

**FISCAL YEAR (FY) 2016/2017 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL
HEALTH SERVICES AND OTHER FUNDED SERVICES
ALAMEDA COUNTY MENTAL HEALTH PLAN REVIEW
January 23-26, 2017
FINDINGS REPORT**

This report details the findings from the triennial system review of the Alameda County Mental Health Plan (MHP). The report is organized according to the findings from each section of the FY 2016/2017 Annual Review Protocol for Consolidated Specialty Mental Health Services (SMHS) and Other Funded Services (Mental Health and Substance Use Disorder Services Information Notice No. 16-045), 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 16 “SURVEY ONLY” questions in the protocol.

The MHP will have fifteen (15) business days from receipt to review the findings report. If the MHP wishes to appeal the findings of the system review and/or the chart review, it may do so, in writing, before the 15-day period concludes. If the MHP does not respond within 15 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	1	5	7	80%
SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES	14	2	1	14	1	93%
SECTION B: ACCESS	48	0	7	48	2b, 2c6, 6d3, 9a2, 12c, 13a3, 13b	85%
SECTION C: AUTHORIZATION	26	2	3	26	1c, 6c, 6e	88%
SECTION D: BENEFICIARY PROTECTION	25	0	1	25	1a	96%
SECTION E: FUNDING, REPORTING & CONTRACTING REQUIREMENTS	NOT APPLICABLE					
SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	0	6		100%
SECTION G: PROVIDER RELATIONS	6	0	2	6	3b, 4b	67%
SECTION H: PROGRAM INTEGRITY	19	4	2	19	2e, 4a	89%
SECTION I: QUALITY IMPROVEMENT	30	8	3	30	1b, 2d, 6a	90%
SECTION J: MENTAL HEALTH SERVICES ACT	21	0	3	21	1a, 5c, 5e	86%
TOTAL ITEMS REVIEWED	200	16	23			

Overall System Review Compliance

Total Number of Requirements Reviewed	216 (with 5 Attestation items)			
Total Number of SURVEY ONLY Requirements	16 (NOT INCLUDED IN CALCULATIONS)			
Total Number of Requirements Partial or OOC	23		OUT OF 200	
OVERALL PERCENTAGE OF COMPLIANCE	IN	89%	OOO/Partial	12%
	(# IN/200)		(# OOC/200)	

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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 deemed out-of-compliance.

ATTESTATION REQUIREMENTS	
7.	When the MHP is involved in the placement, the MHP must provide the DHCS issued Medi-Cal Services for Children and Young Adults: Early & Periodic Screening, Diagnosis & Treatment (EPSDT) brochure, which includes information about accessing Therapeutic Behavioral Services (TBS) to Medi-Cal (MC) beneficiaries under 21 years of age and their representative in the following circumstances: At the time of admission to a Skilled Nursing Facility (SNF) with a Specialized Treatment Program (STP) for the mentally disordered; at the time of admission to a Mental Health Rehabilitation Center (MHRC) that has been designated as an Institution for Mental Diseases (IMD); at the time of placement in a Rate Classification Level (RCL) 13-14 foster care group home or Short Term Residential Therapeutic Program (STRTPs will replace the RCL system beginning January 2017); and at the time of placement in an RCL 12 foster care group home when the MHP is involved in the placement.
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.310(a)(1) • DMH Letter No. 01-07 • DMH Letter No. 04-04 	<ul style="list-style-type: none"> • DMH Letter No. 04-11 • DMH Information Notice No. 08-38 • MHP Contract, Exhibit A, Attachment I

FINDING

The MHP did not furnish evidence if it is involved in the placement, the MHP must provide the DHCS issued Medi-Cal Services for Children and Young Adults: Early & Periodic Screening, Diagnosis & Treatment (EPSDT) brochure, which includes information about accessing Therapeutic Behavioral Services (TBS) to Medi-Cal (MC) beneficiaries under 21 years of age and their representative in the following circumstances: At the time of admission to a Skilled Nursing Facility (SNF) with a Specialized Treatment Program (STP) for the mentally disordered; at the time of admission to a Mental Health Rehabilitation Center (MHRC) that has been designated as an Institution for Mental Diseases (IMD); at the time of placement in a Rate Classification Level (RCL) 13-14 foster care group home; and at the time of placement in an RCL 12 foster care group home when the MHP is involved in the placement. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: **EPSDT Notification Policy for MHP beneficiaries under 21 admitted to RCL 13-14 treatment facility, revised 9/10/13.** It was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, **the policy did not include language that when the MHP is involved in the placement of a client in a RCL 12, that the brochure would be provided to the client.** 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 if it is involved in the placement, the MHP must provide the DHCS issued Medi-Cal Services for Children and Young Adults: Early & Periodic Screening, Diagnosis & Treatment (EPSDT) brochure, which includes information about accessing Therapeutic Behavioral Services (TBS) to Medi-Cal (MC) beneficiaries under 21 years of age and their representative in the following circumstances: At the time of admission to a Skilled Nursing Facility (SNF) with a Specialized Treatment Program (STP) for

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the mentally disordered; at the time of admission to a Mental Health Rehabilitation Center (MHRC) that has been designated as an Institution for Mental Diseases (IMD); at the time of placement in a Rate Classification Level (RCL) 13-14 foster care group home; and at the time of placement in an RCL 12 foster care group home when the MHP is involved in the placement.

SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES

PROTOCOL REQUIREMENTS	
A1.	Does the MHP have a current Implementation Plan which meets title 9 requirements?
	<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.310

FINDING

The MHP did not furnish evidence it has a current Implementation Plan which meets title 9 requirements. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: **ACBHCS Implementation Plan 1997**. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, **the Implementation Plan had not been updated with current MHP practices since its initial finalization May 14, 1997**. Protocol question A1 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.

SECTION B: ACCESS

PROTOCOL REQUIREMENTS	
B2.	Regarding the provider list:
B2a.	Does the MHP provide beneficiaries with a current provider list upon request and when first receiving a SMHS?
B2b.	Is the provider list available in English and in the MHPs identified threshold language(s)?
	<ul style="list-style-type: none"> <li style="width: 50%;">• CFR, title 42, section 438.10(f)(6)(i) and 438.206(a) <li style="width: 50%;">• DMH Information Notice Nos. 10-02 and 10-17 <li style="width: 50%;">• CCR, title 9, chapter 11, section 1810.410 <li style="width: 50%;">• MHP Contract Exhibit A, Attachment I <li style="width: 50%;">• CMS/DHCS, section 1915(b) Waiver

FINDINGS

The MHP's provider list is not available in all of the MHP's identified threshold languages. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: **Policy for Beneficiary Rights – revised 2/17/10; Informing Materials Packet- English-7/13/16; Screenshot of Informing Material Packet in Threshold languages; and Provider Referral List dated October 1, 2016**. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP provided one provider list where all provider information is in **English**.

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The document also included a paragraph of instructions in English and the county's four threshold languages. Protocol question B2b 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 the MHP's provider list is available in all of the MHP's identified threshold languages.

PROTOCOL REQUIREMENTS	
	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"> • <i>CFR, title 42, section 438.10(f)(6)(i) and 438.206(a)</i> • <i>CCR, title 9, chapter 11, section 1810.410</i> • <i>CMS/DHCS, section 1915(b) Waiver</i> • <i>DMH Information Notice Nos. 10-02 and 10-17</i> • <i>MHP Contract Exhibit A, Attachment I</i> 	

FINDINGS

The MHP did not furnish evidence its provider list contains all of the required components. DHCS reviewed the MHP's current provider list. However, the list did not include the following components: **Alternatives and options for cultural services**. Protocol question B2c6 is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that its provider list contains all of the required components, specifically **alternatives and options for cultural services**.

PROTOCOL REQUIREMENTS	
	Does the MHP have policies, procedures, and practices that comply with the following requirements of title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973.
	1) Prohibiting the expectation that family members provide interpreter services?
	2) A client may choose to use a family member or friend as an interpreter after being informed of the availability of free interpreter services?
	3) Minor children should not be used as interpreters?
<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.10 (c)(4) , 438.6(f)(1), 438.100(d), 36.303(c)</i> • <i>CCR, title 9, chapter 11, section 1810.410(a)-(e)</i> • <i>DMH Information Notice 10-02 and 10-17</i> • <i>Title VI, Civil Rights Act of 1964 (U.S. Code 42, section 2000d; CFR, title 45, Part 80)</i> • <i>MHP Contract, Exhibit A, Attachment I</i> • <i>CMS/DHCS, section 1915(b) waiver</i> 	

FINDINGS

The MHP did not furnish evidence it has policies, procedures, and practices, in compliance with title VI of the Civil Rights Act of 1964, prohibiting the expectation that family members provide interpreter services, ensuring clients are informed of the availability of free interpreter

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services before choosing to use a family member or friend as an interpreter, and ensuring minor children are not used as interpreters. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: **P&P Language and Culturally Responsive Services; 2010 Culture Competence Plan, and a consumer-informing flyer**. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the policy and the consumer-informing flyer did not include language that children should not be used as interpreters. Protocol question B6d3 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 policies, procedures and practices, in compliance with title VI of the Civil Rights Act of 1964, ensuring minor children are not used as interpreters.

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

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

Test Call #1 was placed on December 12, 2016, at 7:34 am and answered after one (1) ring via a live operator. The caller requested information about accessing SMHS in the county. The operator advised the caller that his/her request for SMHS along with a call back number will be given to daytime staff for screening and Medi-Cal eligibility verification. The operator was unable to provide information for a walk-in clinic that the caller requested, but did provide the phone number and hours of operation so that the caller could phone for an assessment during business hours. The operator asked the caller if he/she felt suicidal and the caller replied in the negative. The call is deemed in compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

Test Call #2 was placed on December 28, 2016, at 10:09 pm. The call was answered after two (2) rings via a live operator. The caller requested information about filing a complaint in the county. The operator asked the caller if he/she felt suicidal and the caller replied in the negative. The operator asked the caller if he/she had Medi-Cal insurance and was being treated by a therapist within the county. The caller replied in the affirmative. The operator

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offered the caller several methods to assist in filing a complaint: mailing the caller a grievance packet, accessing forms on the website or in all provider clinics, and the telephone number to the Consumer Assistant Officer. The operator advised the caller that he/she could call the access line 24/7 if he/she needed to receive any SMHS or required further assistance filing a complaint. The caller was provided information about how to use the beneficiary problem resolution and fair hearing process. 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 B9a3 and B9a4.

Test Call #3 was placed on December 27, 2016, at 7:34 am. The call was initially answered after two (2) rings via a live operator. The caller requested information about accessing SMHS in the county. The operator asked the caller for his/her name and if he/she had Medi-Cal. The caller provided his/her name and stated they have Medi-Cal. The operator requested the caller's address to send information regarding SMHS and a provider list. The caller declined to give operator his/her address. The operator advised the caller to call back during business hours to receive a screening over the phone. The operator provided the hours of operation. The operator offered immediate assistance as he/she was a trained counselor. The operator provided a 24/7 telephone number and advised the caller that he/she could call anytime even if you are not suicidal. The caller was provided information about how to access SMHS services as well as 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 19, 2017, at 9:52 pm and was answered after one ring by a live operator. The caller asked how he/she could start receiving services in the county. The operator asked if the caller had received services in the county before, the caller responded negative. The operator stated that the call reached the afterhours line and that he/she needed the caller's name, address, and phone number so someone could contact him/her during business hours. The caller provided their name only. The operator stated that they were a trained crisis worker if the caller needed to talk. The operator stated the caller's only option was to call back during business hours of 8:30-5pm to get information about starting services. The caller was provided information about how to treat an urgent condition, but was not provided information on how to access SMHS. The call is deemed in compliance with the regulatory requirements for protocol questions B9a3, and out of compliance with regulatory requirements for protocol question B9a2.

Test Call #5 was placed on December 29, 2016, at 11:54 am. The call was answered after one ring via phone tree (phone tree stated to call 911 if experiencing a medical emergency, and provided language options). Once connected to a live operator, the caller was asked how he/she was feeling and if he/she was experiencing a crisis or medical emergency, and the caller replied in the negative. The operator provided the caller with a clinic telephone number, hours of operation, and availability of walk in services. The operator advised the caller of required documentation to bring to the clinic. The operator also provided the caller with information regarding how to get his/her Medi-Cal transferred. The phone tree provided language options. The operator provided information regarding how to access SMHS, and also information about services needed to treat a beneficiary's urgent condition. The call is

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deemed in compliance with the regulatory requirements for protocol questions B9a1, B9a2, and B9a3.

Test Call #6 was placed on January 11, 2017, at 9:50 am. The call was initially answered after one (1) ring via a phone tree directing the caller to select a language option, which included the MHP’s threshold language. After selecting the option for English, the caller then heard a recorded greeting and instructions to call 911 in an emergency. The phone tree went through the following options: #1 for general information, #2 for children, #3 for adult, #4 for complaints/compliments, #5 to repeat, and #6 for operator. The caller selected option #3. The operator asked if the caller wanted to harm him/herself or others, the caller responded in the negative. The caller requested information about accessing SMHS in the county. The operator asked the caller to provide his/her name, date of birth, and social security number. The caller advised the operator that he/she was not in the county system. The operator advised the caller to contact the Medi-Cal Help Line to verify Medi-Cal eligibility. The operator requested the caller to call back with their Medi-Cal number. The operator also provided the phone numbers for Alameda Alliance and Blue Cross to call for services once Medi-Cal eligibility has been confirmed. No additional information about SMHS was provided to the caller. The caller was provided language options and information about services needed to treat a beneficiary’s urgent condition, but was not provided information about how to access SMHS. The call is deemed in compliance with regulatory requirements for protocol questions B9a1 and B9a3, and out of compliance with the regulatory requirements for protocol question B9a2.

Test Call #7 was placed on November 23, 2016, at 7:22 am. The call was answered after three (3) rings via a live operator. The operator asked the caller if he/she was in crisis or feeling suicidal, the caller replied in the negative. The caller requested information about filing a complaint in the county. The operator asked the caller’s name, date of birth, address, phone number, Medi-Cal eligibility, and if the caller spoke any language other than English. The caller provider name, date of birth, stated he/she had Medi-Cal, they did not have a phone, and spoke no other languages besides English. The operator stated that a grievance could be filed multiple ways. It could be done orally or in writing, or the caller could call the consumer assistance office and was provided the phone number and hours to call. The operator stated the form could be obtained and submitted via the website, or the operator could mail a form. The caller was provided language options, information about how to treat an urgent condition, and information about the beneficiary problem resolution and fair hearing processes. This call is deemed in compliance with the regulatory requirements for protocol questions B9a1, B9a3, and B9a4.

FINDINGS

Test Call Results Summary

Protocol Question	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
9a-1	N/A	N/A	N/A	N/A	IN	IN	IN	100%
9a-2	IN	N/A	OOO	OOO	IN	OOO	N/A	40%
9a-3	IN	IN	IN	IN	IN	IN	IN	100%
9a-4	N/A	IN	N/A	N/A	N/A	N/A	IN	100%

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In addition to conducting the seven (7) test calls, DHCS reviewed the following documentation presented by the MHP as evidence of compliance: **After-hours language translation; P&P Countywide ACCESS Behavioral Health Care Services for Children and Adults**. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, **callers were provided information on how to access SMHS on 40% of the test calls**. Protocol question **B9a2** is deemed in partial compliance.

PLAN OF CORRECTION

The MHP will submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it will provide information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met.

PROTOCOL REQUIREMENTS	
B12.	Regarding the MHP's Cultural Competence Committee (CCC):
B12a.	Does the MHP have a CCC or other group that addresses cultural issues and has participation from cultural groups that is reflective of the community?
	Does the MHP have evidence of policies, procedures, and practices that demonstrate the CCC activities include the following:
	1) Participates in overall planning and implementation of services at the county?
	2) Provides reports to Quality Assurance/ Quality Improvement Program?
B12c.	Does the CCC complete an Annual Report of CCC activities as required in the CCPR?
	<ul style="list-style-type: none"> • CCR title 9, section 1810.410 • DMH Information Notice 10-02 and 10-17

FINDINGS

The MHP did not demonstrate the CCC completes an annual report of CCC activities. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: **Cultural Responsiveness Committee Minutes FY 2014, 2015, and 2016**. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, **the MHP provided no evidence of producing an annual report of CCC activities**. Protocol question **B12c** 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.

PROTOCOL REQUIREMENTS	
	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)?
B13b.	Does the MHP have evidence of the implementation of training programs to improve the cultural competence skills of staff and contract providers?

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<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.410 (a)-(e) • DMH Information Notice No. 10-02, Enclosure, Pages 16 & 22 and DMH Information Notice No. 10-17, Enclosure, Pages 13 & 17 	<ul style="list-style-type: none"> • MHP Contract, Exhibit A, Attachment I
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FINDINGS

The MHP did not furnish evidence it has a process that ensures interpreters are trained and monitored for language competence, or evidence of the implementation of training programs to improve the cultural competence skills of staff and contract providers. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: 2017-2020 Training List, training sign-in sheets for 3 Cultural Competence trainings (CLAS Standards for Cultural & Linguistic Appropriate Services) that occurred in 2016. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP stated that they believed interpreters were tested by the county for language competence, but did not have any evidence to substantiate the process. Regarding the implementation of training programs to improve the cultural competence skills of staff and contract providers, after providing the three trainings in 2016 the MHP had no method to ensure that all staff and all contracted providers attended the cultural competence trainings held in 2016. Protocol questions B13a3 and B13b 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 process to ensure interpreters are trained and monitored for language competence. The MHP must also provide evidence of implementation of cultural competency training for all persons providing SMHS employed by or contracting with the MHP.

SECTION C: AUTHORIZATION

PROTOCOL REQUIREMENTS	
C1.	Regarding the Treatment Authorization Requests (TARs) for hospital services:
C1a.	Are the TARs being approved or denied by licensed mental health or waived/registered professionals of the beneficiary's MHP in accordance with title 9 regulations?
C1b.	Are all adverse decisions regarding hospital requests for payment authorization that were based on criteria for medical necessity or emergency admission being reviewed and approved in accordance with title 9 regulations by: <ol style="list-style-type: none"> 1) a physician, or 2) at the discretion of the MHP, by a psychologist for patients admitted by a psychologist and who received services under the psychologist's scope of practice?
C1c.	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"> • CCR, title 9, chapter 11, sections 1810.242, 1820.220(c),(d), 1820.220 (f), 1820.220 (h), and 1820.215. • CFR, title 42, section 438.210(d) 	

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The MHP did not furnish evidence it complies with regulatory requirements regarding Treatment Authorization Requests (TARs) for hospital services. DHCS reviewed the MHP's authorization policy and procedure: **UM Policy Network Authorization Procedures dated 9-19-16, and 84 TAR samples**. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, one (1) **of the 84 TARs reviewed was approved past 14 calendar days of receipt**. The TAR sample review findings are detailed below:

PROTOCOL REQUIREMENT		# TARs IN COMPLIANCE	# TARs OOC	COMPLIANCE PERCENTAGE
C1a	TARs approved or denied by licensed mental health or waived/registered professionals	84	0	100%
C1b	Adverse decisions approved by physician	20	0	100%
C1c	TARs approves or denied within 14 calendar days	83	1	99%

Protocol question **C1c** is deemed in partial compliance.

PROTOCOL REQUIREMENTS	
C6c.	NOA-C: Is the MHP providing a written NOA-C to the beneficiary when the MHP denies payment authorization of a service that has already been delivered to the beneficiary as a result of a retrospective payment determination?
	<ul style="list-style-type: none"> • <i>CFR, title 42, sections 438.10(c), 438.400(b) and 438.404(c)(2)</i> • <i>CCR, title 9, chapter 11, sections 1830.205(a),(b)(1),(2),(3), 1850.210 (a)-(j) and 1850.212</i> • <i>DMH Letter No. 05-03</i> • <i>MHP Contract, Exhibit A, Attachment I</i> • <i>CFR, title 42, section 438.206(b)(3)</i> • <i>CCR, title 9, chapter 11, section 1810.405(e)</i>

FINDING

The MHP did not furnish evidence it provides a written NOA-C to the beneficiary when the MHP denies payment authorization of a service that has already been delivered to the beneficiary as a result of a retrospective payment determination. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: **UM P&P Network Authorization Procedures dated 9-19-16, 20 TARs with adverse decisions and requiring a NOA-C**. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, **the MHP could not provide evidence that a NOA-C was issued for two (2) of the twenty (20) denied/modified TARs**. Protocol question **C6c** is deemed **in partial compliance**.

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 a written NOA-C to the beneficiary when the MHP denies payment authorization of a service that has already been delivered to the beneficiary as a result of a retrospective payment determination.

PROTOCOL REQUIREMENTS	
C6e.	NOA-E: Is the MHP providing a written NOA-E to the beneficiary when the MHP fails to provide a service in a timely manner, as determined by the Contractor (MHP)?

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<ul style="list-style-type: none"> • CFR, title 42, sections 438.10(c), 438.400(b) and 438.404(c)(2) • CCR, title 9, chapter 11, sections 1830.205(a),(b)(1),(2),(3), 1850.210 (a)-(j) and 1850.212 • DMH Letter No. 05-03 	<ul style="list-style-type: none"> • MHP Contract, Exhibit A, Attachment I • CFR, title 42, section 438.206(b)(3) • CCR, title 9, chapter 11, section 1810.405(e)
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FINDING

The MHP did not furnish sufficient evidence it provides a written NOA-E to the beneficiary when the MHP fails to provide a service in a timely manner. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy# 300-1-2 **Notices of Action for Medi-Cal Beneficiaries dated 12/5/2016**. Specifically, the MHP stated they were waiting to implement issuing NOA-Es until after they implemented a new 10-day timeliness standard in December 2016 (was previously 14 days). No evidence of communicating the new standard to the contracted providers was provided, no NOA-Es issued during the triennial period. Protocol question **C6e** is deemed **out of compliance**.

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 a written NOA-E to the beneficiary when the MHP fails to provide a service in a timely manner.

SECTION D: BENEFICIARY PROTECTION

PROTOCOL REQUIREMENTS	
	Has the MHP developed a beneficiary problem resolution process that meets title 9 and title 42 regulatory requirements for each of the following:
	a) A grievance process.
	b) An appeal process.
	c) An expedited appeal process.
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, sections 1850.206 (a) (b), 1850.207, and 1850.208 (a) (b) 	<ul style="list-style-type: none"> • CFR, title 42, section 438.402 Subpart F

FINDINGS

The MHP did not furnish sufficient evidence its beneficiary problem resolution process meets regulatory requirements. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: **ACBHCS Consumer Grievance and Appeal Processes Policy, contract template language**. Specifically, **the contract with the provider does not specify that the grievance process must comply with the regulatory requirements stated in CCR, title 9, chapter 11, section 1850.209(a)(2). In addition, the MHP did not furnish evidence that they monitor the provider's grievance resolution process to ensure it complies with those regulatory requirements.** Protocol question **D1** 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 beneficiary problem resolution process meets regulatory requirements.

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SECTION G: PROVIDER RELATIONS

PROTOCOL REQUIREMENTS	
G3.	Regarding the MHP's ongoing monitoring of county-owned and operated and contracted organizational providers:
G3a.	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?
G3b.	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 furnish sufficient evidence it has an 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: **Tracking Spreadsheet for Medi-Cal Site Certifications, DHCS generated Overdue Provider Report**. Specifically, **of the 398 Medi-Cal active providers in Alameda, 45 were overdue for recertification at the time of the system review.**

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

TOTAL ACTIVE PROVIDERS (per OPS)	NUMBER OF OVERDUE PROVIDERS (at the time of the Review)	COMPLIANCE PERCENTAGE
398	45	89%

Protocol question **G3b** 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.

PROTOCOL REQUIREMENTS	
G4.	Regarding the MHP's network providers, does the MHP ensure the following:
G4a.	Mechanisms have been established to ensure that network providers comply with timely access requirements?
G4b.	Corrective action is taken if there is a failure to comply with timely access requirements?
<ul style="list-style-type: none"> • CFR, title 42, section 438.206(b)(1) • MHP Contract, Exhibit A, Attachment I • CCR, title 9, chapter 11, section 1810.310 (a)(5)(B) • CMS/DHCS, section 1915(b) waiver 	

FINDINGS

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The MHP did not furnish evidence it has taken corrective action if there is a failure to comply with timely access requirements. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy **Alameda Self-Assessment of Timely Access, FY 16/17 data on timeliness of services, and BHCS Quality Improvement Committee Minutes dated 9-28-15**. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, **the MHP is tracking timeliness of services, but takes no corrective action when timeliness standards are not met**. The MHP also stated they are considering providing fiscal incentives for providers that meet timeliness standards. Protocol question **G4b** is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has established mechanisms to ensure that network providers comply with timely access requirements and to take corrective action if providers fail to comply.

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?
<ul style="list-style-type: none"> • 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 MHP's employees and contract providers. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: **ACBHCS Compliance and Integrated Ethics Plan, CHP-CSCS Training for Privacy & Security Officers dated 9/16, Flyers and Sign-in sheets, and Contract with Relias Learning for training on Compliance Topics**. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did offer compliance training for staff and contractors. The MHP did not have a mechanism, however, to ensure that all staff and contractors attended compliance training. Protocol question(s) **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 MHP's employees and contract providers.

PROTOCOL REQUIREMENTS	
H4.	Regarding disclosures of ownership, control and relationship information:
H4a.	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"> • CFR, title 42, sections 455.101 and 455.104 • MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements 	

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FINDING

The MHP did not furnish evidence it collects the disclosure of ownership, control, and relationship information from its providers, managing employees, including agents and managing agents as required in regulations and the MHP Contract. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: **Master Contract Boilerplate**. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, **the MHP stated that the county collects disclosure of ownership for about a dozen MHP staff. The contract boilerplate identifies the requirement of the contractors to submit the information to the MHP, but the MHP has no process in place to collect the required disclosures from contractors.** Protocol question **H4a** is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it collects the disclosure of ownership, control, and relationship information from its providers, managing employees, including agents and managing agents as required in regulations and the MHP Contract.

SECTION I: QUALITY IMPROVEMENT

PROTOCOL REQUIREMENTS	
I1.	Regarding the MHP's Quality Management (QM) Program:
I1a.	Does the MHP have a written description of the QM Program which clearly defines the QM Program's structure and elements, assigns responsibility to appropriate individuals, and adopts or establishes quantitative measures to assess performance and to identify and prioritize area(s) for improvement?
I1b.	Is there evidence the MHP's QM Program is evaluated annually and updated as necessary?
<ul style="list-style-type: none"> • CCR, title 9, § 1810.440(a)(6) • MHP Contract, Exhibit A, Attachment I • 42 C.F.R. § 438.240(e) 	

FINDINGS

The MHP did not furnish evidence it adopts or establishes quantitative measures to assess performance and to identify and prioritize area(s) for improvement. The MHP does not have evidence its QM Program is evaluated annually and updated as necessary. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: **FY 2013-14 Workplan Evaluation**. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, **no Evaluation was performed for two of the three years within the triennial period.** Protocol question **I1b** 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 adopts or establishes quantitative measures to assess performance and to identify and prioritize area(s) for improvement. The MHP does not have evidence its QM Program is evaluated annually and updated as necessary.

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PROTOCOL REQUIREMENTS	
I2.	Regarding mechanisms to assess beneficiary/ family satisfaction:
I2a.	Does the MHP survey beneficiary/family satisfaction with the Contractor's services at least annually?
I2b.	Does the MHP evaluate beneficiary grievances, appeals, and fair hearings at least annually?
I2c.	Does the MHP evaluate requests to change persons providing services at least annually?
I2d.	Does the MHP inform providers of the results of beneficiary/family satisfaction activities?
<ul style="list-style-type: none"> MHP Contract, Exhibit A, Attachment I 	

FINDINGS

The MHP did not furnish evidence it has mechanisms to assess beneficiary/family satisfaction and to inform providers of the results of beneficiary/family satisfaction activities. The MHP does not inform providers of the results of beneficiary/family satisfaction activities. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: **QIC Minutes & Agenda from 3/28/16**. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, **the only providers that were informed of the survey results were those in attendance at the QIC meeting when the survey results was presented**. Protocol question I2d is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has mechanisms to assess beneficiary/family satisfaction and to inform providers of the results of beneficiary/family satisfaction activities. The MHP must (at least) annually survey beneficiary satisfaction, evaluate the beneficiary problem resolution process, and/or evaluate requests to change persons providing services.

PROTOCOL REQUIREMENTS	
I6.	Regarding the QM Work Plan:
I6a.	Does the MHP have a QM Work Plan covering the current contract cycle with documented annual evaluations and documented revisions as needed?
I6b.	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?
I6c.	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?
	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?
	Does the QM work plan include a description of mechanisms the Contractor has implemented to assess the accessibility of services within its service delivery area, including goals for:
	1) Responsiveness for the Contractor's 24-hour toll-free telephone number?
	2) Timeliness for scheduling of routine appointments?
	3) Timeliness of services for urgent conditions?
	4) Access to after-hours care?
I6f.	Does the QM work plan include evidence of compliance with the requirements for cultural competence and linguistic competence?

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<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 	<ul style="list-style-type: none"> • 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.
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FINDINGS

The MHP did not furnish evidence it has annual evaluations and necessary revisions, which meets MHP Contract requirements. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: **Quality Improvement Program and Work Plan 2014-15 and 2016-17; 2013-14 Workplan Evaluation**. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, **there were no Work Plan updates made for one of the three years in the review cycle, and no evaluations for two of the three years in the review cycle**. Protocol question **16a** is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a QM/QI work plan covering the current contract cycle, with documented annual evaluations and necessary revisions, which meets MHP Contract requirements.

SECTION J: MENTAL HEALTH SERVICES (MHSA)

PROTOCOL REQUIREMENTS	
J1.	Regarding the W&IC 5847 requirement for county mental health programs to prepare and submit a three-year program and expenditure plan and annual update:
J1a.	Is there evidence that the County circulated a draft plan and annual update for public review and comment for at least 30 calendar days?
J1b.	Is there evidence that the mental health board conducts a public hearing at the close of the 30 day public comment period?
<ul style="list-style-type: none"> • W&IC 5847 • W&IC 5848(a) • W&IC 5848(b) 	<ul style="list-style-type: none"> • CCR, title 9, section 3315 and section 3200.270 • County Performance Contract

FINDINGS

The County did not furnish evidence it circulated its Three-year Program and Expenditure plan and/or annual update for public review and comment for at least 30 calendar days. The County provided an undated webpage printout of the notice as evidence of its posting, but no evidence was provided demonstrating that the information was posted for at least 30 days. Protocol question **J1a** 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 circulated its Three-year Program and Expenditure plan and/or annual update for public review and comment for at least 30 calendar days.

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PROTOCOL REQUIREMENTS	
J5b.	Does the County ensure the PSC/Case Manager is responsible for developing an Individual Services and Supports Plan (ISSP) with the client and, when appropriate, the client's family?
J5c.	Does the County ensure the PSC/Case Manager is culturally and linguistically competent or, at a minimum, is educated and trained in linguistic and cultural competence and has knowledge of available resources within the client/family's racial/ethnic community?
J5d.	Does the County ensure that a PSC/Case Manager or other qualified individual known to the client/family is available to respond to the client/family 24 hours a day, 7 days a week to provide after-hours interventions?
<ul style="list-style-type: none"> • CCR, title 9, chapter 14, section 3620 	

FINDINGS

The County does not have a tracking mechanism in place to ensure its PSC/Case Managers assigned to FSP clients are culturally and linguistically competent or, at a minimum, educated and trained in linguistic and cultural competence and have knowledge of available resources within the client/family's racial/ethnic community. DHCS reviewed the following documentation presented by the County as evidence of compliance: Program Overview - FSP Operations and call log, **BHCS Memo to all Contracted Partners; Culturally Linguistically Appropriate Services (CLAS) Training and sign in sheets; AOT FSP required training list for staff; CLAS training Flyer.** However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, **the MHP provided cultural competence training on three dates in 2016 but does not have a mechanism to ensure that all staff attended the mandated cultural competence trainings.** Protocol question J5c 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 PSC/Case Managers assigned to FSP clients are culturally and linguistically competent or, at a minimum, educated and trained in linguistic and cultural competence and have knowledge of available resources within the client/family's racial/ethnic community.

PROTOCOL REQUIREMENTS	
J5e.	Does the County provide FSP services to all age groups (i.e., older adults, adults, transition-age youth, and children/youth)?
<ul style="list-style-type: none"> • CCR, title 9, chapter 14, section 3620 	

FINDING

The County did not furnish evidence it provides FSP services to all age groups (i.e., older adults, adults, transition-age youth, and children/youth). DHCS reviewed the following documentation presented by the County as evidence of compliance: **FSP Summaries for Adult, Older Adult and TAY.** However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, **the MHP stated they do not provide FSP services to anyone under eighteen (18) years old.** Protocol question J5e is deemed OOC.

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PLAN OF CORRECTION

The County must submit a POC addressing the OOC findings for this requirement. The County is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides FSP services to all age groups (i.e., older adults, adults, transition-age youth, and children/youth).

SURVEY ONLY FINDINGS

SECTION A: NETWORK ADEQUACY

PROTOCOL REQUIREMENTS	
A4b.	SURVEY ONLY: Does the MHP maintain and monitor an appropriate network of providers to meet the anticipated need of children/youth eligible for ICC and IHBS services?
<ul style="list-style-type: none"> • <i>Katie A Settlement Agreement</i> 	<ul style="list-style-type: none"> • <i>Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care for Katie A Subclass Members</i>

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: **Emanio Dashboard Screen Shots; Total Subclass Served; Monthly email Subclass member lists that account for each subclass member served by KTA providers; and Katie A Implementation/Survey Response Document.** The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

PROTOCOL REQUIREMENTS	
A4d.	SURVEY ONLY: Does the MHP have a mechanism to ensure all children/youth referred and/or screened by the MHP's county partners (i.e., child welfare) receive an assessment, and/or referral to a MCP for non-specialty mental health services, by a licensed mental health professional or other professional designated by the MHP?
<ul style="list-style-type: none"> • <i>Katie A Settlement Agreement</i> 	<ul style="list-style-type: none"> • <i>Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care for Katie A Subclass Members</i>

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: **Tracking Log for Katie A Referrals; CANS Score Sheet; Ansa T (TAY); and Screening Tool-Adolescent.** The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

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SECTION C: AUTHORIZATION

PROTOCOL REQUIREMENTS	
C4d.	<p>SURVEY ONLY</p> <p>1) Does the MHP ensure timely transfer within 48 hours of the authorization and provision of SMHS for a child who will be placed "out of county"?</p> <p>2) Does the MHP have a mechanism to track the transfer of the authorization and provision of services to another MHP?</p>
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1830.220(b)(3) and (b)(4)(A); sections 1810.220.5, 1830.220 (b)(3), and b(4)(A), • WIC sections, 11376, 16125, 14716; 14717, 14684, 14718 and 16125 • DMH Information Notice No. 09-06, • DMH Information Notice No. 97-06 • DMH Information Notice No. 08-24 	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: **Policy - Referrals for Foster or Adoption/Kin-Gap Youth Residing Outside their Medi-Cal County of Responsibility, dated 10/18/16, Access contact tracking database.** The documentation lacks specific elements to demonstrate compliance with federal and State requirements. Specifically, the MHP's timeline for authorization and provision of services as stated in policy is three (3) working days. The MHP's procedure is consistent with the existing state policy. However, AB1299 establishes new requirements for presumptive transfer. The MHP does have a mechanism to track the transfer of and authorization of services.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: Revise its P&P to reflect new state requirements for AB 1299 and to ensure its authorization and provision of SMHS for a child who will be placed out of county is transferred within 48 hours.

PROTOCOL REQUIREMENTS	
C4e.	<p>SURVEY ONLY</p> <p>1) Does the MHP ensure an assessment has been conducted and authorization of services occurs within 4 business days of receipt of a referral for SMHS for a child by another MHP?</p> <p>2) Does the MHP have a mechanism to track referrals for assessments and authorizations of services for children placed in its county?</p>
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1830.220(b)(3) and (b)(4)(A); sections 1810.220.5, 1830.220 (b)(3), and b(4)(A), • WIC sections, 11376, 16125, 14716; 14717, 14684, 14718 and 16125 • DMH Information Notice No. 09-06, • DMH Information Notice No. 97-06 • DMH Information Notice No. 08-24 	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: **Policy - Referrals for Foster or Adoption/Kin-Gap Youth Residing Outside their Medi-Cal County of Responsibility, dated 10/18/16, Access contact tracking database.** The MHP's policy is to authorize services within three (3) working days. All contacts are tracked in the Access contact tracking database. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

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SECTION H: PROGRAM INTEGRITY

PROTOCOL REQUIREMENTS	
H4b.	SURVEY ONLY: Does the MHP require its providers to consent to criminal background checks as a condition of enrollment per 42 CFR 455.434(a)?
<ul style="list-style-type: none"> • CFR, title 42, sections 455.101, 455.104, and 455.416 	<ul style="list-style-type: none"> • MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements

SURVEY FINDING

No evidence was provided to demonstrate compliance with federal and State requirements.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: adding language to provider contracts that states, as a condition of enrollment, they must require providers to consent to criminal background checks including fingerprinting when required to do so under State law or by the level of screening based on risk of fraud, waste or abuse as determined for that category of provider. In addition, develop a P&P and method for monitoring compliance with 42 CFR 455.434(a).

PROTOCOL REQUIREMENTS	
H4c.	SURVEY ONLY: Does the MHP require providers, or any person with a 5 percent or more direct or indirect ownership interest in the provider to submit a set of fingerprints per 42 CFR 455.434(b)(1) and (2)?
<ul style="list-style-type: none"> • CFR, title 42, sections 455.101, 455.104, and 455.416 	<ul style="list-style-type: none"> • MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements

SURVEY FINDING

No evidence was provided to demonstrate compliance with federal and State requirements.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: develop a P&P and amend provider contracts to include language that requires a provider or any person with a 5 percent or more direct or indirect ownership interest in the provider to consent to a criminal background check and submit fingerprints within 30 days upon request from CMS or the Department of Health Care Services pursuant to 42 CFR 455.434(b)(1) and (2).

PROTOCOL REQUIREMENTS	
H5a3.	SURVEY ONLY: Is there evidence that the MHP has a process in place to verify new and current (prior to contracting/employing) providers and contractors are not in the Social Security Administration's Death Master File?
<ul style="list-style-type: none"> • CFR, title 42, sections 438.214(D), 438.610, 455.400-455.470, 455.436(B) • DMH Letter No. 10-05 • MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements 	

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SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: **P&P
OIG and Other Exclusion List Monitoring, Oversight and Reporting**. The documentation lacks specific elements to demonstrate compliance with federal and State requirements. Specifically, **the policy and current practices do not include verifying new and current providers and contractors are not in the Social Security Administration’s Death Master File.**

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: adding the process of verifying new and current providers and contractors are not in the Social Security Administration’s Death Master File. In addition, develop P&P and method for monitoring compliance with 42 CFR 455.436.

PROTOCOL REQUIREMENTS	
H7.	SURVEY ONLY: Does the MHP verify that all ordering, rendering, and referring providers have a current National Provider Identifier (NPI) number?
<i>CFR, title 42, sections 455.410, 455.412 and 455.440</i>	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: **Credentialing Application-Individual; MHS/AOD Staff Request Review Cheat Sheet; Sample NPI Check; and Staff Number Policy**. The MHP requires all staff and contractors that will be claiming to apply for a “staff number”. The process of obtaining a staff number requires, among many things, license verification and an individual NPI number. The MHP’s policy states the National Plan and Provider Enumeration System will be checked to determine if an individual has a current NPI number. The MHP provided sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

SECTION I: QUALITY IMPROVEMENT

PROTOCOL REQUIREMENTS	
I3b.	SURVEY ONLY: Does the MHP have a policy and procedure in place regarding monitoring of psychotropic medication use, including monitoring psychotropic medication use for children/youth?
<i>CFR, title 42, sections 455.410, 455.412 and 455.440</i>	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: **JV 220 Review MOU; Improving Psychiatric Treatment for Children and Youth in Alameda County; and Dosing Outliers – Prescriptions to Flag**. In order to maintain access to records and placement of youth throughout the state, the MHP developed a MOU with the Alameda Superior Court to monitor medication use for youth. The medication utilization data is entered

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into the Emolio Dashboard, generates a report card, and flag outliers for review. The MHP has a group of contracted Psychiatrists that monitor medication charts of MHP clients at the PCP location. Each chart is scored on a percent of compliance. The data, along with the report card from the Dashboard, is reviewed at Psychiatric Practices Meetings. Policies and trainings are developed as a result, as well as consults with PCPs when needed. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

PROTOCOL REQUIREMENTS	
I3c.	<p>SURVEY ONLY: If a quality of care concern or an outlier is identified related to psychotropic medication use is there evidence that the MHP took appropriate action to address the concern?</p> <ul style="list-style-type: none"> • <i>CFR, title 42, sections 455.410, 455.412 and 455.440</i>

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: **Medication Monitoring Process Flowcharts - Routine Reviews and Sentinel Event Follow-Up; Sample Feedback Review; and End of Year MD Report.** The MHP generates a “report card” for each beneficiary. A committee reviews the medication utilization, and the results go to the individual’s physician. Documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

PROTOCOL REQUIREMENTS	
I10.	Regarding the adoption of practice guidelines:
I10a.	<p>SURVEY ONLY Does the MHP have practice guidelines, which meet the requirements of the MHP contract, in compliance with 42 CFR 438.236 and CCR title 9, section 1810.326 ?</p>
I10b.	<p>SURVEY ONLY Does the MHP disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries?</p>
I10c.	<p>SURVEY ONLY Does the MHP take steps to assure that decisions for utilization management, beneficiary education, coverage of services, and any other areas to which the guidelines apply are consistent with the guidelines adopted?</p>
<ul style="list-style-type: none"> • <i>MHP Contract, Exhibit A, Attachment I</i> • <i>42 CFR 438.236</i> 	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: **P&P Obtaining Authorization for Prescribing Psychotropic Medication to Youth in Out of Home Placement Under the Protection of the Juvenile Court; P&P BHCS Internal Critical Incident Response; Provider Manual; Psychological Testing Protocol Screenshot; and other relevant evidence.** The MHP does have guidelines for medications, psych testing, SUD-ASI, and are

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currently developing guidelines for Trauma Informed System of Care. The guidelines are shared with contracted providers through monthly meetings and with beneficiaries upon request. However, the documentation lacks specific elements to demonstrate compliance with federal and state requirements. Specifically, the MHP does not have a documented process for assuring that decisions for utilization management, beneficiary education, coverage of services, and any other areas to which the guidelines apply are consistent with the guidelines adopted.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: develop a process that monitors practices and ensures decisions made are consistent with the guidelines adopted.

PROTOCOL REQUIREMENTS	
I11.	Regarding the 1915(b) Special Terms and Conditions (STC)
I11b.	SURVEY ONLY Does the MHP have a system in place for tracking and measuring timeliness of care, including wait times to assessments and wait time to providers?
• <i>1915(B) Waiver Special Terms and Conditions</i>	

SURVEY FINDING

The MHP has a system in place for tracking the first offer of appointment, the date of the comprehensive assessment, the date of the first service, and the number of services in 90 days. The data is linked between the database that Access creates for each beneficiary at initial requests for services, and the Electronic Health Records. This linkage enables the MHP to track and measure timeliness of care, including wait times to assessments and providers.

SUGGESTED ACTIONS

No further action required at this time.