

**FISCAL YEAR (FY) 2015/2016 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES
 EL DORADO COUNTY MENTAL HEALTH PLAN REVIEW
 OCTOBER 19, 2015-OCTOBER 22, 2015
FINAL SYSTEM REVIEW FINDINGS REPORT**

This report details the findings from the triennial system review of the El Dorado County Mental Health Plan (MHP). The report is organized according to the findings from each section of the FY2015/2016 Annual Review Protocol for Consolidated Specialty Mental Health Services (SMHS) and Other Funded Services (Mental Health and Substance Use Disorder Services Information Notice No. 15-042), specifically Sections A-J and the Attestation. This report details the requirements deemed out of compliance (OOC), or in partial compliance, with regulations and/or the terms of the contract between the MHP and DHCS. The corresponding protocol language, as well as the regulatory and/or contractual authority, will be followed by the specific findings and required Plan of Correction (POC).

For informational purposes, this draft report also includes additional information that may be useful for the MHP, including a description of calls testing compliance of the MHP’s 24/7 toll-free telephone access line and a section detailing information gathered for the 12 “SURVEY ONLY” questions in the protocol.

The MHP will have thirty (30) days from receipt to review the draft report. If the MHP wishes to contest the findings of the system review and/or the chart review, it may do so, in writing, before the 30-day period concludes. If the MHP does not respond within 30 days, DHCS will then issue its Final Report. The MHP is required to submit a Plan of Correction (POC) to DHCS within sixty (60) days after receipt of the final report for all system and chart review items deemed out of compliance. The POC should include the following information:

- (1) Description of corrective actions, including milestones
- (2) Timeline for implementation and/or completion of corrective actions
- (3) Proposed (or actual) evidence of correction that will be submitted to DHCS

If the MHP chooses to appeal any of the out of compliance items, the MHP should submit an appeal in writing within 15 working days after receipt of the final report. A POC will still be required pending the outcome of the appeal.

Report Contents

RESULTS SUMMARY: SYSTEM REVIEW 2

FINDINGS..... 3

ATTESTATION 3

SECTION A: ACCESS 3

SECTION B: AUTHORIZATION..... 11

SECTION C: BENEFICIARY PROTECTION 16

SECTION E: NETWORK ADEQUACY AND ARRAY OF SERVICES..... 20

SECTION G: PROVIDER RELATIONS..... 22

SECTION H: PROGRAM INTEGRITY 23

SECTION I: QUALITY IMPROVEMENT 27

SECTION J: MENTAL HEALTH SERVICES (MHSA) 29

SURVEY ONLY FINDINGS 31

**System Review Findings Report
Mental Health Plan
Fiscal Year 2015/2016**

RESULTS SUMMARY: SYSTEM REVIEW

SYSTEM REVIEW SECTION				- -	
ATTESTATION	5	0	1/5	Att 9	80%
SECTION A: ACCESS	48	2	16/46	A1a, A2a, A5c, A5d, A9a2, A9a3, A9b, A10b1, A10b2, A10b3, A12a, A12b1, A12b2, A12c, A13a2, A13a3	65%
SECTION B: AUTHORIZATION	22	0	12/22	B1b, B1c, B2d, B4a, B4b, B5a1	45%
SECTION C: BENEFICIARY PROTECTION	25	0	9/25	C2a2, C2b, C3a1, C3a2, C4b1, C4b2, C4c1, C5a, C8a3	64%
SECTION D: FUNDING, REPORTING & CONTRACTING REQUIREMENTS					
SECTION E: NETWORK ADEQUACY AND ARRAY OF SERVICES	20	4	2/16	E1, E4b	88%
SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	0/6		100%
SECTION G: PROVIDER RELATIONS	5	0	1/5	G2b	20%
SECTION H: PROGRAM INTEGRITY	20	4	10/16	H1, H2c, H2d, H2f, H2g, H2h, H3a, H3b, H4, H5b	38%
SECTION I: QUALITY IMPROVEMENT	31	2	10/29	I1a, I2c, I2d, I6e4, I7a1- 5, I7b	66%
SECTION J: MENTAL HEALTH SERVICES ACT	17	0	2/17	J3b, J4c	88%
	199	12			

Overall System Review Compliance

Total Number of Requirements Reviewed	199 (with 5 Attestation items)		
Total Number of SURVEY ONLY Requirements	12 (NOT INCLUDED IN CALCULATIONS)		
Total Number of Requirements Partial or OOC	63	OUT OF 187	
OVERALL PERCENTAGE OF COMPLIANCE	IN	66%	OOO/Partial
	(# IN/187)		(# OOC/187)
			34%

**System Review Findings Report
Mental Health Plan
Fiscal Year 2015/2016**

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	
9.	The MHP must ensure access for foster care children outside its county of adjudication and ensure that it complies with the use of standardized contract, authorization procedure, documentation standards and forms issued by DHCS (and/or the former DMH).
	<ul style="list-style-type: none"> • CCR, title 9, chapter 11, sections 1810.220.5, 1830.220(b)(3), and b(4)(A) • DMH Information Notices No. 09-06, Page 2, No. 08-24 and No. 97-06, D, 4 • W&IC sections 14716, 14717, 11376, 14684, and 16125

FINDING

The MHP did not furnish evidence it ensures access for foster care children outside its county of adjudication and ensure that it complies with the use of standardized contract, authorization procedure, documentation standards and forms issued by DHCS (and/or the former DMH). DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy and Procedure (P&P) #II-G-0-008: Authorization of Services; P&P #III-B-6-005: Clinical Assessment, Reauthorization Request; and, a sample authorization for out-of-county services. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, per the MHP its P&P does not reflect current procedures. The P&P does not specifically address authorization procedures for out-of-county placements. This Attestation requirement is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it ensures access for foster care children outside its county of adjudication and ensure that it complies with the use of standardized contract, authorization procedure, documentation standards and forms issued by DHCS (and/or the former DMH).

SECTION A: ACCESS

PROTOCOL REQUIREMENTS	
1.	Regarding the beneficiary booklet:
1a.	Does the Mental Health Plan (MHP) provide beneficiaries with a booklet upon request and when first receiving a Specialty Mental Health Service (SMHS)?
	<ul style="list-style-type: none"> • CFR, title 42, section 438.10 • CCR, title 9, chapter 11, section 1810.360(d) • CMS/DHCS section 1915(b) Waiver • CFR, title 42, section 438.10(c)(2),(3) • CCR, title 9, chapter 11, section 1810.410(c)(3) • DMH Information Notice No. 10-17, Enclosure, Page 18 • DMH Information Notice No. 10-02, Enclosure, Page 23 • DHCS MHSD Information Notice No. 13-09

FINDINGS

The MHP did not furnish evidence it provides beneficiaries with a booklet upon request and when first receiving a SMHS. DHCS reviewed the following documentation presented by the

**System Review Findings Report
Mental Health Plan
Fiscal Year 2015/2016**

MHP as evidence of compliance: P&P #II-E-0-004: Informing Materials for EDC Consumers of Mental Health Services. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP has a P&P in place but indicated it was unable to verify procedure is followed for Adult services. Protocol question(s) A1a is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides beneficiaries with a booklet upon request and when first receiving a SMHS.

PROTOCOL REQUIREMENTS	
2.	Regarding the provider list:
2a.	Does the MHP provide beneficiaries with a current provider list upon request and when first receiving a SMHS?
<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.10(f)(6)(i) and 438.206(a)</i> • <i>CCR, title 9, chapter 11, section 1810.410</i> • <i>CMS/DHCS, section 1915(b) Waiver</i> • <i>DMH Information Notice Nos. 10-02 and 10-17</i> • <i>MHP Contract Exhibit A, Attachment I</i> 	

FINDINGS

The MHP did not furnish evidence it provides beneficiaries with a current provider list upon request and when first receiving a SMHS. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P #II-E-0-004: Informing Materials for EDC Consumers of Mental Health Services and the MHP’s provider list (dated October 1, 2015). However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP has a P&P in place but indicated it was unable to verify procedure is followed for Adult services. Protocol question A2a is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides beneficiaries with a current provider list upon request and when first receiving a SMHS.

PROTOCOL REQUIREMENTS	
5c.	Do these written materials take into consideration persons with limited vision?
5d.	Do these written materials take into consideration persons with limited reading proficiency (e.g., 6 th grade reading level for general information)?
<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.10(d)(i), (ii)</i> • <i>CCR, title 9, chapter 11, sections 1810.110(a) and 1810.410(e)(4)</i> • <i>CFR, title 42, section 438.10(d)(2)</i> • <i>MHP Contract, Exhibit A, Attachment I</i> 	

FINDINGS

The MHP did not furnish evidence its written materials take into consideration persons with limited vision and/or persons with limited reading proficiency (e.g., 6th grade reading level). DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P #II-B-0-004: Cultural and Linguistic Competency at Mandated Points of Contact and posted signs informing beneficiaries of the availability of alternative formats.

**System Review Findings Report
Mental Health Plan
Fiscal Year 2015/2016**

However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the P&P did not address the consideration of persons with limited vision or persons with limited reading proficiency. The P&P did not specify that reading grade level will be taken into consideration when developing informing materials. The MHP did, however, have the capability to check readability using Microsoft Word. Protocol question(s) A5c and A5d 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 its written materials take into consideration persons with limited vision and/or persons with limited reading proficiency (e.g., 6th grade reading level).

PROTOCOL REQUIREMENTS	
9a.	Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number:
	1) Does the MHP provide a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county?
	2) Does the toll-free telephone number provide information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity PROTOCOL REQUIREMENTS are met?
	3) Does the toll-free telephone number provide information to beneficiaries about services needed to treat a beneficiary's urgent condition?
	4) Does the toll-free telephone number provide information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes?
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1) • CFR, title 42, section 438.406 (a)(1) 	<ul style="list-style-type: none"> • DMH Information Notice No. 10-02, Enclosure, Page 21, and DMH Information Notice No. 10-17, Enclosure, Page 16 • MHP Contract, Exhibit A, Attachment I

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

Test Call #1 was placed on Wednesday, October 7, 2015 at 10:34pm. The call was answered after two (2) rings via live operator. The DHCS test caller requested information about obtaining SMHS. The operator asked the caller if he/she required urgent attention and would like to be transferred to an on-call staff member for immediate attention. The caller responded in the negative. The operator then provided the caller with information about services available at the walk-in clinic, including: hours of operation, location, and an explanation of the process for obtaining services. The operator again asked the caller if he/she would like to be transferred for immediate attention and the caller agreed and was immediately transferred to a live operator. The caller immediately disconnected the call after verifying the transfer was completed. The operator provided caller with information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions A9a2 and A9a3.

Test Call #2 was placed on Monday, October 12, 2015 at 9:03am. The call was initially answered after two (2) rings via live operator. The DHCS test caller requested information about mental health services and medication for anxiety. The operator asked the caller to

**System Review Findings Report
Mental Health Plan
Fiscal Year 2015/2016**

provide personal identifying information (i.e., date of birth, social security number, etc.). The caller informed the operator he/she did not have access to all of the requested information. The operator advised the caller that he/she was not in the county system and suggested he/she call back with the required information. After the caller requested additional information, the operator advised the caller that he/she could transfer the call to a clinician who would ultimately require the same information but could contact the caller regarding an assessment. The operator then advised the caller to go to his/her primary care physician first to get the medication refilled or go to the emergency room to get enough medication until the caller can be seen by clinician. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. While the caller was advised he/she would be transferred to a clinician, the operator also stated the caller would be required to provide personal identifying information before receiving help from the clinician. Therefore, the caller was not provided adequate information about services needed to treat a beneficiary's urgent condition. The call is deemed OOC with the regulatory requirements for protocol questions A9a2 and A9a3.

Test Call #3 was placed on Thursday, October 8, 2015 at 6:35am. The call was initially answered by a live operator. The caller asked the operator for information about how to file a complaint. The operator advised the caller regarding the difference between a complaint and a grievance. The operator also informed the caller that grievance and appeal forms in the clinic lobby of the MHP. The operator advised the caller to contact the MHP during normal business hours to get more information about filing a grievance. Before ending the call, the operator inquired about the caller's current mental health status (i.e., if he/she was in crisis and/or suicidal) before concluding the call. The caller was provided with information about how to use the beneficiary problem resolution and fair hearing processes. The call is deemed in compliance with the regulatory requirements for protocol question A9a4.

Test Call #4 was placed on Thursday, October 8, 2015 at 1:30pm. The call was answered after five (5) rings via live operator. The caller requested information about how to file a complaint in the county. The operator told the DHCS test caller that the office staff was unavailable and requested contact information to allow staff to call the caller back once the staff was available. The operator also advised the caller that he/she could call back in 10 to 15 minutes. The caller was not provided information on how to use the problem resolution and fair hearing processes. The call is deemed OOC with the regulatory requirements for protocol question A9a4.

Test Call #5 was placed on Wednesday, October 14, 2015 at 7:23am. The call was answered after three (3) rings via live operator. The DHCS test caller requested information about accessing mental health services in the county. The operator transferred the call to an on-call crisis worker of the MHP. The caller restated his/her name and the request for information about mental health services. The operator advised the caller to call the Diamond Springs Clinic after 8:00am and provided the phone number. The operator stated that the caller had reached the crisis line and no further information could be provided. The caller was not provided information about how to access SMHS; however, the caller was connected to an on-call crisis clinician to be provided with information about services needed to treat a beneficiary's urgent condition. The call is deemed OOC with the regulatory requirements for protocol questions A9a2 and in compliance with requirements for A9a3.

**System Review Findings Report
Mental Health Plan
Fiscal Year 2015/2016**

Test Call #6 was placed on Friday, October 16, 2015 at 3:06pm. The call was initially answered after one (1) ring via a live operator. The DHCS test caller requested information about SMHS. The operator told the caller the process to obtain services is a long process and that he/she can take down the caller's information and have someone contact the caller back in two (2) weeks for some counseling. The operator asked if the caller has Medi-Cal. The caller responded in the affirmative. The operator told the caller to contact his/her primary care physician to see if they would refer him/her to counseling. The operator advised the caller that this would expedite the process. The operator gave the caller several phone numbers to call if he/she needed to speak with someone immediately, as well as the telephone number for obtaining In-Home Support Services. The caller was not provided with adequate information about how to access SMHS, including services required to assess whether medical necessity criteria are met. However, by providing the caller with specific information about what to do if he/she needed immediate assistance, the caller was provided with information needed to treat a beneficiary's urgent condition. The call is deemed OOC with the regulatory requirements for protocol questions A9a2 and in compliance with requirements for A9a3.

Test Call #7 was placed on Wednesday, October 14, 2015 at 7:54am. The call was answered via live operator. The DHCS test caller requested information about SMHS. The operator told the caller that he/she did not have any information to provide. The operator advised the caller to call back at 8:00 am when the MHP staff would be in the office. 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 was provided information about services needed to treat a beneficiary's urgent condition. The call is deemed OOC with the regulatory requirements for protocol questions A9a2 and A9a3.

FINDINGS

Test Call Results Summary

Protocol Question	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
9a-1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Not Applicabl
9a-2	IN	OOO	N/A	N/A	OOO	OOO	OOO	20%
9a-3	IN	OOO	IN	N/A	IN	IN	OOO	67%
9a-4	N/A	N/A	IN	OOO	N/A	N/A	N/A	50%

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
Mental Health Plan
Fiscal Year 2015/2016**

PROTOCOL REQUIREMENTS	
9b.	Does the MHP provide a statewide (24/7) toll-free telephone number that provides adequate TTY/TDD or Telecommunications Relay Services?
<ul style="list-style-type: none"> • 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

FINDING

The MHP did not furnish evidence its 24/7 toll-free telephone number provides adequate TTY/TDD or Telecommunications Relay Services. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: the MHP’s beneficiary brochure. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP’s beneficiary brochure does not include the TTY/TDD or Relay service call information. Per the MHP staff, the TTY/TDD equipment is not available and it has not provided training to staff on the Relay service. Protocol question A9b is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that its 24/7 toll-free telephone number provides adequate TTY/TDD or Telecommunications Relay Services.

PROTOCOL REQUIREMENTS	
10.	Regarding the written log of initial requests for SMHS:
10a.	Does the MHP maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing?
10b.	Does the written log(s) contain the following required elements:
	1) Name of the beneficiary?
	2) Date of the request?
	3) Initial disposition of the request?
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.405(f) 	

FINDINGS

The MHP did not furnish evidence its written log(s) of initial requests for SMHS includes requests made by phone, in person, or in writing. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P #MH-RFS-001: WS Request for Service Procedure. The P&P identifies that the process for, “getting people into the system will include contact from people who walk in and calls received by the CST and WOD.” However, the procedure does not instruct staff to log calls for requests made in writing. The procedure further specifies that, “information will be gathered by the CST and may include Social Security Number, Date of Birth and Insurance.” The procedure does not address logging of information for individuals who choose not to provide this personal identifying information. Beneficiaries may not be able or willing to provide this information over the phone. However, calls made by beneficiaries must be logged even if this information is not provided. There is insufficient evidence the MHP logs beneficiaries’ initial requests for SMHS made by phone, in person and in writing.

**System Review Findings Report
Mental Health Plan
Fiscal Year 2015/2016**

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

Test Call #	Date of Call	Time of Call	Log Results		
			Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
1	10/7/15	10:34pm	IN	IN	OOC
2	10/12/15	9:03am	OOC	OOC	OOC
5	10/14/15	7:23am	OOC	OOC	OOC
6	10/16/15	3:06pm	OOC	OOC	OOC
7	10/14/15	7:55am	OOC	OOC	OOC
Compliance Percentage			20%	20%	0%

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

Protocol question(s) A10a and A10b are deemed in partial compliance. Protocol question(s) A10c is deemed OOC.

PLAN OF CORRECTION:

The MHP will submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that its written log of initial requests for SMHS (including requests made via telephone, in person or in writing) complies with all regulatory requirements.

PROTOCOL REQUIREMENTS	
12.	Regarding the MHP's Cultural Competence Committee (CCC):
12a.	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?
12b.	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?
12c.	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 furnish evidence it has a CCC or other group that addresses cultural issues and has participation from cultural groups that is reflective of the community. The MHP did not demonstrate the CCC participates in overall planning and implementation of services at the county, provides reports to the Quality Assurance/Quality Improvement program, and/or that it completes an annual report of CCC activities. Per the MHP, it does not have a CCC or other active group that addresses cultural issues. Protocol question(s) A12a, A12b1, A12b2, and A12c 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

**System Review Findings Report
Mental Health Plan
Fiscal Year 2015/2016**

has a CCC or other group that addresses cultural issues and has participation from cultural groups that is reflective of the community. The MHP must also provide evidence the CCC participates in overall planning and implementation of services at the county, provides reports to the Quality Assurance/Quality Improvement program, and that it completes an annual report of CCC activities.

PROTOCOL REQUIREMENTS	
13a.	Regarding the MHP's plan for annual cultural competence training necessary to ensure the provision of culturally competent services:
	1) Is there a plan for cultural competency training for the administrative and management staff of the MHP?
	2) Is there a plan for cultural competency training for persons providing SMHS employed by or contracting with the MHP?
	3) Is there a process that ensures that interpreters are trained and monitored for language competence (e.g., formal testing)?
13b.	Does the MHP have evidence of the implementation of training programs to improve the cultural competence skills of staff and contract providers?
<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 • MHP Contract, Exhibit A, Attachment I 	

FINDINGS

The MHP did not furnish evidence it has a plan for annual cultural competence training necessary to ensure the provision of culturally competent services. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P II-B-0-003: Cultural Competency Training Requirements. DHCS also reviewed training sign-in sheets for cultural competence training provided during the triennial review period. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not have a plan for or evidence of implementation of cultural competency training for persons contracting with the MHP nor did it have a process to ensure interpreters are trained and monitored for language competence. In addition, the MHP did not have a tracking mechanism to ensure all staff and contractors receive annual cultural competence training. Protocol question(s) A13a2 and A13a3 are deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a plan for annual cultural competence training necessary to ensure the provision of culturally competent services. Specifically, the MHP must develop a plan for, and provide evidence of implementation of, cultural competency training for administrative and management staff as well as persons providing SMHS employed by or contracting with the MHP. The MHP must develop a process to ensure interpreters are trained and monitored for language competence.

**System Review Findings Report
Mental Health Plan
Fiscal Year 2015/2016**

SECTION B: AUTHORIZATION

PROTOCOL REQUIREMENTS	
1.	Regarding the Treatment Authorization Requests (TARs) for hospital services:
1a.	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?
1b.	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: 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?
1c.	Does the MHP approve or deny TARs within 14 calendar days of the receipt of the TAR and in accordance with title 9 regulations?
<ul style="list-style-type: none"> • 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) 	

FINDINGS

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 P&P: #II-G-0-008: Authorization of Services and # III-B-5-005: Clinical Assessment, Reassessment. DHCS also review the MHP's TAR process (dated February 2015). However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP's P&P does not include authorization requirements regarding adverse decisions (i.e. reviewed and approved by a physician, etc.) The MHP confirmed that it is not current practice to have adverse decisions based on criteria for medical necessity and emergency admission being reviewed and approved by a physician, or a psychologist per title 9 regulations. In addition, DHCS inspected a sample of ninety eight (98) TARs to verify compliance with regulatory requirements. The TAR sample review findings are detailed below:

PROTOCOL REQUIREMENT		# TARs IN COMPLIANCE	# TARs OOC	COMPLIANCE PERCENTAGE
1a	TARs approved or denied by licensed mental health or waived/registered professionals	98	0	100%
1c	TARs approves or denied within 14 calendar days	70	28	71%

Protocol question B1c is deemed in partial compliance.

The TAR sample included two (2) TARs which were denied based on based on criteria for medical necessity or emergency admission.

PROTOCOL REQUIREMENT		# TARs IN COMPLIANCE	# TARs OOC	COMPLIANCE PERCENTAGE
1b	Adverse decisions based on criteria for medical necessity or emergency admission approved by a physician (or psychologist, per regulations)	0	2	0%

**System Review Findings Report
Mental Health Plan
Fiscal Year 2015/2016**

These TARs did not include evidence that adverse decisions based on criteria for medical necessity or emergency admission were reviewed and approved by a physician (or by a psychologist, per regulations). Protocol question B1b 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 complies with regulatory requirements regarding Treatment Authorization Requests (TARs) for hospital services.

PROTOCOL REQUIREMENTS	
2.	Regarding Standard Authorization Requests for non-hospital SMHS:
2d.	For expedited authorization decisions, does the MHP make an expedited authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and within 3 working days following receipt of the request for service or, when applicable, within 14 calendar days of an extension?
	<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.210(b)(3)</i> • <i>CFR, title 42, section 438.210(d)(1),(2)</i> • <i>CCR, title 9, chapter 11, sections 1810.253, 1830.220, 1810.365, and 1830.215 (a-g)</i>

FINDINGS

The MHP did not furnish evidence it complies with regulatory requirements regarding standard authorization requests (SARs) for non-hospital SMHS services. DHCS reviewed the MHP's authorization P&P: #II-G-0-008: Authorization of Services and # III-B-5-005: Clinical Assessment, Reassessment. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the P&P did not reference or include procedures for making expedited authorization decisions. Protocol question B2d 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 complies with regulatory requirements regarding SARs for non-hospital SMHS services.

PROTOCOL REQUIREMENTS	
4.	Regarding consistency in the authorization process:
4a.	Does the MHP have a mechanism to ensure consistent application of review criteria for authorization decisions?
4b.	Is there evidence that the MHP is reviewing Utilization Management (UM) activities annually, including monitoring activities to ensure that the MHP meets the established standards for authorization decision making?
	<ul style="list-style-type: none"> • <i>MHP Contract, Exhibit A, Attachment 1</i>

FINDINGS

The MHP did not furnish evidence it has a mechanism to ensure consistent application of review criteria for authorization decisions and/or that it is reviewing Utilization Management (UM) activities annually. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Attachment C: Authorization and Audit Worksheet (children's services contractors only). However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP's mechanism to ensure consistent review of authorization decisions is only applied to

**System Review Findings Report
Mental Health Plan
Fiscal Year 2015/2016**

children’s services contractors. The MHP does not have a mechanism to ensure consistent application for adult services and/or TARs. The MHP also did not furnish evidence it is reviewing UM activities annually. Protocol question(s) B4a and B4b 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 mechanism to ensure consistent application of review criteria for authorization decisions and/or that it is reviewing Utilization Management (UM) activities annually.

PROTOCOL REQUIREMENTS	
5.	Regarding Notices of Action (NOAs):
5a.	1) NOA-A: Is the MHP providing a written NOA-A to the beneficiary when the MHP or its providers determine that the beneficiary does not meet the medical necessity criteria to be eligible to any SMHS?
	<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>

FINDINGS

The MHP did not furnish evidence it provides a written NOA-A to the beneficiary when the MHP or its providers determine that the beneficiary does not meet the medical necessity criteria to be eligible to any SMHS. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P #II-E-0-003: Notices of Action and the MHP’s Mental Health Request for Service Log (10/1/15 – 10/16/15). However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the log identified six (6) beneficiaries in a two week period who should have been provided with a written NOA-A. The log did indicate a NOA-A was sent to four (4) other beneficiaries during the same two week period. Protocol question(s) A5a1 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 a written NOA-A to the beneficiary when the MHP or its providers determine that the beneficiary does not meet the medical necessity criteria to be eligible to any SMHS.

PROTOCOL REQUIREMENTS	
5b.	NOA-B: Is the MHP providing a written NOA-B to the beneficiary when the MHP denies, modifies, or defers (beyond timeframes) a payment authorization request from a provider for SMHS?
	<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-B to the beneficiary when the MHP denies, modifies, or defers (beyond timeframes) a payment authorization request from a

**System Review Findings Report
Mental Health Plan
Fiscal Year 2015/2016**

provider for SMHS. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P #II-E-0-003: Notices of Action. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP indicated it is not issuing NOA-Bs per its P&P and regulatory requirements. Protocol question B5b is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides a written NOA-B to the beneficiary when the MHP denies, modifies, or defers (beyond timeframes) a payment authorization request from a provider for SMHS.

PROTOCOL REQUIREMENTS	
5c.	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: P&P #II-E-0-003: Notices of Action, as well as a sample of nine (9) inpatient hospital TARs with adverse decisions. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not issue a NOA-C to beneficiaries when it denied payment authorization of a service that had already been delivered to the beneficiary. None of the nine (9) TARs had a corresponding NOA-C. Protocol question B5c is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides 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	
5d.	NOA-D: Is the MHP providing a written NOA-D to the beneficiary when the MHP fails to act within the timeframes for disposition of standard grievances, the resolution of standard appeals, or the resolution of expedited appeals?
<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> 	

**System Review Findings Report
Mental Health Plan
Fiscal Year 2015/2016**

FINDING

The MHP did not furnish evidence it provides a written NOA-D to the beneficiary when the MHP fails to act within the timeframes for disposition of standard grievances, the resolution of standard appeals, or the resolution of expedited appeals. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P #II-E-0-003: Notices of Action and the MHP’s grievance and appeal log. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not issue a written NOA-D to the beneficiary when the MHP failed to act within timeframes for the disposition of standard grievances. There were three (3) grievances on the log that were not acted upon within required timeframes. Furthermore, the MHP delegates responsibility to contractors to follow the MHP’s beneficiary problem resolution process. However, the MHP does not have a mechanism in place to monitor contractors’ compliance with its problem resolution processes and to ensure appropriate written notices of action are provided if the contractor fails to act within timeframes. Protocol question(s) B5d is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides a written NOA-D to the beneficiary when the MHP fails to act within the timeframes for disposition of standard grievances, the resolution of standard appeals, or the resolution of expedited appeals.

PROTOCOL REQUIREMENTS	
5e.	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)?
	<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-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: P&P #II-E-0-003: Notices of Action. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP indicated it does not issue NOA-Es per its P&P and regulatory requirements. Protocol question B5e is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides a written NOA-E to the beneficiary when the MHP fails to provide a service in a timely manner.

**System Review Findings Report
Mental Health Plan
Fiscal Year 2015/2016**

PROTOCOL REQUIREMENTS	
6.	Does the MHP have a policy and procedure in place which ensures that Forms JV-220 (Application Regarding Psychotropic Medication), JV-220(A) (Prescribing Physician's Statement—Attachment), JV-221 (Proof of Notice: Application Regarding Psychotropic Medication), JV-222 (Opposition to Application Regarding Psychotropic Medication), and JV-223 (Order Regarding Application for Psychotropic Medication) will be completed and in the beneficiary's medical record when psychotropic medications are prescribed under the following circumstances:
	1) When a child is under the jurisdiction of the juvenile court and living in an out-of-home placement and the child's physician is asking for an order: <ul style="list-style-type: none"> • Giving permission for the child to receive a psychotropic medication that is not currently authorized <i>or</i> • Renewing an order for a psychotropic medication that was previous authorized for the child because the order is due to expire?
	2) For a child who is a ward of the juvenile court and living in a foster care placement, as defined in <i>Welfare and Institutions Code Section 727.4</i> ?
<ul style="list-style-type: none"> • <i>Judicial Council Forms, JV 219</i> 	

FINDINGS

The MHP did not furnish evidence it ensures JV220-JV223 forms (as applicable) will be completed and in the beneficiary's medical record when psychotropic medications are prescribed when a child is under the jurisdiction of the juvenile court and living in an out-of-home placement and the child's physician is asking for an order to give or renew a child's prescription for psychotropic medication or for a child who is a ward of the juvenile court and living in a foster care placement. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P #III-A-4-002: Administration of Psychotropic Medications. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP's P&P does not specify procedures for obtaining appropriate authorizations for prescribing psychotropic medications. Protocol question B6 is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it ensures JV220-JV223 forms (as applicable) will be completed and in the beneficiary's medical record when psychotropic medications are prescribed when a child is under the jurisdiction of the juvenile court and living in an out-of-home placement and the child's physician is asking for an order to give or renew a child's prescription for psychotropic medication or for a child who is a ward of the juvenile court and living in a foster care placement..

**System Review Findings Report
Mental Health Plan**

Fiscal Year 2015/2016

SECTION C: BENEFICIARY PROTECTION

PROTOCOL REQUIREMENTS	
2.	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.
2a.	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) The nature of the problem.
<ul style="list-style-type: none"> • 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: P&P #N-MH-002: MH Problem Resolution and the MHP's grievance and appeal logs (grievances and appeals logged separately). However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the appeal log only included one entry and it did not have all of the required information. The data the appeal was received was not entered on the log. Protocol question C2a2 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.

PROTOCOL REQUIREMENTS	
2b.	Does the MHP's log match data reported in the Annual Beneficiary Grievance and Appeal report submitted to DHCS?
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1850.205(d)(1) • CCR, title 9, chapter 11, section 1810.375(a) 	

FINDING

The MHP's grievance and appeal log(s) did not match data reported to DHCS in the Annual Beneficiary Grievance and Appeal Report for fiscal year 2014/2015. Specifically, the MHP delegates responsibility to contractors to follow the MHP's beneficiary problem resolution process. However, the MHP does not have a mechanism in place to monitor contractors' compliance with its problem resolution processes nor does it collect data about the number of grievances and appeals received by contractors. The Annual Beneficiary Grievance and Appeal report submitted to DHCS omits information from the contract providers. Protocol question C2b 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) which matches data reported to DHCS in the Annual Beneficiary Grievance and Appeal report.

**System Review Findings Report
Mental Health Plan
Fiscal Year 2015/2016**

PROTOCOL REQUIREMENTS	
3.	Regarding established timeframes for grievances, appeals, and expedited appeals:
3a.	1) Does the MHP ensure that grievances are resolved within established timeframes?
	2) Does the MHP ensure that appeals are resolved within established timeframes?
	3) Does the MHP ensure that expedited appeals are resolved within established timeframes?
3b.	Does the MHP ensure required notice(s) of an extension are given to beneficiaries?
	<ul style="list-style-type: none"> • CFR, title 42, section 438.408(a),(b)(1)(2)(3) • CCR, title 9, chapter 11, section 1850.206(b) • CCR, title 9, chapter 11, section 1850.207(c) • CCR, title 9, chapter 11, section 1850.208.

FINDINGS

The MHP did not furnish evidence it ensures grievances, appeals, and expedited appeals are resolved within established timeframes and/or required notice(s) of an extension are given to beneficiaries. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P #N-MH-002: MH Problem Resolution and the MHP's FY14/15 grievance and appeal logs (grievances and appeals logged separately). However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, DHCS inspected a sample of grievances, appeals, and expedited appeals to verify compliance with regulatory requirements.

	# REVIEWED	RESOLVED WITHIN TIMEFRAMES		REQUIRED NOTICE OF EXTENSION EVIDENT	COMPLIANCE PERCENTAGE
		# IN COMPLIANCE	# OOC		
GRIEVANCES	10	7	3	NO	70%
APPEALS	1	0	1	NO	0%
EXPEDITED APPEALS	0	N/A	N/A	N/A	N/A

Protocol question(s) C3a1 and C3a2 are deemed in partial compliance. Protocol question C3b and is deemed in 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 ensures grievances, appeals, and expedited appeals are resolved within established timeframes and required notice(s) of an extension are given to beneficiaries.

PROTOCOL REQUIREMENTS	
4.	Regarding notification to beneficiaries:
4a.	1) Does the MHP provide written acknowledgement of each grievance to the beneficiary in writing?
	2) Is the MHP notifying beneficiaries, or their representatives, of the <u>grievance disposition</u> , and is this being documented?
4b.	1) Does the MHP provide written acknowledgement of each appeal to the beneficiary in writing?
	2) Is the MHP notifying beneficiaries, or their representatives, of the <u>appeal disposition</u> , and is this being documented?
4c.	1) Does the MHP provide written acknowledgement of each <u>expedited appeal</u> to the beneficiary in writing?

**System Review Findings Report
Mental Health Plan
Fiscal Year 2015/2016**

	2) Is the MHP notifying beneficiaries, or their representatives, of the expedited appeal disposition, and is this being documented?		
<ul style="list-style-type: none"> • CFR, title 42, section 438.406(a)(2) • CCR, title 9, chapter 11, section 1850.205(d)(4) 	<ul style="list-style-type: none"> • CFR, title 42, section 438.408(d)(1)(2) • CCR, title 9, chapter 11, sections 1850.206(b),(c), 1850.207(c),(h), and 1850.208(d),(e) 		

FINDINGS

The MHP did not furnish evidence it provides written acknowledgement and notifications of dispositions to beneficiaries for all grievances, appeals, and expedited appeals. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P #N-MH-002: MH Problem Resolution. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the P&P is missing several required elements. The P&P did not include procedures for: grievance disposition, acknowledgement and disposition of appeals, and acknowledgement of expedited appeals.

In addition, DHCS inspected a sample of grievances, appeals, and expedited appeals to verify compliance with regulatory requirements. The table below summarizes the results of this review.

# REVIEWED						
10	10	10	100%	10	10	100%
1	0	1	0%	0	1	0%
0	N/A	N/A	N/A	N/A	N/A	N/A

Protocol question(s) C4b1, C4b2, and C4c1 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 provides written acknowledgement and notifications of dispositions to beneficiaries for all grievances, appeals, and expedited appeals.

PROTOCOL REQUIREMENTS	
5.	Does the written notice of the appeal resolution include the following:
5a.	The results of the resolution process and the date it was completed?
<ul style="list-style-type: none"> • CFR, title 42, section 438.408(1),(2)(as modified by the waiver renewal request of August, 2002 and CMS letter, August 22, 2003) 	<ul style="list-style-type: none"> • DMH Letter No. 05-03 • CCR, title 9, chapter 11, section 1850.207(h)(3)

FINDINGS

The MHP did not furnish evidence its written notice of appeal resolution includes the results and completion of the resolutions process. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P #N-MH-002: MH Problem Resolution. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the P&P does not address the requirements. The MHP did not send an appeal disposition letter for the one (1) appeal

**System Review Findings Report
Mental Health Plan
Fiscal Year 2015/2016**

received and it does not have a template for the appeal disposition letter. Protocol question(s) C5a is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that its written notice of appeal resolution includes the results and completion of the resolutions process and notification of the right to, and how to request, a State fair hearing if the beneficiary is dissatisfied with the appeal decision.

PROTOCOL REQUIREMENTS	
8.	Regarding notice to the Quality Improvement Committee (QIC) and subsequent action:
8a.	1) Does the MHP have procedures by which issues identified as a result of the <u>grievance process</u> are transmitted to the MHP's QIC, the MHP's administration or another appropriate body within the MHP's organization? 2) Does the MHP have procedures by which issues identified as a result of the <u>appeal process</u> are transmitted to the MHP's QIC, the MHP's administration, or another appropriate body within the MHP's organization? 3) Does the MHP have procedures by which issues identified as a result of the <u>expedited appeal process</u> are transmitted to the MHP's QIC, the MHP's administration or another appropriate body within the MHP's organization?
8b.	When applicable, has there been subsequent implementation of needed system changes?

FINDINGS

The MHP did not furnish evidence it has procedures by which issues identified as a result of the beneficiary problem resolution process are transmitted to the MHP's QIC, the MHP's administration or another appropriate body within the MHP's organization in order to implement needed system changes. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P #N-MH-002: MH Problem Resolution. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the P&P does not address procedures for transmitting expedited appeals to the MHP's QIC or another appropriate body. The MHP does report on a monthly to the Mental Health Board regarding all grievances and appeals. However, since the MHP hasn't received any expedited appeals the P&P must specify procedures. Protocol question(s) C8a3 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 procedures by which issues identified as a result of the beneficiary problem resolution process are transmitted to the MHP's QIC, the MHP's administration or another appropriate body within the MHP's organization in order to implement needed system changes.

SECTION E: NETWORK ADEQUACY AND ARRAY OF SERVICES

**System Review Findings Report
Mental Health Plan
Fiscal Year 2015/2016**

PROTOCOL REQUIREMENTS	
1.	Does the MHP have a current Implementation Plan which meets title 9 requirements?

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: El Dorado County’s Implementation Plan (dated 9/26/1997). However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP has not updated and/or submitted its revised Implementation Plan to DHCS since 1997. Protocol question E1 is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a current Implementation Plan which meets title 9 requirements.

PROTOCOL REQUIREMENTS	
4.	To the extent resources are available:
4a.	Are services encouraged in every geographic area to ensure access by members of the target populations for all age groups?
4b.	Are services planned and delivered so that persons in all ethnic groups are served with programs that meet their cultural needs?
4c.	Are services in rural areas designed and developed in flexible ways to meet the needs of the indigent and uninsured?
<ul style="list-style-type: none"> • <i>W&IC, sections 5600.2 to 5600.9, 5600.35(a), and 5614</i> 	

FINDINGS

The MHP did not furnish evidence its services are encouraged in every geographic area to ensure access for all age groups, planned and delivered so that persons in all ethnic groups are served with programs that meet their cultural needs, and designed and developed in rural areas in flexible ways to meet the needs of the indigent and uninsured. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: MHSA Three Year Plan Update (dated August 2015) and the MHP’s 2014 EQRO report. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP’s needs assessment data does not include an analysis of race/ethnicity data. The EQRO report includes a recommendation that the MHP calculate penetration rates, but this has not yet been implemented. Protocol question E4b 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 services are encouraged in every geographic area to ensure access for all age groups, planned and delivered so that persons in all ethnic groups are served with programs that meet

**System Review Findings Report
Mental Health Plan
Fiscal Year 2015/2016**

their cultural needs, and designed and developed in rural areas in flexible ways to meet the needs of the indigent and uninsured.

SECTION G: PROVIDER RELATIONS

PROTOCOL REQUIREMENTS	
2.	Regarding the MHP's ongoing monitoring of county-owned and operated and contracted organizational providers:
2a.	Does the MHP have an ongoing monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified as per title 9 regulations?
2b.	Is there evidence the MHP's monitoring system is effective?

FINDINGS

The MHP did not furnish evidence it has an ongoing and effective monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified per title 9 regulations. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P # II-G-0-007: Selection and Certification of Contract Providers; Protocols to be Followed by Contracted Providers of SMHS – October 2014; and a current spreadsheet detailing Provider Certification and Recertification Status. The MHP has a process for ongoing monitoring of providers. However, DHCS also reviewed its Online Provider System (OPS) and generated an Overdue Provider Report (dated October 16, 2015) 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
24	6	75%

Protocol question G2b is deemed in partial compliance.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has an ongoing and effective monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified per title 9 regulations.

**System Review Findings Report
Mental Health Plan
Fiscal Year 2015/2016**

SECTION H: PROGRAM INTEGRITY

PROTOCOL REQUIREMENTS	
1.	Does the MHP have a mandatory compliance plan that is designed to guard against fraud and abuse as required in CFR, title 42, subpart E, section 438.608?
2a.	Does the MHP have written policies, procedures, and standards of conduct that articulate the organization's commitment to comply with all applicable federal and State standards?

FINDINGS

The MHP did not furnish evidence it has a mandatory compliance plan designed to guard against fraud waste and abuse and written policies, procedures, and standards of conduct that articulate the organization's commitment to comply with all applicable federal and State standards. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P #II-A-0-001: Compliance Plan (dated March 2006). However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP's compliance plan has not been updated since 2006 and is out of date, per the MHP. Protocol question(s) H1 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 mandatory compliance plan designed to guard against fraud waste and abuse and written policies, procedures, and standards of conduct that articulate the organization's commitment to comply with all applicable federal and State standards.

PROTOCOL REQUIREMENTS	
2c.	Does the MHP have a compliance committee that is accountable to senior management?
<ul style="list-style-type: none"> • <i>CFR, title 42, sections 438.10, 438.604, 438.606, 438.608 and 438.610</i> • <i>MHP Contract, Exhibit A, Attachment I</i> 	

FINDINGS

The MHP did not furnish evidence it has a designated compliance officer and a compliance committee accountable to senior management. Per the MHP, it does not have an active compliance committee, or another group with serves that function, that is accountable to senior management. The MHP's QIC has not met for at least eighteen (18) months preceding the triennial review. Protocol question(s) H2c 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 designated compliance officer and a compliance committee accountable to senior management.

PROTOCOL REQUIREMENTS	
2d.	Is there evidence of effective training and education for the compliance officer?
<ul style="list-style-type: none"> • <i>CFR, title 42, sections 438.10, 438.604, 438.606, 438.608 and 438.610</i> • <i>MHP Contract, Exhibit A, Attachment I</i> 	

**System Review Findings Report
Mental Health Plan
Fiscal Year 2015/2016**

FINDINGS

The MHP did not furnish evidence of effective training and education for the compliance officer. Per the MHP, the compliance officer has not received training. Protocol question(s) H2d 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 compliance officer and for the MHP's employees and contract providers.

PROTOCOL REQUIREMENTS	
2f.	Does the MHP ensure effective lines of communication between the compliance officer and the organization's employees and/or contract providers?

FINDING

The MHP did not furnish evidence it ensures effective lines of communication between the compliance officer and the organization's employees and/or contract providers. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P #II-A-0-001: Compliance Plan (dated March 2006). However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP's compliance plan is out dated and does not include a current mechanism to ensure effective lines of communication. The plan references a hotline which is no longer active and the contact information for the compliance officer has not been updated. Protocol question H2f is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it ensures effective lines of communication between the compliance officer and the organization's employees and/or contract providers.

PROTOCOL REQUIREMENTS	
2g.	Does the MHP ensure enforcement of the standards through well publicized disciplinary guidelines?
<ul style="list-style-type: none"> • <i>CFR, title 42, sections 438.10, 438.604, 438.606, 438.608 and 438.610</i> • <i>MHP Contract, Exhibit A, Attachment I</i> 	

FINDING

The MHP did not furnish evidence it ensures enforcement of the program integrity standards through well publicized disciplinary guidelines. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P #II-A-0-007: Compliance, Corrective Actions; P&P #II-A-0-004: Code of Conduct; and Agreement of Services #177-S1611 (Stanford Youth Solutions). However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, not all compliance elements (i.e., reporting of suspected fraud, waste and abuse) are addressed in

**System Review Findings Report
Mental Health Plan
Fiscal Year 2015/2016**

the P&Ps and the contract. The code of conduct includes actions the employees should take regarding conduct, but does not specify what actions the MHP will take if the employee breaches the code of conduct. Protocol question H2g is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it ensures enforcement of the program integrity standards through well publicized disciplinary guidelines.

PROTOCOL REQUIREMENTS	
2h.	Does the MHP have a provision for internal monitoring and auditing of fraud, waste, and abuse?

FINDINGS

The MHP did not furnish evidence it has a provision for internal monitoring and auditing of fraud, waste, and abuse. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P #II-A-0-001: Compliance Plan (dated March 2006). However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP does not have a provision for internal monitoring and auditing for adult services. It does have a mechanism for monitoring and auditing its children’s services provided by contractors. Protocol question H2h 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 provision for internal monitoring and auditing of fraud, waste, and abuse. The MHP must also have a provision for a prompt response to detected offenses and for development of corrective action initiatives relating to the MHP’s Contract.

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

FINDINGS

The MHP did not furnish evidence it has a method to verify whether services reimbursed by Medicaid were actually furnished to the beneficiaries and, if unable to verify services, a mechanism to ensure appropriate actions are taken. The MHP described its [recently implemented] procedures for verifying services to Medicaid beneficiaries. It has been verifying

**System Review Findings Report
Mental Health Plan
Fiscal Year 2015/2016**

adult services since July 2014. However, the procedures are not carried out for the beneficiaries of the contract providers (i.e., children’s services). In addition, the MHP has not documented its procedures, including what actions will be taken if the MHP is unable to verify services were furnished to beneficiaries. Protocol question(s) H3a and H3b are deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a method to verify whether services reimbursed by Medicaid were actually furnished to the beneficiaries and, if unable to verify services, a mechanism to ensure appropriate actions are taken.

PROTOCOL REQUIREMENTS	
4.	Does the MHP ensure that it collects the disclosure of ownership, control, and relationship information from its providers, managing employees, including agents and managing agents, as required in CFR, title 42, sections 455.101 and 455.104 and in the MHP Contract, Program Integrity Requirements?

FINDING

The MHP did not furnish evidence it collects the disclosure of ownership, control, and relationship information from its providers, managing employees, including agents and managing agents as required in regulations and the MHP Contract. The County collects Form 700 for its employees. However, the MHP does not collect disclosure of ownership, control and relations information from its contracted providers. Protocol question H4 is deemed OOC.

PLAN OF CORRECTION

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

PROTOCOL REQUIREMENTS	
5.	Regarding monitoring and verification of provider eligibility:
5a.	Does the MHP ensure the following requirements are met:
	1) Is there evidence that the MHP has a process in place to verify new and current (prior to contracting with and periodically) providers, including contractors, are not on the Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE)?
	2) Is there evidence that the MHP has a process in place to verify new and current (prior to contracting with and periodically) providers and contractors are not on the DHCS Medi-Cal List of Suspended or Ineligible Providers?
5b.	When an excluded provider/contractor is identified by the MHP, does the MHP have a mechanism in place to take appropriate corrective action?
<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 	

**System Review Findings Report
Mental Health Plan
Fiscal Year 2015/2016**

FINDINGS

The MHP did not furnish evidence it monitors and verifies provider eligibility (prior to contracting and monthly) to ensure providers, including contractors, are not on the OIG LEIE and Medi-Cal List of Suspended or Ineligible Providers. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P #II-A-0-009: Screening of Mental Health Staff. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, while the MHP monitors its staff and contract entities, it does not screen the individual employees of the contracted entities. In addition, the MHP has not established a mechanism to take appropriate corrective action if an excluded provider/contractor is identified. Protocol question(s) H5b 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 monitors and verifies provider eligibility (prior to contracting and monthly) to ensure providers, including contractors, are not on the OIG LEIE and Medi-Cal List of Suspended or Ineligible Providers.

SECTION I: QUALITY IMPROVEMENT

PROTOCOL REQUIREMENTS	
1.	Regarding the MHP's Quality Management (QM) Program:
1a.	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?

FINDINGS

The MHP did not furnish evidence it has 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. The MHP does not have a QM program description nor does it have duty statements for QM staff which specifies roles and responsibilities to appropriate individuals. Protocol question(s) I1a 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 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. The MHP must also provide evidence its QM Program is evaluated annually and updated as necessary.

**System Review Findings Report
Mental Health Plan
Fiscal Year 2015/2016**

PROTOCOL REQUIREMENTS	
2.	Regarding mechanisms to assess beneficiary/ family satisfaction:
2c.	Does the MHP evaluate requests to change persons providing services at least annually?
2d.	Does the MHP inform providers of the results of beneficiary/family satisfaction activities?

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. Specifically, the MHP does not (at least) annually evaluate requests to change persons providing services nor does it have a mechanism to inform providers of the results of beneficiary/family satisfaction activities. Protocol question(s) I2c and I2d 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 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	
6.	Regarding the QM Work Plan:
6e.	Does the QM work plan include a description of mechanisms the Contractor has implemented to assess the accessibility of services within its service delivery area, including goals for:
	1) Responsiveness for the Contractor's 24-hour toll-free telephone number?
	2) Timeliness for scheduling of routine appointments?
	3) Timeliness of services for urgent conditions?
	4) Access to after-hours care?
	<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.440(a)(5) • DMH Information Notice No. 10-17, Enclosures, Pages 18 & 19, and DMH Information Notice No. 10-02, Enclosure, Page 23 • MHP Contract, Exhibit A, Attachment I • CCR, tit. 9, § 1810.410 • CFR, title 42, Part 438-Managed Care, sections 438.204, 438.240 and 438.358.

FINDINGS

The MHP did not furnish evidence it has a QM/QI work plan covering the current contract cycle, with documented annual evaluations and necessary revisions, which meets MHP Contract requirements. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: FY15/16 QI Work Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the FY15/16 QI work plan does not include goals for access to after-hours care. Protocol question(s) I6e4 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.

**System Review Findings Report
Mental Health Plan
Fiscal Year 2015/2016**

PROTOCOL REQUIREMENTS	
7.	Regarding the QI Program:
7a.	Is the QIC involved in or overseeing the following QI activities:
	1) Recommending policy decisions?
	2) Reviewing and evaluating the results of QI activities?
	3) Instituting needed QI actions?
	4) Ensuring follow-up of QI processes?
	5) Documenting QI committee meeting minutes?
7b.	Does the MHP QI program include active participation by the MHP's practitioners and providers, as well as beneficiaries and family members, in the planning, design and execution of the QI program?
<ul style="list-style-type: none"> • <i>MHP Contract, Exhibit A, Attachment I</i> 	

FINDINGS

The MHP did not furnish evidence its QIC is involved in or overseeing QI activities. The MHP's QM/QI program does not include active participation of the MHP's providers, as well as beneficiaries and family members, in the planning, design and execution of the QM/QI program. Per the MHP, its QIC has not been active in at least the eighteen (18) months preceding the triennial review. Protocol question(s) I7a1-5 and I7b 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 its QIC is involved in or overseeing QI activities. The MHP must also demonstrate its QM/QI program includes active participation of the MHP's providers, as well as beneficiaries and family members, in the planning, design, and execution of the QM/QI program.

SECTION J: MENTAL HEALTH SERVICES (MHSA)

PROTOCOL REQUIREMENTS	
3.	Regarding Community Services and Supports requirements:
3b.	Has the County conducted outreach to provide equal opportunities for peers who share the diverse racial/ethnic, cultural, and linguistic characteristics of the individuals/clients served?

FINDINGS

The County did not furnish evidence it has conducted outreach to provide equal opportunities for peers who share the diverse racial/ethnic, cultural, and linguistic characteristics of the individuals/clients served. Per the County, it has not conducted specific outreach to diverse peers to participate in its peer support and education services. Protocol question(s) J3b 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 established peer support and family education support services or expanded these services to meet the needs and preferences of clients and/or family members. The County must also demonstrate it conducts outreach to provide equal opportunities for peers who

**System Review Findings Report
Mental Health Plan
Fiscal Year 2015/2016**

share the diverse racial/ethnic, cultural, and linguistic characteristics of the individuals/clients served.

PROTOCOL REQUIREMENTS	
4c.	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?

FINDINGS

The County did not furnish evidence it ensures 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: Cultural Competence Training Sign-In Sheets. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not have evidence its FSP PSC/Case Managers had participated in the County's cultural competence training. Protocol question(s) J4c 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 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.

**System Review Findings Report
Mental Health Plan
Fiscal Year 2015/2016**

SURVEY ONLY FINDINGS

SECTION A: ACCESS

PROTOCOL REQUIREMENTS	
5.	Regarding written materials:
5e.	Does the MHP have a mechanism for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and/or culturally appropriate field testing)?

SURVEY FINDING

DHCS reviewed the following documentation presented by the MHP for this survey item: EDC Certification of Eligibility for Receipt of Bilingual Differential. The documentation lacks specific elements to demonstrate compliance with federal and State requirements. Specifically, the documentation does not reference or require testing for written fluency which directly impacts the MHP's ability to ensure the accuracy of translated materials. Furthermore, the MHP indicated it does not have the capability or a process to conduct field testing, peer review, back translation or other means to ensure accuracy of translated materials.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: develop a process and procedure to ensure accuracy of translated materials, such as, but not limited to: field testing, back translation, and peer review. It is further recommended the MHP determine if the County's bilingual pay differential testing includes a component to test written fluency in the MHP's threshold languages.

PROTOCOL REQUIREMENTS	
11.	Has the MHP updated its Cultural Competence Plan (CCP) annually in accordance with regulations?
<ul style="list-style-type: none"> <li style="display: inline-block; width: 45%; vertical-align: top;">• CCR title 9, section 1810.410 <li style="display: inline-block; width: 45%; vertical-align: top;">• DMH Information Notice 10-02 and 10-17 	

SURVEY FINDING

The MHP did not furnish evidence it has updated its CCP annually in accordance with regulations. The MHP's most recent CCP was dated 2010.

SUGGESTED ACTIONS

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

Please Note: DHCS intends to issue an Information Notice to provide MHPs with guidance for developing an updated CCP. In the meantime, MHPs are required to update the existing version of the plan on an annual basis. For technical assistance in completing your annual updated, please contact your County Support Liaison.

**System Review Findings Report
Mental Health Plan
Fiscal Year 2015/2016**

SECTION E: NETWORK ADEQUACY AND ARRAY OF SERVICES

PROTOCOL REQUIREMENTS	
9.	Regarding the MHP's implementation of the Katie A Settlement Agreement:
9a.	Does the MHP have a mechanism in place to ensure appropriate identification of Katie A subclass members?
9b.	How does the MHP ensure active participation of children/youth and their families in Child and Family Team (CFT) meetings?
9c.	Does the MHP have a mechanism to assess its capacity to serve subclass members currently in the system?
9d.	Does the MHP have a mechanism to ensure Katie A eligibility screening is incorporated into screening, referral and assessment processes?

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: P&P: EDC Child Welfare Services Procedure, Referral for Behavioral Health Services; the MHP's SMHS Flow Chart; and the Katie A Readiness Assessment. The documentation lacks specific elements to demonstrate compliance with all State requirements related to Katie A services. Specifically, the MHP indicated its P&P was not updated to reflect current practices. Furthermore, the MHP indicated the Child Welfare department hired a clinician to conduct the mental health assessment which is used by the MHP for the purposes of determining if the beneficiary meets, or does not meet, medical necessity criteria. The MHP was unable to verify if the CW clinician adhered to the MHP's P&Ps regarding assessment, medical necessity criteria and Notices of Action (i.e., NOA-A issued to beneficiary if determined to not meet medical necessity criteria).

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet State requirements: the MHP should update its P&P to reflect current practice and ensure the CW clinician adheres to state and federal requirements pertaining to determining whether a beneficiary meets medical necessity criteria.

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

**System Review Findings Report
Mental Health Plan
Fiscal Year 2015/2016**

SECTION H: PROGRAM INTEGRITY

PROTOCOL REQUIREMENTS	
5a.	Does the MHP ensure the following requirements are met:
	3) Is there evidence that the MHP has a process in place to verify new and current (prior to contracting with and periodically) providers and contractors are not in the Social Security Administration's Death Master File?
	4) Is there evidence that the MHP has a process in place to verify the accuracy of new and current (prior to contracting with and periodically) providers and contractors in the National Plan and Provider Enumeration System (NPPES)?
	5) Is there evidence the MHP has a process in place to verify new and current (prior to contracting with and periodically) providers and contractors are not in the Excluded Parties List System (EPLS)?

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: P&P II-A0-009 (September 2005): Screening of Mental Health Staff; Exclusion Site Review Report (October 2015) and Contract #177-S1611 between the MHP and Stanford. The documentation provides sufficient evidence of compliance with federal and/or State requirements.

SUGGESTED ACTIONS

No further action required at this time.

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

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Tracking Log: Current Status of Licensure of MHP Employees. The documentation lacks specific elements to demonstrate compliance with federal and/or State requirements. Specifically, the MHP is verifying, on a monthly basis, that the licenses of the MHP staff are current and without limitations; however, this verification is not done for contract providers.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: implement a procedure to verify current status of licenses for contracted clinicians and/or require organizational contract providers to verify current status and submit a regular report to the MHP.

**System Review Findings Report
Mental Health Plan
Fiscal Year 2015/2016**

SECTION I: QUALITY IMPROVEMENT

PROTOCOL REQUIREMENTS	
3b.	Does the MHP have a policy and procedure in place regarding the monitoring of psychotropic medication use, including monitoring psychotropic medication use for children/youth?
3c.	If a quality of care concern or an outlier is identified related to psychotropic medication use, is there evidence the MHP took appropriate action to address the concern?

**System Review Findings Report
Mental Health Plan
Fiscal Year 2015/2016**

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: P&P III-A-4-002: Administration of Psychotropic Medication. The documentation lacks specific elements to demonstrate compliance with federal and/or State requirements. Specifically, the MHP's P&P does not include monitoring of psychotropic medication use, including monitoring psychotropic medication use for children/youth. The MHP contracts with a psychiatrist to provide clinical consultation and telepsychiatry; however, the psychiatrist does not review prescribing practices and usage of psychotropic medications. The MHP does have a Medication Monitoring and Review Committee which reviews a limited number of cases; however, the committee does not monitor cases of beneficiaries served by the MHP's organizational contract providers.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: develop a policy and procedure specifying the process for monitoring psychotropic medications, including monitoring psychotropic medication use for children/youth. The MHP should also monitor prescribing practices and usage of psychotropic medications by beneficiaries served by the MHP's contracted organizational providers.