FISCAL YEAR (FY) 2015/2016 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES
KERN COUNTY MENTAL HEALTH PLAN REVIEW
May 2-5, 2016
FINAL FINDINGS REPORT

This report details the findings from the triennial system review of the **Kern County** Mental Health Plan (MHP). The report is organized according to the findings from each section of the FY 2015/2016 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

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	N/A	100%
SECTION A: ACCESS	48	2	1/46	N/A	98%
SECTION B: AUTHORIZATION	22	0	3/22	1b;3a1;5a1	86%
SECTION C: BENEFICIARY PROTECTION	25	0	0/25	N/A	100%
SECTION D: FUNDING, REPORTING & CONTRACTING REQUIREMENTS	NOT APPLICABLE				
SECTION E: NETWORK ADEQUACY AND ARRAY OF SERVICES	20	4	0/16	N/A	100%
SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	0/6	N/A	100%
SECTION G: PROVIDER RELATIONS	5	0	0/5	N/A	100%
SECTION H: PROGRAM INTEGRITY	20	4	0/16	N/A	100%
SECTION I: QUALITY IMPROVEMENT	31	2	0/29	N/A	100%
SECTION J: MENTAL HEALTH SERVICES ACT	17	0	0/17	N/A	100%
TOTAL ITEMS REVIEWED	199	12	4		

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	4		**OUT OF 187**	
OVERALL PERCENTAGE OF COMPLIANCE	**IN** (# IN/187)	98%	**OOC/Partial** (# OOC/187)	2%

FINDINGS

ATTESTATION

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

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SECTION A: 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 4/6/2016 at 9:42 pm. The call was answered after two (2) rings via a live operator. The DHCS test caller requested information about accessing SMHS. The operator asked the caller if he/she felt suicidal and the caller replied in the negative. The operator asked if the caller had Medi-Cal insurance. The operator asked additional questions to assist in providing the caller with information regarding SMHS. The operator then provided information about how to access SMHS, including clinic location, hours of operations, and walk-in and screening processes. The caller was provided information about how to access SMHS and information about services needed to treat a beneficiary's urgent condition. This call is deemed in compliance with regulations for protocol questions A9a2 and A9a3.

Test Call #2 was placed on 4/13/2016 at 7:46 am. The call was answered after one (1) ring via a live operator. DHCS test caller requested information about filing a complaint. The operator advised that they have a problem resolution process. The operator asked if the caller had any thoughts of suicide and the caller replied in the negative. The operator directed the caller to the Patients' Rights Office and provided the location and phone number. The operator advised the caller that the complaint could be made verbally or via a complaint form and that forms were available in the lobby. The operator proceeded to ask a series of questions including if the caller had Medi-Cal, their date of birth, veteran status, ethnicity, and zip code. The caller responded to the questions accordingly. The caller was provided information about how use the beneficiary problem resolution and fair hearing processes, and

services needed to treat a beneficiaries' urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions A9a3 and A9a4.

Test Call #3 was placed on 4/20/2016 at 2:58 pm. The call was answered after three (3) rings via live operator. The DHCS test caller requested information about filing a complaint. The operator requested the name and contact information of the caller. The operator advised the caller to contact the Patients' Rights Office and provided the location, phone number, and hours of operation. The operator also offered to transfer the caller to the Patients' Rights office. The operator informed the caller of the option of having the complaint form mailed to the caller, or the caller could go to any provider site to obtain a form. The operator informed the caller that someone from the county would contact him/her to schedule an appointment. The caller was provided information about how use the beneficiary problem resolution and fair hearing processes. The call is deemed in compliance with the regulatory requirements for protocol question A9a4.

Test Call #4 was placed on 3/24/2016 at 3:57 pm. The call was answered after one (1) ring via a live operator. The DHCS test caller requested information about accessing SMHS in the county. The operator asked if the caller had Medi-Cal, their date of birth, and ethnicity. The caller responded to the questions accordingly. The operator inquired about the caller's current condition and if he/she had suicidal thoughts or thoughts of hurting self or others. The operator asked if caller had issues sleeping and/or substance abuse issues. The caller replied in the negative. The operator explained the intake and screening process. The operator provided information about the walk-in clinic including address and hours of operation. The operator explained that they are available 24/7 by calling the access line. The caller was provided information about how to access SMHS and services needed to treat a beneficiary's urgent condition. This call is deemed in compliance with regulatory requirements for protocol questions A9a2 and A9a3.

Test Call #5 was placed on 4/18/2016 at 7:32 am. The call was answered after two (2) rings via a live operator. The DHCS test caller requested information about accessing SMHS in the county. The operator asked the caller if he/she was suicidal and the caller responded in the negative. The operator explained the evaluation and screening process. The operator asked the caller's name, insurance type, zip code, date of birth, and veteran status. The caller responded to the questions accordingly. The operator provided the address and hours of operation of the MHP. The caller informed the operator that he/she would go to the MHP for services. The operator informed the caller that he/she could call the toll free number 24/7 if he/she needed to talk. The caller was provided information about how to access SMHS and services needed to treat a beneficiary's urgent condition. This call is deemed in compliance with regulations for protocol questions A9a2 and A9a3.

Test Call #6 was placed on 4/22/2016 at 2:52 pm. The call was answered after one (1) ring via a live operator. The caller advised the operator that he/she had Medi-Cal and was seeking SMHS in the county. The operator stated that an appointment could be made over the phone or in person. The caller stated a walk-in visit was preferred and gave the operator the city of his/her residence. The operator then provided the address and hours of operation for two (2) clinics. The operator recorded the caller's name. The caller was provided information about how to access SMHS and information about services needed to treat a

beneficiary's urgent condition. This call is deemed in compliance with regulatory requirements for protocol questions A9a2 and A9a3.

Test Call #7 was placed on 4/10/16 at 3:30 pm. The call was answered after two (2) rings via a live operator. The operator requested the DHCS test caller's name. The caller advised the operator that he/she had Medi-Cal and was seeking SMHS in the county. The operator asked if the caller had suicidal thoughts or thoughts of hurting self or others. The caller responded in the negative. The operator explained the evaluation and screening process, and requested the caller's area of residence. The operator then asked the caller's zip code and date of birth, the caller responded accordingly. The operator provided the address and hours of operation of a walk-in clinic. The operator again asked if the caller had any thoughts of suicide. The operator advised the caller that he/she could call the access line any time if he/she had questions or concerns. The caller was provided information about how to access SMHS services needed to treat a beneficiary's urgent condition. This call is deemed in compliance with regulatory requirements for protocol questions A9a2 and A9a3.

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

In addition to conducting the seven (7) test calls, DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P 5.5.3 24/7 Toll Free Telephone Access. The documentation provides sufficient evidence of compliance with federal and/or State requirements.

PLAN OF CORRECTION

No further action required at this time.

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SECTION B: AUTHORIZATION

PROTOCOL REQUIREMENTS	
1.	Regarding the Treatment Authorization Requests (TARs) for hospital services:
1a.	Are the TARs being approved or denied by licensed mental health or waivered/registered professionals of the beneficiary's MHP in accordance with title 9 regulations?
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?

- *CCR, title 9, chapter 11, sections 1810.242, 1820.220(c),(d), 1820.220 (f), 1820.220 (h), and 1820.215.*
- *CFR, title 42, section 438.210(d)*

FINDINGS

The MHP did not furnish evidence it complies with regulatory requirements regarding Treatment Authorization Requests (TARs) for hospital services. DHCS reviewed the MHP's authorization policy and procedure: 5.1.19 Treatment Authorization Requests. In addition, DHCS inspected a sample of 98 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 waivered/registered professionals	98	0	100%
1c	TARs approves or denied within 14 calendar days	98	0	100%

The TAR sample included 17 TARs which were denied based on based on criteria for medical necessity or emergency admission. Two of the TARs reviewed by DHCS 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 B1b is deemed in partial compliance.

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)	15	2	88%

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	
3.	Regarding payment authorization for Day Treatment Intensive and Day Rehabilitation Services:
3a.	The MHP requires providers to request advance payment authorization for Day Treatment Authorization and Day Rehabilitation in accordance with MHP Contract:
	1) In advance of service delivery when services will be provided for more than 5 days per week.
	2) At least every 3 months for continuation of Day Treatment Intensive.
	3) At least every 6 months for continuation of Day Rehabilitation.
	4) The MHP requires providers to request authorization for mental health services provided concurrently with day treatment intensive and day rehabilitation, excluding services to treat emergency and urgent conditions.

- *CCR, title 9, chapter 11, sections 1830.215 (e) and 1840.318.*
- *DMH Letter No. 03-03*
- *DMH Information Notice 02-06, Enclosures, Pages 1-5*

FINDINGS

The MHP did not furnish evidence it requires providers to request advance payment authorization for Day Treatment Authorization (DTI) and Day Rehabilitation (DR). DHCS reviewed the MHP's authorization policy and procedure: 5.1.19 Treatment Authorization Requests. In addition, DHCS inspected a sample of 15 authorizations for DTI and DR to verify compliance with regulatory requirements. The DTI/DR authorization sample review findings are detailed below:

PROTOCOL REQUIREMENT		# IN COMPLIANCE	# OOC	COMPLIANCE PERCENTAGE
3a	1) Approved in advance of service delivery when services will be provided for more than 5 days per week	15	3	80%
	2) Approved at least every 3 months for continuation of Day Treatment Intensive	15	0	100%
	3) Approved at least every 6 months for continuation of Day Rehabilitation	15	0	100%

Protocol question 3a1 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 requires providers to request advance payment authorization for DTI and DR.

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?

- *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-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: A sample of NOA-As sent to beneficiaries in January 2016 and the MHP's tracking mechanism. It was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, DHCS identified one beneficiary on the MHP's list who received an assessment in January 2016 which resulted in a determination that the beneficiary did not meet medical necessity criteria. However, there was no record the MHP sent the beneficiary the required NOA-A. Protocol question B5a1 is deemed in partial compliance.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides 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.

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)?
• *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 provided by the MHP for this survey item: a narrative of the Peer Review process. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS
No further action required at this time.

PROTOCOL REQUIREMENTS	
11.	Has the MHP updated its Cultural Competence Plan (CCP) annually in accordance with regulations?
• *CCR title 9, section 1810.410*	• *DMH Information Notice 10-02 and 10-17*

SURVEY FINDING
The MHP furnished evidence it has updated its CCP annually in accordance with regulations.

SUGGESTED ACTIONS
No further action required at this time.

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?
• *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 provided by the MHP for this survey item: Katie A Eligibility Assessment, Implementation Plan, and documentation regarding SMART Committee Meetings. 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:
	1) 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?
	2) 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)?
	3) 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)?
• *CFR, title 42, sections 438.214(d), 438.610, 455.400-455.470, 455.436(b)* • *DMH Letter No. 10-05* • *MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements*	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Verification P&P 3.1.15. The documentation provides sufficient evidence of compliance with federal and/or State requirements.

SUGGESTED ACTIONS

No further action required at this time.

PROTOCOL REQUIREMENTS	
6.	Does the MHP confirm that providers' licenses have not expired and there are no current limitations on the providers' licenses?
• *CFR, title 42, section 455.412*	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Verification P&P 3.1.15. 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?
• *MHP Contract, Exhibit A, Attachment I*	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: QM Work Plan and Medication Monitoring Procedures. The documentation provides sufficient evidence of compliance with federal and/or State requirements.

SUGGESTED ACTIONS

No further action required at this time.