

**FISCAL YEAR (FY) 2015/2016 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL
HEALTH SERVICES AND OTHER FUNDED SERVICES
MENDOCINO COUNTY MENTAL HEALTH PLAN REVIEW
October 26, 2015-October 29, 2015
FINAL SYSTEM REVIEW FINDINGS REPORT**

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

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

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

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

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

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RESULTS SUMMARY: SYSTEM REVIEW

SYSTEM REVIEW SECTION	TOTAL ITEMS REVIEWED	SURVEY ONLY ITEMS	TOTAL FINDINGS PARTIAL or OOC	PROTOCOL QUESTIONS OUT-OF-COMPLIANCE (OO) OR PARTIAL COMPLIANCE	IN COMPLIANCE PERCENTAGE FOR SECTION
ATTESTATION	5	0	0/5		100%
SECTION A: ACCESS	48	2	0/46		100%
SECTION B: AUTHORIZATION	22	0	2/22	B1c, B5a1	91%
SECTION C: BENEFICIARY PROTECTION	25	0	0/25		100%
SECTION D: FUNDING, REPORTING & CONTRACTING REQUIREMENTS	NOT APPLICABLE				
SECTION E: NETWORK ADEQUACY AND ARRAY OF SERVICES	20	4	2/16	E8b2, E8b3	88%
SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	0/6		100%
SECTION G: PROVIDER RELATIONS	5	0	1/5	G2b	80%
SECTION H: PROGRAM INTEGRITY	20	4	1/16	H3b	94%
SECTION I: QUALITY IMPROVEMENT	31	2	0/29		100%
SECTION J: MENTAL HEALTH SERVICES ACT	17	0	2/17	J4b, J4c	88%
TOTAL ITEMS REVIEWED	199	12	8		

Overall System Review Compliance

Total Number of Requirements Reviewed	187 (with 5 Attestation items)			
Total Number of SURVEY ONLY Requirements	12 (NOT INCLUDED IN CALCULATIONS)			
Total Number of Requirements Partial or OOC	8	OUT OF 187		
OVERALL PERCENTAGE OF COMPLIANCE	IN	96.0%	OO/Partial	4.0%
	(# IN/187)		(# OOC/187)	

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FINDINGS

ATTESTATION

DHCS randomly selected five Attestation items to verify compliance with regulatory and/or contractual requirements. All requirements were deemed in compliance. A Plan of Correction is not required.

SECTION A: ACCESS

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

The DHCS review team made 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 October 7, 2015, at 11:21 pm. The call was answered after three (3) rings via live operator. The operator immediately asked the DHCS test caller if he/she was in crisis. The caller responded in the negative and proceeded to request information about how to obtain SMHS. 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 Intake and referral process. The operator provided the caller with information about how to access SMHS and the caller provided information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol question(s) A9a2 and A9a3.

Test Call #2 was placed on October 8, 2015, at 3:09 pm. The call was answered after one (1) ring via a live operator. The DHCS test caller requested information about SMHS. The operator explained to the caller that he/she would need to make an appointment to see a psychiatrist in order for the medication to be prescribed. The operator inquired as to the amount of medication the caller had remaining and if this was an emergency situation. The caller replied in the negative. The operator asked how the caller was feeling and the caller responded accordingly. The operator informed the caller that if he/she needed an immediate refill to go to the emergency room for urgent assistance. The operator provided several locations with addresses in which the caller could go to receive SMHS. The operator asked the caller for insurance information and the caller informed the operator that he/she had Medi-Cal. The caller was provided information about how to access SMHS and the operator

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provided information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol question(s) A9a2 and A9a3.

Test Call #3 was placed on October 12, 2015, at 10:51 pm. The call was answered after two (2) rings via a live operator. The operator immediately asked the DHCS test caller if he/she was in crisis and in a safe place. The caller replied in the negative regarding being in crisis and acknowledged that he/she was in a safe place. The operator advised the caller that there was staff available 24/7 for crisis situations. The caller proceeded to request information about how to obtain SMHS. 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 Intake and referral process. The operator provided the caller with information about how to access SMHS and the caller provided information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol question(s) A9a2 and A9a3.

Test Call #4 was placed on October 14, 2015, at 4:25 pm. The call was answered after five (5) rings via a live operator. The DHCS test caller requested information about SMHS for anxiety medication. The operator asked the caller if he/she was in crisis and the caller replied in the negative. The operator asked for the caller's phone number and Medi-Cal information. The operator explained that they handled severe mental illness and psychiatric care at their location. The operator presented to mail the provider list to the caller. The operator presented three locations to obtain SMHS. The operator informed the caller that he/she could go to the emergency room and bring prescription bottle(s). The caller was provided information about how to access SMHS and the caller was provided information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol question(s) A9a2 and A9a3.

Test Call #5 was placed on October 16, 2015, at 7:24 am. The call was answered after one (1) ring via a live operator. The DHCS test caller requested information about SMHS. The operator asked the caller if he/she was in crisis or had any suicidal thoughts or thoughts of hurting him/her self. The caller replied in the negative. The operator asked the caller if he/she had any diagnosis from a doctor for depression and the caller replied in the negative. The operator informed the caller that he/she could make an appointment with a therapist to get an assessment and the operator provided the caller with a telephone number. The caller informed the operator that he/she would call back for the appointment. The operator voiced concern about the caller and advised the caller that he/she could call the 24/7 telephone line if the caller needed to talk. The caller was provided information about how to access SMHS and the caller was provided information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol question(s) A9a2 and A9a3.

Test Call #6 was placed on October 19, 2015 at 7:48 am. The call was answered after one (1) ring via a live operator. The DHCS test caller requested information about SMHS. The operator asked if the caller was in crisis and the caller replied in the negative. The operator informed the caller that he/she could go to the emergency room or call 911 if in crisis. The operator confirmed the caller's preferred language. The operator asked the caller to provide

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his/her name and asked if the caller had Medi-Cal. The caller presented his/her name and explained that he/she did not have the requested Medi-Cal information. The operator asked if the caller would be transferring his/her Medi-Cal to the county and the caller replied in the affirmative. The caller was then provided information about how to access SMHS and was provided the clinic location, business hours, telephone number and landmarks. The caller was informed that the access center was available 24/7. The operator presented to mail the provider list to the caller and he/she declined the offer. The caller was provided information about how to access SMHS and the caller was provided information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol question(s) A9a2 and A9a3.

Test Call #7 was placed on October 20, 2015, at 2:15 pm. The call was answered after two (2) rings via a live operator. The operator confirmed the callers preferred language. The caller explained that he/she was not happy with the services received and was requesting information on how to file a complaint. The operator told the caller that he/she had the right to file a complaint and presented several ways a complaint could be filed. The operator provided several departments and telephone numbers and informed the caller of the grievance process. The operator presented to mail the provider list to the caller and informed the caller that he/she could choose another provider on the list. The caller was provided information on how to use the problem resolution and fair hearing processes. The call is deemed in compliance with the regulatory requirements for protocol question(s) A9a4.

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 Applicable
9a-2	In	In	In	In	IN	In	N/A	100%
9a-3	In	In	In	In	IN	In	N/A	100%
9a-4	N/A	N/A	N/A	N/A	N/A	N/A	In	100%

PLAN OF CORRECTION

All requirements were deemed in compliance. A Plan of Correction is not required.

SECTION B: AUTHORIZATION

PROTOCOL REQUIREMENTS	
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

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The MHP did not furnish evidence it complies with regulatory requirements regarding Treatment Authorization Requests (TARs) for hospital services. DHCS reviewed the MHP's policy and procedure (P&P) III.C-23: Point of Authorization. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not approve or deny TARs within 14 calendar days of the receipt of the TAR in accordance with title 9 regulations. In addition, DHCS inspected a sample of 100 TARs to verify compliance with regulatory requirements. The TAR sample review findings are detailed below:

PROTOCOL REQUIREMENT		# TARs IN COMPLIANCE	# TARs OOC	COMPLIANCE PERCENTAGE
1c	TARs approves or denied within 14 calendar days	99	1	99%

Protocol question(s) B1c is deemed in partial compliance.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it complies with regulatory requirements regarding Treatment Authorization Requests (TARs) are met for the approval or denial of TARs within 14 calendar days of the receipt of the TAR and denial by a physician in accordance with title 9 regulations.

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?
	2) Does the MHP provide for a second opinion from a qualified health care professional within the MHP network or arrange for the beneficiary to obtain a second opinion outside the MHP network, at no cost to the beneficiary?
	<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: sample of a NOA-A. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the NOA-A did not have reasons checked. Protocol question(s) B5a1 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

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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.

SECTION E: NETWORK ADEQUACY AND ARRAY OF SERVICES

PROTOCOL REQUIREMENTS	
8.	Does the assessment include:
8b.	1) The strengths and limitations of the County and service providers that impact their ability to meet the needs of racially and ethnically diverse populations?
	2) Bilingual proficiency in threshold languages?
	3) Percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to the percentage of the total population needing services and the total population being served?
<ul style="list-style-type: none"> • CCR, title 9, chapter 14, section 3650(5) 	

FINDINGS

The MHP did not furnish evidence it conducts an assessment of its capacity to implement the proposed MHSA programs/services. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P III.C.10: MHSA, MHSA Plan and MHSA Schedule. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHSA plan is not clear on bilingual proficiency in threshold languages and percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to the percentage of the total population needing services and the total population being served. Protocol question(s) E8b2 and E8b3 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 conducts an assessment of its capacity to implement the proposed MHSA programs/services.

SECTION G: PROVIDER RELATIONS

PROTOCOL REQUIREMENTS	
2.	Regarding the MHP's ongoing monitoring of county-owned and operated and contracted organizational providers:
2b.	Is there evidence the MHP's monitoring system is effective?
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.435 (d) • MHP Contract, Exhibit A, Attachment I 	

FINDINGS

The MHP did not 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: Access Log and DHCS Overdue Provider Report. However, it was determined the documentation lacked sufficient

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evidence of compliance with regulatory and/or contractual requirements. Specifically, the Access Log contains a provider that was overdue.

In addition, DHCS reviewed its Online Provider System (OPS) and generated an Overdue Provider Report which indicated the MHP has a provider 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
41	1	98%

Protocol question(s) G2b is deemed in partial compliance.

PLAN OF CORRECTION

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

SECTION H: PROGRAM INTEGRITY

PROTOCOL REQUIREMENTS	
3.	Regarding verification of services:
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. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Process and Procedure III.C-25: Verification of Services. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the process and procedure III.C-25: Verification of Services does not provide steps about outreach to provider if letter was returned. Protocol question(s) H3b 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 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.

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SECTION J: MENTAL HEALTH SERVICES (MHSA)

PROTOCOL REQUIREMENTS	
4.	Regarding Full Service Partnerships (FSP):
4b.	Does the County ensure the PSC/Case Manager is responsible for developing an Individual Services and Supports Plan (ISSP) with the client and, when appropriate, the client's family?
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?
<ul style="list-style-type: none"> • <i>CCR, title 9, chapter 14, section 3620</i> 	

FINDINGS

The County did not furnish evidence its PSC/Case Managers are responsible for developing an ISSP with the client and, when appropriate, the client's family are available to respond to the client/family 24 hours a day, 7 days a week to provide after-hours interventions. The County does not ensure its PSC/Case Managers assigned to FSP clients are culturally and linguistically competent or, at a minimum, educated and trained in linguistic and cultural competence and have knowledge of available resources within the client/family's racial/ethnic community. DHCS reviewed the following documentation presented by the County as evidence of compliance: ISSP, III.A-8-Enrollment in Full Service Partnership, III.C-10-MHSA Program, Duty Statement and Training Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the 25 and under duty statement should make clear that the case manager should be responsible for developing an ISSP, and there were no tracking logs regarding if the PSC/Case Manager is culturally and linguistically competent and educated and trained in linguistic and cultural competence and have knowledge of available resources within the client/family's racial/ethnic community. Protocol question(s) J4b and J4c are 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 are responsible for developing an ISSP with the client and, when appropriate, the client's family and available to respond to the client/family 24 hours a day, 7 days a week to provide after-hours interventions. The County does not ensure its PSC/Case Managers assigned to FSP clients are culturally and linguistically competent or, at a minimum, educated and trained in linguistic and cultural competence and have knowledge of available resources within the client/family's racial/ethnic community.

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SURVEY ONLY FINDINGS

SECTION A: ACCESS

PROTOCOL REQUIREMENTS	
5.	Regarding written materials:
5e.	Does the MHP have a mechanism for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and/or culturally appropriate field testing)?
	<ul style="list-style-type: none"> • CFR, title 42, section 438.10(d)(i),(ii) • CCR, title 9, chapter 11, sections 1810.110(a) and 1810.410(e)(4) • CFR, title 42, section 438.10(d)(2) • MHP Contract, Exhibit A, Attachment I

SURVEY FINDING

DHCS reviewed the following documentation presented by the MHP for this survey item: P&P III.A-2: Written Material in Threshold Languages. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

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

SURVEY FINDING

The MHP furnished evidence it has updated its CCP annually in accordance with regulations.

SUGGESTED ACTIONS

No further action required at this time.

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

SECTION E: NETWORK ADEQUACY AND ARRAY OF SERVICES

PROTOCOL REQUIREMENTS	
9.	Regarding the MHP's implementation of the Katie A Settlement Agreement:
9a.	Does the MHP have a mechanism in place to ensure appropriate identification of Katie A subclass members?
9b.	How does the MHP ensure active participation of children/youth and their families in Child and Family Team (CFT) meetings?
9c.	Does the MHP have a mechanism to assess its capacity to serve subclass members currently in the system?
9d.	Does the MHP have a mechanism to ensure Katie A eligibility screening is incorporated into screening, referral and assessment processes?
	<ul style="list-style-type: none"> • Katie A Settlement Agreement • Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care for Katie A Subclass Members

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SURVEY FINDING

DHCS reviewed the following documentation presented by the MHP for this survey item: P&P III.E-1: Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS), Referral, Screening tool, Consent form, and Katie A tracking log; and, a packet of Katie A forms, sign in sheets, and meeting minutes. The documentation provides sufficient evidence of compliance with State requirements.

SUGGESTED ACTIONS

No further action required at this time.

SECTION H: PROGRAM INTEGRITY

PROTOCOL REQUIREMENTS	
5a.	Does the MHP ensure the following requirements are met:
	3) Is there evidence that the MHP has a process in place to verify new and current (prior to contracting with and periodically) providers and contractors are not in the Social Security Administration's Death Master File?
	4) Is there evidence that the MHP has a process in place to verify the accuracy of new and current (prior to contracting with and periodically) providers and contractors in the National Plan and Provider Enumeration System (NPPES)?
	5) Is there evidence the MHP has a process in place to verify new and current (prior to contracting with and periodically) providers and contractors are not in the Excluded Parties List System (EPLS)?
<ul style="list-style-type: none"> • <i>CFR, title 42, sections 438.214(d), 438.610, 455.400-455.470, 455.436(b)</i> • <i>DMH Letter No. 10-05</i> • <i>MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements</i> 	

SURVEY FINDING

DHCS reviewed the following documentation presented by the MHP for this survey item: P&P III.A-9: Staffing Verification, Monthly clinical verification reports, OMG report, NPI license check log. The documentation lacks specific elements to demonstrate compliance with federal and/or State requirements. Specifically, the MHP has no process in place to verify new and current (prior to contracting with the periodically) providers and contractors are not in the Social Security Administration's Death Master File.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: The MHP to perform some research on the cost of accessing Social Security Administration's Death Master File.

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

SURVEY FINDING

DHCS reviewed the following documentation presented by the MHP for this survey item: Policy and Procedure III.A-9: Staffing Verification; III.A-10-Credentialing; and Re-Credentialing, Monthly clinical verification list. The documentation lacks specific elements to

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demonstrate compliance with federal and/or State requirements. Specifically, the MHP policy does not address limitations on providers' licenses.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: The MHP should add language regarding reviewing current limitations on the provider's licenses.

SECTION I: QUALITY IMPROVEMENT

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

SURVEY FINDING

DHCS reviewed the following documentation presented by the MHP for this survey item: I.B-1-Psychotropic Medication Guidelines, Medication monitoring checklist. The documentation provides sufficient evidence of compliance with federal and/or State requirements.

SUGGESTED ACTIONS

No further action required at this time.