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ANNUAL REVIEW PROTOCOL FOR

CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES

FISCAL YEAR 2000-2001

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**ANNUAL REVIEW PROTOCOL FOR
 CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES
 FOR FISCAL YEAR 2000-2001**

SECTION A IMPLEMENTATION PLAN REQUIREMENTS AND AMENDMENTS

IN COMPLIANCE

CRITERIA

YES NO

COMMENTS

| | | | | |
|-----|---|--|--|--|
| 1. | Regarding the MHP's Implementation Plan: | | | |
| 1a. | Is the MHP operating with an Implementation Plan as approved or as amended? | | | |
| 1b. | If amended, have the amendments been submitted to the DMH for approval? | | | |
| | <i>California Code of Regulations (CCR), Title 9, Chapter 11, Section 1810.310; MHP Contract with DMH, Attachments A and B.</i> | | | |
| | | | | |
| 2. | Does the MHP have an approved Cultural Competence Plan? | | | |
| | <i>CCR, Title 9, Chapter 11, Section 1810.410; DMH Information Notice No: 97-14.</i> | | | |

SECTION B ACCESS

IN COMPLIANCE

CRITERIA

YES NO

COMMENTS

| | | | | |
|--|--|--|--|--|
| <p>1.</p> <p>1a.</p> <p>1b.</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.310(a)(2)(B); DMH Information Notice No. 97-14, Page 16.</i></p> | <p>Is the MHP in compliance with its Implementation Plan regarding ongoing outreach efforts, including outreach to diverse ethnic populations, to inform beneficiaries and providers regarding access to specialty mental health services in the following areas:</p> <p>Evidence of community information and education plans that enable the MHP’s beneficiaries access to specialty mental health services?</p> <p>Evidence that the MHP is informing ethnic consumers about cultural/linguistic services available, e.g., community presentation and forums?</p> | | | |
| | | | | |
| <p>2.</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.405(c).</i></p> | <p>Does the MHP ensure that specialty mental health services are available to treat urgent conditions 24 hours a day, seven days a week?</p> | | | |
| | | | | |
| <p>3.</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.405(c).</i></p> | <p>If treatment for urgent conditions must be preauthorized, does the MHP have a process in place to authorize this treatment within one hour?</p> | | | |
| | | | | |
| <p>4.</p> <p>4a.</p> <p>4b.</p> <p>4c.</p> <p><i>CCR, Title 9, Chapter 11, Sections 1830.210, 1830.215 and 1830.220; DMH Information Notice No: 97-06, D, 4.</i></p> | <p>Does the MHP have procedures for ensuring access to services for beneficiaries out of the county for the following categories:</p> <p>Children in foster care and other residential placements out of county?</p> <p>Adults in residential placements out of county?</p> <p>Beneficiaries who require urgent or emergency mental health services while out of county?</p> | | | |

SECTION B ACCESS

| | CRITERIA | IN COMPLIANCE | | COMMENTS |
|----|--|---------------|----|----------|
| | | YES | NO | |
| 5. | <p>When the MHP has determined that medical necessity has not been met and when requested by a beneficiary, does the MHP provide for a second opinion by a licensed mental health professional?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.405(e).</i></p> | | | |
| 6. | <p>Whenever feasible and at the request of the beneficiary, does the MHP provide for the following:</p> <p>6a. An initial choice of the person who will provide the specialty mental health services, including the right to use culturally specific providers?</p> <p>6b. An opportunity to change persons providing the specialty mental health services, including the right to use culturally specific providers?</p> <p><i>CCR, Title 9, Chapter 11, Sections 1830.225(a) and (b); DMH Information Notice No. 97-14, Page 15.</i></p> | | | |
| 7. | <p>Regarding request-for-service logs:</p> <p>7a. Does the MHP maintain a written log of all initial requests (by telephone, in writing, or in person) for specialty mental health services from beneficiaries of the MHP?</p> <p>7b. Does each log entry contain the name of the beneficiary, the date of the request and the initial disposition of the request?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.405(f).</i></p> | | | |
| 8. | <p>Regarding the MHP’s toll-free telephone number:</p> <p>8a. Does the MHP have a statewide, toll-free telephone number, available 24 hours a day, seven days per week?</p> <p>8b. Does this number make available the following information:</p> <p>A. How to access specialty mental health services, including services needed to treat a beneficiary’s urgent condition?</p> <p>B. How to use the beneficiary problem resolution and fair hearing processes?</p> | | | |

SECTION B ACCESS

IN COMPLIANCE

CRITERIA

YES NO

COMMENTS

| | | | | |
|-----|--|--|--|--|
| 8c. | <p>Does this number have language capabilities in all the languages spoken by beneficiaries of the MHP?</p> <p><i>CCR, Title 9, Chapter 11, Sections 1810.410 (d)(1) and 1810.405(d); DMH Information Notice No. 97-14, Page 12.</i></p> | | | |
| | | | | |
| 9. | <p>Does the MHP have a process for screening, referral, and coordination with other necessary services, including, but not limited to, substance abuse, education, health, housing, vocational rehabilitation, and Regional Center services?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.310(a)(2)(A); Welfare & Institutions Code Section 4696.1.</i></p> | | | |
| | | | | |
| 10. | <p>Is MHP information being provided to beneficiaries with visual or hearing impairments?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.110(a); DMH Information Notice No. 97-06, D.5.</i></p> | | | |
| | | | | |
| 11. | <p>Does the MHP have policies and procedures for meeting consumer language needs?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.410 (b)(4); DMH Information Notice No. 97-14, Page 13.</i></p> | | | |
| | | | | |
| 12. | <p>Regarding mandated key points of contact:</p> <p>12a. Are interpreter services available in the identified threshold languages?</p> <p>12b. Is there documented evidence to show beneficiary access to linguistically proficient staff or interpreters?</p> <p>12c. Is there documented evidence to show language capacity in the threshold languages is available during regular operating hours?</p> <p>12d. Is there documented evidence to show which services are available in a beneficiary’s primary language by way of interpretive services?</p> | | | |

SECTION B ACCESS

| | CRITERIA | IN COMPLIANCE | | COMMENTS |
|------|---|---------------|----|----------|
| | | YES | NO | |
| 12e. | Is there documented evidence to show the response to offers of interpretive services? | | | |
| 12f. | Are there policies and procedures in place to link beneficiaries who do not meet the threshold language criteria to appropriate services? | | | |
| 12g. | Is there evidence, including documented progressive steps, to show that beneficiaries who do not meet the threshold language criteria are linked to appropriate services? <i>CCR, Title 9, Chapter 11, Section 1810.410 (d)(2); DMH Information Notice No. 97-14, Page 13.</i> | | | |
| | | | | |
| 13. | Regarding non-mandated key points of contact: | | | |
| 13a. | Are there policies and procedures in place to link beneficiaries who meet or do not meet the threshold language criteria to appropriate services? | | | |
| 13b. | Is there evidence, including documented progressive steps, to show that beneficiaries who meet or do not meet the threshold language criteria are linked to appropriate services? <i>CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 97-14, Page 14.</i> | | | |
| | | | | |
| 14. | Regarding written information in English and the threshold languages to assist beneficiaries in accessing specialty mental health services: | | | |
| 14a. | At a minimum, does the MHP have the following: A. The beneficiary brochure? B. Problem resolution information? C. Mental health education materials? | | | |
| 14b. | Is the information available at the appropriate literacy level? | | | |
| 14c. | Does the MHP provide beneficiaries with the beneficiary brochure upon request or when first accessing services? | | | |

SECTION B ACCESS

IN COMPLIANCE

CRITERIA

YES NO

COMMENTS

| | | | | |
|------|--|--|--|--|
| 14d. | <p>Does the beneficiary brochure include the following information:</p> <p>A. A description of available services?</p> <p>B. A description of the process for obtaining services, including the MHP’s statewide toll-free telephone number?</p> <p>C. A description of the MHP’s beneficiary problem resolution process, including the complaint resolution and grievance processes and the availability of fair hearings?</p> <p><i>CCR, Title 9, Chapter 11, Sections 1810.410(a), (d)(3) and 1810.360(c)(1), (2), (3); DMH Information Notice No. 97-14, Page 14; HCFA Waiver Requirement.</i></p> | | | |
| | | | | |
| 15. | <p>Does the MHP have policies and procedures regarding appropriate distribution of translated materials?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 97-14, Page 14.</i></p> | | | |
| | | | | |
| 16. | <p>Regarding cultural/linguistic services:</p> <p>16a. Does the MHP list available cultural/linguistic services and practitioners for populations meeting threshold criteria?</p> <p>16b. Does the MHP make this list available to beneficiaries upon request?</p> <p>16c. Does the MHP have data comparing the percentage of culturally, ethnically, and linguistically diverse professional staff to the same characteristics of the MHP’s Medi-Cal beneficiaries?</p> <p>16d. Does the MHP have appropriate alternatives available to accommodate individual preferences for cultural and linguistic services?</p> <p>16e. Is the MHP monitoring activities of available and appropriate alternatives addressed in 16d?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 97-14, Page 15.</i></p> | | | |

SECTION B ACCESS

| | | IN COMPLIANCE | | COMMENTS |
|----------|--|---------------|----|----------|
| CRITERIA | | YES | NO | |
| 17. | Does the MHP identify and list the number of culture-specific MHP and community providers as well as their specialized skills? <i>CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 97-14, Page 15.</i> | | | |
| | | | | |
| 18. | Has the MHP developed plans in the following areas to facilitate the ease with which culturally diverse populations can obtain services: | | | |
| 18a. | Location, transportation, hours of operation, or other relevant areas? | | | |
| 18b. | Adapting physical facilities to be comfortable and inviting? | | | |
| 18c. | Locating facilities in settings that are non-threatening, including co-location of services and/or partnerships with community groups? | | | |
| 18d. | Is there a study or analysis of the above factors? <i>CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 97-14, Page 16.</i> | | | |
| | | | | |
| 19. | Regarding Therapeutic Behavioral Services (TBS): | | | |
| 19a. | Does the MHP have a process to determine TBS eligibility? | | | |
| | | | | |
| 19b. | Does the MHP have providers who can determine the need for TBS? | | | |
| 19c. | Does the MHP have providers who can provide TBS? | | | |
| 19d. | Does the MHP inform these providers of their responsibilities regarding TBS? | | | |
| 19e. | Does the MHP submit to the DMH a copy of each TBS Notice of Action within 30 days of issuance? | | | |
| 19f. | Does the MHP submit the required notification information to the DMH within 30 days of commencing TBS services to a beneficiary? <i>DMH Policy Letter No. 99-03.</i> | | | |

SECTION C AUTHORIZATION PROCESSES

IN COMPLIANCE

CRITERIA

YES NO

COMMENTS

RE: HOSPITAL SERVICES UTILIZING A POINT OF AUTHORIZATION

| | | | | |
|----|---|--|--|--|
| 1. | <p>Does the MHP have a system for receiving provider notifications of emergency admissions within 24 hours of admission of a beneficiary to the hospital or, when applicable, within the timelines specified in the contract?</p> <p><i>CCR, Title 9, Chapter 11, Section 1820.225(c).</i></p> | | | |
| 2. | <p>Does the MHP have a process for planned admissions into contract hospitals and, if such admissions are determined to be necessary by the MHP, into non-contract hospitals?</p> <p><i>CCR, Title 9, Chapter 11, Sections 1820.220 (j)(1) and 1810.310(a)(7).</i></p> | | | |
| 3. | <p>Is the MHP in compliance with regulatory language that prohibits the MHP from requiring hospitals or psychiatric health facilities to obtain prior MHP payment authorization for an emergency admission, whether voluntary or involuntary?</p> <p><i>CCR, Title 9, Chapter 11, Sections 1820.225(a) and 1830.245(b).</i></p> | | | |
| 4. | <p>Is there an authorization process in place for psychiatric inpatient hospital services?</p> <p><i>CCR, Title 9, Chapter 11, Section 1820.215.</i></p> | | | |
| 5. | <p>Are the Treatment Authorization Requests (TARs) being approved or denied by licensed, waived, or registered mental health professionals of the beneficiary's MHP?</p> <p><i>CCR, Title 9, Chapter 11, Section 1820.220(d).</i></p> | | | |
| 6. | <p>Are all adverse decisions based upon lack of medical necessity being reviewed and supported by a physician or, when applicable, a psychologist?</p> <p><i>CCR, Title 9, Chapter 11, Section 1820.220(f).</i></p> | | | |
| 7. | <p>Does the MHP approve or deny TARs within 14 calendar days of the receipt of the TAR?</p> <p><i>CCR, Title 9, Chapter 11, Section 1820.220(h).</i></p> | | | |

SECTION C AUTHORIZATION PROCESSES

IN COMPLIANCE

CRITERIA

YES NO

COMMENTS

| | | | | |
|----|--|--|--|--|
| 8. | <p>When an appeal to the MHP or DMH is ruled in favor of the provider, is the MHP authorizing payment within fourteen calendar days of receipt of the revised TAR?</p> <p><i>CCR, Title 9, Chapter 11, Section 1850.305(d)(2)(D).</i></p> | | | |
| | | | | |
| 9. | <p>When an appeal concerns the denial or modification of an MHP payment authorization request is the MHP using personnel not involved in the initial denial to determine the appeal decision?</p> <p><i>CCR, Title 9, Chapter 11, Section 1850.305(d)(2)(A).</i></p> | | | |

RE: NON-HOSPITAL SPECIALTY MENTAL HEALTH SERVICES

| | | | | |
|-----|---|--|--|--|
| 10. | <p>Is there an authorization process in place for non-hospital specialty mental health services?</p> <p><i>CCR, Title 9, Chapter 11, Section 1830.215.</i></p> | | | |
| | | | | |
| 11. | <p>If preauthorization is required:</p> <p>11a. Are authorization decisions for urgent services being made by qualified staff?</p> <p>11b. Are the decisions made within one-hour of the request?</p> <p><i>CCR, Title 9, Chapter 11, Section 1830.215(a)(2); MHP Contract with DMH, Attachment. B.</i></p> | | | |

RE: SERVICES AUTHORIZED BY A POINT OF AUTHORIZATION

| | | | | |
|-----|---|--|--|--|
| 12. | <p>Is there evidence that the MHP is reviewing UM activities annually, including a review of the consistency in the authorization process?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.440(b); MHP Contract with DMH, Attachment. B.</i></p> | | | |
| | | | | |
| 13. | <p>If the MHP delegates any UM activities, does the written contract include the following items:</p> <p>A. The responsibilities of the MHP and the delegated entity?</p> <p>B. The frequency of reporting to the MHP?</p> <p>C. The process by which the MHP evaluates the delegated entity's performance?</p> | | | |

SECTION C AUTHORIZATION PROCESSES

IN COMPLIANCE

CRITERIA

YES NO

COMMENTS

| | | | | |
|------------------------------|---|--|--|--|
| <p>13. (con't)</p> | <p>D. The remedies available to the MHP if the entity does not fulfill its obligations? E. Documentation that the MHP evaluated the entity's capacity to perform the delegated activities prior to the delegation? F. Documentation that the MHP approves the entity's UM program annually? G. Documentation that the MHP evaluates annually whether the delegated activities are being conducted in accordance with the State and MHP standards? H. Documentation that the MHP has prioritized and addressed with the delegated entity those opportunities identified for improvement?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.440(b); MHP Contract with DMH, Attachment. B.</i></p> | | | |
| | | | | |
| <p>14. 14a. 14b.</p> | <p>Regarding the Notice of Action (NOA)-A: When required, is the MHP providing a written NOA-A and NOA-BACK to a beneficiary that informs the beneficiary of the right to a fair hearing when the MHP or its providers determines that the beneficiary does not meet the medical necessity criteria and, therefore, is not entitled to any specialty mental health services? Does the NOA-A and NOA-Back utilized by the MHP contain all the elements found on the DMH approved NOA-A and NOA-Back?</p> <p><i>CCR, Title 9, Chapter 11, Section 1850.210(i).</i></p> | | | |
| | | | | |
| <p>15. 15a. 15b.</p> | <p>Regarding the Notice of Action (NOA)-B: When required, is the MHP providing a written NOA-B and NOA-BACK to the beneficiary that informs the beneficiary of the right to a fair hearing when the MHP denies, modifies, or defers a payment authorization request from a provider for specialty mental health services? Does the NOA-B and NOA-Back utilized by the MHP contain all the elements found on the DMH approved NOA-B and NOA-Back?</p> <p><i>CCR, Title 9, Chapter 11, Sections 1850.210(a)(b)(c).</i></p> | | | |

SECTION D BENEFICIARY PROTECTION

| | CRITERIA | IN COMPLIANCE | | COMMENTS |
|----|---|---------------|----|----------|
| | | YES | NO | |
| 1. | <p>Does the MHP have problem resolution processes in place for both the informal complaint and the formal grievance processes which provide for two levels of grievance review within the MHP?</p> <p><i>CCR, Title 9, Chapter 11, Sections 1850.205(b)(1)&(2) and 1850.205(e)(2).</i></p> | | | |
| 2. | <p>Regarding the complaint and grievance processes:</p> <p>2a. Upon request or upon obtaining specialty mental health services, does the MHP provide the beneficiary with information about the complaint and grievance processes as well as the availability of fair hearings?</p> <p>2b. Does the MHP have a process to provide this information periodically as addressed in its Implementation Plan?</p> <p><i>CCR, Title 9, Chapter 11, Sections 1810.360(c)(3) and 1850.205(c)(1)(A); DMH Information Notice No. 97-06, Attachment 4, item # 4.</i></p> | | | |
| 3. | <p>Are there notices posted explaining complaint resolution and grievance process procedures in locations at all MHP provider sites sufficient to ensure that the information is readily available to both beneficiaries and provider staff?</p> <p><i>CCR, Title 9, Chapter 11, Section 1850.205(c)(1)(B).</i></p> | | | |
| 4. | <p>Are grievance forms and self-addressed envelopes available for beneficiaries to pick up at all MHP provider sites without having to make a verbal or written request?</p> <p><i>CCR, Title 9, Chapter 11, Section 1850.205(c)(1)(C).</i></p> | | | |
| 5. | <p>Does the MHP ensure that the beneficiary may authorize another person to act on his/her behalf and that this representative may use the complaint resolution process or the grievance process on the beneficiary's request?</p> <p><i>CCR, Title 9, Chapter 11, Sections 1850.205(c)(2) and (3).</i></p> | | | |

SECTION D BENEFICIARY PROTECTION

| | | IN COMPLIANCE | | COMMENTS |
|----------|--|---------------|----|----------|
| CRITERIA | | YES | NO | |
| 6. | <p>Has the MHP identified personnel to assist the beneficiary with these processes at the beneficiary’s request?</p> <p><i>CCR, Title 9, Chapter 11, Section 1850.205(c)(4).</i></p> | | | |
| 7. | <p>Is there evidence that the MHP has a process to ensure that a beneficiary is not subject to any penalty for filing a complaint or grievance?</p> <p><i>CCR, Title 9, Chapter 11, Section 1850.205(c)(5).</i></p> | | | |
| 8. | <p>Does the MHP have policies in place to protect beneficiary confidentiality?</p> <p><i>CCR, Title 9, Chapter 11, Section 1850.205(c)(6); Welfare & Institutions Code Section 5328.</i></p> | | | |
| 9. | <p>Does the MHP’s problem resolution process, as described in the Implementation Plan, provide for the following:</p> <p>9a. A process that does not require beneficiaries to present their concerns or complaints in writing?</p> <p>9b. A process that informs a beneficiary of his or her right to use the grievance process or request a fair hearing at any time before, during, or after the complaint resolution process has begun?</p> <p>9c. A process that provides for a decision on grievances at each level within thirty calendar days of receipt by that level of review within the MHP?</p> <p><i>CCR, Title 9, Chapter 11, Sections 1850.205(d)(2), (d)(3), and (e)(3).</i></p> | | | |
| 10. | <p>Does the MHP have an expedited grievance response for beneficiaries in Medi-Cal funded residential treatment programs?</p> <p><i>CCR, Title 9, Chapter 11, Section 1850.205(e)(4).</i></p> | | | |

SECTION D BENEFICIARY PROTECTION

| | CRITERIA | IN COMPLIANCE | | COMMENTS |
|-----|---|---------------|----|----------|
| | | YES | NO | |
| 11. | <p>Are grievances recorded in the grievance log within one working day of the date of receipt of the grievance?</p> <p><i>CCR, Title 9, Chapter 11, Section 1850.205(e)(6)(A).</i></p> | | | |
| 12. | <p>Does the grievance log contain, at least, the following entries:</p> <p>A. The name/identifier of the beneficiary? B. The date of receipt of the grievance? C. The nature of the problem?</p> <p><i>CCR, Title 9, Chapter 11, Sections 1850.205(e)(6)(A)1.,2.,3.</i></p> | | | |
| 13. | <p>Is the final disposition of each grievance, including the date the decision is sent to the beneficiary or the reason(s) that there has not been a final disposition of the grievance, being documented?</p> <p><i>CCR, Title 9, Chapter 11, Section 1850.205(e)(6)(B).</i></p> | | | |
| 14. | <p>Has the MHP designated personnel to provide information regarding the status of a beneficiary's grievance?</p> <p><i>CCR, Title 9, Chapter 11, Section 1850.205(e)(6)(C).</i></p> | | | |
| 15. | <p>Is documentation present that verifies the beneficiaries have been notified of their right to appeal the grievance decision to a second level of review within the MHP or to request a fair hearing?</p> <p><i>CCR, Title 9, Chapter 11, Section 1850.205(e)(6)(D).</i></p> | | | |
| 16. | <p>When a provider was included in the grievance, is there documentation in place to show that providers have been notified of the grievance resolution?</p> <p><i>CCR, Title 9, Chapter 11, Section 1850.205(e)(6)(E).</i></p> | | | |

SECTION E

CONTRACTS

IN COMPLIANCE

CRITERIA

YES NO

COMMENTS

| | | | | |
|-----|--|--|--|--|
| 1. | Regarding hospital contracts: | | | |
| 1a. | Does the MHP have a contract with every disproportionate share and traditional hospital that meets selection criteria? | | | |
| 1b. | If not, does the MHP possess a Request for Exemption(s) approved by the DMH for this fiscal year? <i>CCR, Title 9, Chapter 11, Sections 1810.430(a)(b) and (c)(1)(A)(B)(C); DMH Information Notice No. 00-02.</i> | | | |

SECTION F **HEALTH AND SAFETY**

IN COMPLIANCE

CRITERIA

YES NO

COMMENTS

RE: INDIVIDUAL AND GROUP PROVIDERS

| | | | | |
|---|--|--|--|--|
| <p>1.</p> <p>1a.</p> <p>1b.</p> <p>1c.</p> <p>1d.</p> <p>1e.</p> <p><i>CCR, Title 9, Chapter 11, Sections 1810.435(b)(1),(2),(3),(4),(5).</i></p> | <p>Does the MHP have a system that requires each contracted individual and group provider to be in compliance with the following requirements:</p> <p>Possesses the necessary license or certification to practice psychotherapy independently?</p> <p>Maintains a safe facility?</p> <p>Stores and dispenses medications in compliance with applicable state and federal laws and regulations?</p> <p>Maintains client records in a manner that meets state and federal standards?</p> <p>Meets the MHP’s QI program standards?</p> | | | |
|---|--|--|--|--|

RE: ORGANIZATIONAL PROVIDERS

| | | | | |
|--|--|--|--|--|
| <p>2.</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.435; MHP Contract with DMH, Attachment D.</i></p> | <p>Does the MHP have a system that requires each non-MHP owned or operated organizational provider to be in compliance with all regulatory and MHP contract with the DMH requirements?</p> | | | |
|--|--|--|--|--|

SECTION F **HEALTH AND SAFETY**

| | CRITERIA | IN COMPLIANCE | | COMMENTS |
|-----|--|---------------|----|----------|
| | | YES | NO | |
| 3. | Does the MHP have a system that requires each non-MHP owned or operated organizational provider to store and dispense medications in compliance with all pertinent state and federal standards, including the following specific requirements: | | | |
| 3a. | All drugs obtained by prescription are labeled and altered only by persons legally authorized to do so? | | | |
| 3b. | Drugs intended for external use only or foodstuffs are stored separately? | | | |
| 3c. | Drugs are stored at proper temperatures: A. Room temperature 59-86 degrees F? B. Refrigerated drugs at 36-46 degrees F? | | | |
| 3d. | Drugs are stored in a locked area with access limited to those medical personnel authorized to prescribe, dispense or administer medication? | | | |
| 3e. | Drugs are not retained after the expiration date? | | | |
| 3f. | IM multi-dose vials are dated and initialed when opened? | | | |
| 3g. | A drug log is maintained to ensure the provider disposal of expired, contaminated, deteriorated and abandoned drugs? | | | |
| 3h. | Policies and procedures are in place for dispensing, administering, and storing medications? <i>CCR, Title 9, Chapter 11, Section 1810.435(c)(6); MHP Contract with DMH, Attachment D.</i> | | | |
| | | | | |
| 4. | Is the MHP fulfilling its certification obligations: | | | |
| 4a. | For new certifications--within six months of the date the provider began delivering covered services? | | | |
| 4b. | For recertifications--within six months of the recertification due date? <i>CCR, Title 9, Chapter 11, Section 1810.315; MHP Contract with DMH, Article V.</i> | | | |

SECTION G

INTERFACE WITH PHYSICAL HEALTH CARE

IN COMPLIANCE

CRITERIA

YES NO

COMMENTS

RE: RELATIONSHIP WITH MEDI-CAL MANAGED CARE PLANS

| | | | | |
|-----|--|--|--|--|
| 1. | Regarding MOUs with Medi-Cal Managed Care Plans: | | | |
| 1a. | Are MOUs in place with all Medi-Cal Managed Care Plans? | | | |
| 1b. | If not, is there evidence that the MHP is making good faith efforts to enter into such agreements? | | | |
| | <i>CCR, Title 9, Chapter 11, Sections 1810.370 (a) and (b).</i> | | | |
| 2. | Regarding MOUs with Medi-Cal Managed Care Plans, does each MOU address the following items: | | | |
| 2a. | MHP's process for providing referrals to the Medi-Cal Managed Care Plan? | | | |
| 2b. | MHP's process for receiving referrals from the Medi-Cal Managed Care Plan? | | | |
| 2c. | Process the MHP has in place to provide clinical consultation and training, including consultation and training on medications, to the Medi-Cal Managed Care Plan? | | | |
| 2d. | Procedures for the exchange of medical records information which maintain confidentiality in accordance with applicable state and federal laws and regulations? | | | |

SECTION G

INTERFACE WITH PHYSICAL HEALTH CARE

IN COMPLIANCE

CRITERIA

YES NO

COMMENTS

| | | | | |
|-----|---|--|--|--|
| 2e. | <p>Procedures for providing beneficiaries with the following services when these services are covered by the Medi-Cal managed care plan:</p> <p>A. Prescription drugs and laboratory services?</p> <p>B. Emergency room facility and related services, home health care, non-emergency medical transportation, and physical health care while in a psychiatric inpatient hospital, including the history and physical required upon admission?</p> <p>C. Direct transfers between psychiatric inpatient hospital services and inpatient hospital services required to address a beneficiary's medical problems?</p> | | | |
| 2f. | <p>Process for resolving disputes between the MHP and the Medi-Cal managed care plan that includes a means for beneficiaries to receive medically necessary services while the dispute is being resolved?</p> <p><i>CCR, Title 9, Chapter 11, Sections 1810.370(a)(1),(2),(3), (4)(A)(B)(C),(5); HCFA Waiver Requirement.</i></p> | | | |

RE: RELATIONSHIP WITH PHYSICAL HEALTH CARE PROVIDERS WHO DO NOT BELONG TO A MEDI-CAL MANAGED CARE PLAN

| | | | | |
|-----|---|--|--|--|
| 3. | <p>Regarding coordination with:</p> <p>A. Primary Care Providers (PCPs) when no Medi-Cal Managed Care Plans are present</p> <p>B. PCPs who do not belong to a Medi-Cal Managed Care Plan</p> <p>C. Federally Qualified Health Centers , Indian Health Centers, or Rural Health Centers</p> <p>are the following conditions being met:</p> | | | |
| 3a. | <p>A process is in place for the MHP to provide clinical consultation and training, including consultation and training on medications?</p> | | | |

SECTION G INTERFACE WITH PHYSICAL HEALTH CARE

IN COMPLIANCE

CRITERIA

YES NO

COMMENTS

| | | | | |
|-----|---|--|--|--|
| 3b. | A process is in place for the exchange of medical records information which maintains confidentiality in accordance with applicable state and federal laws and regulations? | | | |
| 3c. | A process is in place for coordinating with pharmacies to assist beneficiaries to receive prescription drugs and laboratory services prescribed by the MHP? <i>CCR, Title 9, Chapter 11, Sections 1810.415(a),(b),(c).</i> | | | |

RE: OTHER INTERFACE ISSUES

| | | | | |
|----|---|--|--|--|
| 4. | While the MHP is not required to ensure a beneficiary’s access to physical health care treatment or to treatment from licensed mental health professionals for diagnoses not covered under specialty mental health services, does the MHP have a process to assist beneficiaries in accessing treatment services for the following: 4a. Beneficiaries with an excluded diagnosis? 4b. Beneficiaries with an included diagnosis, but whose mental condition the MHP believes would be responsive to physical health care treatment? <i>CCR, Title 9, Chapter 11, Sections 1810.345(a) and 1810.415(d); HCFA Waiver Requirement.</i> | | | |
| 5. | Is the MHP in compliance with requirements that prohibit the inappropriate referral of a beneficiary to primary care treatment when the beneficiary meets specialty mental health services’ medical necessity criteria? <i>CCR, Title 9, Chapter 11, Section 1810.345(a); HCFA Waiver Requirement.</i> | | | |
| 6. | Does the MHP provide treatment to a beneficiary with an included diagnosis that is amenable to mental health treatment when an excluded diagnosis is also present? <i>CCR, Title 9, Chapter 11, Sections 1810.345(a) and 1830.205(c); Welfare & Institutions Code Section 4696.1; HCFA Waiver Requirement.</i> | | | |

SECTION H PROVIDER RELATIONS

IN COMPLIANCE

CRITERIA

YES NO

COMMENTS

RE: PROBLEM RESOLUTION PROCESSES

| | | | | |
|----|--|--|--|--|
| 1. | <p>Does the MHP have problem resolution and appeal processes that enable providers to resolve MHP payment authorization issues or other complaints and concerns?</p> <p><i>CCR, Title 9, Chapter 11, Section 1850.305(a).</i></p> | | | |
| 2. | <p>Does the MHP ensure that participating providers are provided written information regarding the problem resolution and appeal processes?</p> <p><i>CCR, Title 9, Chapter 11, Section 1850.305(b).</i></p> | | | |
| 3. | <p>Does the provider problem resolution process include the following:</p> <p>3a. A means to identify and resolve provider concerns and problems quickly and easily?</p> <p>3b. Informs providers of their right to access the provider appeal process at any time before, during, or after the provider problem resolution process has begun when the complaint concerns a denied or modified request for MHP payment authorization or the processing or payment of a provider’s claim to the MHP?</p> <p><i>CCR, Title 9, Chapter 11, Sections 1850.305(c)(1) and (3).</i></p> | | | |

RE: MHP’S ASSESSMENT OF PROVIDER SATISFACTION

| | | | | |
|----|---|--|--|--|
| 4. | <p>Is the MHP in compliance with the requirement to gather information, at least every two years, from providers regarding their satisfaction with the utilization management program?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.315; MHP Contract with DMH, Attachment B.</i></p> | | | |
| 5. | <p>Upon gathering the provider satisfaction information, does the MHP use the information to address identified items of dissatisfaction?</p> <p><i>CCR, Title 9, Chapter 11, Sections 1810.315 and 1810.440; MHP Contract with DMH, Attachment B.</i></p> | | | |

SECTION I QUALITY IMPROVEMENT PROGRAM ACTIVITIES

IN COMPLIANCE

CRITERIA

YES NO

COMMENTS

| | | | | |
|----|--|--|--|--|
| 1. | <p>Does the MHP Quality Improvement (QI) Program include the active participation of the following stakeholders in the planning, design, and execution of the QI Program?</p> <p>A. Practitioners B. Providers C. Beneficiaries D. Family members</p> <p><i>CCR, Title 9, Chapter 11, Sections 1810.440(a)(2)(A)(B)(C); MHP Contract with DMH, Attachment A.</i></p> | | | |
| | | | | |
| 2. | <p>Are the Quality Improvement Committee (QIC)'s role, structure, and function operating as described in the QI program description?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.440; MHP Contract with DMH, Attachment A.</i></p> | | | |
| | | | | |
| 3. | <p>Regarding the QIC:</p> <p>3a. Is the QIC meeting as frequently as described in the QI Plan?</p> <p>3b. Are the minutes:</p> <p>A. Dated? B. Signed? C. Reflective of QIC decisions and actions?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.440; MHP Contract with DMH, Attachment A.</i></p> | | | |
| | | | | |
| 4. | <p>Is the QIC involved in or overseeing the following QI activities:</p> <p>4a. Recommending policy changes?</p> <p>4b. Reviewing and evaluating the results of QI activities?</p> <p>4c. Instituting needed QI actions?</p> <p>4d. Ensuring follow-up of QI processes?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.440; MHP Contract with DMH, Attachment A.</i></p> | | | |

SECTION I QUALITY IMPROVEMENT PROGRAM ACTIVITIES

IN COMPLIANCE

CRITERIA

YES NO

COMMENTS

| | | | | |
|----|---|--|--|--|
| 5. | <p>Does the MHP have a current annual QI work plan?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.440;</i> <i>MHP Contract with DMH, Attachment A.</i></p> | | | |
| | | | | |
| 6. | <p>Does the work plan evaluate the effectiveness of the QI program and show how QI activities have contributed to improvement in clinical care and beneficiary service?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.440;</i> <i>MHP Contract with DMH, Attachment A.</i></p> | | | |
| | | | | |
| 7. | <p>Does the work plan monitor previously identified issues, including tracking of issues over time?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.440;</i> <i>MHP Contract with DMH, Attachment A.</i></p> | | | |
| | | | | |
| 8. | <p>Does the work plan include objectives, scope, and planned activities for the coming year in each of the following areas:</p> <p>8a. Monitoring the service delivery capacity of the MHP as evidenced by:</p> <p>A. A description of the current number, types, and geographic distribution of mental health services within the MHP’s delivery system with goals set for the number, type, and geographic distribution of mental health services?</p> <p>8b. Monitoring the accessibility of services as evidenced by:</p> <p>A. In addition to meeting statewide standards, goals have been set for timelines of routine mental health appointments, timeliness of services for urgent conditions, access to after-hours care, and responsiveness of the 24/7 toll-free number?</p> <p>B. Mechanisms have been established to monitor the accessibility of mental health services, services for urgent conditions, and the 24/7 toll-free number?</p> <p>8c. Monitoring beneficiary satisfaction as evidenced by:</p> <p>A. Mechanisms are in place to annually review beneficiary/family satisfaction, beneficiary grievances and fair hearings, and requests for changing persons providing services?</p> | | | |

SECTION I QUALITY IMPROVEMENT PROGRAM ACTIVITIES

IN COMPLIANCE

CRITERIA

YES NO

COMMENTS

| | | | | |
|----------------|--|--|--|--|
| 8c. (con't) | <p>B. Providers are informed of the results of the beneficiary/family satisfaction surveys?</p> <p>C. Satisfaction survey respondents, in each threshold language, indicated that they had access to written information in their primary language?</p> | | | |
| 8d. | <p>Monitoring the MHP's service delivery system as evidenced by:</p> <p>A. Relevant clinical issues, including the safety and effectiveness of medication practices, are identified?</p> <p>B. The interventions implemented when occurrences of potential poor care are identified?</p> <p>C. Providers, beneficiaries, and family members are evaluating data to identify barriers to improvement related to clinical practice and/or administrative aspects of the delivery system?</p> | | | |
| 8e. | <p>Monitoring coordination with physical health care and other agencies used by the beneficiaries as evidenced by:</p> <p>A. A review the effectiveness of its MOUs with Medical Managed Care Plans?</p> | | | |
| 8f. | <p>Monitoring provider appeals</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.440;</i> <i>DMH Information Notice No. 97-14, P. 15.</i> <i>MHP Contract with DMH, Attachment A.</i></p> | | | |
| | | | | |
| 9. | <p>Is the MHP conducting activities to meet the following work plan areas:</p> | | | |
| 9a. | <p>The accessibility of services:</p> <p>A. Timelines for routine mental health appointments?</p> <p>B. Timeliness of services for urgent conditions?</p> <p>C. Access to after-hours care?</p> <p>D. Responsiveness of the 24/7 toll-free number?</p> | | | |

SECTION I QUALITY IMPROVEMENT PROGRAM ACTIVITIES

IN COMPLIANCE

CRITERIA

YES NO

COMMENTS

| | | | | |
|-----|--|--|--|--|
| 9b. | <p>Beneficiary satisfaction:</p> <p>A. Annual survey of beneficiary satisfaction?</p> <p>B. Annual evaluation of beneficiary grievances and fair hearings?</p> <p>C. Annual review of requests for changing persons providing services?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.440; MHP Contract with DMH, Attachment A.</i></p> | | | |
| | | | | |
| 10. | <p>If the MHP delegates any QI activities, is there a written agreement spelling-out the delegated responsibilities along with documentation to verify the MHP’s oversight of these activities in the following areas:</p> <p>A. The responsibilities of the MHP and the delegated entity?</p> <p>B. The delegated activities?</p> <p>C. The frequency of reporting to the MHP?</p> <p>D. The process by which the MHP will evaluate the delegated entity’s performance?</p> <p>E. The remedies available to the MHP if the delegated entity does not fulfill its obligations?</p> <p>F. MHP’s annual (or as defined in the delegation agreement) approval of the delegated entity’s QI Program?</p> <p>G. MHP’s annual determination of whether or not the delegated activities are being conducted in accordance with state and MHP standards?</p> <p>H. MHP has prioritized and addressed those opportunities identified for improvement?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.440; MHP Contract with DMH, Attachment A</i></p> | | | |
| | | | | |
| 11. | <p>Is there evidence that the MHP’s policies, procedures, and practices address requirements to involve beneficiaries and families in the planning of their mental health treatment services?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.410(a); MHP Contract with DMH, Attachment C; DMH Information Notice No. 97-14, P. 17.</i></p> | | | |

SECTION I QUALITY IMPROVEMENT PROGRAM ACTIVITIES

IN COMPLIANCE

CRITERIA

YES NO

COMMENTS

| | | | | |
|------|--|--|--|--|
| 12. | <p>Is there evidence that the MHP’s policies, procedures, and practices assure that beneficiary requests to use culture-specific network providers will be honored when feasible?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 97-14, P. 17.</i></p> | | | |
| | | | | |
| 13. | <p>Is there evidence that the MHP is working on a process to evaluate the competencies of staff in providing culturally competent services?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 97-14, P. 18.</i></p> | | | |
| | | | | |
| 14. | <p>Has the MHP implemented a core curriculum (training program) to certify or otherwise assure the demonstrated ability of bi-lingual staff or interpreters in the following areas:</p> | | | |
| 14a. | <p>The ability to communicate the ideas, concerns, and rationales, in addition to the translation of the words used by both the provider and the consumer?</p> | | | |
| 14b. | <p>The familiarity with the beneficiary’s culture and degree of proficiency in the beneficiary’s spoken, as well as non-spoken, communication?</p> | | | |
| 14c. | <p>The familiarity with variant beliefs concerning mental illness in different cultures?</p> | | | |
| | <p><i>CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 97-14, P. 18.</i></p> | | | |
| | | | | |
| 15. | <p>Is there an identified plan to evaluate the linguistic proficiency and training of staff and interpreters?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 97-14, P. 18.</i></p> | | | |
| | | | | |
| 16. | <p>Does the MHP have a policy in place that prohibits the expectation that families will provide interpreter services?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 97-14, Page 18; Title VI, Civil Rights Act of 1964, (42 U.S.C., Section 2000d, 45 C.F.R., part 80).</i></p> | | | |

SECTION I QUALITY IMPROVEMENT PROGRAM ACTIVITIES

IN COMPLIANCE

CRITERIA

YES NO

COMMENTS

| | | | | |
|------|--|--|--|--|
| 17. | Regarding utilization rates: | | | |
| 17a. | Is there a tracking system to determine utilization rate by ethnic groups? | | | |
| 17b. | Is there a system in place to compare the utilization rates across ethnic groups? | | | |
| 17c. | Is there a comparison of utilization rates by ethnic groups to the total Medi-Cal beneficiary population? | | | |
| 17d. | Is there a method to analyze utilization rates by factors including age, diagnosis, gender, ethnicity, and primary language of Medi-Cal mental health clients to identify potential problem areas? <i>CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 97-14, P. 19.</i> | | | |

SECTION J

CHART REVIEW--NON HOSPITAL SERVICES

IN COMPLIANCE

CRITERIA

YES NO

COMMENTS

RE: MEDICAL NECESSITY CRITERIA

| | | | | |
|----|---|--|--|--|
| 1. | Does the beneficiary meet all three of the following reimbursement criteria (1a., 1b., and 1c. below): 1a. The beneficiary has a DSM IV diagnosis contained in the CCR, Title 9, Chapter 11, Section 1830.205(b)(1)(A-R)? 1b. The beneficiary, as a result of a mental disorder listed in 1a, must have, at least, one of the following criteria (A, B, or C below): A. A significant impairment in an important area of life functioning? B. A probability of significant deterioration in an important area of life functioning? C. A probability the child will not progress developmentally as individually appropriate? 1c. Must meet each of the intervention criteria listed below (D and E): D. The focus of the proposed intervention is to address the condition identified in no. 1b. above? E. The expectation is that the proposed intervention will do, at least, one of the following (I, II, or III): I. Significantly diminish the impairment? II. Prevent significant deterioration in an important area of life functioning? III. Allow the child to progress developmentally as individually appropriate? <i>CCR, Title 9, Chapter 11, Section 1830.205(b).</i> | | | |
|----|---|--|--|--|

SECTION J

CHART REVIEW--NON HOSPITAL SERVICES

IN COMPLIANCE

CRITERIA

YES NO

COMMENTS

| | | | | |
|----|--|--|--|--|
| 2. | Do beneficiaries under 21 years of age who do not meet the medical necessity criteria of no. 1b. and/or no. 1c. above still meet the medical necessity criteria per EPSDT (<i>CCR, Title 22, Section 51340[e][3]</i>) eligibility when specialty mental health services are needed to correct or ameliorate a defect, mental illness, or condition? <i>CCR, Title 9, Chapter 11, Section 1830.210(a).</i> | | | |
|----|--|--|--|--|

RE: ASSESSMENT

| | | | | |
|----|---|--|--|--|
| 3. | Has an assessment been completed and, as appropriate, does it contain areas addressed in the MHP contract with the DMH? <i>CCR., Title 9, Chapter 11, Section 1810.204; MHP Contract with DMH, Attachment C.</i> | | | |
|----|---|--|--|--|

RE: CLIENT PLAN

| | | | | |
|---------------------------------------|---|--|--|--|
| 4. 4a. 4b. 4c. 4d. 4e. | Does the client's plan contain the following elements: Specific, observable, or quantifiable goals? The proposed type(s) of intervention? The proposed duration of the intervention(s)? Writing that is legible? A signature (or electronic equivalent) of, at least, one of the following: A. A person providing the services(s)? B. A person representing the MHP providing services? C. When the plan is used to establish that services are provided under the direction of an approved category of staff, and if the above staff are not of the approved category, one of the following must sign: 1. A physician? 2. A licensed/waivered psychologist? 3. A licensed/registered/waivered social worker? 4. A licensed/registered/waivered Marriage and Family Therapist? 5. A registered nurse? | | | |
|---------------------------------------|---|--|--|--|

SECTION J

CHART REVIEW--NON HOSPITAL SERVICES

IN COMPLIANCE

CRITERIA

YES NO

COMMENTS

| | | | | |
|-----|---|--|--|--|
| 4f. | Documentation of the client's degree of participation and agreement with the client plan as evidenced by one of the following: A. When the client is a long-term client, as defined by the MHP, and the client is receiving more than one type of service from the MHP, the client's signature, or an explanation of why the signature could not be obtained, is documented on the plan? B. When the client is not a long-term beneficiary, examples of documentation include, but are not limited to, reference to the client's participation and agreement in the body of the plan, the client signature on the plan, or a description of the client's participation and agreement in the progress notes? 4g. For Therapeutic Behavioral Services (TBS), specific target behaviors or symptoms that are jeopardizing the current placement or are presenting a barrier to transitions? 4h. For TBS, specific interventions to resolve the identified behaviors or symptoms? <i>CCR, Title 9, Chapter 11, Section 1840.314; MHP Contract with DMH, Attachment C; DMH Policy Letter No. 99-03.</i> | | | |
|-----|---|--|--|--|

RE: PROGRESS NOTES

| | | | | |
|----|---|--|--|--|
| 5. | Do progress notes document the following: 5a. The date services were provided? 5b. Client encounters, including clinical decisions and interventions? 5c. A signature (or electronic equivalent) of the staff providing the service with professional degree, license, or job title? 5d. Writing that is legible? | | | |
|----|---|--|--|--|

SECTION J

CHART REVIEW--NON HOSPITAL SERVICES

IN COMPLIANCE

CRITERIA

YES NO

COMMENTS

| | | | | |
|-----|--|--|--|--|
| 5e. | Timeliness/frequency as following: A. Every service contact for: 1. Mental health services? 2. Medical support services? 3. Crisis intervention? B. Daily for: 1. Crisis residential? 2. Crisis stabilization (1x23hr)? 3. Adult Residential? C. Weekly for: 1. Day treatment intensive? 2. Day rehabilitation? 3. Adult residential? D. Other notes as following: 1. Psychiatric health facility services: each shift? 2. Targeted case management: every service contact, daily, or weekly summary? 3. For TBS: each time period services are provided? 5f. For TBS, significant interventions that address goals in the client plan? <i>CCR, Title 9, Chapter 11, Section 1840.314; MHP Contract with DMH, Attachment C; DMH Policy Letter No. 99-03.</i> | | | |
|-----|--|--|--|--|

RE: OTHER CHART DOCUMENTATION

| | | | | |
|----|---|--|--|--|
| 6. | Upon request, was the beneficiary given a copy of the client plan? <i>CCR, Title 9, Chapter 11, Section 1810.110(a); MHP Contract with DMH, Attachment C.</i> | | | |
| 7. | When applicable, was information provided to beneficiaries with visual and hearing impairments? <i>CCR, Title 9, Chapter 11, Section 1810.110(a); DMH Information Notice No. 97-06, D.5.</i> | | | |

SECTION J

CHART REVIEW--NON HOSPITAL SERVICES

IN COMPLIANCE

CRITERIA

YES NO

COMMENTS

| | CRITERIA | YES | NO | COMMENTS |
|-----|--|-----|----|----------|
| 8. | Regarding cultural/linguistic services: | | | |
| 8a. | When applicable, is there documentation to show that services are available in a beneficiary's primary language as described in the MHP's CCP? | | | |
| 8b. | When applicable, is there documentation of the response to offers of interpretive services as described in the MHP's CCP? | | | |
| 8c. | When applicable, is there documentation of linking beneficiaries to culture-specific and/or linguistic services as described in the MHP's CCP? | | | |
| 8d. | When applicable, is there compliance with Title VI of the Civil Rights Act prohibiting the expectation that families will provide interpreter services? <i>CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 97-14, Pages 13,14,and 18; Title VI, Civil Rights Act of 1964, (42 U.S.C., Section 2000d, 45 C.F.R., part 80).</i> | | | |

SECTION K

CHART REVIEW OF SD/MC HOSPITAL SERVICES

IN COMPLIANCE

CRITERIA

YES NO

COMMENTS

RE: MEDICAL NECESSITY CRITERIA

| | | | | |
|-----|---|--|--|--|
| 1. | Does the beneficiary's admission to a psychiatric inpatient hospital meet both of the following admission reimbursement criteria (1a and 1b below): | | | |
| 1a. | The beneficiary has a DSM IV diagnosis contained in the CCR, Title 9, Chapter 11, Section 1820.205(a)(1)(A-R)? <i>CCR,, Title 9, Chapter 11, Section 1820.205(a)(1).</i> | | | |
| 1b. | The beneficiary requires psychiatric inpatient hospital services, as a result of a mental disorder, due to, at least, one of the following indications (the beneficiary must meet either 2 a-c or 3 a-c): <i>CCR,, Title 9, Chapter 11, Section 1820.205(a)(2)(B).</i> | | | |
| 2. | Does the beneficiary have symptoms or behaviors of one of the following (2a, 2b, 2c): | | | |
| 2a. | Represent a current danger to self or others, or to significant property destruction? | | | |
| 2b. | Prevent the beneficiary from providing for, or utilizing food, clothing or shelter? | | | |
| 2c. | Present a severe risk to the beneficiary's physical health? <i>CCR, Title 9, Chapter 11, Section 1820.205(a)(2)(B)1.a,b,c.</i> | | | |
| 3. | Does the beneficiary require treatment and/or observation for, at least, one of the following (3a, 3b, or 3c): | | | |
| 3a. | Further psychiatric evaluation? | | | |
| 3b. | Medication treatment? | | | |
| 3c. | Specialized treatment? <i>CCR, Title 9, Chapter 11, Section 1820.205(a)(2)(B)2.a,b,c.</i> | | | |
| 4. | Does the beneficiary's continued stay in a psychiatric | | | |

SECTION K

CHART REVIEW OF SD/MC HOSPITAL SERVICES

IN COMPLIANCE

CRITERIA

YES NO

COMMENTS

| | inpatient hospital meet one of the following reimbursement criteria (4a, 4b, 4c or 4d): | | | |
|-----|--|--|--|--|
| 4a. | Continued presence of indications, which meet the medical necessity criteria, specified in items 1, 2, and 3 above? | | | |
| 4b. | Serious adverse reaction to medications, procedures or therapies requiring continued hospitalization ? | | | |
| 4c. | Presence of new indications which meet medical necessity criteria specified in items 1, 2, and 3 above? | | | |
| 4d. | Need for continued medical evaluation or treatment that can only be provided if the beneficiary remains in a psychiatric inpatient hospital? <i>CCR, Title 9, Chapter 11, Section 1820.205(b)(1),(2),(3),(4).</i> | | | |
| 5. | Do clinical records indicate that consumer and/or family language needs are being met when developing the treatment plan? <i>CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 97-14, P. 17.</i> | | | |
| 6. | Does the record documentation reflect staff efforts for screening, referral and coordination with other necessary services, including, but not limited to, substance abuse, educational, health, housing as well as vocational rehabilitation and Regional Center services? <i>CCR, Title 9, Chapter 11, Section 1810.310(a)(2)(A).</i> | | | |

SECTION K

CHART REVIEW OF SD/MC HOSPITAL SERVICES

IN COMPLIANCE

CRITERIA

YES NO

COMMENTS

Re: PLAN OF CARE

| | | | | |
|--|--|--|--|--|
| 7. 7a. 7b. 7c. 7d. 7e. 7f. 7g. 7h. | Does the beneficiary have a written plan of care that includes the following elements: Diagnoses, complaints, and complications indicating the need for admission? A description of the functional level of the beneficiary? Objectives? Any orders for: Medications? Treatments? Restorative and rehabilitative services? Activities? Therapies? Social services? Diet? Special procedures recommended for the health and safety of the beneficiary? Plans for continuing care? Plans for discharge? Documentation of the beneficiary's participation in and agreement with the plan? Documentation of the physician's establishment of this plan? <i>CCR, Title 9, Chapter 11, Section 1820.210; Code of Federal Regulations (CFR), Title 42, Subchapter C, Subpart D, Section 456.180.</i> | | | |
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SECTION L

UTILIZATION REVIEW OF SD/MC HOSPITAL SERVICES

IN COMPLIANCE

CRITERIA

YES NO

COMMENTS

| | | | | |
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| 1. | Does the Utilization Review (UR) Plan address the following: 1a. Provides for a committee to perform UR? 1b. Describes the organization, composition, and functions of the committee? 1c. Specifies the frequency of the committee meetings? <i>CCR, Title 9, Chapter 11, Section 1820.210; Code of Federal Regulations (CFR), Title 42, Subchapter C, Subpart D, Sections 456.201 – 205.</i> | | | |
| 2. | Is the UR Plan in compliance with each of the following: 2a. It contains a description of the types of records that are kept by the UR committee? 2b. It contains a description of the types and frequency of the URC reports and the arrangements for distribution to individuals? 2c. It provides for the beneficiary’s confidentiality in all records and reports? 2d. It contains written medical care criteria to assess the need for continued stay? <i>CCR, Title 9, Chapter 11, Section 1820.210; CFR, Title 42, Subchapter C, Subpart D, Sections 456.212-213 and 456.232.</i> | | | |
| 3. | Does the UR Plan provide for the written notice of any adverse final decision on the need for continued stay within required time lines? <i>CCR, Title 9, Chapter 11, Section 1820.210; CFR, Title 42, Subchapter C, Subpart D, Section 456.237</i> | | | |
| 4. | Regarding Medical Care Evaluations (MCE) studies, does the UR plan contain the following: 4a. A description of the methods that the Utilization Review Committee (URC) uses to select and conduct MCE studies? | | | |

SECTION L

UTILIZATION REVIEW OF SD/MC HOSPITAL SERVICES

IN COMPLIANCE

CRITERIA

YES NO

COMMENTS

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|-----|--|--|--|--|
| 4b. | Documentation of the results of the MCE studies that shows how the results have been used to make changes to improve the quality of care and promote the more effective and efficient use of facilities and services? | | | |
| 4c. | Documentation that the MCE studies have been analyzed? | | | |
| 4d. | Documentation that actions have been taken to correct or investigate further any deficiencies or problems in the review process and recommends more effective and efficient hospital care procedures? <i>CCR, Title 9, Chapter 11, Section 1820.210; CFR, Title 42, Subchapter C, Subpart D, Section 456.242.</i> | | | |
| 5. | Does the URC include anyone who is directly responsible for the care of the beneficiary whose care is being viewed? <i>CCR, Title 9, Chapter 11, Section 1820.210; CFR, Title 42, Subchapter D, Section 456.206.</i> | | | |
| 6. | Has the URC or its designee approved or denied the initial MHP payment authorization no later than the third working day from the day of admission? <i>CCR, Title 9, Chapter 11, Section 1820.230(b).</i> | | | |
| 7. | At the time of the initial MHP authorization for payment, did the hospital's URC or its designee specify the date for the subsequent MHP payment authorization determination? <i>CCR, Title 9, Chapter 11, Section 1820.230(c).</i> | | | |
| 8. | Did the URC authorize payment for administrative day services only when both of the following criteria (8a & 8b) have been met: | | | |
| 8a. | During the hospital stay, the beneficiary previously had met medical necessity criteria for acute psychiatric inpatient hospital services? | | | |

SECTION L

UTILIZATION REVIEW OF SD/MC HOSPITAL SERVICES

IN COMPLIANCE

CRITERIA

YES NO

COMMENTS

| 8b. | There is no appropriate, non-acute treatment facility available and the facility has documented its minimum number of appropriate contacts? <i>CCR, Title 9, Chapter 11, Section 1820.230(d)(2)(A) & (B).</i> | | | |
|-----|--|--|--|--|
| 9. | Are services delivered by licensed staff within their own scope of practice? <i>Welfare and Institutions Code 5778 (n).</i> | | | |
| 10. | Are persons employed or under contract to provide mental health services as psychologists, social workers or marriage, family and child counselors licensed, waived or registered with their licensing boards? <i>Welfare and Institutions Code 5751.2.</i> | | | |
| 11. | Do the contents of the Medical Care Evaluation (MCE) studies meet federal requirements? <i>CCR, Title 9, Chapter 11, Section 1820.210; CFR, Title 42, Subpart D., Section 456.243.</i> | | | |
| 12. | Has at least one MCE study been completed each calendar year? <i>CCR, Title 9, Chapter 11, Section 1820.210; CFR, Title 42, Subpart D., Section 456.245.</i> | | | |
| 13. | Is an MCE study in progress at all times? <i>CCR, Title 9, Chapter 11, Section 1820.210; CFR, Title 42, Subpart D., Section 456.245.</i> | | | |
| 14. | Does the MHP have a beneficiary documentation and medical record system that meets the requirements of the contract between the MHP and the department and any applicable requirements of state, federal law and regulation? <i>CCR Title 9, Chapter 11, Section 1810.440(c).</i> | | | |

