

**FISCAL YEAR (FY) 2016/2017 ANNUAL REVIEW OF SPECIALTY MENTAL HEALTH SERVICES
AND OTHER FUNDED SERVICES
SONOMA COUNTY MENTAL HEALTH PLAN REVIEW
April 17-20, 2017
FINDINGS REPORT**

This report details the findings from the triennial system review of the Sonoma 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

SYSTEM REVIEW SECTION	TOTAL ITEMS REVIEWED	SURVEY ONLY ITEMS	TOTAL FINDINGS PARTIAL or OOC	PROTOCOL QUESTIONS OUT-OF-COMPLIANCE (OOO) OR PARTIAL COMPLIANCE	IN COMPLIANCE PERCENTAGE FOR SECTION
ATTESTATION	5	0	0/5		100%
SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES	14	2	0/14		100%
SECTION B: ACCESS	48	0	4/48	9a4,10b1,10b2, 10b3	92%
SECTION C: AUTHORIZATION	26	2	2/26	1c,6d	92%
SECTION D: BENEFICIARY PROTECTION	25	0	3/25	2a2, 3a1, 4a1	88%
SECTION E: FUNDING, REPORTING & CONTRACTING REQUIREMENTS	NOT APPLICABLE				
SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	0/6		100%
SECTION G: PROVIDER RELATIONS	6	0	0/6		100%
SECTION H: PROGRAM INTEGRITY	19	4	0/19		100%
SECTION I: QUALITY IMPROVEMENT	30	8	0/30		100%
SECTION J: MENTAL HEALTH SERVICES ACT	21	0	0/21		100%
TOTAL ITEMS REVIEWED	200	16	9		

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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	9		OUT OF 200	
OVERALL PERCENTAGE OF COMPLIANCE	IN	95%	OOO/Partial	5%
	(# IN/200)		(# OOC/200)	

FINDINGS

ATTESTATION

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

SECTION B: ACCESS

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

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 March 8, 2017, at 7:26 a.m. The call was answered after two (2) rings via a phone tree for the after hours access line, which directed the caller to dial 911 for emergency service, or stay on the line for a counselor. A live operator answered after six (6) rings. The caller requested for information on how to file a grievance with the MHP. The operator asked for the caller's age, city of residence, zip code, and if the caller was having suicidal thoughts. The caller provided his/her name, and age, but did not provide his/her zip code. The caller replied in the negative to having suicidal thoughts. The operator asked for a call back number to provide to the daytime staff who could return the call. The caller refused to provide his/her number. The operator stated that, as after hours he/she was unable to answer questions

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and directed the caller to call back during business hours. The caller was provided information about how to access SMHS for an urgent condition. The caller was not provided Information about how to file a grievance. The call is deemed in compliance with regulatory requirements for protocol question B9a3. The call is deemed out of compliance with the regulatory requirements for protocol question B9a4.

Test Call #2 was placed on March 9, 2017, at 11:23 a.m. The call was answered after two (2) rings with recorded options for services to treat an urgent condition, and then by a live operator. The caller requested Specialty Mental Health Services for their minor child, the operator then transferred the call to a therapist who asked questions regarding the minor's current condition, insurance status, age and symptoms. The operator provided contact information for Beacon Partnership who could provide a list of providers that accept Medi-Cal in the caller's area of residence. The caller was provided information about how to access specialty mental health services for a minor in the county, and information about how to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

Test Call #3 was placed on March 20, 2017, at 7:35 a.m. The call was answered after one (1) ring with a recorded message identifying that the caller had reached the after hours access line and if the caller was experiencing a life-threatening emergency, to call 911. After a brief hold, the call was answered by an operator who asked for the caller's name and call back number. The caller provided his/her name but no number. The caller then asked for initial Specialty Mental Health Services. The operator asked for the caller's date of birth and zip code. The caller provided his/her date of birth and address, adding that it was a temporary living situation. The operator inquired if anything had happened recently to trigger the issue that the caller was having. The caller replied in the negative. The operator asked what services the caller was looking for, and if the caller had a mental health diagnosis. The caller replied in the negative. Operator asked if caller had experienced the feelings in the past. The caller replied in the negative. The operator explained that the caller had reached the after hours line and that he/she could take the callers number and have a clinician call the caller back in two business days or the caller could call back during business hours for a referral. The operator asked if the caller was having thoughts of suicide or of hurting him/herself or anyone else. The caller replied in the negative. The caller was provided with information about how to access specialty mental health services, including SMHS required to assess whether medical necessity criteria are met. The line provided 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.

Test Call #4 was placed on March 22, 2017 at 10:23 p.m. The call was answered after one (1) ring by a recorded greeting, and then answered after four rings (4) rings via a live operator. The caller requested information about accessing SMHS in the county. The operator advised the caller of the assessment process. The operator continued to explain the clinical process for receiving therapy and possibly medication depending on the outcome of the assessment. The operator asked the caller if he/she felt suicidal and the caller replied in the negative. The operator advised the caller of the availability of the access line and advised the caller to call 211 or 911 if in severe crisis. The operator requested the caller's phone number for a callback and the caller declined to provide requested information. The operator then advised the caller to

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call back during business hours for an assessment and referral. The operator also advised the caller of the warm line and provided hours of operation and the telephone number. The caller was provided information about how to access specialty mental health services, including SMHS required to assess whether medical necessity criteria are met. The caller was also provided 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.

Test Call #5 was placed on March 24, 2017, at 2:54 p.m. The call was answered after one (1) ring by a phone tree. The recording instructed the caller to dial 911 if it was an emergency, then instructed the caller to select a language option, which included the MHP's threshold languages. Upon selecting English, an operator immediately answered the call. The caller requested information on how to access Specialty Mental Health Services. The operator asked the caller if he/she was a danger to self or others, the caller replied in the negative. The operator asked the caller's name and telephone number. The caller provided a name but not a telephone number. The caller asked if he/she could walk in to obtain some information about services. The operator said yes and asked if the caller would like the address. The operator provided the address, hours of operation, and proceeded to inform the caller that he/she would be screened if he/she decided to obtain services. The line offered language capabilities in the counties threshold language and the caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. Additionally, the caller was provided 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 placed on March 23, 2017, at 9:15 a.m. The call was answered after six (6) 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, the caller was transferred to a live operator. The caller requested information about filing a complaint. The operator provided the caller with several ways of obtaining the complaint forms; they could be mailed, the caller could go to 2225 Challenger Way and pick up an informational packet, or by contacting the Patient Rights Advocate. The line offered language capabilities in the counties threshold languages and the caller was provided information about how to file a complaint. The call is deemed in compliance with the regulatory requirements for protocol questions B9a1 and B9a4.

Test Call #7 was placed on April 3, 2017, at 12:42 p.m. The call was answered after two (2) rings via a phone tree with a recorded greeting and instructions to call 911 in an emergency or directing the caller to select a language option, which included the MHP's threshold languages. After selecting for English, the call was answered after three (3) rings via a live operator who asked for caller's name and how he/she could assist the caller. The caller provided his/her name and informed the operator that he/she was new to Sonoma County and in need of SMHS. The operator asked for a call back number and stated he/she would have a clinician contact the caller to perform a phone screening, which the caller declined to provide. The Operator confirmed the county of residence and permanency of that residence. The caller stated that the move was permanent, that he/she lived in Santa Rosa, and that he/she had Medi-Cal that had not yet transferred to Sonoma County. The operator recommended the caller contact the Medi-Cal office to receive assistance with transferring the caller's Medi-Cal information and provided the phone number. The caller then asked if the county had walk in services available. The

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operator provided the address, phone number, and stated the caller could walk into their clinic, to receive an in person screening by a clinician. If the clinician determined the caller met the requirements, the caller would be scheduled to receive a full assessment.

The operator also stated if the caller was experiencing a crisis, he/she could be seen in the crisis stabilization unit that was available 24/7, and provided the phone number and location. The operator also recommended the caller stop at one of the “Pop up” kiosks located near the clinic where the caller could receive a free cell phone after showing his/her Medi-Cal Information.

The caller was given language options, and was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was also 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 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	IN	IN	IN	100%
9a-2	N/A	IN	IN	IN	IN	N/A	IN	100%
9a-3	IN	IN	IN	IN	IN	N/A	IN	100%
9a-4	OCC	N/A	N/A	N/A	N/A	IN	N/A	50%

Protocol question 9a-4 is 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 will provide information to beneficiaries about 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) 	

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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: **Call Logs**. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, two (2) of the five (5) test calls were 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
2	3/9/17	11:23 a.m.	In	In	Out
3	3/20/17	7:35 a.m.	In	In	In
4	3/22/17	10:23 p.m.	In	In	In
5	3/24/17	2:54 p.m.	Out	Out	Out
7	4/3/17	12:42 p.m.	Out	Out	Out
Compliance Percentage			60%	60%	40%

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, 10B2, and 10B3 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.

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?

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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: **P&P #MHP-03 Authorization Standards and 100 TAR samples**. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, **one (1) of the 100 TARs reviewed was approved past 14 calendars days of receipt**. 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	100	0	100%
C1c	TARs approves or denied within 14 calendar days	99	1	99%

Protocol question C1c 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 complies with regulatory requirements regarding Treatment Authorization Requests (TARs) for hospital services.

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

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: **P&P # MHP-05 Notice of Action; Sonoma County DHS Behavioral Health Division NOA Overview Grid; and NOA-D forms in English and Spanish**. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, **five (5) out of twenty-five (25) grievances reviewed were not resolved within timeframes and the**

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beneficiaries were not issued the required NOA-D. Protocol question C6d 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-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.

SECTION D: BENEFICIARY PROTECTION

FINDING

PROTOCOL REQUIREMENTS	
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"> • CCR, title 9, chapter 11, section 1850.205(d)(1) • CCR, title 9, chapter 11, section 1810.375(a) 	

FINDINGS

The MHP did not furnish evidence it maintains 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. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: **P&P MHP-06 Client Grievance and Appeal Process; and the Grievance/Appeal log**. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the date of receipt of the Grievance did not match the information that was documented in the log. In some cases, the Grievance was not stamped with an accurate date of receipt and the reviewer was unable to determine if the date entered into the log was within one working day of the receipt of the grievance. Protocol question **D2a2** is deemed in partial compliance.

Note: The MHP recently changed their documentation process for their tracking log. Each grievance/appeal is stamped when received and then entered into the Grievance/Appeal log within one working day of the date of receipt to ensure tracking of each form aligns with regulatory requirements.

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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 maintains 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.

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>

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: **P&P MHP-06 Client Grievance and Appeal Process; and the Grievance/Appeal Log**. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, **five (5) out of the twenty-five (25) grievances reviewed were not resolved within 60 days.**

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	25	20	5	NO	80%
APPEALS	1	1	100	N/A	100%
EXPEDITED APPEALS	N/A	N/A	N/A	N/A	N/A

Protocol question **D3a1** 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 ensures grievances, appeals, and expedited appeals are resolved within established timeframes.

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PROTOCOL REQUIREMENTS	
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"> • CFR, title 42, section 438.406(a)(2) • CCR, title 9, chapter 11, section 1850.205(d)(4) • CFR, title 42, section 438.408(d)(1)(2) • CCR, title 9, chapter 11, sections 1850.206(b),(c), 1850.207(c),(h), and 1850.208(d),(e) 	

FINDINGS

The MHP did not furnish evidence it provides written acknowledgement and notifications of dispositions to beneficiaries for all grievances, appeals, and expedited appeals. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: **P&P MHP-06 Client Grievance and Appeal Process**. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, **there was no evidence that a grievance acknowledgement letter was sent to the beneficiary for two (2) out of the twenty-five (25) grievances reviewed.**

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

	# REVIEWED	ACKNOWLEDGEMENT		DISPOSITION		COMPLIANCE PERCENTAGE
		# IN	# OOC	# IN	# OOC	
Grievances	25	23	2	25	25	92%
Appeals	1	1	0	1	0	100%
Expedited Appeals	N/A	N/A	N/A	N/A	N/A	N/A

Protocol question **D4a1** 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 provides written acknowledgement and notifications of dispositions to beneficiaries for all grievances, appeals, and expedited appeals.

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SURVEY ONLY FINDINGS

SECTION A: NETWORK ADEQUACY

PROTOCOL REQUIREMENTS	
A4b.	<p>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?</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: **Contracts with Seneca Family of Agencies; Redwood Community Services; and Alternative Family Services, Inc; The Provider list highlighting child/adolescent providers; Katie A. Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) PowerPoint training and sign in sheets; The Foster Youth Report.** All of the contracts specify the approved scope of service to provide Intensive Care Coordination and Intensive Home Based services. The Foster Youth report provides a variety of information such as the total services by service type/code and the number of youth who received the services. Sonoma County Behavioral Health provided services for 143 foster youth in January 2017. 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: **Draft Memorandum of Understanding between County of Sonoma Human Services Department Family, Youth & Children's Division (FYC) and County of Sonoma Department of Health Services Behavioral Health Division; The Intracounty MOU between Sonoma County Human Services Department and Sonoma County Department of Health Services; the Work Plan for FY 16/17 Section 1: Service Delivery Capacity.** The MOU between County of Sonoma Human Services Department and the MHP identifies for the provision of mental health screening of children/youth in Family Youth and Care cases. Behavioral Health will provide a licensed mental

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health clinician co-located at FY&C to conduct screenings. It also provides for assessments of mental health services needs of those children/youth determined to need further assessment, case management, and provision of mental health services. The Intracounty MOU establishes the roles and responsibilities of the parties in the monitoring of psychotropic medication, prescription, administering, and in tandem treatment planning of minor clients of the Human Services Department Family, Youth & Children’s Services Division. 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"> • CCR, title 9, chapter 11, section 1830.220(b)(3) and (b)(4)(A); sections 1810.220.5, 1830.220 (b)(3), and b(4)(A), • WIC sections, 11376, 16125, 14716; 14717, 14684, 14718 and 16125 • DMH Information Notice No. 09-06, • DMH Information Notice No. 97-06 • DMH Information Notice No. 08-24 	

SURVEY FINDING

No evidence was provided to demonstrate 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: **Develop a P&P to reflect the new state requirements for AB 1299 and ensure that its authorization and provision of SMHS for a child who will be placed out of county is transferred within 48 hours.**

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), • WIC sections, 11376, 16125, 14716; 14717, 14684, 14718 and 16125 • DMH Information Notice No. 09-06, • DMH Information Notice No. 97-06 • DMH Information Notice No. 08-24 	

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SURVEY FINDING

No evidence was provided to demonstrate 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: **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

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

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: **Administrative Policy 4.11 Pre-Employment/Pre-Placement Screening Policy.** The documentation identifies that as a condition of employment, finalists for full-time, part-time, and temporary positions will be required to successfully pass the pre-employment background, medical, and drug screening requirements for each assignment detailed on the Sonoma County Job Classification Screening Schedule those requirements will be included in the conditional job offer letter. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

DHCS suggests the MHP consider adding the following language **for clarification** to Administrative Policy 4.11 Pre-employment/Pre-placement Screening Policy section 2 paragraph 2. Specifically, as a condition of employment or contracting, finalists for full-time, part-time, and extra help positions will be required to successfully pass the pre-employment background check. The revision would clarify the contracting provider’s obligation to adhere to the requirement.

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 	<ul style="list-style-type: none"> MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements

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SURVEY FINDING

No evidence was provided to demonstrate 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: **develop a P&P and amend provider contracts to include language that requires a provider or any person with 5 percent or more direct or indirect ownership interest in the provider to consent to criminal background checks and submit fingerprints within 30 days upon request from CMS or the Department of Health Care Services pursuant to 42 CFR 455.434(b) (1) and (2).**

PROTOCOL REQUIREMENTS	
H5a3.	<p>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?</p> <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: P&P # 04-04 Compliance Monitoring and Auditing; P&P #BH-01 Provider Credentialing and Continuous Monitoring. The MHP screens DHS employees and independent contractors prior to hire against the Social Security Administration’s Death Master File. The Provider Credentialing policy requires verification that the candidate is not suspended or excluded from participation in federal or state funded healthcare programs by checking the Social Security Death Master File.

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

SUGGESTED ACTIONS

No further action required at this time.

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

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: **P&P # 04-04 Compliance Monitoring and Auditing; P&P #BH-01 Provider Credentialing and**

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Continuous Monitoring. Both policies identify that at the time DHS employees and independent contractors are enrolled in the County’s billing system, the accuracy of their National Provider Number (NPI) is verified in the National Plan and Provider Enumeration (NPES) system. 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: P&P # MHP 11 **General Psychoactive Medication Utilization Guidelines; Policy #MHP-12 Psychoactive Medication Utilization Policy for Children and Adolescents.** Policy MHP-11 ensures that practices of prescribing psychotropic medications are consistent within the division and are aligned with state and federal guidelines. Policy MHP-12 outlines the internal requirements and guidelines that all psychiatric providers employed by Sonoma County Behavioral Health are expected to follow. It provides medication policy guidelines for children and adolescents. 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

No evidence was provided to demonstrate 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: MHP should develop policies and procedures identifying

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that if a quality of care concern is identified related to psychotropic medication the MHP has a process to ensure appropriate action is taken.

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: **P&P # MHP-12 Psychoactive Medication Utilization Policy for Children and adolescents**. The policy is consistent with and indexed to two additional external documents. The external documents are the Departments of Social Services Foster Care Quality Improvement project, California Guidelines for the Use of Psychotropic medication with Children and Youth in Foster Care and the Los Angeles Department of Mental Health, Parameters 3.8 for use of Psychotropic Medication in Children and Adolescents. The MHP does have guidelines for prescribing of psychotropic medication and ensures consistent practices in the evaluation of JV220 requests for psychotropic utilization by foster youth in Sonoma County. The documentation lacks specific elements to demonstrate compliance with federal and State requirements. Specifically, the MHP does not have a documented process for disseminating the guidelines to all affected providers or assures 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.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: develop a process to disseminate the guidelines to all affected providers and that assures 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.

PROTOCOL REQUIREMENTS	
I11.	Regarding the 1915(b) Special Terms and Conditions (STC)

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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">• 1915(B) Waiver Special Terms and Conditions	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: **Screenshot of their webpage. The page included the Workplan Evaluation, Workplan for FY 16-17 and the 2016 CCP update; Tracking system for the Timeliness to access mental health services-initial request form and the Mental Health Plan Administration Meeting minutes dated February 10, 2017.** Timeliness data is tracked and entered on the initial request for services form. The form includes the details of the request for services, the initial assessment appointment, initial psychiatric appointment, and second opinion appointments. The Mental Health Plan Administration Meeting (MHPA) meets monthly during which the timeliness for access to services are discussed and monitored. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.