

**FISCAL YEAR (FY) 2015/2016 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL  
HEALTH SERVICES AND OTHER FUNDED SERVICES  
PLUMAS COUNTY MENTAL HEALTH PLAN REVIEW  
April 11-14, 2016  
FINAL FINDINGS REPORT**

This report details the findings from the triennial system review of the **Plumas 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**

<b>SYSTEM REVIEW SECTION</b>	<b>TOTAL ITEMS REVIEWED</b>	<b>SURVEY ONLY ITEMS</b>	<b>TOTAL FINDINGS PARTIAL or OOC</b>	<b>PROTOCOL QUESTIONS OUT-OF-COMPLIANCE (OO) OR PARTIAL COMPLIANCE</b>	<b>IN COMPLIANCE PERCENTAGE FOR SECTION</b>
ATTESTATION	5	0	1/5	Att24	80%
SECTION A: ACCESS	48	2	11/46	A2c6; A9a2; A9a3; A9a4; A9b; A10b1, A10b2, A10b3; A12c; A13a1; A13a2	76%
SECTION B: AUTHORIZATION	22	0	3/22	B1c; B2c; B3a1	86%
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	1/16	E1	94%
SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	0/6		100%
SECTION G: PROVIDER RELATIONS	5	0	0/5		100%
SECTION H: PROGRAM INTEGRITY	20	4	4/16	H2f; H3a; H3b; H4	75%
SECTION I: QUALITY IMPROVEMENT	31	2	2/29	I6a; I6d2	93%
SECTION J: MENTAL HEALTH SERVICES ACT	17	0	0/17		100%
<b>TOTAL ITEMS REVIEWED</b>	199	12	0		

**Overall System Review Compliance**

Total Number of Requirements Reviewed	199 (with 5 Attestation items)				
Total Number of SURVEY ONLY Requirements	12 (NOT INCLUDED IN CALCULATIONS)				
Total Number of Requirements Partial or OOC	22		<b>OUT OF 187</b>		
<b>OVERALL PERCENTAGE OF COMPLIANCE</b>	<b>IN</b>	88%	<b>OO/Partial</b>	12%	
	(# 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. Below is a summary of findings for requirements.

<b>ATTESTATION REQUIREMENTS</b>	
24.	The MHP must ensure that it provides the information specified in CFR, title 42, section 438.10(g)(1) about the grievance system to all providers and subcontractors at the time they enter into a contract.
<ul style="list-style-type: none"> <li>• <i>CFR, title 42, section 438.414</i></li> </ul>	

**FINDING**

The MHP did not furnish evidence it provides the information specified in CFR, title 42, section 438.10(g)(1) about the grievance system to all providers and subcontractors at the time they enter into a contract. DHCS reviewed the MHP’s contract boilerplate. It does not include verbiage and/or information about the grievance system. The MHP does offer training regarding the grievance system; however, the MHP did not demonstrate it provides training to its newly contracted providers. This Attestation requirement 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 the information specified in CFR, title 42, section 438.10(g)(1) about the grievance system to all providers and subcontractors at the time they enter into a contract.

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**SECTION A: ACCESS**

<b>PROTOCOL REQUIREMENTS</b>	
2c.	Regarding the provider list, does it contain the following:
	1. Names of Providers?
	2. Locations?
	3. Telephone numbers?
	4. Alternatives and options for linguistic services including non-English languages (including ASL) spoken by providers?
	5. Does the list show providers by category?
	6. Alternatives and options for cultural services?
	7. A means to inform beneficiaries of providers that are not accepting new beneficiaries?
<ul style="list-style-type: none"> <li>• <i>CFR, title 42, section 438.10(f)(6)(i) and 438.206(a)</i></li> <li>• <i>DMH Information Notice Nos. 10-02 and 10-17</i></li> <li>• <i>CCR, title 9, chapter 11, section 1810.410</i></li> <li>• <i>MHP Contract Exhibit A, Attachment I</i></li> <li>• <i>CMS/DHCS, section 1915(b) Waiver</i></li> </ul>	

**FINDINGS**

The MHP did not furnish evidence its provider list contains all of the required components. DHCS reviewed the MHP’s current provider list. The list did not include alternatives and options for cultural services. Protocol question(s) A2c6 is deemed OOC.

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**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 provider list contains all of the required components, specifically alternatives and options for cultural services.

<b>PROTOCOL REQUIREMENTS</b>	
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 criteria 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"> <li>• CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1)</li> <li>• CFR, title 42, section 438.406 (a)(1)</li> </ul>	<ul style="list-style-type: none"> <li>• DMH Information Notice No. 10-02, Enclosure, Page 21, and DMH Information Notice No. 10-17, Enclosure, Page 16</li> <li>• MHP Contract, Exhibit A, Attachment I</li> </ul>

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 Thursday, 1/28/2016, at 6:45pm. The call was answered after two (2) rings via a live operator. The operator immediately asked if the DHCS test caller was having an emergency or was in a crisis situation. The caller replied in the negative. The operator asked for the caller's name and placed the caller on hold for approximately 2 minutes. Upon the operators return, the caller requested information about how to file a complaint. The operator indicated he/she was not aware of the MHP's grievance process and offered to have someone call back with the information. The operator advised the caller he/she could also call back during business hours. The caller asked the operator if there were any forms located in the clinic lobby; the operator did not know if the forms were available. 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 A9a4.

**Test Call #2** was placed on Friday, 2/19/16 at 11:47 a.m. The call was answered via a live operator. The DHCS test caller requested information on how to obtain SMHS. The caller was placed on hold then transferred to another operator. The caller repeated the request for information. The operator inquired if the caller was a previous client and the caller replied in the negative. The operator requested the caller's name, address, date of birth, and phone number. The caller provided the operator with requested information with the exception of his/her contact information. The operator advised the caller that a phone number would be required in order for the clinician to return the call later in the day or the following Monday. The operator then suggested the caller could call back and ask if the clinician was available. The operator asked the caller if he/she felt safe and could keep him/herself safe; the caller replied in the affirmative. The operator did not provide any information to the caller about the clinic location or hours of operation. The caller was not provided with information about how to

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access SMHS. The call is deemed OOC with regulatory requirements for A9a2. However, since the operator asked about the caller's safety, it is presumed the caller could have been connected with crisis services if he/she indicated he/she was not safe. As such, the call is deemed in compliance with the regulatory requirements for protocol question A9a3.

**Test Call #3** was placed on Wednesday, 2/24/2016, at 1:35 p.m. The call was answered after one (1) ring via a live operator. After a brief hold, the operator asked if the DHCS test caller was having an emergency or was in a crisis situation. The caller replied in the negative. The operator asked if the caller had Medi-Cal and the caller replied in the affirmative. The operator also asked the caller for his/her date of birth and phone number. The operator then explained the intake process including the 24/7 access to clinicians and the walk-in process. He/she also provided the clinic's hours of operation and the address along with directions and landmarks. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met and information about 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 #4** was placed on Thursday, 3/3/2016, at 1:54 pm. The call was answered after one (1) ring via a live operator. The DHCS test caller requested information about SMHS for a minor dependent. The operator asked if the caller's child had previously received SMHS and the caller replied in the negative. The operator asked if the caller would like to make an appointment. The caller replied in the negative and informed the operator that he/she would like information on how to obtain immediate assistance. The operator asked the caller to hold and transferred the call to a clinician. The caller was placed on hold for less than thirty (30) seconds, after which the operator advised the caller the therapist was unavailable. The operator offered to transfer the call to the clinician's voice mail and explained the clinician would call back as soon as possible. The caller terminated the call upon transfer. The caller was not provided with any information about clinic locations or hours of operation; neither was the caller provided with information about the availability of walk-in services. Since the caller was not connected directly with a clinician but instead had to leave a message and await a return call, the call is deemed OOC with regulatory requirements for protocol questions A9a2 and A9a3. The caller was not provided with information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met and information about services needed to treat a beneficiary's urgent condition.

**Test Call #5** was placed on Friday, 3/4/2016, at 7:27 am. The call was answered after one (1) ring via a live operator. The operator immediately asked if the DHCS test caller was having an emergency or was in a crisis situation and the caller replied in the negative. The caller requested information about SMHS. The operator advised the caller that he/she had reached the answering services and instructed the caller to call back during business hours to obtain information about SMHS. The caller asked the operator if he/she had any information about SMHS and the operator replied in the negative and again advised the caller to call back during business hours. The caller thanked the operator and terminated the call. The caller was not provided with information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The call is deemed OOC with regulatory requirements for protocol question A9a2. The caller was not provided with information about services needed to treat a beneficiary's urgent condition; however, since the operator inquired

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about the caller’s status, it was determined the call was in compliance with requirements for protocol question A9a3.

**Test Call #6** was placed on Friday, 3/4/2016, at 8:44 am. The call was answered after one (1) ring via a live operator. The DHCS test caller requested information about how to file a complaint. The operator said he/she was not sure and placed the caller on hold for approximately five (5) minutes and when the operator returned to the call, the operator provided a telephone number to the grievance advocate to file a complaint. The caller asked the operator if he/she could pick up a complaint form and the operator replied in the affirmative. The operator provided the address of the clinic and the location of the forms in the lobby. The caller was provided information about how to use the beneficiary problem resolution and fair hearing processes. The call is deemed in compliance with the regulatory requirements for protocol question A9a4.

**Test Call #7** was placed on Sunday, 3/13/2016, at 7:07 am. The call was answered after two (2) rings via a live operator. The operator immediately asked if the DHCS test caller was having an emergency or was in a crisis situation and the caller replied in the negative. The operator advised the caller that the call could be transferred to a clinician if the situation was urgent and the caller declined to be transferred to a clinician. The caller requested information about accessing SMHS. The operator advised the caller that he/she had reached the after hour answering service and would need to call back during business hours to obtain information regarding SMHS. The caller was not provided information about how to access SMHS; however, the caller was provided information about services needed to treat a beneficiary’s urgent condition. The call is deemed OOC with the regulatory requirements for protocol question A9a2 but in compliance with the regulatory requirements for protocol question A9a3.

**FINDINGS**

Protocol Question	Test Call Results Summary							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
<b>9a-1</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NOT APPLICABLE
<b>9a-2</b>	N/A	OOO	IN	OOO	OOO	N/A	OOO	<b>20%</b>
<b>9a-3</b>	N/A	IN	IN	OOO	IN	N/A	IN	<b>80%</b>
<b>9a-4</b>	OOO	N/A	N/A	N/A	N/A	IN	N/A	<b>50%</b>

**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.

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<b>PROTOCOL REQUIREMENTS</b>	
9b.	Does the MHP provide a statewide (24/7) toll-free telephone number that provides adequate TTY/TDD or Telecommunications Relay Services?
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1)</li> <li>• CFR, title 42, section 438.406 (a)(1)</li> </ul>	<ul style="list-style-type: none"> <li>• DMH Information Notice No. 10-02, Enclosure, Page 21, and DMH Information Notice No. 10-17, Enclosure, Page 16</li> <li>• MHP Contract, Exhibit A, Attachment I</li> </ul>

**FINDING**

The MHP did not furnish evidence its 24/7 toll-free telephone number provides adequate TTY/TDD or Telecommunications Relay Services. DHCS reviewed the following documentation offered by the MHP as evidence of compliance: Linguistic Access policy (No P&P#). However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not provide any evidence that it provides TTY/TDD or Telecommunications Relay Services. There was no evidence of vendor contracts or billing information regarding TTY/TDD or Telecommunications Relay Services. Protocol question A9b 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 its 24/7 toll-free telephone number provides adequate TTY/TDD or Telecommunications Relay Services.

<b>PROTOCOL REQUIREMENTS</b>	
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"> <li>• CCR, title 9, chapter 11, section 1810.405(f)</li> </ul>	

**FINDINGS**

The logs made available by the MHP did not include all required elements for Seven (7) of the Seven (7) test calls made by DHCS. The name of the beneficiary was logged for Zero (0) of the Seven (7) test calls (0%). The date of the call was logged for Zero (0) of the Seven (7) test calls (0%). The initial disposition of the call was logged for Zero (0) of the Seven (7) test calls (0%). Protocol question(s) 10b1; 10b2 and 10b3 are deemed OOC.

**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.

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<b>PROTOCOL REQUIREMENTS</b>	
12.	Regarding the MHP's Cultural Competence Committee (CCC):
12c.	Does the CCC complete an Annual Report of CCC activities as required in the CCPR?
<ul style="list-style-type: none"> <li>• CCR title 9, section 1810.410</li> <li>• DMH Information Notice 10-02 and 10-17</li> </ul>	

**FINDINGS**

The MHP did not demonstrate that it completes an annual report of CCC activities. DHCS reviewed the following documentation offered by the MHP as evidence of compliance: P&P 707.4 Promotion of cultural competency and P&P 100.4 Culturally Competent Services. However, the MHP did not demonstrate that it completes an annual report of CCC activities. Per the MHP, the annual report has not been completed due to the shortage of staff members. Protocol question(s) A12c 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 completes an annual report of CCC activities.

<b>PROTOCOL REQUIREMENTS</b>	
13a.	Regarding the MHP's plan for annual cultural competence training necessary to ensure the provision of culturally competent services:
	1) Is there a plan for cultural competency training for the administrative and management staff of the MHP?
	2) Is there a plan for cultural competency training for persons providing SMHS employed by or contracting with the MHP?
	3) Is there a process that ensures that interpreters are trained and monitored for language competence (e.g., formal testing)?
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1810.410 (a)-(e)</li> <li>• DMH Information Notice No. 10-02, Enclosure, Pages 16 &amp; 22 and DMH Information Notice No. 10-17, Enclosure, Pages 13 &amp; 17</li> <li>• MHP Contract, Exhibit A, Attachment I</li> </ul>	

**FINDINGS**

The MHP did not furnish evidence it has a plan for annual cultural competence training necessary to ensure the provision of culturally competent services. DHCS reviewed the following documentation offered by the MHP as evidence of compliance: P&P 707.4 Promotion of Cultural Competency and P&P 100.4 Culturally Competent Services. However, the MHP did not have a plan for or evidence of implementation of cultural competency training for administrative and management staff and/or persons providing SMHS employed by or contracting with the MHP. Protocol question(s) A13a1 and A13a2 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 plan for annual cultural competence training necessary to ensure the provision of culturally competent services. Specifically, the MHP must develop a plan for, and provide evidence of implementation of, cultural competency training for administrative and management staff as well as persons providing SMHS employed by or contracting with the MHP.

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**SECTION B: AUTHORIZATION**

PROTOCOL REQUIREMENTS	
1.	Regarding the Treatment Authorization Requests (TARs) for hospital services:
1c.	Does the MHP approve or deny TARs within 14 calendar days of the receipt of the TAR and in accordance with title 9 regulations?
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, sections 1810.242, 1820.220(c),(d), 1820.220 (f), 1820.220 (h), and 1820.215.</li> <li>• CFR, title 42, section 438.210(d)</li> </ul>	

**FINDINGS**

DHCS inspected a sample of Nineteen (19) TARs to verify compliance with regulatory requirements. The TAR sample review findings are detailed below:

	PROTOCOL REQUIREMENT	# TARs IN COMPLIANCE	# TARs OOC	COMPLIANCE PERCENTAGE
1a	TARs approved or denied by licensed mental health or waived/registered professionals	19	0	100%
1c	TARs approves or denied within 14 calendar days	19	2	89%

Protocol question(s) B1c 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 complies with regulatory requirements regarding Treatment Authorization Requests (TARs) for hospital services.

PROTOCOL REQUIREMENTS	
2.	Regarding Standard Authorization Requests for non-hospital SMHS:
2a.	Does the MHP have written policies and procedures for initial and continuing authorizations of SMHS as a condition of reimbursement?
2b.	Are payment authorization requests being approved or denied by licensed mental health professionals or waived/registered professionals of the beneficiary's MHP?
2c.	For standard authorization decisions, does the MHP make an authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and within 14 calendar days following receipt of the request for service with a possible extension of up to 14 additional days?
2d.	For expedited authorization decisions, does the MHP make an expedited authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and within 3 working days following receipt of the request for service or, when applicable, within 14 calendar days of an extension?
<ul style="list-style-type: none"> <li>• CFR, title 42, section 438.210(b)(3)</li> <li>• CCR, title 9, chapter 11, sections 1810.253, 1830.220, 1810.365, and 1830.215 (a-g)</li> <li>• CFR, title 42, section 438.210(d)(1),(2)</li> </ul>	

**FINDINGS**

DHCS inspected a sample of Seventeen (17) SARs to verify compliance with regulatory requirements. The SAR sample review findings are detailed below:

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PROTOCOL REQUIREMENT		# SARS IN COMPLIANCE	# SARS OOC	COMPLIANCE PERCENTAGE
2b	SARs approved or denied by licensed mental health professionals or waived/registered professionals	17	0	100%
2c	MHP makes authorization decisions and provides notice within 14 calendar days	17	1	94%
2d	MHP makes expedited authorization decisions and provide notice within 3 working days	17	0	100%

Protocol question(s) B2c 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 complies with regulatory requirements regarding SARs for non-hospital SMHS services.

PROTOCOL REQUIREMENTS	
3.	Regarding payment authorization for Day Treatment Intensive and Day Rehabilitation Services:
3a.	The MHP requires providers to request advance payment authorization for Day Treatment Authorization and Day Rehabilitation in accordance with MHP Contract:
	1) In advance of service delivery when services will be provided for more than 5 days per week.
	2) At least every 3 months for continuation of Day Treatment Intensive.
	3) At least every 6 months for continuation of Day Rehabilitation.
	4) The MHP requires providers to request authorization for mental health services provided concurrently with day treatment intensive and day rehabilitation, excluding services to treat emergency and urgent conditions.
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, sections 1830.215 (e) and 1840.318.</li> <li>• DMH Letter No. 03-03</li> <li>• DMH Information Notice 02-06, Enclosures, Pages 1-5</li> </ul>	

**FINDINGS**

The MHP did not furnish evidence it requires providers to request advance payment authorization for Day Treatment Authorization (DTI) and Day Rehabilitation (DR). DHCS reviewed the following documentation offered by the MHP as evidence of compliance: MHP's authorization policy and procedure: P&P 200.0 Authorization for Services. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP's policy did not include the process of requesting advance payment authorization for DTI and DR services when services will be provided for more than 5 days per week. Protocol question(s) B3a1 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 requires providers to request advance payment authorization for DTI and DR.

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**SECTION E: NETWORK ADEQUACY AND ARRAY OF SERVICES**

PROTOCOL REQUIREMENTS	
1.	Does the MHP have a current Implementation Plan which meets title 9 requirements?
<ul style="list-style-type: none"> <li>• <i>CCR, title 9, chapter 11, section 1810.310</i></li> </ul>	

**FINDING**

The MHP did not furnish evidence it has a current Implementation Plan which meets title 9 requirements. Protocol question E1 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 has a current Implementation Plan which meets title 9 requirements.

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**SECTION H: PROGRAM INTEGRITY**

PROTOCOL REQUIREMENTS	
2f.	Does the MHP ensure effective lines of communication between the compliance officer and the organization's employees and/or contract providers?
<ul style="list-style-type: none"> <li>• <i>CFR, title 42, sections 438.10, 438.604, 438.606, 438.608 and 438.610</i></li> <li>• <i>MHP Contract, Exhibit A, Attachment I</i></li> </ul>	

**FINDING**

The MHP did not furnish evidence it ensures effective lines of communication between the compliance officer and the organization's employees and/or contract providers. DHCS reviewed the following documentation offered by the MHP as evidence of compliance: Compliance Plan (dated March 2015). Specifically, the compliance plan documented a process to ensure effective lines of communication between the compliance officer and the organizational employees and/or contract providers, but the MHP did not present evidence to demonstrate how it provides this information to its employees. The MHP did not have hotline posters or other signage/notices to staff; nor did it include the compliance officer's contact information as a part of the training materials. Protocol question H2f 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 ensures effective lines of communication between the compliance officer and the organization's employees and/or contract providers.

PROTOCOL REQUIREMENTS	
3.	Regarding verification of services:
3a.	Does the MHP have a method to verify whether services reimbursed by Medicaid were actually furnished to the beneficiaries?

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3b.	When unable to verify services were furnished to beneficiaries, does the MHP have a mechanism in place to ensure appropriate actions are taken?
<ul style="list-style-type: none"> <li>• <i>CFR, title 42, sections 455.1(a)(2) and 455.20 (a)</i></li> <li>• <i>MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Social Security Act, Subpart A, Sections 1902(a)(4), 1903(i)(2) and 1909</i></li> </ul>

**FINDINGS**

The MHP did not furnish evidence it has a method to verify whether services reimbursed by Medicaid were actually furnished to the beneficiaries and, if unable to verify services, a mechanism to ensure appropriate actions are taken. Specifically, the MHP has not implemented a process, documented its procedures, or identified what actions will be taken if the MHP is unable to verify services were furnished to beneficiaries. Protocol question(s) H3a and H3b 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 method to verify whether services reimbursed by Medicaid were actually furnished to the beneficiaries and, if unable to verify services, a mechanism to ensure appropriate actions are taken.

<b>PROTOCOL REQUIREMENTS</b>	
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"> <li>• <i>CFR, title 42, sections 455.101 and 455.104</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements</i></li> </ul>

**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. The county collects Form 700 from selected employees. However, the MHP does not collect disclosure of ownership, control and relations information from its contracted providers. 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.

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**SECTION I: QUALITY IMPROVEMENT**

<b>PROTOCOL REQUIREMENTS</b>	
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?
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?
	3) Targeted areas of improvement or change in service delivery or program design?
	<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1810.440(a)(5)</li> <li>• DMH Information Notice No. 10-17, Enclosures, Pages 18 &amp; 19, and DMH Information Notice No. 10-02, Enclosure, Page 23</li> <li>• MHP Contract, Exhibit A, Attachment I</li> <li>• CCR, tit. 9, § 1810.410</li> <li>• CFR, title 42, Part 438-Managed Care, sections 438.204, 438.240 and 438.358.</li> </ul>

**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 offered by the MHP as evidence of compliance: QM Work Plan CY 2015-2016. However, the QM Work Plan did not include annual evaluations and documented revisions as needed. Per MHP, the plan is currently being reviewed but due to staffing, the plan has not been updated to reflect revisions. Also, the QM work plan does not include a description of completed and in-process QM activities, including objectives, scope and planned QM activities for each year. Protocol question(s) I6a and I6d2 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 meets MHP Contract requirements.

**SURVEY ONLY FINDINGS**

**SECTION A: ACCESS**

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

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**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: samples of translated materials tested for accuracy; outreach information; as well as survey forms and other printed documentation. However, there was no evidence of field testing, peer review or documentation of edits and/or translation of documents or any other mechanism to ensure accuracy of translation. The MHP does not have a policy and/or procedure regarding the mechanism for ensuring accuracy of translated materials in terms of both language and culture. The MHP has appointed an employee to review and edit documents and provide feedback to the staff.

**SUGGESTED ACTIONS**

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: develop and implement a mechanism for ensuring accuracy of translated materials in terms of both language and culture.

<b>PROTOCOL REQUIREMENTS</b>	
11.	Has the MHP updated its Cultural Competence Plan (CCP) annually in accordance with regulations?
<ul style="list-style-type: none"> <li>• CCR title 9, section 1810.410</li> <li>• DMH Information Notice 10-02 and 10-17</li> </ul>	

**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 March 2014.

**SUGGESTED ACTIONS**

DHCS recommends the MHP updates its CCP annually per regulatory requirements.

*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**

<b>PROTOCOL REQUIREMENTS</b>	
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"> <li>• Katie A Settlement Agreement</li> <li>• Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care for Katie A Subclass Members</li> </ul>	

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**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Draft MOU with department of Social Services, Katie A. Semi-Annual Progress Report, Service Delivery Plan-Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS), Katie A. Settlement Agreement-Core Practice Model-Readiness Assessment, CASAT Screening Tools, Katie A. Referral to MHP, Katie A. meeting agendas (MHP & CPS Collaborative) CFT meetings held monthly. The documentation provides sufficient evidence of compliance with State requirements.

**SUGGESTED ACTIONS**

No further action required at this time.

***SECTION H: PROGRAM INTEGRITY***

<b>PROTOCOL REQUIREMENTS</b>	
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"> <li>• <i>CFR, title 42, sections 438.214(d), 438.610, 455.400-455.470, 455.436(b)</i></li> <li>• <i>DMH Letter No. 10-05</i></li> <li>• <i>MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements</i></li> </ul>	

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Print outs of OIG searches, DHCS List of Suspended or Ineligible Providers, and screen prints of NPPES/NPI to verify accuracy of new and current providers and contractors. There was no documented evidence the MHP has a process to verify providers and contractors in the Social Security Administration Death Master File or the Excluded Parties List System (EPLS).

**SUGGESTED ACTIONS**

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: Expand the existing monitoring and verification process to include the following databases: Social Security Administration Death Master File or the Excluded Parties List System (EPLS).

<b>PROTOCOL REQUIREMENTS</b>	
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"> <li>• <i>CFR, title 42, section 455.412</i></li> </ul>	

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**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Anasazi Report detailing quarterly review of verification of disciplinary actions or expired license and screen print of database review. 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***

<b>PROTOCOL REQUIREMENTS</b>	
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?
• <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 203.1 Medication Policy: Storage and dispensing, Anasazi monitoring tools (med conflicts-red flags), email communication between client and physician regarding medication usage, QA/QI agendas; updated medication consent form, Physician update progress notes with communication with client regarding (side effects, length of medication, refills, etc.), Physician randomly reviews charts. The documentation provides sufficient evidence of compliance with federal and/or State requirements.

**SUGGESTED ACTIONS**

No further action required at this time.