

**FISCAL YEAR (FY) 2015/2016 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL
HEALTH SERVICES AND OTHER FUNDED SERVICES
NAPA COUNTY MENTAL HEALTH PLAN REVIEW
November 30, 2015-December 3, 2015
FINAL SYSTEM REVIEW FINDINGS REPORT**

This report details the findings from the triennial system review of the Napa 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 (OO) OR PARTIAL COMPLIANCE	IN COMPLIANCE PERCENTAGE FOR SECTION
ATTESTATION	5	0	0/5		100%
SECTION A: ACCESS	48	2	5/46	A2a; A5d; A9a4; A9c; A10	89%
SECTION B: AUTHORIZATION	22	0	0/22		100%
SECTION C: BENEFICIARY PROTECTION	25	0	0/25		100%
SECTION D: FUNDING, REPORTING & CONTRACTING REQUIREMENTS	NOT APPLICABLE				
SECTION E: NETWORK ADEQUACY AND ARRAY OF SERVICES	20	4	0/16		100%
SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	0/6		100%
SECTION G: PROVIDER RELATIONS	5	0	1/5	G2b	80%
SECTION H: PROGRAM INTEGRITY	20	4	1/16	H4	94%
SECTION I: QUALITY IMPROVEMENT	31	2	3/29	I2d; I6b; I6f	90%
SECTION J: MENTAL HEALTH SERVICES ACT	17	0	6/17	J4d; J5a; J5b1; J5b2; J5b3; J5b4	65%
TOTAL ITEMS REVIEWED	199	12	20		

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	16	OUT OF 187		
OVERALL PERCENTAGE OF COMPLIANCE	IN	91%	OOO/Partial	09%
	(# IN/187)		(# OOO/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 (POC) is not required.

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?
2b.	Is the provider list available in English and in the MHPs identified threshold language(s)?
<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> 	

FINDINGS

The MHP did not furnish evidence it provides beneficiaries with a current provider list upon request and when first receiving a SMHS. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy and Procedure (P&P) #2000201 (10/03/15) Medi-Cal MH Beneficiary Brochure; Intake check list; and, the provider listing. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the P&P does not include a process for ensuring beneficiaries receive the provider list when first receiving a SMHS. The MHP's intake check list does not indicate if a beneficiary has received a provider list nor did the MHP provide a policy addressing this requirement. 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. The MHP should also provide a beneficiary booklet in all MHP's identified threshold languages.

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> • <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 reading proficiency (e.g., 6th grade reading level). The MHP does not have a P&P or

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other documentation addressing the reading level in which written informing materials are developed. 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"> • 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 Saturday, 10/31/2015, at 2:35 pm. The call was initially answered via a phone tree directing the caller to select a language option, which included the MHP's threshold language (i.e., Spanish). After selecting the option for English, the DHCS test caller heard a recorded message "press #1 for crisis, press #3 to speak to someone about SMHS or leave information for staff to return your call." The caller pressed option three (3) and was transferred to a live operator. The operator stated his/her name and the caller requested information regarding SMHS. The operator asked the caller for additional information to assist with the caller's SMHS request. The operator also informed the caller that at any time the caller could call 911 with an emergency. The operator provided two options to obtain services. First option, the caller could go to the walk-in clinic and the operator provided the address and hours of operation of the clinic. The operator advised the caller that an intake and assessment would be performed during this appointment. Second option, the caller could leave his/her name and number and someone from the MHP would call back to schedule an appointment. The caller stated that he/she would go to the walk-in clinic and the operator advised the caller to bring photo ID and Medi-Cal card. The operator also advised the caller that this number could be called any time for questions. The operator provided the caller with information about how to access SMHS and provided information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol question(s) A9a1, A9a2, and A9a3.

Test Call #2 was placed on Monday, October 19, 2015, at 10:21 pm. The call was initially answered via a phone tree directing the caller to select a language option, which included the

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MHP's threshold language (i.e., Spanish). After selecting the option for English, the DHCS test caller heard a recorded message "press #1 for crisis, press #3 to speak to someone about SMHS or leave information for staff to return your call." The caller pressed option three (3) and was transferred to a live operator. The caller requested information about how to obtain SMHS in the county. The operator then provided the caller with information about services available at the walk-in clinic, including hours of operation, location, and an explanation of the intake and referral process. The operator advised the test caller how to receive services when in a crisis situation by calling the crisis line and/or walking into facility that is available 24 hours a day, 7 day a week. The operator provided caller with information about how to access SMHS and provided information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol question(s) A9a1, A9a2, and A9a3.

Test Call #3 was placed on Monday, 11/9/2015, at 7:34 am. The call was initially answered via a phone tree directing the caller to select a language option, which included the MHP's threshold language (i.e., Spanish). After selecting the option for English, the DHCS test caller heard a recorded message "press #1 for crisis, press #3 to speak to someone about SMHS or leave information for staff to return your call." The caller pressed option three (3) and was transferred to a live operator. The caller requested information about accessing SMHS in the county. The operator asked the caller to provide his/her SSN to get registered for SMHS. The caller declined to give personal information. The operator asked about the caller's insurance carrier and the caller replied Medi-Cal. The operator provided hours of operator on the walk-in registration and explained that the staff will provide more information about counseling, medical services/assessment and outpatient services. The caller thanked the operator and terminated the call. The caller was provided information about how to access SMHS and information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol question(s) A9a1, A9a2, and A9a3.

Test Call #4 was placed on Monday, 11/16/2015, at 8:34 am. The call was initially answered after two (2) rings via a live operator. The DHCS test caller requested information about accessing SMHS in the county. The operator explained that an assessment would be conducted first and then would be referred to a provider. The operator stated that there were two walk-in periods, one in the morning and one in the afternoon. The operator placed the caller on a brief hold while he/she prepared to schedule an appointment time. The operator asked the caller for his/her phone number for a call back to set up an appointment. The caller declined appointment and asked for the availability of the walk-in appointments. The operator gave the caller the walk-in times for the morning and afternoon walk-in sessions. The caller opted for a walk-in appointment in the morning and asked for the address and the operator provided the address. The caller was provided information about how to access SMHS and information about 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 #5 was placed on Friday, 11/13/2015, at 7:24 am. The call was initially answered after four (4) rings via a phone tree directing the DHCS test caller to select option #1 if experiencing a mental health crisis and wanted speak to someone directly or needed

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information in another language or option #3 if it is not an emergency but want information about SMHS. The caller was also given the option to leave his/her name and phone number and someone would contact the caller. The caller requested information about the problem resolution or fair hearing process and was advised to call the problem resolution number (707 259-8151) during county business hours of 8-5pm M-F except holidays. The caller was not provided with information about how to use the beneficiary problem resolution and fair hearing processes. The call is deemed OOC with the regulatory requirements for protocol question(s) A9a4.

Test Call #6 was placed on Monday, 11/9/2015 at 3:11 pm. The call was initially answered after two (2) rings via a live operator. The DHCS test caller requested information about accessing mental health and medication support services in the county. The operator asked caller about insurance (Medi-Cal) and county residence. The operator advised the caller to contact Medi-Cal office in Napa regarding eligibility. The operator suggested the caller contact his/her personal physician or psychiatrist in the previous county to obtain refill for his/her medication. The operator also advised the caller that he/she could go to the county for walk in appointment. The operator advised the caller of the drop in schedule based on a first come, first serve availability. The county scheduled an appointment for evaluation and referred the caller to receive SMHS. The operator also provided the address and hours of operation. The operator also told the caller that they have Crisis Unit 7 days a week @ 707-253-4711. The call is deemed in compliance with the regulatory requirements for protocol question(s) A9a2 and A9a3.

Test Call #7 was placed on Friday, October 23, 2015 at 7:27am. The first call was answered after four (4) rings by a phone tree and followed by a similar greeting and instructions in Spanish. The DHCS test caller was instructed to press option one (1) for a mental health crisis or for language interpretation; or option three (3) for information regarding SMHS. There was also an option that requested the caller to leave a phone number for a return call from the MHP. For problem resolution, the machine instructed the caller to dial 707-259-8151 during business hours of 8:00am – 5:00pm Monday through Friday, except holidays. The caller dialed the problem resolution number at 7:29am and 7:42am and the call was answered after three (3) rings advising the caller to call back during business hours for information on problem resolution. The caller was not provided with information about the beneficiary problem resolution and fair hearing processes. The call is deemed OOC with the regulatory requirements for protocol question(s) A9a4.

FINDINGS

Test Call Results Summary

Protocol Question	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
9a-1	IN	IN	IN	IN	IN	IN	IN	100%
9a-2	IN	IN	IN	IN	N/A	IN	N/A	100%
9a-3	IN	IN	IN	IN	N/A	IN	N/A	100%
9a-4	N/A	N/A	N/A	N/A	OOC	N/A	OOC	0%

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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.

PROTOCOL REQUIREMENTS	
9c.	Does the MHP provide training for all staff and contractors with responsibilities related to providing a statewide (24/7) toll-free telephone line?
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(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

FINDING

The MHP did not furnish evidence it provides training for all staff and contractors with responsibilities related to providing a statewide (24/7) toll-free telephone line. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Calendar entry identifying date of training for ERT staff and the MHP's call script. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. The MHP did not provide any detailed information about the content of the training or staff participation (i.e., sign in sheets) in the training. Protocol question(s) A9c 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 training for all staff and contractors with responsibilities related to providing a statewide (24/7) toll-free telephone line.

PROTOCOL REQUIREMENTS	
10.	Regarding the written log of initial requests for SMHS:
10a.	Does the MHP maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing?
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. The MHP did not present a P&P regarding the written log of initial requests. There is insufficient evidence the MHP logs requests made by phone, in person and in writing.

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In addition, the logs made available by the MHP did not include all required elements for Three (3) of the Five (7) test calls made by DHCS that were required to be logged (two test calls requesting information about the beneficiary problem resolution process were not required to be logged). The name of the beneficiary was logged for Two (2) of the Seven (7) test calls (71%). The date of the call was logged for Two (2) of the Seven (7) test calls (71%). The initial disposition of the call was logged for Two (2) of the Seven (7) test calls (71%).

Protocol question(s) 10b1-3 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 its written log of initial requests for SMHS (including requests made via telephone, in person or in writing) complies with all regulatory requirements.

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)l • MHP Contract, Exhibit A, Attachment I 	

FINDINGS

The MHP 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. However, 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
26	3	88%

Protocol question(s) G2b 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 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.

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SECTION H: PROGRAM INTEGRITY

PROTOCOL REQUIREMENTS	
4.	Does the MHP ensure that it collects the disclosure of ownership, control, and relationship information from its providers, managing employees, including agents and managing agents, as required in CFR, title 42, sections 455.101 and 455.104 and in the MHP Contract, Program Integrity Requirements?
<ul style="list-style-type: none"> • <i>CFR, title 42, sections 455.101 and 455.104</i> 	<ul style="list-style-type: none"> • <i>MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements</i>

FINDING

The MHP did not furnish evidence it collects the disclosure of ownership, control, and relationship information from its providers, managing employees, including agents and managing agents as required in regulations and the MHP Contract. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: MHP submitted HHS Contract Preparation Worksheet Instructions indicating contractor must be verified whether or not a 700 form is required. MHP also submitted a HHS 700 form tracking sheet. This documentation verifies compliance of contracted providers but does address the requirement for MHP staff. The documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Protocol question H4 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 collects the disclosure of ownership, control, and relationship information from its providers, managing employees, including agents and managing agents as required in regulations and the MHP Contract.

SECTION I: QUALITY IMPROVEMENT

PROTOCOL REQUIREMENTS	
2d.	Does the MHP inform providers of the results of beneficiary/family satisfaction activities?
<ul style="list-style-type: none"> • <i>MHP Contract, Exhibit A, Attachment I</i> 	

FINDINGS

The MHP did not furnish evidence it inform providers of the results of beneficiary/family satisfaction activities. Protocol question(s) 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 assess beneficiary/family satisfaction and to inform providers of the results of beneficiary/family satisfaction activities.

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PROTOCOL REQUIREMENTS	
6.	Regarding the QM Work Plan:
6b.	Does the QM Work Plan include evidence of the monitoring activities including, but not limited to, review of beneficiary grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, provider appeals, and clinical records review?
6f.	Does the QM work plan include evidence of compliance with the requirements for cultural competence and linguistic competence?
<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 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: Work Plans for various fiscal years including 2014-15 and dashboard of data and analysis. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the work plans did not include expedited fair hearings and clinical records review. The MHP states these activities are practiced but not addressed in the work plan. Protocol question(s) I6b and I6f 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.

SECTION J: MENTAL HEALTH SERVICES (MHSA)

PROTOCOL REQUIREMENTS	
4d.	Does the County ensure that a PSC/Case Manager or other qualified individual known to the client/family is available to respond to the client/family 24 hours a day, 7 days a week to provide after-hours interventions?
<ul style="list-style-type: none"> • CCR, title 9, chapter 14, section 3620 	

FINDINGS

The County did not furnish evidence its PSC/Case Managers are available to respond to the client/family 24 hours a day, 7 days a week to provide after-hours interventions. DHCS reviewed the following documentation presented by the County as evidence of compliance: P&P #2000200-0009-15 Access and Availability. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, P&P does not address PSC/Case Manager availability to client/family 24 hours a day, 7 days a week. MHP stated there is no job position regarding PSC/Case Manager that is available to respond 24/7. Protocol question(s) J4d is deemed OOC.

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PLAN OF CORRECTION

The County must submit a POC addressing the OOC findings for these requirements. The County is required to provide evidence to DHCS to substantiate its POC and to demonstrate that its PSC/Case Managers are responsible for developing an ISSP with the client and, when appropriate, the client's family and available to respond to the client/family 24 hours a day, 7 days a week to provide after-hours interventions. The County does not ensure its PSC/Case Managers assigned to FSP clients are culturally and linguistically competent or, at a minimum, educated and trained in linguistic and cultural competence and have knowledge of available resources within the client/family's racial/ethnic community.

PROTOCOL REQUIREMENTS	
5.	Regarding the County's MHSA Issue Resolution Process:
5a.	Does the County have in place an Issue Resolution Process to resolve issues related to the MHSA community planning process, consistency between approved MHSA plans and program implementation, and the provision of MHSA funded mental health services?
5b.	Does the County's Issue Resolution Log contain the following information:
	1) Dates the issues were received?
	2) A brief description of the issues? Has the County submitted the Annual MHSA Revenue and Expenditure Report within the established timeframe
	3) Final resolution outcomes of those issues?
	4) The date the final issue resolution was reached?
<ul style="list-style-type: none"> • W&IC 5650 • W&IC 5651 	<ul style="list-style-type: none"> • County Performance Contract

FINDINGS

The County did not furnish evidence it has an Issue Resolution Process to resolve issues related to the MHSA community planning process, consistency between approved MHSA plans and program implementation, and the provision of MHSA funded mental health services. The County does not maintain an MHSA Issue Resolution Log with all required components. DHCS reviewed the following documentation presented by the County as evidence of compliance: MHP submitted implementation documentation of an Issue Resolution process. The MHP is in the process of creating this process. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, The MHP is maintaining grievance information but has not yet created a MHSA Issue Resolution log. Protocol question(s) J5a; J5b-1; J5b-2; J5b-3; and J5b-4 are deemed OOC.

PLAN OF CORRECTION

The County must submit a POC addressing the OOC findings for these requirements. The County is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has an Issue Resolution Process to resolve issues related to the MHSA community planning process, consistency between approved MHSA plans and program implementation, and the provision of MHSA funded mental health services. The County must maintain an MHSA Issue Resolution Log with all required components.

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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 provided by the MHP for this survey item: P&P # 2000201-1020-14 Interpretation and translation assistance requirements for MHS and 2001001-1007-10 Translation and interpretation. 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?
	<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 June 1, 2011.

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.

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?

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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 wellbeing form to keep track of required participants in team meetings; meeting summaries; supervisors screening processes; and the county's monitoring process for subclass and out of county members. 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)?
<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: P&P #: 2001303-1109-12 Compliance covered contractor compliance requirement and P&P#: 2001303-1107-07 Excluded individual screening for HHS employee. 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?
<ul style="list-style-type: none"> • <i>CFR, title 42, section 455.412</i> 	

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SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: P&P #: 2000200-0023-15 Registration in lieu of license requirements for psychologist. 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: P&P 2000202-2003-15 Medication disposal; 2000202-2002-15 Medication storage; 2000202-2004-15 Medication management peer review and 2000202-2000-15 Medication ordering. The documentation lacks specific elements to demonstrate compliance with federal and/or State requirements. Specifically, policies do not address psychotropic medication for youth and children and include the process of addressing quality of care concerns.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: Update the policy and procedures to include psychotropic medication for youth and children and include the process of addressing quality of care concerns.