FISCAL YEAR (FY) 2015/2016 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES
IMPERIAL COUNTY MENTAL HEALTH PLAN REVIEW
March 21-24, 2016
FINAL FINDINGS REPORT

This report details the findings from the triennial system review of the **Imperial 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.

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RESULTS SUMMARY: SYSTEM REVIEW

SYSTEM REVIEW SECTION	TOTAL ITEMS REVIEWED	SURVEY ONLY ITEMS	TOTAL FINDINGS PARTIAL or OOC	PROTOCOL QUESTIONS OUT-OF-COMPLIANCE (OOC) OR PARTIAL COMPLIANCE	IN COMPLIANCE PERCENTAGE FOR SECTION
ATTESTATION	5	0	0/5	0	100%
SECTION A: ACCESS	48	2	0/46	0	100%
SECTION B: AUTHORIZATION	22	0	1/22	5d	95%
SECTION C: BENEFICIARY PROTECTION	25	0	1/25	3a1	96%
SECTION D: FUNDING, REPORTING & CONTRACTING REQUIREMENTS	NOT APPLICABLE				
SECTION E: NETWORK ADEQUACY AND ARRAY OF SERVICES	20	4	0/16	0	100%
SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	0/6	0	100%
SECTION G: PROVIDER RELATIONS	5	0	0/5	0	100%
SECTION H: PROGRAM INTEGRITY	20	4	0/16	0	100%
SECTION I: QUALITY IMPROVEMENT	31	2	0/29	0	100%
SECTION J: MENTAL HEALTH SERVICES ACT	17	0	0/17	0	100%
TOTAL ITEMS REVIEWED	199	12	0		

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	**2**		**OUT OF 187**	
OVERALL PERCENTAGE OF COMPLIANCE	**IN** (# IN/187)	**99%**	**OOC/Partial** (# OOC/187)	**1%**

FINDINGS

ATTESTATION

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

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SECTION : ACCESS

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?	
• *CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1)* • *CFR, title 42, section 438.406 (a)(1)*		• *DMH Information Notice No. 10-02, Enclosure, Page 21, and DMH Information Notice No. 10-17, Enclosure, Page 16* • *MHP Contract, Exhibit A, Attachment I*

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

Test Call #1 was placed on January 8, 2016 at 7:55 am. The call was answered after two (2) rings via a live operator. The DHCS test caller requested information about mental health services provided by the county. The operator provided the caller with information about how to access SMHS, including: the hours of operation, intake, and assessment processes as well as a phone number for an Imperial clinic near the caller's residence. The caller was provided with information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met and services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol question(s) A9a2 and A9a3.

Test Call #2 was placed on January 26, 2016 at 7:17 a.m. The call was answered after eight (8) rings via a live operator. The operator answered with a greeting of "Hello" and the DHCS test caller inquired as to what phone line he/she had reached. The operator verified that the caller had reached the "Behavioral Health" line. The caller requested information on how to file a complaint. The operator advised the caller that he/she could mail the complaint form to the caller or he/she could come into the office and pick up a form. The caller stated he/she would like to come into an office near his/her residence and pick up a form. The operator gathered information regarding the caller's residence and advised the caller that he/she could visit the El Centro office that is quite a distance from the caller's residence. The operator

advised the caller of the MHP's grievance process. The call was deemed in compliance with the regulatory requirements for protocol question A9a4.

Test Call #3 was placed on 1/26/2016, at 10:36 p.m. The call was answered after three (3) rings via a live operator. The DHCS test caller requested information on how to file a complaint against a provider. The operator asked the caller if he/she had spoken to the clinical supervisor in regards to the issues pertaining to the provider and/or requested a change of provider. The caller replied in the negative and declined to give further details. The operator gave the caller several options on how to obtain a grievance form including addresses of several clinics and offering to mail the forms. The operator explained the grievance process and gave the caller the name of the patient's rights advocate. The operator assured the caller that the process is confidential and that the advocate is very kind and professional. The caller was placed on hold as the operator attempted to obtain the advocate's phone number and the call was disconnected. The caller did not call back as he/she was satisfied with the information received from the operator. The caller was provided information on how to use the beneficiary problem resolution process. The call was deemed in compliance with the regulatory requirements for protocol question A9a4.

Test Call #4 was placed on 2/9/2016, at 8:26 a.m. The call was answered after four (4) rings via a live operator. The DHCS test caller requested information about SMHS. The operator informed the caller that the county has counseling services and programs for depression and asked the caller if he/she would like to make an appointment. The caller informed the operator that he/she did not want to make an appointment but inquired about walk-in services. The operator advised the caller that walk-in services were available. The operator inquired if the caller required urgent services and offered to connect caller to a counselor. The caller replied in the negative. The caller asked the operator for hours of operation and address. The operator provided the requested information. The caller was provided information about how to access SMHS and about services needed to treat a beneficiary's urgent condition. The call was deemed in compliance with the regulatory requirements for protocol questions A9a2 and A9a3.

Test Call #5 was placed on 2/15/2016, at 9:15 a.m. The call was answered after two (2) rings via a live operator. The DHCS test caller requested information about accessing SMHS. The operator advised the caller that the offices were closed and offered to take his/her name and telephone number and someone would call him/her back during business hours. The Caller stated he/she didn't have contact information. The operator placed the caller on hold for 15 seconds while gathering documents to collect the caller's information to schedule an appointment for the caller. The operator asked the caller his/her insurance type and the caller replied Medi-Cal. The operator asked questions regarding the caller's scenario to assist in providing an appointment. The operator asked for caller's date of birth and address and the caller provided the information to the operator. An appointment was provided to the caller. The caller was provided information about how to access SMHS. The call was deemed in compliance with the regulatory requirements for protocol question A9a2.

Test Call #6 was placed on 2/29/2016, at 11:17 a.m. The call was answered after two (2) rings by a live operator. The DHCS test caller requested information on how to file a grievance or complaint in the county. The operator asked the caller to provide his/her name and address. The operator provided a clinic near the caller's residence where he/she could come and pick up a complaint form. The operator offered to mail a complaint form and pamphlet to the caller. The operator advised the caller of the clinic's hours of operation, alternate phone number and explanation of the grievance process. The operator advised that the clinic was available on weekends for Crisis Services. The caller was provided information on how to use the beneficiary problem resolution process. The call was deemed in compliance with the regulatory requirements for protocol question A9a4.

Test Call #7: was placed on 3/3/2016, at 11:08 a.m. The call was answered after two (2) rings via a live operator. The DHCS test caller requested information about SMHS. The caller advised the operator that he/she had recently enrolled in Medi-Cal. The operator asked the caller if he/she had previously used their Medi-Cal insurance with the county and the caller replied in the negative. The operator asked questions regarding the caller's scenario to assist in providing an appointment. The operator placed the caller on hold in preparation of setting up an appointment. The caller terminated the call as he/she did not want the operator to make an unnecessary appointment. The caller was provided information about how to access SMHS. The call was deemed in compliance with the regulatory requirements for protocol question A9a2.

FINDINGS

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	N/A	N/A	IN	IN	IN	IN	**100%**
9a-3	IN	N/A	N/A	IN	N/A	IN	IN	**100%**
9a-4	N/A	IN	IN	N/A	N/A	IN	N/A	**100%**

PLAN OF CORRECTION:

No further action required at this time

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SECTION B AUTHORIZATION

CRITERIA	
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?

- *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)*

FINDINGS:
The MHP did not furnish evidence it provides a written NOA-D to the beneficiary when the MHP fails to act within the timeframes for disposition of standard grievances, the resolution of standard appeals, or the resolution of expedited appeals. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P 01-118: Grievance - The MHP Process for Handling, Procedure 01-46 Grievance-Processing Receipt by the MHP, P&P 01-119 Standard Appeal-The MHP Process for Handling, Procedure 01-47 Standard Appeal-Processing Receipt by the MHP, P&P 01-120 Expedited Appeal-The MHP Process for Handling, Procedure 01-48 Expedited Appeal-The MHP Process for Handling. NOA –D Summary FY 2014-2015, Grievance and Fair Hearings Jan 2015 – June 2015, ICBHS Grievance Log. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP failed to issues a NOA-D to the beneficiary when the beneficiary's grievance was not resolved within established timeframes. Although a 14 day extension was applied, the MHP still exceeded the timeframe post the extension. Protocol question B5d is deemed in partial compliance (50%).

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.

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SECTION C BENEFICIARY PROTECTION

CRITERIA	
3.	Regarding established timeframes for grievances, appeals, and expedited appeals:
3a.	1) Does the MHP ensure that grievances are resolved within established timeframes?
	2) Does the MHP ensure that appeals are resolved within established timeframes?
	3) Does the MHP ensure that expedited appeals are resolved within established timeframes?
• *CFR, title 42, section 438.408(a),(b)(1)(2)(3)* • *CCR, title 9, chapter 11, section 1850.206(b)* • *CCR, title 9, chapter 11, section 1850.207(c)* • *CCR, title 9, chapter 11, section 1850.208.*	

FINDING
The MHP did not furnish evidence it ensures grievances, are resolved within established timeframes and /or required notice(s) of an extension are given to beneficiaries. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P 01-118: Grievance Processing Receipt by the MHP; the MHP's grievance log and its Grievance Resolution and Appeal Process posters; and, the Grievance/Appeal Notice of Extension template letter as evidence of compliance.

This documentation demonstrated sufficient evidence of compliance with regulatory and/or contractual requirements. However, upon review of a sample of 33 grievances received during FY 14/15, DHCS determined that not all of the grievances were resolved within established timeframes. The table below details these findings.

	# REVIEWED	RESOLVED WITHIN TIMEFRAMES		REQUIRED NOTICE OF EXTENSION EVIDENT	COMPLIANCE PERCENTAGE
		# IN COMPLIANCE	# OOC		
GRIEVANCES	33	31	2	1	94%
APPEALS	N/A	N/A	N/A	N/A	N/A
EXPEDITED APPEALS	N/A	N/A	N/A	N/A	N/A

Protocol question C3a1 is deemed in partial compliance.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it ensures grievance are resolved within established timeframes and required notices of an extensions are given to beneficiaries

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SURVEY ONLY FINDINGS

SECTION : 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)?
• *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:
Policy# 01-272: Accuracy of Translated Materials; Policy# 16-19: Consumer/Family Member Quality Improvement Subcommittee; Policy# 01-265: Cultural Competence Taskforce; Quality Improvement Committee agendas, sign-in sheets, and minutes for the meeting conducted on January 8, 2015; Consumer/Beneficiary Satisfaction Survey 2014-2015; and, the ICBHS Threshold Language Field Testing dated March 9, 2016. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

CRITERIA	
11.	**SURVEY ONLY:** Has the MHP updated its Cultural Competence Plan annually in accordance with regulations?
• *CCR title 9, section 1810.410* • *DMH Information Notice 10-02 and 10-17*	

SURVEY FINDING
DHCS reviewed the following documentation presented by the MHP for this survey item:
Policy 01-270: Cultural Competence Plan; Cultural Competence Plan – Annual Update 2015; Cultural Competence Plan – Annual Update 2014. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS
No further action required at this time.

SECTION E TARGET POPULATIONS AND ARRAY OF SERVICES

CRITERIA	
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?
• *Katie A Settlement Agreement* • *Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care for Katie-A Subclass Members*	

SURVEY FINDING
DHCS reviewed the following documentation presented by the MHP for this survey item:
Policy# 01-269: Katie A. Subclass Verification; Procedure# 01-154: Katie A. Subclass Verification for Active Clients; Procedure# 01-155: Katie A. Subclass Verification for Inactive Clients; Katie A. Sub-Class Verification Form; Child Family Team Guidelines; Child and Family Team Assessment (CAFTA); Child and Family Team Plan; Map of New referrals from DSS and ICBHS; Katie A. Active Cases and New Referrals Protocol; Sample Katie A. Semi-Annual Program Report – identifying potential subclass members and services provided during reporting period (September 1st through February 28th). Katie A Semi-Annual Progress Report (September 1, 2014 –February 28, 2015). The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS
No further action required at this time.

SECTION H PROGRAM INTEGRITY

CRITERIA	
5.	Regarding monitoring and verification of provider eligibility:
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)?

SURVEY FINDING

DHCS reviewed the following documentation presented by the MHP for this survey item:
Policy# 01-174 Screening for Excluded Individuals and Entities; Policy# 01-89 Exclusion Screening; Policy# 17-09 National Provider Number; Policy# 01-266 License/Certification Requirements, and Monitoring for Providers; Policy# 17-11 License Requirements and Monitoring for contract and Fee-For-Service Providers; Policy# 01-147 License/Certification Requirements and Monitoring for Providers; EP Staff Check client agreement; Provider Information from the NPPES NPI Registry; Exclusion Searches Reports of various dates; Office of Inspector General (OIG) Disclosures regarding Contractors and Vendors; and Provider Credentialing Status List. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

SECTION I QUALITY IMPROVEMENT

CRITERIA	
3.	Regarding monitoring of medication practices?
3b.	Does the MHP have a policy and procedure in place regarding 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 that the MHP took appropriate action to address the concern?

SURVEY FINDING

DHCS reviewed the following documentation presented by the MHP for this survey item:
Policy 16-32 Quality Management Program; Policy 01-262 Medication Monitoring Physicians Review; Procedure: 16-05 Medication Monitoring; MHP Quality of Care Report FY 2014-2015; Quality of Care Comparison over time for MHP FY 2014-2015; Quality Management Annual Medication Monitoring Review May 2014 through April 2015; Quality Improvement Work Plan 2015-2016 page 34 section 4; Quality Management Medication Monitoring Review Tracking Overtime Report and Memorandum titled: Medication Monitoring Review 8/25/2015. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.