

**FISCAL YEAR (FY) 2017/2018 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY
 MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES
 SAN JOAQUIN COUNTY MENTAL HEALTH PLAN REVIEW
 February 5, 2018
FINDINGS REPORT**

This report details the findings from the triennial system review of the **San Joaquin County** Mental Health Plan (MHP). The report is organized according to the findings from each section of the FY 2017/2018 Annual Review Protocol for Consolidated Specialty Mental Health Services (SMHS) and Other Funded Services (Mental Health and Substance Use Disorder Services Information Notice No. 17-050), 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 findings 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 7 “SURVEY ONLY” questions in the protocol.

The MHP will have an opportunity to review the report for accuracy and appeal any of the findings of non-compliance (for both System Review and Chart Review). The appeal must be submitted to DHCS in writing within 15 business days of receipt of the findings report. DHCS will adjudicate any appeals and/or technical corrections (e.g., calculation errors, etc.) submitted by the MHP and, if appropriate, send an amended report.

A Plan of Correction (POC) is required for all items determined to be out of compliance. The MHP is required to submit a POC to DHCS within 60 days of receipt of the findings 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
- (4) Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should propose an alternative corrective action plan to DHCS
- (5) Description of corrective actions required of the MHP’s contracted providers to address findings

Report Contents

RESULTS SUMMARY: SYSTEM REVIEW	2
FINDINGS.....	3
<i>ATTESTATION</i>	3
<i>SECTION B: ACCESS</i>	3
<i>SECTION D:</i>	<i>BENEFICIARY PROTECTION</i>
8	
<i>SECTION H: PROGRAM INTEGRITY</i>	8
<i>SECTION J: MENTAL HEALTH SERVICES (MHSA)</i>	9

**System Review Findings Report
San Joaquin County Mental Health Plan
Fiscal Year 2017/2018**

SURVEY ONLY FINDINGS 10

RESULTS SUMMARY: SYSTEM REVIEW

SYSTEM REVIEW SECTION	TOTAL ITEMS REVIEWED	SURVEY ONLY ITEMS	TOTAL FINDINGS	PROTOCOL QUESTIONS OUT-OF-COMPLIANCE (OOC) OR PARTIAL COMPLIANCE	IN COMPLIANCE PERCENTAGE FOR SECTION
ATTESTATION	5	0	0/5		100%
SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES	25	3	0/25		100%
SECTION B: ACCESS	54	1	8/54	B6c, B9a1, B9a2, B9a3, B9a4, 10b1, 10b2, 10b3	86%
SECTION C: AUTHORIZATION	33	3	0/33		100%
SECTION D: BENEFICIARY PROTECTION	29	0	1/29	D2	97%
SECTION E: FUNDING, REPORTING & CONTRACTING REQUIREMENTS	1	0	0/1		100%
SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	0/6		100%
SECTION G: PROVIDER RELATIONS	11	0	0/11		100%
SECTION H: PROGRAM INTEGRITY	26	1	1/26	H2e	97%

**System Review Findings Report
San Joaquin County Mental Health Plan
Fiscal Year 2017/2018**

SECTION I: QUALITY IMPROVEMENT	34	0	0/34		100%
SECTION J: MENTAL HEALTH SERVICES ACT	21	0	1/21	J6	96%
TOTAL ITEMS REVIEWED	245	8	11		

Overall System Review Compliance

Total Number of Requirements Reviewed	245 (with 5 Attestation items)	
Total Number of SURVEY ONLY Requirements	8 (NOT INCLUDED IN CALCULATIONS)	
Total Number of Requirements Partial or OOC	11	OUT OF 244
OVERALL PERCENTAGE OF COMPLIANCE	IN (# IN/245)	OOO/Partial (# OOC/245)
	96%	4%

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 B: ACCESS

PROTOCOL REQUIREMENTS

- B6. Review evidence that Limited English Proficient (LEP) individuals are informed of the following in a language they understand:
 - B6a. LEP individuals have a right to free language assistance services.
 - B6b. LEP individuals are informed how to access free language assistance services.
 - B6c. Does the MHP have a mechanism to ensure that interpreter services are offered to LEP individuals?
 - *CFR, title 42, section 438.10 (c)(4) , 438.6(f)(1), 438.100(d), CFR, title 28, Part 35, 35.160(b)(1), CFR, title 28, Part 36, 36.303(c)*
 - *CCR, title 9, chapter 11, section 1810.410(a)-(e)*
 - *DMH Information Notice 10-02 and 10-17*
 - *Title VI, Civil Rights Act of 1964 (U.S. Code 42, section 2000d; CFR, title 45, Part 80)*
 - *MHP Contract, Exhibit A, Attachment I*
 - *CMS/DHCS, section 1915(b) waiver*

**System Review Findings Report
San Joaquin County Mental Health Plan
Fiscal Year 2017/2018**

FINDINGS

The MHP did not furnish evidence it has a mechanism to ensure interpreter services are offered to LEP individuals. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy and Procedure #0115.0000.1 Provision of Language Assistance to Persons with Limited English Proficiency. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the chart team identified that there was no evidence that mental health interpreter services were offered and provided on every occasion. Please refer to the chart findings for additional information.

Protocol question B6c is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP must demonstrate it has a mechanism to ensure interpreter services are offered to LEP individuals.

PROTOCOL REQUIREMENTS

B9a. 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?
- *CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1)*
 - *CFR, title 42, section 438.406 (a)(1)*
 - *DMH Information Notice No. 10-02, Enclosure, Page 21, and DMH Information Notice No. 10-17, Enclosure, Page 16*
 - *MHP Contract, Exhibit A, Attachment I*

The DHCS review team made seven (7) calls to test the MHP's 24/7 toll-free line. The seven (7) test calls are summarized below:

Test Call #1 was placed on Wednesday, December 13, 2017, at 9:31 p.m.; 9:33 p.m.; 9:45 p.m.; and 10:12 p.m. Test calls were also placed on Thursday, December 14, 2017, at 7:45 a.m.; 8:39 a.m.; 9:41 p.m.; and 9:46 p.m. Regarding the calls placed on the 13th, the line rang twelve (12) times and was followed by a busy signal. The additional calls placed also received a busy signal with the exception of the call placed at 8:39 a.m. This call was answered after three (3) rings via a live operator. The caller immediately disconnected the call, as the call was

**System Review Findings Report
San Joaquin County Mental Health Plan
Fiscal Year 2017/2018**

to verify validity of the toll-free access line number. The caller was not provided information about how to request information on how to use the beneficiary problem resolution and fair hearing process.

The call is deemed out of compliance with the regulatory requirements for protocol question B9a1, B9a2, B9a3 and B9a4.

Test Call #2 was placed on December 22, 2017, at 7:45 am and redialed at 7:46 am, however, the MHP's Access line was not answered. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, nor was the caller provided information about services needed to treat a beneficiary's urgent condition. No language options were provided and no option to discuss the beneficiary grievance process was possible.

The call is deemed out of compliance with the regulatory requirements for protocol questions B9a1, B9a2, B9a3 and B9a4.

Test Call #3 was placed on January 5, 2018, at 7:32 am. The call was answered after two (2) rings via a live operator. The caller requested information about accessing mental health services in the county. The operator informed the caller that he/she could do a crisis walk in and provided the hours of operation and explained the assessment process. The operator said it's handled like walking into an ER. The operator asked the caller if he/she is having thoughts of hurting his/herself or others or is the caller seeing or hearing things. The caller responded in the negative. The operator asked what insurance the caller has. The caller replied he/she has Medi-Cal. The operator asked if the Medi-Cal insurance is from San Joaquin County and explained the reason why he/she is asking. The caller replied yes. The operator explained that the walk in process could be a 2-3 hours wait time just like going into an ER. The operator explained that a clinician would evaluate the caller and if he/she meets criteria, an appointment would be set up. The caller asked for the address where are they located. The operator provided the address. The operator informed the caller that he/she could call the crisis line 24/7. The operator asked for the caller's name. The caller provided his/her name. The caller thanked the operator and ceased the call. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and the caller was provided information about services needed to treat a beneficiary's urgent condition.

The call is deemed in compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

Test Call #4 was placed on January 8, 2018, at 1:10 p.m. The call was answered after two (2) rings via a live operator. The caller requested information about accessing mental health services in the county for depression. The operator asked the caller to provide his/her name and phone number. The caller responded that the phone was borrowed and number was unknown. The operator informed the caller that there are three (3) walk-in clinics that are opened Monday through Friday, 8:00 a.m. to 5:00 p.m., and provided the location and phone numbers for each. The operator asked if the caller was feeling suicidal or felt like harming him/herself or others. The caller responded in the negative. The operator then informed the caller that there is a Crisis Clinic opened 24/7 and provided the phone number. The operator explained that the first visit will be to triage the situation and then the clinic will make an intake

**System Review Findings Report
San Joaquin County Mental Health Plan
Fiscal Year 2017/2018**

appointment for a full assessment that may take up to 2 hours. No additional information about SMHS was provided to the caller. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and the caller was provided information about services needed to treat a beneficiary's urgent condition.

The call is deemed in compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

Test Call #5 was placed on January 12, 2018, at 8:07 a.m. The call was answered after three (3) rings via a live operator. The operator provided his/her name and requested the caller's name. The caller provided his/her name. The caller indicated that he/she wanted to file a complaint regarding his/her counselor. The operator responded that the county has a formal grievance process and would like to provide the steps to the caller. The operator stated that the caller could walk in and file the grievance or he/she could mail the grievance form to the caller. The caller indicated that he/she would like to pick up the form. The operator indicated that grievance forms are located in the lobby of the clinics. The operator provided the address of the clinic, 1212 N. California St, Stockton 95242. The caller indicated that he/she would like to pick up the form. The operator indicated that once the form is submitted the caller would receive a response within 30 days.

The caller was provided information about how to use the beneficiary problem resolution. The call is deemed in compliance with regulatory requirements for protocol questions B9a4.

Test Call #6 was placed on January 9, 2018, at 7:00 a.m. The call was answered after one ring via a live operator. The operator ask for the reason for the call. The caller stated he/she was feeling depressed, down, and overwhelmed because he/she is taking care of his/her mom and has a full time job. The operator asked what type of insurance the caller has. The caller said Medi-Cal. The operator did not ask for the caller's name. The operator asked if the caller wanted to call to get additional information on where to get connected with mental health services, like a phone triage. They would ask questions to be able to link the caller to appropriate mental health services. The caller said he/she would rather go into a clinic. The operator said yes. The caller asked what will happen when he/she walks in to the clinic. The operator responded that the caller would need to complete some paper work and talk with a counselor. The caller asked what clinic he/she would walk into. The operator said 1212 North California Street by St. Josephs Hospital. The caller asked at what time the clinic opens, the operator said 8 a.m. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was not 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 B9a2 and out of compliance for question B9a3.

Test Call #7 was placed on January 23, 2018, at 8:46 a.m. The call was answered after two (2) rings via a live operator introducing herself as Carmen. The caller requested information about accessing mental health services in the county. The operator asked the caller if he/she were a patient from the county and stated you have to be a patient first to be seen. The operator asked

**System Review Findings Report
San Joaquin County Mental Health Plan
Fiscal Year 2017/2018**

the caller to provide their name (Johnathan Jones), Medi-Cal number, and Social Security number to see if they were in the system. The operator asked caller for contact information, the number (530) 864-9393 was provided. The caller was advised to get information first then call back. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, nor was the caller provided information about services needed to treat a beneficiary's urgent condition.

The call is deemed out of compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

FINDINGS

Test Call Results Summary

Protocol Question	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
9a-1	OOC	OOC	N/A	N/A	N/A	N/A	N/A	0%
9a-2	OOC	OOC	IN	IN	N/A	IN	OOC	50%
9a-3	OOC	OOC	IN	IN	N/A	OOC	OOC	33%
9a-4	OOC	OOC	N/A	N/A	IN	N/A	N/A	33%

In addition to conducting the seven (7) test calls, DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy and Procedure #0200.0016.5 24/7 Access Line, Telephone Test Call process and Logging of Beneficiary Inquiries at key Points of Public Contact, Access 24/7 Line Call Script, 24/7 Test Call Quarterly Update Report, and the 24/7 PowerPoint training. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the test calls demonstrated that the MHPs processes do not fully met regulatory requirements for providing information on how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, informing beneficiaries about services needed to treat a beneficiary's urgent condition and information about how to use the beneficiary problem resolution and fair hearing processes. Protocol question(s) B9a1, B9a2, B9a3, and B9a4 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 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.

**System Review Findings Report
San Joaquin County Mental Health Plan
Fiscal Year 2017/2018**

PROTOCOL REQUIREMENTS

- B10. Regarding the written log of initial requests for SMHS:
- B10a. Does the MHP maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing?
- B10b. 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?
- *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. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy and Procedure #0200.0016.5 24/7 Access Line, Telephone Test Call Process and Logging of Beneficiary Inquires at Key Points of Public Contact and the Access call logs. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, three of the five test calls were logged accurately, however call #2 and #6 were not logged.

In addition, the logs made available by the MHP did not include all required elements for calls. The table below details the findings:

Test Call #	Date of Call	Time of Call	Name of the Beneficiary	Log Results Date of the Request	Initial Disposition of the Request
2	12/22/17	7:45 & 7:46 a.m.	OOC	OOC	OOC
3	01/05/18	7:32 a.m.	IN	IN	IN
4	01/08/18	1:10 p.m.	IN	IN	IN
6	01/09/18	7:00 a.m.	OOC	OOC	OOC
7	01/23/18	8:46 a.m.	IN	IN	IN
Compliance Percentage			60%	60%	60%

Please note: Only calls requesting information about SMHS, including services needed to treat a beneficiary's urgent condition, are required to be logged.

Protocol questions B10b1, B10b2, and B10b3 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 its written log of initial requests for SMHS (including requests made via telephone, in person or in writing) complies with all regulatory requirements.

**System Review Findings Report
San Joaquin County Mental Health Plan
Fiscal Year 2017/2018**

SECTION D: BENEFICIARY PROTECTION

PROTOCOL REQUIREMENTS

- D2. The MHP is required to maintain a grievance, appeal, and expedited appeal log(s) that records the grievances, appeals, and expedited appeals within one working day of the date of receipt of the grievance, appeal, or expedited appeal.
- D2a. The log must include:
- 1) The name or identifier of the beneficiary.
 - 2) The date of receipt of the grievance, appeal, and expedited appeal.
 - 3) A general description of the reason for the appeal or grievance.
 - 4) The date of each review or, if applicable, review meeting.
 - 5) The resolution at each level of the appeal or grievance, if applicable.
 - 6) The date of resolution at each level, if applicable.
- *CCR, title 9, chapter 11, section 1850.205(d)(1)*
 - *CCR, title 9, chapter 11, section 1810.375(a)*

FINDINGS

The MHP did not furnish evidence it maintains a grievance, appeal, and expedited appeal log(s) that records the grievances, appeals, and expedited appeals within one working day of the date of receipt. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy and Procedure #0105.0000.4 Beneficiary Problem Resolution Process, the Grievance/Appeal logs, and a sample of 20 Grievances. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, one (1) grievance did not have a stamped received date and the team could not determine if it had been logged within the required one working day of receipt. Protocol question D2 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 maintains a grievance, appeal, and expedited appeal log(s) that records the grievances, appeals, and expedited appeals within one working day of the date of receipt.

**System Review Findings Report
San Joaquin County Mental Health Plan
Fiscal Year 2017/2018**

SECTION H: PROGRAM INTEGRITY

PROTOCOL REQUIREMENTS

H2d Is there evidence of effective training and education for the compliance officer?

H2e Is there evidence of effective training and education for the MHP's employees and contract providers?

- *CFR, title 42, sections 438.10, 438.604, 438.606, 438.608 and 438.610*
- *MHP Contract, Exhibit A, Attachment I*

FINDINGS

The MHP did not furnish evidence of effective training and education for the contract providers. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy and Procedure #0107.0003.2 Compliance Program, The Compliance training schedule for 2015, 2016, 2017, and 2018, Compliance Training data from 2015-2017; sign in sheets for the mandatory compliance trainings held in December 2017, a sample of employee signed Standards of Conduct, Training tracking tool for the employees; Self-Paced Training Monthly Compliance Report, Exhibit C Program Integrity Requirements for Medi-Cal Providers that included the language regarding mandatory trainings of the contractors, Verification of Receipt of Information for employees that includes the mandatory trainings, the Annual Site Review checklist for Managers that included evidence of staff training. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, after reviewing the staff roster for one of the providers the documentation indicated that the contract provider was not completing the mandatory training, and additional follow up was not provided by the MHP. Protocol question H2E 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 for effective training and education for the contract providers and have a method to verify that the contract provider's employees are also trained.

**System Review Findings Report
San Joaquin County Mental Health Plan
Fiscal Year 2017/2018**

SECTION J: MENTAL HEALTH SERVICES (MHSA)

PROTOCOL REQUIREMENTS

J4. Regarding the County's Capacity to Implement Mental Health Services Act (MHSA) Programs:

J4a

. Does the County conduct an assessment of its capacity to implement the proposed programs/services?

J4b Does the assessment include:

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1) The strengths and limitations of the County and service providers that impact their ability to meet the needs of racially and ethnically diverse populations?

J4b 2) Bilingual proficiency in threshold languages?

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J4b 3) Percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to the percentage of the total population needing services and the total population being served?

. CCR, title 9, chapter 14, section 3610

FINDINGS

The County did not furnish evidence it conducts an assessment of its capacity to implement bilingual proficiency in threshold languages. DHCS reviewed the following documentation presented by the County as evidence of compliance: San Joaquin County Behavioral Health Services Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan FY 17/18, 18/19, 19/20. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the assessment did not include information regarding the MHP's capacity to address bilingual proficiency in their threshold languages. Protocol question J4b (2) is 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 conduct an assessment of its capacity to implement the proposed programs/services which includes strengths and limitations of the County and service providers that impact their ability to meet the needs of racially and ethnically diverse populations, bilingual proficiency in threshold languages, and percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to the percentage of the total population needing services and the total population being served.

SURVEY ONLY FINDINGS

**System Review Findings Report
San Joaquin County Mental Health Plan
Fiscal Year 2017/2018**

SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES

PROTOCOL REQUIREMENTS

A6. Regarding therapeutic foster care service model services (referred to hereafter as "TFC"):

A6a.

SURVEY ONLY

- 1) Does the MHP have a mechanism in place for providing medically necessary TFC services, either by contracting with a TFC agency or establishing a county owned and operated TFC agency?

- 2) If the MHP does not have a mechanism in place to provide TFC, has the MHP taken steps to ensure that TFC will be available to children/youth who require this service, either through contracting with a TFC agency or establishing a county owned and operated TFC Agency?

- *State Plan Amendment 09-004*
- *MHSUDS Information Notice No. 17-009*
- *MHSUDS Information Notice No. 17-021*

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Policy and Procedure #0500.0011.0 Therapeutic Foster Care, an example of their Residential Placement Letter, and a list of meetings the MHP has attended/hosted as evidence of the steps taken to ensure TFC services will be available to children/youth who require this service.

SUGGESTED ACTIONS

No further action required at this time.

PROTOCOL REQUIREMENTS

A7. Regarding Continuum of Care Reform (CCR):

A7a. **SURVEY ONLY**

Does the MHP maintain an appropriate network of Short Term Residential Therapeutic Programs (STRTPs) for children/youth who have been determined to meet STRTP placement criteria?

- *Welfare and Institutions Code
4096,5600.3(a)*

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Policy and Procedure #0500.0010.0 Short Term Residential Therapeutic Programs (STRTP), and an example of the MHP's Residential Placement Letter. The county does not have STRTPs in the county however they do send youth to out of county STRTP's and utilize a Purchase Order/Single Fee Agreement process to provide them with services while in placement.

**System Review Findings Report
San Joaquin County Mental Health Plan
Fiscal Year 2017/2018**

SUGGESTED ACTIONS

No further action required at this time.

SECTION B: ACCESS

PROTOCOL REQUIREMENTS

B5d. Does the MHP ensure its written materials include taglines in the prevalent non-English languages in the state explaining the availability of written translation or oral interpretation to understand the information provided, as well as the toll-free and TTY/TDY telephone numbers for the MHP?

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

SURVEY FINDINGS

DHCS reviewed the following documentation provided by the MHP for this survey item: The MHP provided their Notice of Privacy Practices, Informed Consent-General Practices, Telemedicine Consent, Grievance Form, Standard Appeal Form, Expedited Appeal Form, and Notice of Action forms, all of which included taglines in the prevalent non-English languages in the state.

SUGGESTED ACTIONS

No further action required at this time

SECTION C: COVERAGE AND AUTHORIZATION

PROTOCOL REQUIREMENTS

C4d. Regarding presumptive transfer:

SURVEY ONLY:

1) Does the MHP have a mechanism to ensure timely provision of mental health services to foster children upon presumptive transfer to the MHP from the MHP in the county of original jurisdiction?

SURVEY ONLY:

2) Has the MHP identified a single point of contact or unit with a dedicated phone number and/or email address for the purpose of presumptive transfer?

SURVEY ONLY:

3) Has the MHP posted the contact information to its public website to ensure timely communication?

**System Review Findings Report
San Joaquin County Mental Health Plan
Fiscal Year 2017/2018**

- *Welfare and Institutions Code
4096,5600.3(a)*

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Policy and Procedures for Presumptive Transfer Child and Family Team Meetings, and Policy and Procedure #0501.0004.0 Presumptive Transfer of Specialty Mental Health Services for Foster Youth. In order to provide access and linkage for AB1299/Presumptive Transfer for Out of County Foster Youth placed in San Joaquin County the single point of contact is Donna Bickham, her contact information is on the county website.

SUGGESTED ACTIONS

No further action required at this time.

SECTION H: PROGRAM INTEGRITY

PROTOCOL REQUIREMENTS

- H2k Does the MHP have a provision for prompt reporting of all overpayments identified or recovered, specifying the overpayments due to potential fraud, waste and abuse?
- *CFR, title 42, sections 438.10, 438.604, 438.606, 438.608 and 438.610*
 - *MHP Contract, Exhibit A, Attachment I*

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Policy and Procedure #0107.0002.5 Disallowance for Inappropriate Billing by County or Contract Operated Programs, Policy and Procedure #0107.0006.2 Compliance Auditing and Monitoring, Tracking documentation of Payment/Overpayment through Contract Monitoring, and Tracking of Payment/Overpayment through Finance.

SUGGESTED ACTIONS

No further action required at this time.