENTS	
B12.	Regarding the MHP's Cultural Competence Committee (CCC):
B12a.	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?

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B12b.	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?
	2) Provides reports to Quality Assurance/ Quality Improvement Program?
B12c.	Does the CCC complete an Annual Report of CCC activities as required in the CCPR?
<ul style="list-style-type: none"> • CCR title 9, section 1810.410 • DMH Information Notice 10-02 and 10-17 	

FINDINGS

The MHP did not furnish evidence it has a CCC or other group that provides reports to the Quality Assurance/Quality Improvement program. The MHP did not submit any evidence for this protocol requirement. Protocol question B12b2 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 has a CCC or other group that addresses cultural issues that provides reports to the Quality Assurance/Quality Improvement program.

SECTION C: AUTHORIZATION

PROTOCOL REQUIREMENTS	
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?
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: <ol style="list-style-type: none"> 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"> • 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) 	

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 #18 MHP Treatment Authorization Request (TAR), dated 10/22/2007**. In addition, DHCS inspected a sample of 99 TARs to verify compliance with regulatory requirements. 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%

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C1c	TARs approves or denied within 14 calendar days	98	1	99%
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One (1) of the 99 TARs reviewed exceeded the 14-day requirement. Protocol question C1c is deemed in partial compliance.

The TAR sample included **two (2)** TARs which were denied based on criteria for medical necessity or emergency admission.

PROTOCOL REQUIREMENTS	
C6c.	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?
	<ul style="list-style-type: none"> • <i>CFR, title 42, sections 438.10(c), 438.400(b) and 438.404(c)(2)</i> • <i>CCR, title 9, chapter 11, sections 1830.205(a),(b)(1),(2),(3), 1850.210 (a)-(j) and 1850.212</i> • <i>DMH Letter No. 05-03</i> • <i>MHP Contract, Exhibit A, Attachment I</i> • <i>CFR, title 42, section 438.206(b)(3)</i> • <i>CCR, title 9, chapter 11, section 1810.405(e)</i>

FINDING

The MHP did not furnish evidence it provides 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. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: **Policy #4.010 Notices of Action, dated 12/22/2016**. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP could not provide evidence that a NOA-C was issued for one of **two (2) denied TARs from the sample TAR group**. Protocol question **C6a1** is deemed **in partial compliance**.

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-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.

PROTOCOL REQUIREMENTS	
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"> • <i>CFR, title 42, sections 438.10(c), 438.400(b) and 438.404(c)(2)</i> • <i>CCR, title 9, chapter 11, sections 1830.205(a),(b)(1),(2),(3), 1850.210 (a)-(j) and 1850.212</i> • <i>DMH Letter No. 05-03</i> • <i>MHP Contract, Exhibit A, Attachment I</i> • <i>CFR, title 42, section 438.206(b)(3)</i> • <i>CCR, title 9, chapter 11, section 1810.405(e)</i>

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 #4.010 Notices of Action, dated 12/22/2016; Grievance/Appeal Logs for 2015/16 and 2016/17, Sample**

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Grievances and Appeals. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, **the MHP could not provide evidence that a NOA-D was issued for the two (2) grievances that were not resolved within the required 60-day period, and one (1) appeal that was not resolved within 45 days.** Protocol question **C6d** is deemed **out of compliance**.

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.

PROTOCOL REQUIREMENTS	
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"> • <i>CFR, title 42, sections 438.10(c), 438.400(b) and 438.404(c)(2)</i> • <i>CCR, title 9, chapter 11, sections 1830.205(a),(b)(1),(2),(3), 1850.210 (a)-(j) and 1850.212</i> • <i>DMH Letter No. 05-03</i> • <i>MHP Contract, Exhibit A, Attachment I</i> • <i>CFR, title 42, section 438.206(b)(3)</i> • <i>CCR, title 9, chapter 11, section 1810.405(e)</i>

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 4.010 Notices of Action dated 12/22/2016, Grievance/Appeal logs for FY 2015/16 and 2016/17, the 2015 AGBAR, and the Access Database Log. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the Access Database Log identified beneficiaries who had exceeded the 10-day timeliness standard, but **the MHP had not issued NOA-Es.** Protocol question **C6e** is deemed **out of compliance**.

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.

SECTION D: BENEFICIARY PROTECTION

PROTOCOL REQUIREMENTS	
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"> • <i>CFR, title 42, section 438.408(a),(b)(1)(2)(3)</i> • <i>CCR, title 9, chapter 11, section 1850.207(c)</i> • <i>CCR, title 9, chapter 11, section 1850.206(b)</i> • <i>CCR, title 9, chapter 11, section 1850.208.</i>

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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 #4.020 Client Problem Resolution Process dated 12/22/2016, Grievance/Appeal logs for FY 2015/16 and 2016/17, 20 sample Grievances, and two (2) sample Appeals.** However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, **two (2) of the twenty sample grievances reviewed were not resolved within 60 days, and one (1) of the two (2) appeals was not resolved within 45 days. The MHP did not request an extension and the beneficiary was not notified of the delay.**

In addition, DHCS inspected a sample of grievances, appeals, and expedited appeals to verify compliance with regulatory requirements.

	# REVIEWED	RESOLVED WITHIN TIMEFRAMES		REQUIRED NOTICE OF EXTENSION EVIDENT	COMPLIANCE PERCENTAGE
		# IN COMPLIANCE	# OOC		
GRIEVANCES	20	18	2	NO	90%
APPEALS	2	1	1	NO	50%
EXPEDITED APPEALS	0	0	0	N/A	100%

Protocol questions D3a1 and D3a2 are deemed **in partial compliance.**

SECTION G: PROVIDER RELATIONS

PROTOCOL REQUIREMENTS	
G4.	Regarding the MHP's network providers, does the MHP ensure the following:
G4a.	Mechanisms have been established to ensure that network providers comply with timely access requirements?
G4b.	Corrective action is taken if there is a failure to comply with timely access requirements?
	<ul style="list-style-type: none"> • CFR, title 42, section 438.206(b)(1) • MHP Contract, Exhibit A, Attachment I • CCR, title 9, chapter 11, section 1810.310 (a)(5)(B) • CMS/DHCS, section 1915(b) waiver

FINDINGS

The MHP did not furnish evidence it takes corrective action if providers fail to comply with timely access requirements. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: **Access Database Log.** However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP monitors timeliness via an Access Log. The overall average time to receive services was 4.5 days, however, **approximately 4% of consumers on the access log exceeded the 10-day timeliness standard.** The MHP can suspend or terminate a provider for failing to meet the requirements, however the MHP stated that they take no action and there is no follow up with the providers. Protocol question G4b is deemed OOC.

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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 takes corrective action if providers fail to comply with timely access requirements.

SECTION J: MENTAL HEALTH SERVICES (MHSA)

PROTOCOL REQUIREMENTS	
J6.	Regarding the County's MHSA Issue Resolution Process:
J6a.	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?
J6b.	Does the County's Issue Resolution Log contain the following information:
	1) Dates the issues were received?
	2) A brief description of the issues?
	3) Final resolution outcomes of those issues?
	4) The date the final issue resolution was reached?
•	W&IC 5650
•	W&IC 5651
•	County Performance Contract

FINDINGS

The County does not maintain an MHSA Issue Resolution Log with all required components. DHCS reviewed the following documentation presented by the County as evidence of compliance: **MHSA Issue Resolution Log**. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, **the MHSA Issue Resolution Log did not contain a column for a description of the issues**. Protocol question J6b2 is deemed OOC.

PLAN OF CORRECTION

The County must submit a POC addressing the OOC findings for these requirements. The County is required to provide evidence to DHCS to substantiate its POC and to demonstrate they maintain an MHSA Issue Resolution Log with all required components.

SECTION A: NETWORK ADEQUACY

PROTOCOL REQUIREMENTS	
A4b.	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?
•	Katie A Settlement Agreement
•	Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care for Katie A Subclass Members

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: **Katie A. / Pathways to Mental Health Services Operational Manual, Clinical Mental Health Assessment and County of Santa Barbara Board of Supervisors Minute Order, Dated: June 7,**

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2016. 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>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?</p>
<ul style="list-style-type: none"> • <i>Katie A Settlement Agreement</i> • <i>Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care for Katie A Subclass Members</i> 	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: **Santa Barbara County Department of Behavioral Wellness Katie A. Pathways to Mental Health Services) Referral Form; Mental Health Screening Tool (Child 0 to 5 Years); Multi-Disciplinary Team Services Authorization for Use, Exchange and/or Disclosure of Protected Health Information; Individual Services Entry screens shot; Katie A Brief Psychosocial Evaluation Report, and Katie A. Counseling Progress Report. Katie A. / Pathways to Mental Health Services Operational Manual, which provides the process and procedures once a referral is received and the assigned clinician completes an in-depth evaluation regarding the needs and mental health concerns as well as psychological risk factor related to the child's environment.** 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>SURVEY ONLY</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"> • <i>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),</i> • <i>WIC sections, 11376, 16125, 14716; 14717, 14684, 14718 and 16125</i> • <i>DMH Information Notice No. 09-06,</i> • <i>DMH Information Notice No. 97-06</i> • <i>DMH Information Notice No. 08-24</i> 	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: **FY 2014/15, 2015/16, and 2016/17 out of county foster kids tracking log.** The documentation lacks specific elements to demonstrate compliance with federal and State requirements. Specifically, **the MHP stated they have not yet implemented a process to ensure timely**

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transfer within 48 hours of the authorization and provision of SMHS for a child who will be placed “out of county”. The MHP does have a mechanism in place to 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 and implement a process to ensure 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>SURVEY ONLY</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>
	<ul style="list-style-type: none"> • 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), • DMH Information Notice No. 09-06, • WIC sections, 11376, 16125, 14716; 14717, 14684, 14718 and 16125 • DMH Information Notice No. 97-06 • DMH Information Notice No. 08-24

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: **FY 2014/15, 2015/16, and 2016/17 out of county foster kids tracking log.** The documentation lacks specific elements to demonstrate compliance with federal and State requirements. Specifically, **the MHP stated they have not yet implemented a process to 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.** The MHP is currently using the 10-day standard for timeliness. The MHP does have a mechanism in place to track referrals for assessments and authorizations of services for children placed in its county.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: **Develop and implement a process to 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

PROTOCOL REQUIREMENTS	
H4b.	<p>SURVEY ONLY:</p> <p>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"> • CFR, title 42, sections 455.101, 455.104, and 455.416 • MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Exhibit A Statement of Work **Section 2e of the Provider Contract.** The contract language states that the county “may require” the provider to consent to criminal background checks. The

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documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

DHCS recommends the MHP modify Section 2e of the Provider Contract to state that the county “shall require” the provider to consent to criminal background checks.

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

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: **No evidence was provided for this survey question.** The documentation lacks specific elements to demonstrate compliance with federal and State requirements. Specifically, **the MHP stated they were not requiring providers, or any person with a 5 percent or more direct or indirect ownership interest in the provider to submit a set of fingerprints.**

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: **Develop a process that requires providers, or a person with a 5 percent or more direct or indirect ownership interest in the provider to submit a set of fingerprints.**

PROTOCOL REQUIREMENTS	
H5a3.	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?
	<ul style="list-style-type: none"> • 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

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: **No evidence was provided for this survey question.** The documentation lacks specific elements to demonstrate compliance with federal and State requirements. Specifically, **the MHP stated they did not have a process in place to verify new and current providers and contractors are not in the Social Security Administration’s Death Master File.**

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.**

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PROTOCOL REQUIREMENTS	
H7.	SURVEY ONLY: 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: **Policy #4.015 Staff Credentialing and Licensing**. The policy states that prior to being able to claim all providers must have a valid and current NPI number. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

SECTION I: QUALITY IMPROVEMENT

PROTOCOL REQUIREMENTS	
I3b.	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?
<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 No. 10.019, RxNT: Electronic Prescription Management and Documentation, dated 1/12/16**. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

PROTOCOL REQUIREMENTS	
I3c.	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?
<ul style="list-style-type: none"><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: **County of Santa Barbara Alcohol, Drug and Mental Health Services outlier, dated 5/9/15 is a log and monitoring tool used to capture clients physical health, substances abuse, and psycho-social behavior. In addition, Santa Barbara provided emails from Doctor's discussing the dosage(s), and, serious and rare reactions to medications**. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

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No further action required at this time.

PROTOCOL REQUIREMENTS	
I10.	Regarding the adoption of practice guidelines:
I10a.	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 ?
I10b.	SURVEY ONLY Does the MHP disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries?
I10c.	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?
<ul style="list-style-type: none"> • <i>MHP Contract, Exhibit A, Attachment I</i> • <i>42 CFR 438.236</i> 	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: **Santa Barbara County Department of Behavioral Wellness, A System of Care and Recovery, Team-based Care Operational Manual, Dated January 2017.** Santa Barbara, currently, has a draft dated January 2017, once adopted; a second version will be created for consumer's beneficiaries and providers. Outlined in the draft is **Team-based Care, Team Composition, Roles and Responsibilities, Coordination of Care and Treatment Modalities.** The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

PROTOCOL REQUIREMENTS	
I11.	Regarding the 1915(b) Special Terms and Conditions (STC)
I11a1	SURVEY ONLY Has the MHP submitted data required for the performance dashboard per the STC requirements of the 1915(b) SMHS waiver?
I11a3.	SURVEY ONLY Does the MHP's performance data include the performance data of its contracted providers?
I11b.	SURVEY ONLY 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?
<ul style="list-style-type: none"> • <i>1915(B) Waiver Special Terms and Conditions</i> 	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: **Quality Improvement Work Plan Evaluation FY 2015-2016, which includes the Network Provider performance data collected under Indicators along with wait times for each service type.** The **Crisis Action Team FY 2015 Goals, which clearly demonstrates Goals, wait times, better care, and improving crisis response services to children.** 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.