

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

This report details the findings from the triennial system review of the Placer County / Sierra 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 (OOO) OR PARTIAL COMPLIANCE	IN COMPLIANCE PERCENTAGE FOR SECTION
ATTESTATION	5	0	0/5	N/A	100%
SECTION A: ACCESS	48	2	6/46	A9a2, A9a3, A9a4, A10b1, A10b2, A10b3	87%
SECTION B: AUTHORIZATION	22	0	0/22	N/A	100%
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	0/20	N/A	100%
SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	0/6	N/A	100%
SECTION G: PROVIDER RELATIONS	5	0	1/5	G2b	80%
SECTION H: PROGRAM INTEGRITY	20	4	0/20	N/A	100%
SECTION I: QUALITY IMPROVEMENT	31	2	1/29	I6e4	97%
SECTION J: MENTAL HEALTH SERVICES ACT	17	0	0/17	N/A	100%
TOTAL ITEMS REVIEWED	199	12	8		

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	8		OUT OF 187		
OVERALL PERCENTAGE OF COMPLIANCE	IN		96%	OOO/Partial	
	(180 IN/187)			(7 OOC/187)	
				4%	

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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 eight (8) calls to test the MHP's 24/7 toll-free line(s). Placer County has an adult access line and a children's access line. Sierra County has a single access line. The eight (8) test calls are summarized below:

Test Call #1: (Placer's Adult Services line) was placed on 10/8/2015 at 6:45 a.m. The call was answered via a live operator after two (2) rings. The DHCS test caller requested information for filing a complaint. The operator responded with broad information about the grievance process; however, the operator did not know the steps to complete the process. The operator directed the caller to contact the MHP during normal business hours to obtain information about filing a grievance. The operator gave the caller the name of the Patient's Rights Advocate and did not provide any additional information. The call is deemed OOC with the regulatory requirements for protocol question A9a4.

Test Call #2: (Placer's Adult Services line) was placed on 10/12/2015 at 10:12 p.m. The call was answered after two (2) rings via a live operator. The DHCS test caller requested information about the grievance and problem resolution process. The operator provided the caller with information about how to file a grievance and where the forms could be obtained, including clinic location and hours of operation. The call is deemed in compliance with the regulatory requirements for protocol question A9a4.

Test Call #3: (Placer's Adult Services line) was placed on 10/22/2015 at 12:04 p.m. The call was answered after one (1) ring via a live operator who subsequently placed the DHCS test caller on hold for 3 minutes. Upon the operator's return, the caller requested information

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about SMHS. The operator asked if the caller had considered attending a caregiver support group. The caller responded in the negative. The operator suggested to the caller that attending a support group could be helpful. The caller repeated that he/she was calling to obtain information for SMHS. The operator asked the caller if he/she would like to attend counseling. The caller's response was indecisive. The operator said he/she could set up a Mental Health referral and requested caller's insurance and personal information. The caller provided the operator with his/her name and advised the operator that he/she does not currently have the other information. The operator told the caller that this information was required to set up a Mental Health referral. The caller told the operator that he/she would call back and terminated the call. The caller was not provided information about how to access SMHS, nor was the caller provided information about services needed to treat a beneficiary's urgent condition. This call is deemed OOC with the regulatory requirements for protocol questions A9a2 and A9a3.

Test Call #4: (Placer's Adult Services line) was placed on 10/23/2015 at 7:16 a.m. The call was answered after one (1) ring via a live operator who asked the DHCS test caller if he/she had Medi-Cal. The caller replied in the affirmative and stated applicable county. The operator asked if the caller was connected to Social Services and if he/she was going to transfer his/her Medi-Cal. The caller replied in the affirmative. The operator gathered information regarding the caller's area of residence. The operator provided the address and phone number to the Social Services office. The operator asked the caller's name, address and Social Security Number. The caller gave his/her name but declined to provide other requested information. The operator advised the caller to call back after 8:00 a.m. with requested information and county staff would be able to further assist him/her. This call is deemed OOC with the regulatory requirements for protocol questions A9a2 and A9a3.

Test Call #5: (Placer's Adult Services line) was placed on 10/23/2015 at 07:34 a.m. The call was answered after one (1) ring via a live operator. The DHCS test caller requested information about SMHS. The operator informed the caller personal information is needed for a referral and someone would call him/her back in a day or two for an assessment. The caller asked if he/she could walk in. The operator advised the caller that he/she would be handed a phone to talk to someone that would take his/her information to set up referral. The operator mentioned that upon set up of a referral, a counselor would assess him/her. The caller informed the operator that he/she would consider options given and call back. The operator informed the caller that if he/she needed to talk to someone that he/she could call the 24/7 line. This call is deemed OOC with the regulatory requirements for protocol questions A9a2 and A9a3.

Test Call #6: (Sierra County's Access line) was placed on 10/23/2015 at 2:10 p.m. The call was initially answered after four (4) rings via a live operator. The DHCS test caller requested information about accessing SMHS. The operator transferred the call to a crisis clinician who advised the caller to contact the In-Home Supportive Services (IHSS) for assistance. The caller was also referred to County Health and Social Services Departments in search of respite care if IHSS did not provide the information the caller needed. This call is deemed in compliance with the regulatory requirements for protocol questions A9a2 and A9a3.

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Test Call #7: (Placer’s Child/Adolescent Services line) was placed on 10/26/2015 at 7:27 a.m. The call was initially answered after one (1) ring via a live operator. The DHCS test caller explained his/her child was having difficulties in school with disruptive behavior. The operator explained that there were a number of services that could be provided such as a psychiatric evaluation and/or medication. The operator advised a referral was required to start the process. Once a referral was completed, someone from children’s services would contact him/her within ten (10) days. The operator then asked a series of personal questions. The caller provided partial information. The operator stated that all the information was necessary to complete referral. Due to bad telephone connection, the caller stated that he/she would call back. On October 28, 2015, the DHCS test caller called back and spoke to the same operator. The operator unsuccessfully tried to locate the child in the system to determine Medi-Cal eligibility. The caller stated he/she did not have the Medi-Cal card with him/her. The operator stated the caller should contact the Medi-Cal office prior to requesting a referral. The operator stated that if the child was a danger to him/her self or others, the caller could go the nearest emergency room or call law enforcement. This call is deemed not in compliance with the regulatory requirements for protocol question A9a2. This call is deemed in compliance with the regulatory requirements for protocol question A9a3.

Test Call #8: (Placer’s Adult Services line) was placed on 10/27/2015 at 10:43 a.m. The call was answered after (2) rings via a live operator. The DHCS test caller requested medication for his/her anxiety condition. The operator asked the caller to provide his/her name, contact information, Medi-Cal number and Social Security Number. The caller stated he/she did not have all of the requested information. The operator advised him/her to call back with the information so the operator could setup a referral. The operator informed the caller someone would call him/her back within two days after submission of the referral to perform an assessment and establish an appointment; however, it would be approximately two to four weeks before he/she would be able to be seen by someone (in person at the clinic). The caller asked the operator what he/she should do during this interim period as the medication is needed now. The operator directed the caller to contact his/her previous county and/or previous doctor to get the prescription or medication needed. This call is deemed OOC with the 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	#8	
9a-1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Not Applicable
9a-2	N/A	N/A	OOO	OOO	OOO	IN	OOO	OOO	16.67%
9a-3	N/A	N/A	OOO	OOO	OOO	IN	IN	OOO	33.3%
9a-4	OOO	IN	N/A	N/A	N/A	N/A	N/A	N/A	50%

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In addition to conducting the eight test calls, DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy SOC 1001: Documentation of Request for Specialty Mental Health Services. The reviewed policy contained sufficient evidence of compliance with regulatory and/or contractual requirements for Access questions A9a (1-4).

Protocol question(s) A9a2, A9a-3 and A9a4 are deemed in partial compliance.

PLAN OF CORRECTION

The MHP will submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides a statewide, toll-free telephone number 24 hours a day, 7 days per week, with language capabilities in all languages spoken by beneficiaries of the county that will provide information to beneficiaries about how to access SMHS. The information must include 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	
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 present evidence its written log(s) of initial requests for SMHS includes requests made by phone, in person, or in writing. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy 1001: SOC and the MHP's call log. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, DHCS attempted to locate its own test calls on the MHP's log; however, two of the four calls required to be logged were not. The table below details the log results.

Protocol Question	Test Calls Logged by Name (10b1), Date (10b2), and Initial Disposition (10b3)						
	#3	#4	#5	#6	#7	#8	
10b-1	IN	OOC	IN	IN	OOC	IN	67%
10b-2	IN	OOC	IN	IN	OOC	IN	67%
10b-3	IN	OOC	IN	IN	OOC	IN	67%

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

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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) • MHP Contract, Exhibit A, Attachment I 	

FINDINGS

The MHP did not present 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: Policy 805: Site Certification and Physical Plant; Policy: Certification of Network and Org Providers; the MHP's bi-annual certification report; and a sample of provider certification results. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. DHCS reviewed its Online Provider System (OPS) just prior to the onsite review and generated an Overdue Provider Report which indicated the MHP had seven (7) 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
39	7	82%

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 I: QUALITY IMPROVEMENT

PROTOCOL REQUIREMENTS	
6.	Regarding the QM Work Plan:
6a.	Does the MHP have a QM Work Plan covering the current contract cycle with documented annual evaluations and documented revisions as needed?
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?
6c.	Does the QM Work Plan include evidence that QM activities, including performance improvement projects, have contributed to meaningful improvement in clinical care and beneficiary service?
6d.	Does the QM work plan include a description of completed and in-process QM activities, including:
	1) Monitoring efforts for previously identified issues, including tracking issues over time?
	2) Objectives, scope, and planned QM activities for each year?
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?
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 presented evidence it has a QM/QI work plan covering the current contract cycle, with documented annual evaluations and necessary revision. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: 2015-2016 QM/QI Work plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, a goal for access to after-hours care was not documented in the work plan. Protocol question(s) I6e4 is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC finding for this requirement. 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 MHP Contract requirements for all elements including question I6e4.

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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/information presented by the MHP for this survey item: Internal certified bi-lingual staff and Placer’s external contracted language provider (TeleLanguage, Inc.) reviewed materials for compliance with this question. The SB 82 mobile crisis triage team also worked with the Placer/Sierra Latino Leadership Council to confirm accuracy of translated information. The Latino Leadership Council also provided back translation on MCT Spanish Cards (which were to be passed out throughout the county). The documentation and information presented 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 presented evidence it has updated its CCP annually (via their annual Cultural and Linguistic Competency Committee (CLCC) report) in accordance with regulations. A complete report was presented and reviewed for the past two fiscal years (2013, 2014). The 2015 CCP update via the CLCC report is in process.

SUGGESTED ACTIONS

No further action required at this time.

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.

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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 presented by the MHP for this survey item: P&P CSOC SP 23.0: Dependent Mental Health Program policy. The MHP uses a Mental Health Screening Tool for every child entering their system to determine if they qualify for the Katie A subclass. This extensive policy and screening tool ensure 9a-d requirements are addressed in detail. We also reviewed Performance Improvement Activity: Dependency Mental Health Development (2014), the Katie A Semi-Annual progress report (2015) and the California Child Welfare Co-Investment Partnership Volume VII for additional information supporting 9a-d. The documentation provides sufficient evidence of compliance with State requirements.

SUGGESTED ACTIONS

No further action required at this time.

Please Note: For technical assistance related to Katie A implementation, please contact your assigned Katie A Liaison at DHCS: Troy Konarski at Troy.Konarski@dhcs.ca.gov

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> 	

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SURVEY FINDING

DHCS reviewed the following documentation presented by the MHP for this survey item: The MHP provided evidence of checking the NPPES at provider credentialing time and the EPLS monthly. The onsite DHCS review team surveyed results from checking the NPPES and EPLS lists from the 1st quarter of 2015. The MHP did not present evidence of or have a procedure for checking the Social Security Administration’s Death Master File; therefore, the federal and/or State requirements for question 5a3 were not met.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: Create a procedure for checking the Social Security Administration’s Death Master File meeting the requirements of question 5a3.

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

SURVEY FINDING

DHCS reviewed the following documentation presented by the MHP for this survey item: The Placer County Compliance Plan (page 61) provides a process to confirm both county employed, and contract provider licenses have not expired and that there are not current limitations on the provider licenses. The review team surveyed several quarterly reports displaying results of this license confirmation process. Placer produces four reports on a quarterly basis presenting license verification activities. The four reports are: ASOC License Compliance Report, CSOC License Compliance Report, Medical Clinic License Compliance Report and the Network Provider License Compliance Report. The reports are reviewed by the Placer Compliance Committee quarterly. The documentation provides sufficient evidence of compliance with federal and/or State requirements.

SUGGESTED ACTIONS

No further action required at this time.

SECTION I: QUALITY IMPROVEMENT

PROTOCOL REQUIREMENTS	
3b.	Does the MHP have a policy and procedure in place regarding the monitoring of psychotropic medication use, including monitoring psychotropic medication use for children/youth?
3c.	If a quality of care concern or an outlier is identified related to psychotropic medication use, is there evidence the MHP took appropriate action to address the concern?
<ul style="list-style-type: none"> • <i>MHP Contract, Exhibit A, Attachment I</i> 	

SURVEY FINDING

DHCS reviewed the following documentation presented by the MHP for this survey item: For 3 b, P&P Medication Monitoring (SP 5.6); CSOC Psychiatric Medication Services; Policy (CSOC 1200.700); and Psychiatric Mental Health Nurse Practitioner Standardized Procedures were reviewed. Placer also references the California Guidelines for the use of Psychotropic Medications with Children and Youth in Foster Care. For 3c, P&P Use of Psychotropic

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Medications in Dependency Mental Health, CSOC PDSA meeting minutes from 09/28/2015 and Psychotropic Medication Use with Foster Children Timeline and Progress from 08/22/2015 were presented and reviewed. The documentation provides sufficient evidence of compliance with federal and/or State requirements.

SUGGESTED ACTIONS

No further action required at this time.