

**FISCAL YEAR (FY) 2015/2016 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL
HEALTH SERVICES AND OTHER FUNDED SERVICES
MARIPOSA COUNTY MENTAL HEALTH PLAN REVIEW
June 6-9, 2016
FINAL FINDINGS REPORT**

This report details the findings from the triennial system review of the Mariposa 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.

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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 (OO) OR PARTIAL COMPLIANCE	IN COMPLIANCE PERCENTAGE FOR SECTION
ATTESTATION	5	0	0/5	0	100%
SECTION A: ACCESS	48	2	2/46	9a2;9a4	96%
SECTION B: AUTHORIZATION	22	0	0/22	0	100%
SECTION C: BENEFICIARY PROTECTION	25	0	0/25	0	100%
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	1/5	2b	80%
SECTION H: PROGRAM INTEGRITY	20	4	0/16	0	100%
SECTION I: QUALITY IMPROVEMENT	31	2	3/29	2d;6e2;6e3	90%
SECTION J: MENTAL HEALTH SERVICES ACT	17	0	0/17	0	100%
TOTAL ITEMS REVIEWED	199	12	6		

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	6		OUT OF 187		
OVERALL PERCENTAGE OF COMPLIANCE	IN	97%	OO/Partial	3%	
	(# IN/187)		(# OOC/187)		

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FINDINGS

ATTESTATION

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

SECTION A: ACCESS

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"> • CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1) • CFR, title 42, section 438.406 (a)(1) 	<ul style="list-style-type: none"> • 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 Tuesday, 5/10/2016 at 11:21pm. The call was initially answered after one (1) ring via a phone tree directing the DHCS test caller to choose from the following options: (1) report adult/child abuse; (2) Crisis; (3) Leave a message; or (4) Spanish option. Without pressing an option, the phone rang three (3) times and was answered by a live operator. The caller requested information about filing a complaint. The operator asked the caller if he/she felt suicidal and the caller responded in the negative. The operator proceeded to give the caller information regarding the grievance process including the state fair hearing process. The operator advised the caller that grievance forms were available in the lobby of the mental health plan, and provided the address and hours of operation. The operator also advised the caller of the process to change providers. The operator concluded the call by offering the caller SMHS and advising the caller that the 24/7 access line was available. The caller was provided information about language capability, services needed to treat a beneficiary's urgent condition, and how use the beneficiary problem resolution and fair hearing processes. The call is deemed in compliance with the regulatory requirements for protocol questions A9a1, A9a3, and A9a4.

Test Call #2 was placed on Monday, 5/9/2016 at 7:30am. The call was initially answered after one (1) ring via a phone tree directing the DHCS test caller to choose from the following options: (1) report adult/child abuse; (2) Crisis; (3) Leave a message; or (4) Spanish option. Without pressing an option, the phone rang one (1) time and was answered by a live operator.

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The caller requested SMHS for a minor. The operator asked if the caller had Medi-Cal, and requested the caller's contact information. The caller answered affirmative to having Medi-Cal and declined to give contact information. The operator advised that the contact information was necessary for MHP staff to follow-up with the caller. The operator requested and the caller provided the minor's name, date of birth, and address. The operator provided information on how to access SMHS including the address and hours of operation of the mental health plan. The operator asked about the current condition of the caller and the minor several times during the call. The caller was provided information about the language capability, how to access SMHS services, and services needed to treat an urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions A9a1, A9a2 and A9a3.

Test Call #3 was placed on Thursday, 5/12/2016 at 8:00am. The call was immediately answered by a live operator advising the DHCS test caller that he/she had reached Human Services. The caller requested to be connected to the behavioral health access line. The operator transferred the caller to a voice mail that indicated that the caller could leave a message or if this was an emergency he/she could call 911 or 966-7000. The caller was provided information on services needed to treat an urgent condition, but was not provided information about how to access SMHS. The call is deemed in compliance with the regulatory requirements for protocol question A9a3, and OOC with the regulatory requirements for protocol question A9a2.

Test Call #4 was placed on Thursday, 5/5/2016 at 7:27am. The call was initially answered after one (1) ring via a phone tree directing the DHCS test caller to choose from the following options: (1) report adult/child abuse; (2) Crisis; (3) Leave a message; or (4) Spanish option. Without pressing an option, the phone rang and was answered by a live operator. The caller requested information about SMHS. The operator identified that he/she was a crisis counselor and requested information from the caller. The caller declined to provide the operator with the requested information. The operator provided information on the different services provided, including drug services. The caller asked the operator if walk-in services were available. The operator responded in the affirmative and provided the address, hours of operation, and telephone number of the mental health plan. The operator asked the caller if he/she was in crisis or suicidal and the caller replied in the negative. The caller was provided information about language capability, how to access SMHS, and services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions A9a1, A9a2, and A9a3.

Test Call #5 was placed on Sunday, 5/15/2016 at 9:40pm. The call was immediately answered via a phone tree directing the DHCS test caller to choose from the following options: (1) report adult/child abuse; (2) Crisis; (3) Leave a message; or (4) Spanish option. Without pressing an option, the phone rang and was answered by a live operator. The operator asked if the caller was in crisis. The caller replied in the negative. The caller asked the operator about initiating SMHS. The operator asked for the caller's name, date of birth, address, and phone number. The caller replied to all but declined to give their telephone number. The operator stated they were performing an intake assessment over the phone and the county would mail a Medi-Cal guide and provider list to the caller. The operator provided the caller with the address and hours of operation of the mental health plan. The operator

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advised the caller that the access line was available during business hours for additional information regarding SMHS. The caller was provided information about language capability, how to access SMHS, and services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions A9a1, A9a2 and A9a3.

Test Call #6 was placed on Tuesday, 5/24/2016 at 4:05pm. The call was initially answered after one (1) ring via a live operator. The DHCS test caller requested information about accessing SMHS. The operator asked the caller if he/she was in crisis and/or had received prior services, the caller responded in the negative. The operator requested the caller's name, explained the walk-in process, and then provided the provider's address and hours of operation. The operator performed the intake process to determine medical necessity. The caller was provided information about how to access SMHS and services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions A9a2 and A9a3.

Test Call #7 was placed on Thursday, 5/26/2016 at 9:37am. The call was initially answered after two (2) rings via a live operator. The DHCS test caller requested information about filing a complaint in the county. The operator stated that he/she was not knowledgeable regarding the grievance process. The caller asked if the operator normally answers the phone or if there was another person available to respond to the grievance request. The operator replied he/she was responsible for answering access line calls, but was unable to provide any information on filing a grievance. The operator offered to connect the caller to the director of the mental health plan. The caller was transferred to the director's answering machine; the caller immediately ended the call. The caller was not provided information about how use the beneficiary problem resolution and fair hearing processes. The call is deemed 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	IN	IN	N/A	IN	IN	N/A	N/A	100%
9a-2	N/A	IN	OOC	IN	IN	IN	N/A	80%
9a-3	IN	IN	IN	IN	IN	IN	N/A	100%
9a-4	IN	N/A	N/A	N/A	N/A	N/A	OOC	50%

In addition to conducting the seven (7) test calls, DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Implementation Plan; Contract with vendor; Interpreter Services policy and procedure; Trac Team protocol; scripts and logs. The documentation provides sufficient evidence of compliance with federal and/or State requirements.

Protocol questions A9a2 and A9a4 are deemed in partial compliance.

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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.

SECTION G: PROVIDER RELATIONS

PROTOCOL REQUIREMENTS	
2.	Regarding the MHP's ongoing monitoring of county-owned and operated and contracted organizational providers:
2a.	Does the MHP have an ongoing monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified as per title 9 regulations?
2b.	Is there evidence the MHP's monitoring system is effective?
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.435 (d) • MHP Contract, Exhibit A, Attachment I 	

FINDINGS

The MHP furnished evidence it has an ongoing and effective monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified per title 9 regulations. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Contracted provider policy and procedure; transmittals; ITWS; and fiscal reports. The documentation provides sufficient evidence of compliance with federal and/or State requirements.

Protocol question(s) G2a is deemed in compliance.

In addition, DHCS reviewed its Online Provider System (OPS) and generated an Overdue Provider Report which indicated the MHP has providers overdue for certification and/or re-certification. The table below summarizes the report findings:

TOTAL ACTIVE PROVIDERS (per OPS)	NUMBER OF OVERDUE PROVIDERS (at the time of the Review)	COMPLIANCE PERCENTAGE
10	1	90%

Protocol question G2b is deemed in partial compliance.

PLAN OF CORRECTION

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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 an ongoing and effective monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified per title 9 regulations.

SECTION I: QUALITY IMPROVEMENT

PROTOCOL REQUIREMENTS	
2.	Regarding mechanisms to assess beneficiary/ family satisfaction:
2a.	Does the MHP survey beneficiary/family satisfaction with the Contractor's services at least annually?
2b.	Does the MHP evaluate beneficiary grievances, appeals, and fair hearings at least annually?
2c.	Does the MHP evaluate requests to change persons providing services at least annually?
2d.	Does the MHP inform providers of the results of beneficiary/family satisfaction activities?
<ul style="list-style-type: none"> • MHP Contract, Exhibit A, Attachment I 	

FINDINGS

The MHP did not furnish evidence it has mechanisms to inform providers of the results of beneficiary/family satisfaction activities. The MHP lacked sufficient evidence of compliance with regulatory and/or contractual requirements.

Protocol question I2d 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 mechanisms to inform providers of the results of beneficiary/family satisfaction activities.

PROTOCOL REQUIREMENTS	
6.	Regarding the QM Work Plan:
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:
	1) Responsiveness for the Contractor's 24-hour toll-free telephone number?
	2) Timeliness for scheduling of routine appointments?
	3) Timeliness of services for urgent conditions?
	4) Access to after-hours care?
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.440(a)(5) • DMH Information Notice No. 10-17, Enclosures, Pages 18 & 19, and DMH Information Notice No. 10-02, Enclosure, Page 23 • MHP Contract, Exhibit A, Attachment I • CCR, tit. 9, § 1810.410 • CFR, title 42, Part 438-Managed Care, sections 438.204, 438.240 and 438.358. 	

FINDINGS

The MHP did not furnish evidence it has a QM/QI Work Plan which meets MHP Contract requirements. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: FY 15/16 QM/QI Work Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the FY 15/16 QM/QI Work Plan does not include mechanisms to

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assess and/or goals for timeliness for scheduling of routine appointments, and timeliness of services for urgent conditions.

Protocol questions I6e2 and I6e3 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 which meets MHP Contract requirements.

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

SURVEY FINDING

The MHP does not have a Threshold Language, and documentation presented to beneficiaries does not require translation. The MHP provided a narrative of the process to ensure materials are culturally appropriate. Materials are reviewed and approved by the Quality Improvement Committee; Mental Health Board and Consumers. The MHP provided 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?
	<ul style="list-style-type: none"> • <i>CCR title 9, section 1810.410</i> • <i>DMH Information Notice 10-02 and 10-17</i>

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.

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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 provided by the MHP for this survey item: Pathways to Wellness/Katie A policy and procedure; Screening Tool; CFT Meeting Minutes and Agenda. 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 provided by the MHP for this survey item: Provider Monitoring policy and procedure, and website tracking logs. The documentation lacks specific elements to demonstrate compliance with federal and/or State requirements. Specifically, the MHP does not have evidence of a process in place to verify new and current providers and contractors are not in the Social Security Administration's Death Master File and Excluded Parties List System (EPLS).

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SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: Develop a process to ensure the MHP has a process to verify new and current providers and contractors are not in the Social Security Administration's Death Master File and 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 provided by the MHP for this survey item: Provider Monitoring policy and procedure; website tracking logs; verification reports; and a list of credentials for professional staff. 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 provided by the MHP for this survey item: Medication Consent policy and procedure, and Utilization Management policy and procedure. The documentation provides sufficient evidence of compliance with federal and/or State requirements.

SUGGESTED ACTIONS

No further action required at this time.