

**FISCAL YEAR (FY) 2015/2016 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL
HEALTH SERVICES AND OTHER FUNDED SERVICES
BUTTE COUNTY MENTAL HEALTH PLAN REVIEW
January 25, 2016-January 28, 2016
FINAL SYSTEM REVIEW FINDINGS REPORT**

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

ATTESTATION 3

SECTION A: ACCESS..... 3

SECTION B: AUTHORIZATION..... 9

SECTION C: BENEFICIARY PROTECTION 13

SECTION E: NETWORK ADEQUACY AND ARRAY OF SERVICES 14

SECTION G: PROVIDER RELATIONS..... 15

SECTION I: QUALITY IMPROVEMENT 15

SURVEY ONLY FINDINGS 17

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

RESULTS SUMMARY: SYSTEM REVIEW

SYSTEM REVIEW SECTION	TOTAL ITEMS REVIEWED	SURVEY ONLY ITEMS	TOTAL FINDINGS PARTIAL or OOC	PROTOCOL QUESTIONS OUT-OF-COMPLIANCE (OOC) OR PARTIAL COMPLIANCE	IN COMPLIANCE PERCENTAGE FOR SECTION
ATTESTATION	5	0	1/5	22	80%
SECTION A: ACCESS	48	2	11/46	2a;5b1;5b2; 5d;9a4;10b1;10b2; 10b3;12c;13a2 &13b	76%
SECTION B: AUTHORIZATION	22	0	7/22	1b; 1c; 4b; 5a1; 5c; 5d & 5e	68%
SECTION C: BENEFICIARY PROTECTION	25	0	2/25	3a1 & 7	92%
SECTION D: FUNDING, REPORTING & CONTRACTING REQUIREMENTS	NOT APPLICABLE				
SECTION E: NETWORK ADEQUACY AND ARRAY OF SERVICES	20	4	2/16	1 & 8b3	87%
SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	0/6	N/A	100%
SECTION G: PROVIDER RELATIONS	5	0	1/5	3b	80%
SECTION H: PROGRAM INTEGRITY	20	4	0/16	N/A	100%
SECTION I: QUALITY IMPROVEMENT	31	2	2/29	6d1 & 6e4	93%
SECTION J: MENTAL HEALTH SERVICES ACT	17	0	0/17	N/A	100%
TOTAL ITEMS REVIEWED	199	12	26		

Overall System Review Compliance

Total Number of Requirements Reviewed	199 (with 5 Attestation items)			
Total Number of SURVEY ONLY Requirements	12 (NOT INCLUDED IN CALCULATIONS)			
Total Number of Requirements Partial or OOC	26		OUT OF 187	
OVERALL PERCENTAGE OF COMPLIANCE	IN	86%	OOC/Partial	14%
	(154 IN/187)		(33 OOC/187)	

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

FINDINGS

ATTESTATION

DHCS randomly selected five Attestation items to verify compliance with regulatory and/or contractual requirements. Below is a summary of findings for requirements deemed out-of-compliance.

ATTESTATION REQUIREMENTS	
22.	The MHP must have written policies and procedures for selection, retention, credentialing, and re-credentialing of providers; the provider selection policies and procedures must not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment.
<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.214(a)-(e)</i> 	

FINDING

The MHP did not furnish evidence it has written policies and procedures for selection, retention, credentialing, and re-credentialing of providers; the provider selection policies and procedures must not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P BCDBH-065 Medi-Cal Site Certification; Butte County Contract and Procurement Manual. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP does not have a policy for selection and retention of providers which specifies it does not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment. This Attestation requirement is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has written policies and procedures for selection, retention, credentialing, and re-credentialing of providers; the provider selection policies and procedures must not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment.

SECTION A: ACCESS

PROTOCOL REQUIREMENTS	
2.	Regarding the provider list:
2a.	Does the MHP provide beneficiaries with a current provider list upon request and when first receiving a SMHS?
<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.10(f)(6)(i) and 438.206(a)</i> • <i>CCR, title 9, chapter 11, section 1810.410</i> • <i>CMS/DHCS, section 1915(b) Waiver</i> • <i>DMH Information Notice Nos. 10-02 and 10-17</i> • <i>MHP Contract Exhibit A, Attachment I</i> 	

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

FINDINGS

The MHP did not furnish evidence it provides beneficiaries with a current provider list upon request and when first receiving a SMHS. The MHP’s beneficiary booklet is not available in all of the MHP’s identified threshold languages. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Documentation Manual and BCDBH-065 Medi-Cal Guide. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not have the mechanism to ensure its contracted organizational providers give the provider list to its beneficiaries when first receiving SMHS. Protocol question(s) A2a is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides beneficiaries with a current provider list upon request and when first receiving a SMHS.

PROTOCOL REQUIREMENTS	
5.	Regarding written materials:
5b.	1) Does the MHP inform beneficiaries that information is available in alternative formats?
	2) Does the MHP inform beneficiaries how to access alternative formats?
	<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.10(d)(i),(ii)</i> • <i>CCR, title 9, chapter 11, sections 1810.110(a) and 1810.410(e)(4)</i>
	<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.10(d)(2)</i> • <i>MHP Contract, Exhibit A, Attachment I</i>

FINDINGS

The MHP did not furnish evidence it has written informing materials available in alternative formats in English and the MHP’s identified threshold languages. The MHP does not have a mechanism to inform beneficiaries of the availability of and/or how to access alternative formats. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: the MHP’s website contained audio versions of the following: Members information-Patient’s Rights Orientation; Grievance and Appeals Process and Notice of Privacy Practices. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, at the time of the review, the MHP had materials but did not have a mechanism (signage) to inform beneficiaries of informing materials in alternative formats in English and the threshold language. Protocol question(s) A5b1 and A5b2 are deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has written informing materials available in alternative formats in English and the MHP’s identified threshold languages. The MHP will further demonstrate it has a mechanism to inform beneficiaries of the availability of and/or how to access alternative formats.

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

PROTOCOL REQUIREMENTS	
5d.	Do these written materials take into consideration persons with limited reading proficiency (e.g., 6 th grade reading level for general information)?
<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.10(d)(i),(ii)</i> • <i>CCR, title 9, chapter 11, sections 1810.110(a) and 1810.410(e)(4)</i> 	<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.10(d)(2)</i> • <i>MHP Contract, Exhibit A, Attachment I</i>

FINDINGS

The MHP did not furnish evidence its written materials take into consideration persons with limited vision and/or persons with limited reading proficiency (e.g., 6th grade reading level). Protocol question(s) A5d is deemed OOC.

PLAN OF CORRECTION

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

PROTOCOL REQUIREMENTS	
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 PROTOCOL REQUIREMENTS 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"> • <i>CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1)</i> • <i>CFR, title 42, section 438.406 (a)(1)</i> 	<ul style="list-style-type: none"> • <i>DMH Information Notice No. 10-02, Enclosure, Page 21, and DMH Information Notice No. 10-17, Enclosure, Page 16</i> • <i>MHP Contract, Exhibit A, Attachment I</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 Thursday, January 7, 2016 at 7:40am. The call was answered after one (1) ring via live operator. The DHCS test caller requested information about accessing SMHS in the county and the operator requested a call back number in the event the call was dropped so the crisis worker could return the call. The operator provided information about SMHS including the hours of operation, walk-in process, phone number and address where the caller could receive an evaluation for services including urgent conditions. Regarding concern for the caller, the operator advised the caller that crisis workers were available 24/7. The call is in compliance with the regulatory requirements for protocol questions A9a2 and A9a3.

Test Call #2 was placed on Sunday, January 10, 2016 at 5:34pm. The call was answered after seven (7) rings via live operator. The DHCS test caller requested information about accessing SMHS in the county. The operator asked the caller if he/she resided in the county

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

and the caller replied in the affirmative. The operator proceeded to give the caller information regarding the Chico Community Center explaining the process for behavioral assessments. The operator gave the caller the phone number and the hours of operation of the clinic. The operator advised the caller that appointments were required to be seen at the clinic. The operator also advised the caller that if there was a need for crisis services to call the access line and/or walk into the county mental health clinic anytime. The address of the clinic was given to the caller. The caller was provided information about how to access SMHS and about services needed to treat a beneficiary's urgent condition. The call is in compliance with the regulatory requirements for protocol questions A9a2 and A9a3.

Test Call #3 was placed on Thursday, January 7, 2016 at 8:40 a.m. The call was answered after two (2) rings via live operator. The caller requested information about accessing SMHS in the county. The operator asked the caller if he/she had Medi-Cal in the county and the caller replied in the affirmative. The operator provided the caller the following two (2) options: 1) contact Ampla Health for mental health psychiatric medications (the operator also explained the process and provided the phone number); and, 2) contact Butte County Behavioral Health for outpatient services. The operator provided the address and hours of operations including process for intake and walk-in services. The caller was provided information about how to access SMHS and about services needed to treat a beneficiary's urgent condition. The call is in compliance with the regulatory requirements for protocol questions A9a2 and A9a3.

Test Call #4 was placed on Friday, January 15, 2016 at 7:15 am. The call was answered after one (1) ring. The DHCS test caller requested information about how to access SMHS in the count and advised the operator that he/she had Medi-Cal and was referred by his/her physician. The operator asked a series of questions including area of residence, age, name, and phone number. The caller provided the requested information with the exception of contact information. The operator asked if the caller was suicidal or felt like hurting him/her self or others and the caller replied in the negative. The operator asked additional questions in regards to the caller's request and then provided the name and location of Oroville Adult Outpatient Center. The operator provided the clinic address, phone number and hours of operation including the process of walk-ins and assessment services. The operator stated that if urgent services were needed the crisis line was available 24/7. The caller was provided information about how to access SMHS and about services needed to treat a beneficiary's urgent condition. This call is in compliance with the regulatory requirements for protocol questions A9a2 and A9a3.

Test Call #5 was placed on Wednesday, January 20, 2016 at 7:44 a.m. The call was answered after three (3) rings via live operator. The DHCS test caller requested information about how to access SMHS in the county. The operator asked the caller if he/she had Medi-Cal and area of residence. The caller replied in the affirmative to having Medi-Cal and provided area of residence. The operator advised the caller of the process to switch Medi-Cal coverage to the county. The operator provided location of Social Services. The operator advised the caller that once Medi-Cal has been transferred, a mental health screening would be required and he/she explained the screening process including clinic location and hours. The operator provided the caller with an additional number to call if urgent assistance was required prior to the switch over of the caller's Medi-Cal insurance. The operator then asked

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

the caller if he/she was in crisis and/or in a safe place. The caller replied in the negative regarding being in crisis and advised he/she was in a safe place. The caller was provided information about how to access SMHS and about services needed to treat a beneficiary's urgent condition. The call is in compliance with the regulatory requirements for protocol questions A9a2 and A9a3.

Test Call #6 was placed on Friday, January 15, 2016 at 8:25 am. The call was answered after one (1) ring via live operator. The DHCS test caller requested information about filing a complaint in the county. The operator requested the caller's name and contact information. The caller provided his/her name and declined to give contact information. The operator asked the caller questions relative to the complaint including therapist information, type of services rendered and location of services. The caller provided limited information and the operator provided information regarding the process to file a complaint including location of forms in the lobby of the clinic. The operator provided the caller with additional phone numbers of county staff employees for assistance with appeals and the re-screening process. The caller was provided information about how to use the beneficiary problem resolution process. The call is in compliance with the regulatory requirements for protocol question A9a4.

Test Call #7 was placed on Sunday, January 24, 2016 at 8:31pm. The call was answered after three (3) rings via live operator. The DHCS test caller requested information about filing a complaint in the county. The caller was provided with the number for the Patient's Rights Advocate and was advised to call the office during business hours to request a complaint form. The caller was not provided information about how to use the beneficiary problem resolution process. The call is OOC with the regulatory requirements for protocol question A9a4.

FINDINGS

Test Call Results Summary

Protocol Question	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
9a-1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Not Applicable
9a-2	IN	IN	IN	IN	IN	N/A	N/A	100%
9a-3	IN	IN	IN	IN	IN	N/A	N/A	100%
9a-4	N/A	N/A	N/A	N/A	N/A	IN	OOO	50%

Protocol question(s) A9a-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 provides a statewide, toll-free telephone number 24 hours a day, 7 days per week, with language capability in all languages spoken by beneficiaries of the county that will provide information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, services needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearing processes.

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

PROTOCOL REQUIREMENTS	
10.	Regarding the written log of initial requests for SMHS:
10b.	Does the written log(s) contain the following required elements:
	1) Name of the beneficiary?
	2) Date of the request?
	3) Initial disposition of the request?
<ul style="list-style-type: none"> CCR, title 9, chapter 11, section 1810.405(f) 	

FINDINGS

The MHP did not furnish evidence its written log(s) of initial requests for SMHS includes requests made by phone, in person, or in writing. Specifically, the log(s) made available by the MHP did not include all required elements for the test calls made by DHCS. See the table below.

Protocol Question	Test Calls Logged by Name (10b1), Date (10b2), and Initial Disposition (10b3)							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
10b-1	IN	OOC	OOC	IN	IN	N/A	N/A	60%
10b-2	IN	OOC	OOC	IN	IN	N/A	N/A	60%
10b-3	IN	OOC	OOC	IN	IN	N/A	N/A	60%

Protocol question(s) A10b1; A10b2; and A10b3 are deemed in partial compliance.

PLAN OF CORRECTION:

The MHP will submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that its written log of initial requests for SMHS (including requests made via telephone, in person or in writing) complies with all regulatory requirements.

PROTOCOL REQUIREMENTS	
12.	Regarding the MHP's Cultural Competence Committee (CCC):
12c.	Does the CCC complete an Annual Report of CCC activities as required in the CCPR?
<ul style="list-style-type: none"> CCR title 9, section 1810.410 DMH Information Notice 10-02 and 10-17 	

FINDINGS

The MHP did not demonstrate the CCC completes an annual report of CCC activities. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P 068 Cultural Competence Plan; CCC Agendas and Meeting Minutes; CCC Roster and QIC Minutes. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP's CCC does not complete an Annual Report of CCC activities. Protocol question(s) A12c is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate The MHP completes an annual report of CCC activities.

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

PROTOCOL REQUIREMENTS	
13a.	Regarding the MHP's plan for annual cultural competence training necessary to ensure the provision of culturally competent services: 2) Is there a plan for cultural competency training for persons providing SMHS employed by or contracting with the MHP?
13b.	Does the MHP have evidence of the implementation of training programs to improve the cultural competence skills of staff and contract providers?
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.410 (a)-(e) • DMH Information Notice No. 10-02, Enclosure, Pages 16 & 22 and DMH Information Notice No. 10-17, Enclosure, Pages 13 & 17 • MHP Contract, Exhibit A, Attachment I 	

FINDINGS

The MHP did not furnish evidence it has a plan for annual cultural competence training necessary to ensure the provision of culturally competent services. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P Cultural Competence Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not have a plan for or evidence of implementation of cultural competency training for persons providing SMHS contracting with the MHP. The MHP did not have a process to ensure interpreters are trained and monitored for language competence. In addition, the MHP does not track attendance by its employees to ensure that all levels of staff receive required cultural competence training. Protocol question(s) A13a2 and A13b are deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a plan for annual cultural competence training necessary to ensure the provision of culturally competent services. Specifically, the MHP must develop a plan for, and provide evidence of implementation of, cultural competency training for administrative and management staff as well as persons providing SMHS employed by or contracting with the MHP. The MHP must develop a process to ensure interpreters are trained and monitored for language competence.

SECTION B: AUTHORIZATION

PROTOCOL REQUIREMENTS	
1.	Regarding the Treatment Authorization Requests (TARs) for hospital services:
1b.	Are all adverse decisions regarding hospital requests for payment authorization that were based on criteria for medical necessity or emergency admission being reviewed and approved in accordance with title 9 regulations by: 1) a physician, or 2) at the discretion of the MHP, by a psychologist for patients admitted by a psychologist and who received services under the psychologist's scope of practice?
1c.	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) 	

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

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 208 Provider Authorizations (2007). However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, The MHP needs to update the policy to reflect current practices. In addition, DHCS inspected a sample of one hundred (100) TARs to verify compliance with regulatory requirements. The TAR sample review findings are detailed below:

PROTOCOL REQUIREMENT		# TARs IN COMPLIANCE	# TARs OOC	COMPLIANCE PERCENTAGE
1a	TARs approved or denied by licensed mental health or waived/registered professionals	100	0	100%
1c	TARs approves or denied within 14 calendar days	98	2	98%

Protocol question(s) B1c is deemed in partial compliance.

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

PROTOCOL REQUIREMENT		# TARs IN COMPLIANCE	# TARs OOC	COMPLIANCE PERCENTAGE
1b	Adverse decisions based on criteria for medical necessity or emergency admission approved by a physician (or psychologist, per regulations)	1	1	50%

One of these TARs did not include evidence that adverse decisions based on criteria for medical necessity or emergency admission were reviewed and approved by a physician (or by a psychologist, per regulations). Protocol question(s) B1b 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	
5.	Regarding Notices of Action (NOAs):
5a.	1) NOA-A: Is the MHP providing a written NOA-A to the beneficiary when the MHP or its providers determine that the beneficiary does not meet the medical necessity criteria to be eligible to any SMHS?
	<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)

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

FINDINGS

The MHP did not furnish evidence it provides a written NOA-A to the beneficiary when the MHP or its providers determine that the beneficiary does not meet the medical necessity criteria to be eligible to any SMHS. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P 71B Notice of Action Process and a report of assessments completed from October-December 2015. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, per the assessment report, the MHP conducted 157 assessments resulting in a finding that the beneficiary did not meet medical necessity criteria during the specified time period. Of these, NOA-A's were sent to 117 beneficiaries required to be notified of the decision; 40 NOA-A's were not sent. Protocol question(s) B5a1 is deemed in partial compliance (75%).

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 a written NOA-A to the beneficiary when the MHP or its providers determine that the beneficiary does not meet the medical necessity criteria to be eligible to any SMHS. The MHP must demonstrate it provides for a second opinion from a qualified health care professional within the MHP network or arrange for the beneficiary to obtain a second opinion outside the MHP network, at no cost to the beneficiary.

PROTOCOL REQUIREMENTS	
5c.	NOA-C: Is the MHP providing a written NOA-C to the beneficiary when the MHP denies payment authorization of a service that has already been delivered to the beneficiary as a result of a retrospective payment determination?
	<ul style="list-style-type: none"> • <i>CFR, title 42, sections 438.10(c), 438.400(b) and 438.404(c)(2)</i> • <i>CCR, title 9, chapter 11, sections 1830.205(a),(b)(1),(2),(3), 1850.210 (a)-(j) and 1850.212</i> • <i>DMH Letter No. 05-03</i> • <i>MHP Contract, Exhibit A, Attachment I</i> • <i>CFR, title 42, section 438.206(b)(3)</i> • <i>CCR, title 9, chapter 11, section 1810.405(e)</i>

FINDING

The MHP did not furnish evidence it provides a written NOA-C to the beneficiary when the MHP denies payment authorization of a service that has already been delivered to the beneficiary as a result of a retrospective payment determination. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Notice of Action Policy and Change of Provider Report. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, DHCS reviewed 100 TARs that resulted in two denials for medical necessity and NOA-Cs were not sent to the beneficiaries in those cases. Protocol question B5c is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides a written NOA-C to the beneficiary when the MHP denies payment authorization of a service that has already been delivered to the beneficiary as a result of a retrospective payment determination.

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

PROTOCOL REQUIREMENTS	
5d.	NOA-D: Is the MHP providing a written NOA-D to the beneficiary when the MHP fails to act within the timeframes for disposition of standard grievances, the resolution of standard appeals, or the resolution of expedited appeals?
<ul style="list-style-type: none"> • <i>CFR, title 42, sections 438.10(c), 438.400(b) and 438.404(c)(2)</i> • <i>CCR, title 9, chapter 11, sections 1830.205(a),(b)(1),(2),(3), 1850.210 (a)-(j) and 1850.212</i> • <i>DMH Letter No. 05-03</i> • <i>MHP Contract, Exhibit A, Attachment I</i> • <i>CFR, title 42, section 438.206(b)(3)</i> • <i>CCR, title 9, chapter 11, section 1810.405(e)</i> 	

FINDING

The MHP did not furnish evidence it provides a written NOA-D to the beneficiary when the MHP fails to act within the timeframes for disposition of standard grievances, the resolution of standard appeals, or the resolution of expedited appeals. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Notices of Action Policy and the Grievance and Appeal Log for FY14/15. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, a NOA-D was not sent to the beneficiary when the MHP failed to act within timeframes to resolve a grievance. Protocol question(s) B5d is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides a written NOA-D to the beneficiary when the MHP fails to act within the timeframes for disposition of standard grievances, the resolution of standard appeals, or the resolution of expedited appeals.

PROTOCOL REQUIREMENTS	
5e.	NOA-E: Is the MHP providing a written NOA-E to the beneficiary when the MHP fails to provide a service in a timely manner, as determined by the Contractor (MHP)?
<ul style="list-style-type: none"> • <i>CFR, title 42, sections 438.10(c), 438.400(b) and 438.404(c)(2)</i> • <i>CCR, title 9, chapter 11, sections 1830.205(a),(b)(1),(2),(3), 1850.210 (a)-(j) and 1850.212</i> • <i>DMH Letter No. 05-03</i> • <i>MHP Contract, Exhibit A, Attachment I</i> • <i>CFR, title 42, section 438.206(b)(3)</i> • <i>CCR, title 9, chapter 11, section 1810.405(e)</i> 	

FINDING

The MHP did not furnish evidence it provides a written NOA-E to the beneficiary when the MHP fails to provide a service in a timely manner. Protocol question(s) B5e is deemed OOC.

PLAN OF CORRECTION

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

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

SECTION C: BENEFICIARY PROTECTION

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

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: The MHP’s appeals and grievance log. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, DHCS reviewed fourteen grievances and one was not resolved within the established timeframe. There was no NOA-D issued to the beneficiary.

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	14	13	1	NO	93%
APPEALS	0	N/A	N/A	N/A	N/A
EXPEDITED APPEALS	0	N/A	N/A	N/A	N/A

Protocol question(s) C3b is deemed OOC.

PLAN OF CORRECTION

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

PROTOCOL REQUIREMENTS	
7.	Does the MHP ensure services are continued while an appeal or State fair hearing is pending?
	<ul style="list-style-type: none"> • CFR, title 42, section 438.420 • CCR, title 22, section 51014.2 • CCR, title 9, chapter 11, section 1850.215 • DMH Letter No. 05-03

FINDING

The MHP did not furnish evidence it ensures services are continued while an appeal or State fair hearing is pending. Specifically, The MHPs policies and procedure needs to be updated to reflect Aid Paid Pending (APP) criteria are met. Protocol question(s) C7 is deemed OOC.

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

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it is ensuring services are continued while an appeal or State fair hearing is pending.

SECTION E: NETWORK ADEQUACY AND ARRAY OF SERVICES

PROTOCOL REQUIREMENTS	
1.	Does the MHP have a current Implementation Plan which meets title 9 requirements?
<ul style="list-style-type: none"> • <i>CCR, title 9, chapter 11, section 1810.310</i> 	

FINDING

The MHP did not furnish evidence it has a current Implementation Plan which meets title 9 requirements. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: August 1, 1997 Implementation Plan-Updated September 2001. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, The MHP has not updated and/or submitted its revised Implementation Plan since 2001. Protocol question E1 is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a current Implementation Plan which meets title 9 requirements.

PROTOCOL REQUIREMENTS	
8.	Regarding the County's Capacity to Implement Mental Health Services Act (MHSA) Programs:
8b.	Does the assessment include:
	3.) Percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to the percentage of the total population needing services and the total population being served?
<ul style="list-style-type: none"> • <i>CCR, title 9, chapter 14, section 3650(5)</i> 	

FINDINGS

The County did not furnish evidence it conducts an assessment of its capacity to implement the proposed MHSA programs/services. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: MHSA Assessment Report, MHSA Plan and the Culture Competence Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHSA assessment does not include the percentage of diverse cultural, racial/ethnic, and linguistic groups represented among its direct service providers. Protocol question(s) E8b3 is deemed OOC.

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

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 conducts an assessment of its capacity to implement the proposed MHSA programs/services.

SECTION G: PROVIDER RELATIONS

PROTOCOL REQUIREMENTS	
3.	Regarding the MHP's network providers, does the MHP ensure the following:
3b.	Corrective action is taken if there is a failure to comply with timely access requirements?
	<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.206(b)(1)</i> • <i>CFR, title 42, Part 438-Managed Care, sections 438.204, 438.240 and 438.358</i> • <i>CCR, title 9, chapter 11, section 1810.310 (a)(5)(B)</i> • <i>MHP Contract, Exhibit A, Attachment I</i> • <i>CMS/DHCS, section 1915(b) waiver</i>

FINDINGS

The MHP did not furnish evidence it has established mechanisms to ensure that network providers comply with timely access requirements and to take corrective action if providers fail to comply. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P 171 Notice of Action Process. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP is not taking corrective action if there is a failure to comply with timely access requirements. Protocol question(s) G3b is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has established mechanisms to ensure that network providers comply with timely access requirements and to take corrective action if providers fail to comply.

SECTION I: QUALITY IMPROVEMENT

PROTOCOL REQUIREMENTS	
6.	Regarding the QM Work Plan:
6d.	Does the QM work plan include a description of completed and in-process QM activities, including: 1) Monitoring efforts for previously identified issues, including tracking issues over time?
6e.	Does the QM work plan include a description of mechanisms the Contractor has implemented to assess the accessibility of services within its service delivery area, including goals for: 4.) Access to after-hours care?
	<ul style="list-style-type: none"> • <i>CCR, title 9, chapter 11, section 1810.440(a)(5)</i> • <i>DMH Information Notice No. 10-17, Enclosures, Pages 18 & 19, and DMH Information Notice No. 10-02, Enclosure, Page 23</i> • <i>MHP Contract, Exhibit A, Attachment I</i> • <i>CCR, tit. 9, § 1810.410</i> • <i>CFR, title 42, Part 438-Managed Care, sections 438.204, 438.240 and 438.358.</i>

FINDINGS

The MHP did not furnish evidence it has a QM/QI work plan covering the current contract cycle, with documented annual evaluations and necessary revisions, which meets MHP Contract requirements. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: FY2015/16 QM/QI Work Plan; QIC agendas and minutes; EQRO

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

Report; BHC PIP Development outline and the grievance and appeal log. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP does not have a process to track trends and/or issues overtime nor does the QI/QM work plan include goals regarding access to after-hours care. Protocol question(s) I6d1 and I6e4 are deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a QM/QI work plan covering the current contract cycle, with documented annual evaluations and necessary revisions, which meet the MHP Contract requirements.

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

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"> • CFR, title 42, section 438.10(d)(i),(ii) • CCR, title 9, chapter 11, sections 1810.110(a) and 1810.410(e)(4) • CFR, title 42, section 438.10(d)(2) • MHP Contract, Exhibit A, Attachment I 	

SURVEY FINDING

DHCS reviewed the following documentation presented by the MHP for this survey item: P&P for Bilingual Pay Process. The documentation lacks specific elements to demonstrate compliance with federal and State requirements. The MHP contracts with the Executive Director of the Hmong Cultural Center who consults on documentation for the Hmong community. However, the MHP does not have a formal mechanism to ensure accuracy of other translated material.

SUGGESTED ACTIONS

DHCS recommends the MHP develop a mechanism to ensure accuracy of translated materials which includes, but is not limited to: peer review, back translation, pilot testing, etc.

PROTOCOL REQUIREMENTS	
11.	Has the MHP updated its Cultural Competence Plan (CCP) annually in accordance with regulations?
<ul style="list-style-type: none"> • CCR title 9, section 1810.410 • DMH Information Notice 10-02 and 10-17 	

SURVEY FINDING

The MHP did not furnish evidence it has updated its CCP annually in accordance with regulations. The MHP's most recent CCP was dated 2010.

SUGGESTED ACTIONS

DHCS recommends the MHP updates its CCP annually.

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.

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

SECTION E: NETWORK ADEQUACY AND ARRAY OF SERVICES

PROTOCOL REQUIREMENTS	
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"> • <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 presented by the MHP for this survey item: P&P 086 – Katie A Program Implementation Plan and Katie A checklist. The documentation provides sufficient evidence of compliance with State requirements.

SUGGESTED ACTIONS

No further action required at this time.

SECTION H: PROGRAM INTEGRITY

PROTOCOL REQUIREMENTS	
5a.	Does the MHP ensure the following requirements are met:
	3.) 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?
	4.) 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)?
	5.) 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"> • <i>CFR, title 42, sections 438.214(d), 438.610, 455.400-455.470, 455.436(b)</i> • <i>DMH Letter No. 10-05</i> • <i>MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements</i> 	

SURVEY FINDING

DHCS reviewed the following documentation presented by the MHP for this survey item: P&P 150 Provider Screening and Verification Process. The documentation lacks specific elements to demonstrate compliance with federal and/or State requirements. Specifically, the MHP's policy and procedure does not include the Excluded Parties List System (EPLS) database. Please note: This database is now a part of the federal SAM database.

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

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: The MHP should update the Provider Screening and Verification policy to include providers and contractors that are not in the Excluded Parties List System (EPLS).

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

SURVEY FINDING

DHCS reviewed the following documentation presented by the MHP for this survey item: P&P 150 Provider Screening and Verification Process. The documentation provides sufficient evidence of compliance with federal and/or State requirements.

SUGGESTED ACTIONS

No further action required at this time.

SECTION I: QUALITY IMPROVEMENT

PROTOCOL REQUIREMENTS	
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?
<ul style="list-style-type: none"> • <i>MHP Contract, Exhibit A, Attachment I</i> 	

SURVEY FINDING

DHCS reviewed the following documentation presented by the MHP for this survey item: P&P 077 – Psychotropic Medication Policy for Children and Adolescents and the Documentation Manual-Outpatient SMHS. The documentation provides sufficient evidence of compliance with federal and/or State requirements.

SUGGESTED ACTIONS

No further action required at this time.