

**FISCAL YEAR (FY) 2015/2016 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY  
MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES  
GLENN COUNTY MENTAL HEALTH PLAN REVIEW  
April 4, 2016 – April 7, 2016  
FINAL SYSTEM REVIEW FINDINGS REPORT**

This report details the findings from the triennial system review of the **Glenn County** Mental Health Plan (MHP). The report is organized according to the findings from each section of the FY2015/2016 Annual Review Protocol for Consolidated Specialty Mental Health Services (SMHS) and Other Funded Services (Mental Health and Substance use Disorder Services Information Notice No. 15-042), 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 draft 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 12 “SURVEY ONLY” questions in the protocol.

The MHP will have thirty (30) days from receipt to review the draft report. If the MHP wishes to contest the findings of the system review and/or the chart review, it may do so, in writing, before the 30-day period concludes. If the MHP does not respond within 30 days, DHCS will then issue its Final Report. The MHP is required to submit a Plan of Correction (POC) to DHCS within sixty (60) days after receipt of the final 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

If the MHP chooses to appeal any of the out of compliance items, the MHP should submit an appeal in writing within 15 working days after receipt of the final report. A POC will still be required pending the outcome of the appeal.

**Report Contents**

RESULTS SUMMARY: SYSTEM REVIEW .....	2
FINDINGS.....	3
<i>ATTESTATION</i> .....	3
<i>SECTION A: ACCESS</i> .....	3
SURVEY ONLY FINDINGS .....	5

**System Review Findings Report  
Glenn County Mental Health Plan  
Fiscal Year 2015/2016**

**RESULTS SUMMARY: SYSTEM REVIEW**

SYSTEM REVIEW SECTION				-	-
ATTESTATION	5	0	0/5	N/A	100%
SECTION A: ACCESS	48	2	0/46	N/A	100%
SECTION B: AUTHORIZATION	22	0	0/22	N/A	100%
SECTION C: BENEFICIARY PROTECTION	25	0	0/25	N/A	100%
SECTION D: FUNDING, REPORTING & CONTRACTING REQUIREMENTS					
SECTION E: NETWORK ADEQUACY AND ARRAY OF SERVICES	20	4	0/16	N/A	100%
SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	0/6	N/A	100%
SECTION G: PROVIDER RELATIONS	5	0	0/5	N/A	100%
SECTION H: PROGRAM INTEGRITY	20	4	0/16	N/A	100%
SECTION I: QUALITY IMPROVEMENT	31	2	0/29	N/A	100%
SECTION J: MENTAL HEALTH SERVICES ACT	17	0	0/17	N/A	100%
	199	12	0		

**Overall System Review Compliance**

Total Number of Requirements Reviewed	199 (with 5 Attestation items)			
	12 (NOT INCLUDED IN CALCULATIONS)			
	0		<b>OUT OF 187</b>	
		100%		0%

**System Review Findings Report  
Glenn County Mental Health Plan  
Fiscal Year 2015/2016**

**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 A: ACCESS**

<b>CRITERIA</b>	
9a.	Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number:
	1) Does the MHP provide a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county?
	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?

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

**Test call #1** was placed on February 25, 2016 at 3:34pm. The call was answered after one (1) ring via a live operator. The operator asked the caller if he/she was in crisis or if this was an emergency call and the caller responded in the negative. The caller then requested information about SMHS for a minor dependent; the operator stated counseling services were available at two locations, in Willows and Orland. The operator explained the county's process for clinic referrals and provided the clinic address. The operator provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met and services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol question A9a2 and A9a3.

**Test call #2** was placed on February 25, 2016 at 7:35am. The call was answered after two (2) rings by a live operator. The operator advised the caller he/she had reached the crisis line for Glenn County. The operator then asked the caller if he/she was in crisis or if this was an emergency call and the caller responded in the negative. The caller requested information about how to file a grievance. The operator explained the options for filing a grievance: receive a grievance form through the mail and/or obtain a form at the clinic office. The operator also explained what to caller should expect in completing the grievance process. The operator provided information to the caller about how to use the beneficiary problem

**System Review Findings Report  
Glenn County Mental Health Plan  
Fiscal Year 2015/2016**

resolution and fair hearing process. The call is deemed in compliance with the regulatory requirements for protocol questions A9a3 and A9a4.

**Test call #3** was placed on March 8, 2016 at 7:26am and answered after three (3) rings by an operator. The operator asked the caller if emergency services were needed and the caller responded in the negative. The caller then requested information about how to obtain SMHS. The operator asked the caller a series of questions, including whether the caller had previously received counseling services and whether a recent event impacted the caller's mood. The caller responded in the negative. The operator then asked if the caller lived in Willows or Orland and provided the caller with options to obtain services. The operator then advised the caller that the next step in the process would be to schedule an appointment for a mental health assessment. The operator also advised the caller he/she could walk into the clinic and/or provide information over the phone necessary to schedule an appointment. The operator provided the clinic's address and hours of operation and suggested that if the caller needed help the 800 number was available anytime. The caller was provided with information about how to access SMHS, including information about SMHS required to assess whether medical necessity criteria are met and services needed to treat a beneficiary's urgent condition. This call is deemed in compliance for protocol questions A9a2 and A9a3.

**Test call #4** was placed on February 24, 2016 at 12:45pm and answered after two (2) rings by a live operator. The operator asked if the caller was in crisis and the caller responded in the negative. The caller requested information about how to file a complaint regarding a therapist in the county. The operator provided the caller with several options for filing a complaint: the complaint could be taken over the phone, the caller could pick up the form in the clinic lobby, or the caller could have the form mailed to their home. The operator provided the clinic's address and hours of operation and advised the caller of the expected timeline for action. The call is deemed in compliance with the regulatory requirements for protocol questions A9a3 and A9a4.

**Test call #5** was placed on March 13, 2016 at 7:40am and answered after three (3) rings via a live operator who inquired if the DHCS test caller was in crisis. The test caller replied in the negative and requested information about accessing SMHS in the county. The operator asked for the caller's area of residence which led the operator to provide a nearby clinic's address, phone number and hours of operation of the walk-in and assessment process. The operator advised the caller to call the 24/7 access line for an emergency. The caller was provided information about how to access SMHS, including information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions A9a2 and A9a3.

**Test call #6** was placed on March 16, 2016 at 1:55pm and answered after two (2) rings by a live operator. After the test caller requested information about accessing mental health services in the county, the operator requested the caller's name and described the intake and referral process and services available. The operator advised that an appointment would be scheduled with a therapist for an assessment and that the MHP offered counseling services, case management, crisis services, and group services. Information about a drop-in center was provided along with the address, phone number and hours of operation for urgent conditions. The operator also offered to mail a referral to the caller. The caller was provided information about how to access SMHS, including SMHS required assessing whether medical

**System Review Findings Report  
Glenn County Mental Health Plan  
Fiscal Year 2015/2016**

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 A9a2 and A9a3.

**Test call #7** was placed on March 3, 2016 at 11:08am and answered by a live operator on the second (2<sup>nd</sup>) ring with "Glenn County crisis line, this is [name], are you having a crisis?" The test caller replied in the negative and requested information on how to access SMHS. The operator asked again about the caller's current condition and described that an appointment for services could be made over the phone or in person. The operator provided an address in the city of the caller's residence and provided landmarks. The operator provided the hours of operation as "normal business hours" and asked for the caller's name. The caller was provided information about how to access SMHS, including SMHS required assessing 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 A9a2 and A9a3.

**FINDINGS**

Protocol Question								
-	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
-	IN	n/a	IN	n/a	IN	IN	IN	
-	IN	IN	IN	IN	IN	IN	IN	
-	n/a	IN	n/a	IN	n/a	n/a	n/a	

**SURVEY ONLY FINDINGS**

**SECTION A: ACCESS**

PROTOCOL REQUIREMENTS	
5.	Regarding written materials:
5e.	Does the MHP have a mechanism for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and/or culturally appropriate field testing)?
<ul style="list-style-type: none"> <li>• CFR, title 42, section 438.10(d)(i),(ii)</li> <li>• CCR, title 9, chapter 11, sections 1810.110(a) and 1810.410(e)(4)</li> </ul>	<ul style="list-style-type: none"> <li>• CFR, title 42, section 438.10(d)(2)</li> <li>• MHP Contract, Exhibit A, Attachment I</li> </ul>

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: the MHP's interpreter list. The MHP is currently researching methods to ensure accurate translation of its written materials; however, the process has not yet been implemented.

**SUGGESTED ACTIONS**

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: the MHP will implement a mechanism for ensuring accuracy of translated materials in terms of both language and culture.

**System Review Findings Report  
Glenn County Mental Health Plan  
Fiscal Year 2015/2016**

<b>PROTOCOL REQUIREMENTS</b>	
11.	Has the MHP updated its Cultural Competence Plan (CCP) annually in accordance with regulations?
-	

**SURVEY FINDING**

The MHP furnished evidence it recently updated its Cultural Competency Plan (CCP) annually in accordance with regulations. The MHP's most recent CCP was dated December 2015, which is within regulatory requirements.

**SUGGESTED ACTIONS**

No further action required at this time.

*Please Note: DHCS intends to issue an Information Notice to provide MHPs with guidance for developing an updated CCP. In the meantime, MHPs are required to update the existing version of the plan on an annual basis. For technical assistance in completing your annual updated, please contact your County Support Liaison.*

**SECTION E: NETWORK ADEQUACY AND ARRAY OF SERVICES**

<b>PROTOCOL REQUIREMENTS</b>	
9.	Regarding the MHP's implementation of the Katie A Settlement Agreement:
9a.	Does the MHP have a mechanism in place to ensure appropriate identification of Katie A subclass members?
9b.	How does the MHP ensure active participation of children/youth and their families in Child and Family Team (CFT) meetings?
9c.	Does the MHP have a mechanism to assess its capacity to serve subclass members currently in the system?
9d.	Does the MHP have a mechanism to ensure Katie A eligibility screening is incorporated into screening, referral and assessment processes?
<ul style="list-style-type: none"> <li>• <i>Katie A Settlement Agreement</i></li> <li>• <i>Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care for Katie A Subclass Members</i></li> </ul>	

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: P&P MH 128: Katie A. Service Screening & Referral (December 2015) and P&P MH 129: Katie A. Service Delivery (December 2015). The documentation provides sufficient evidence of compliance with State requirements.

*Please Note: For technical assistance related to Katie A implementation, please contact your assigned Katie A Liaison at DHCS: Kathleen Carter Nishimura at [Kathleen.Carter@dhcs.ca.gov](mailto:Kathleen.Carter@dhcs.ca.gov).*

**SUGGESTED ACTIONS**

No further action required at this time.

**System Review Findings Report  
Glenn County Mental Health Plan  
Fiscal Year 2015/2016**

**SECTION H: PROGRAM INTEGRITY**

<b>PROTOCOL REQUIREMENTS</b>	
5a.	Does the MHP ensure the following requirements are met:
	4) Is there evidence that the MHP has a process in place to verify new and current (prior to contracting with and periodically) providers and contractors are not in the Social Security Administration's Death Master File?
	5) Is there evidence that the MHP has a process in place to verify the accuracy of new and current (prior to contracting with and periodically) providers and contractors in the National Plan and Provider Enumeration System (NPPES)?
	6) Is there evidence the MHP has a process in place to verify new and current (prior to contracting with and periodically) providers and contractors are not in the Excluded Parties List System (EPLS)?
<ul style="list-style-type: none"> <li>• CFR, title 42, sections 438.214(d), 438.610, 455.400-455.470, 455.436(b)</li> <li>• DMH Letter No. 10-05</li> <li>• MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements</li> </ul>	

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: P&P 125: Individual, Group, and Organization Provider Selection & Certification (March 2016) and P&P 1017: Verification of Contract Providers, Staff and Applicants-Exclusion and Status Lists (February 2016). The documentation lacks specific elements to demonstrate compliance with federal and/or State requirements. Specifically, the MHP has not yet implemented a process to verify providers are not on the Social Security Administration's Death Master File as planned.

**SUGGESTED ACTIONS**

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

<b>PROTOCOL REQUIREMENTS</b>	
6.	Does the MHP confirm that providers' licenses have not expired and there are no current limitations on the providers' licenses?

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: P&P 125: Individual, Group, and Organization Provider Selection and Certification (March 2016). The documentation provides sufficient evidence of compliance with federal and/or State requirements.

**SUGGESTED ACTIONS**

No further action required at this time.

**System Review Findings Report  
Glenn County Mental Health Plan  
Fiscal Year 2015/2016**

**SECTION I: QUALITY IMPROVEMENT**

<b>PROTOCOL REQUIREMENTS</b>	
3b.	Does the MHP have a policy and procedure in place regarding the monitoring of psychotropic medication use, including monitoring psychotropic medication use for children/youth?
3c.	If a quality of care concern or an outlier is identified related to psychotropic medication use, is there evidence the MHP took appropriate action to address the concern?

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Policy and Procedure Number MH 134: Medication Monitoring Activities (February 2016). The documentation provides sufficient evidence of compliance with federal and/or State requirements.

**SUGGESTED ACTIONS**

No further action required at this time.