

**FISCAL YEAR (FY) 2016/2017 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL
HEALTH SERVICES AND OTHER FUNDED SERVICES
HUMBOLDT COUNTY MENTAL HEALTH PLAN REVIEW
March 6-9, 2017
FINDINGS REPORT**

This report details the findings from the triennial system review of the **Humboldt County** Mental Health Plan (MHP). The report is organized according to the findings from each section of the FY 2016/2017 Annual Review Protocol for Consolidated Specialty Mental Health Services (SMHS) and Other Funded Services (Mental Health and Substance Use Disorder Services Information Notice No. 16-045), specifically Sections A-J and the Attestation. This report details the requirements deemed out of compliance (OOC), or in partial compliance, with regulations and/or the terms of the contract between the MHP and DHCS. The corresponding protocol language, as well as the regulatory and/or contractual authority, will be followed by the specific findings and required Plan of Correction (POC).

For informational purposes, this findings report also includes additional information that may be useful for the MHP, including a description of calls testing compliance of the MHP's 24/7 toll-free telephone access line and a section detailing information gathered for the 16 "SURVEY ONLY" questions in the protocol.

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

A Plan of Correction (POC) is required for all items determined to be out of compliance. The MHP is required to submit a POC to DHCS within 60 days of receipt of the findings report for all system and chart review items deemed out of compliance. The POC should include the following information:

- (1) Description of corrective actions, including milestones
- (2) Timeline for implementation and/or completion of corrective actions
- (3) Proposed (or actual) evidence of correction that will be submitted to DHCS
- (4) Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should propose an alternative corrective action plan to DHCS
- (5) Description of corrective actions required of the MHP's contracted providers to address findings

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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: NETWORK ADEQUACY AND ARRAY OF SERVICES	14	2	0/14		100%
SECTION B: ACCESS	48	0	5/48	6d3; 9a2; 9a3; 9a4; 10a	90%
SECTION C: AUTHORIZATION	26	2	0/26		100%
SECTION D: BENEFICIARY PROTECTION	25	0	1/25	6	96%
SECTION E: FUNDING, REPORTING & CONTRACTING REQUIREMENTS	NOT APPLICABLE				
SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	0/6		100%
SECTION G: PROVIDER RELATIONS	6	0	1/6	3b	83%
SECTION H: PROGRAM INTEGRITY	19	4	0/19		100%
SECTION I: QUALITY IMPROVEMENT	30	8	0/30		100%
SECTION J: MENTAL HEALTH SERVICES ACT	21	0	0/21		100%
TOTAL ITEMS REVIEWED	200	16	7		

Overall System Review Compliance

Total Number of Requirements Reviewed	216 (with 5 Attestation items)			
Total Number of SURVEY ONLY Requirements	16 (NOT INCLUDED IN CALCULATIONS)			
Total Number of Requirements Partial or OOC	7		OUT OF 200	
OVERALL PERCENTAGE OF COMPLIANCE	IN	96%	OOO/Partial	4%
	(# IN/200)		(# OOC/200)	

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ATTESTATION

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

SECTION B: ACCESS

PROTOCOL REQUIREMENTS	
B6d.	Does the MHP have policies, procedures, and practices that comply with the following requirements of title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973.
	1) Prohibiting the expectation that family members provide interpreter services?
	2) A client may choose to use a family member or friend as an interpreter after being informed of the availability of free interpreter services?
	3) Minor children should not be used as interpreters?
	<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.10 (c)(4) , 438.6(f)(1), 438.100(d), CFR, title 28, Part 35, 35.160(b)(1), CFR, title 28, Part 36, 36.303(c)</i> • <i>CCR, title 9, chapter 11, section 1810.410(a)-(e)</i> • <i>DMH Information Notice 10-02 and 10-17</i> • <i>Title VI, Civil Rights Act of 1964 (U.S. Code 42, section 2000d; CFR, title 45, Part 80)</i> • <i>MHP Contract, Exhibit A, Attachment I</i> • <i>CMS/DHCS, section 1915(b) waiver</i>

FINDINGS

The MHP did not furnish evidence it has policies, procedures, and practices, in compliance with title VI of the Civil Rights Act of 1964, ensuring minor children are not used as interpreters. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P#: 0100.604 Access to Interpreters & Culturally & Linguistically Competent Providers. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, The policy did not include verbiage stating minor children should not be used as interpreters. Protocol question(s) B6d3 is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has policies, procedures and practices, in compliance with title VI of the Civil Rights Act of 1964, prohibiting the expectation that family members provide interpreter services, ensuring clients are informed of the availability of free interpreter services before choosing to use a family member or friend as an interpreter, and ensuring minor children are not used as interpreters.

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PROTOCOL REQUIREMENTS	
B9a.	Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number:
	1) Does the MHP provide a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county?
	2) Does the toll-free telephone number provide information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met?
	3) Does the toll-free telephone number provide information to beneficiaries about services needed to treat a beneficiary's urgent condition?
	4) Does the toll-free telephone number provide information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes?
<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 February 9, 2017 at 8:38 am. The call was answered after one (1) ring via a live operator. The DHCS test caller requested information about accessing SMHS in the county. The operator requested the caller's birthdate and the caller responded with requested information. The operator advised the caller that if he/she was in crisis, the MHP offered same day services during business hours. The operator also advised the caller that for non-urgent issues, the caller would receive a callback to request for services within three (3) to five (5) working days. The operator advised that there would be a brief assessment over the phone including invitation for one-on-one services. The caller explained that he/she was not in crisis and had Medi-Cal. The caller asked if the location for the same day service is the same location for the one-on-one meeting with clinician. The operator replied in the affirmative and provided the address and phone number. 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 questions B9a2 and B9a3.

Test Call #2 was placed on February 9, 2017 at 10:17 pm. The call was initially answered after three (3) rings via a recorded greeting. The call was then transferred to a live operator. The DHCS test caller requested information about filing a complaint in the county. The operator advised that he/she was after hour staff and was unable to provide information regarding the grievance process. The operator advised the caller to call back during business hours for assistance on filing a grievance. The operator assessed the caller's condition by asking if he/she needed to speak with a counselor. The caller declined to speak with a counselor. The caller was not provided information about how to use the beneficiary problem resolution and fair hearing process. The caller was provided information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol question B9a3 and deemed not in compliance with the regulatory requirements for protocol question B9a4.

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Test Call #3 was placed on February 17, 2017 at 7:34 am. The call was answered after one (1) ring via a live operator. The DHCS test caller requested information about accessing SMHS in the county. The operator informed the caller to call back during business hours. The caller asked the operator if he/she could walk into the MHP and obtain information about SMHS. The operator stated that he/she did not have knowledge of that process and again advised to call back during business hours. The caller was not provided information about how to access SMHS nor was the caller provided information about services needed to treat a beneficiary's urgent condition. The call is deemed out of compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

Test Call #4 was placed on February 28, 2017 at 11:17 am. The call was answered after two (2) rings via a live operator. The DHCS test caller requested information about filing a complaint in the county. The operator offered to mail the grievance form to the caller and the caller declined the offer. The caller asked if he/she could walk into the clinic and obtain a grievance form. The operator advised the caller that he/she could obtain the grievance form in the lobby at the MHP. The caller was given the business hours, address, and telephone numbers to the MHP and the Patient Rights Advocate. The caller was provided information about how to use the beneficiary problem resolution and fair hearing process. The call is deemed in compliance with the regulatory requirements for protocol question B9a4.

Test Call #5 was placed on February 17, 2017 at 2:55 pm. The call was answered after three (3) rings via a live operator. The DHCS test caller requested information about accessing SMHS in the county. The operator asked the caller to provide his/her name and contact information and advised that a clinician would call him/her back within five (5) working days for an assessment. The operator advised the caller that a request for services would be the first step. No additional information about SMHS was provided to the caller. The caller was not provided information about how to access SMHS nor was the caller provided information about services needed to treat a beneficiary's urgent condition. The call is deemed out of compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

Test Call #6 was placed on February 23, 2017 at 11:50 am. The call was answered after one (1) ring via a live operator. The DHCS test caller requested information about accessing SMHS in the county. The operator referred the caller to Children's Mental Health (CMH) and provided the phone number. The caller dialed the phone number for CMH and a live operator answered the phone. The caller requested SMHS and the operator advised him/her that the clinician was at lunch. The operator offered to get the caller's name and phone number and clinician would call him/her back. The caller requested information regarding the process and the operator offered to get the caller's name and phone number and advised caller that a clinician would call him/her back within five (5) working days. The operator advised that a phone screening and assessment would be provided to assist in the referral process. The caller requested the address and business hours. The caller was provided information about how to access SMHS but was not provided information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol question B9a2 and is deemed not in compliance with the regulatory requirements for protocol question B9a3.

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Test Call #7 was placed on February 23, 2017 at 12:48 pm. The call was answered after six rings (6) rings via a live operator. The DHCS test caller requested information about accessing SMHS in the county. The operator asked if the caller was experiencing a crisis and the caller replied in the negative. The Operator requested the caller's name, date of birth, and contact phone number. The caller provided his/her name, but declined to provide any additional personal information. The Operator stated he/she would perform a phone assessment and then schedule the caller for an appointment at the clinic. The caller asked if he/she could walk into the clinic instead of scheduling an appointment and the operator replied in the affirmative. The operator provided the caller with the clinic address and hours of operation. The caller was advised that during a clinic visit, a clinician would conduct an assessment and afterwards, he/she would be scheduled to see a physician. 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 questions B9a2 and B9a3.

FINDINGS

Test Call Results Summary

Protocol Question	Test Call Findings								Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	#8	
9a-1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Not Applicable
9a-2	IN	N/A	OOC	N/A	OOC	IN	IN	N/A	60%
9a-3	IN	IN	OOC	N/A	OOC	OOC	IN	N/A	40%
9a-4	N/A	OOC	N/A	IN	N/A	N/A	N/A	N/A	50%

Protocol questions B9a2, B9a3 and B9a4 are deemed in partial compliance.

PLAN OF CORRECTION

The MHP will submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides a statewide, toll-free telephone number 24 hours a day, 7 days per week, with language capability in all languages spoken by beneficiaries of the county that will provide information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, services needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearing processes.

PROTOCOL REQUIREMENTS	
B10.	Regarding the written log of initial requests for SMHS:
B10a.	Does the MHP maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing?
B10b.	Does the written log(s) contain the following required elements:
	1) Name of the beneficiary?
	2) Date of the request?
	3) Initial disposition of the request?
<ul style="list-style-type: none"> CCR, title 9, chapter 11, section 1810.405(f) 	

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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#: 0704.874 – Toll-Free Managed care 888 Line. The log(s) made available by the MHP did not include the required entry for all DHCS test calls. 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	2/9/17	8:38 am	IN	IN	IN
3	2/17/17	7:33 am	IN	IN	IN
5	2/17/17	2:55 pm	IN	IN	IN
6	2/23/17	11:50 am	OUT	OUT	OUT
7	2/23/17	12:48 pm	IN	IN	IN
Compliance Percentage			80%	80%	80%

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 B10a is deemed in partial compliance.

PLAN OF CORRECTION:

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

SECTION D: BENEFICIARY PROTECTION

PROTOCOL REQUIREMENTS	
D6.	Is the MHP notifying those providers cited by the beneficiary (or otherwise involved in the grievance, appeal, or expedited appeal) of the final disposition of the beneficiary's grievance, appeal or expedited appeal?
<ul style="list-style-type: none"> CCR, title 9, chapter 11, section 1850.205(d)(6) 	

FINDING

The MHP did not furnish evidence it is notifying those providers cited by the beneficiary (or otherwise involved in the grievance, appeal, or expedited appeal) of the final disposition of the beneficiary's grievance, appeal or expedited appeal. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P#: 0704.540 – Provider Problem Resolution Process. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, documentation does not demonstrate that providers are notified in writing when cited by a beneficiary in a grievance, appeal or expedited appeal. Protocol question D6 is deemed OOC.

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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 notifies providers cited by a beneficiary (or otherwise involved in the grievance, appeal, or expedited appeal) of the final disposition of the beneficiary’s grievance, appeal or expedited appeal.

SECTION G: PROVIDER RELATIONS

PROTOCOL REQUIREMENTS	
G3.	Regarding the MHP’s ongoing monitoring of county-owned and operated and contracted organizational providers:
G3a.	Does the MHP have an ongoing monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified as per title 9 regulations?
G3b.	Is there evidence the MHP’s monitoring system is effective?
<ul style="list-style-type: none"> <li style="display: inline-block; width: 45%;"><i>• CCR, title 9, chapter 11, section 1810.435 (d)</i> <li style="display: inline-block; width: 45%;"><i>• MHP Contract, Exhibit A, Attachment I</i> 	

FINDINGS

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

TOTAL ACTIVE PROVIDERS (per OPS)	NUMBER OF OVERDUE PROVIDERS (at the time of the Review)	COMPLIANCE PERCENTAGE
27	1	96%

Protocol question G3B is deemed in partial compliance.

PLAN OF CORRECTION

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

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SURVEY ONLY FINDINGS

SECTION A: NETWORK ADEQUACY

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

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: P&P#: 1001.200 Authorization & Referral Process For In-County Intensive Home Based Services (IHBS); Katie A. Intensive Care Coordination (ICC); Contract with Remi Vista, Inc., and contract for Changing Tides Family Services. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

The MHP is demonstrating that it is maintaining and monitoring an appropriate network of providers to meet the anticipated needs of children/youth eligible for ICC and IHBS. The MHP is contracted with two organizational providers to assist in meeting regulatory requirements. The MHP collaborates with providers quarterly as well as running a quarterly data report to ensure services. No further action required at this time.

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

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Katie A. Subclass ID and Tracking log; P&P#: 0100.600 – Request for Access to Mental Health Services; P&P#: 1001.005 – Child and Adolescent Needs and Strengths(CANS) Comprehensive Tool; Welfare Services screening Mental Health Tool; and MHST Tracking Forms/Policy. The documentation provides sufficient evidence of compliance with federal and State requirements.

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SUGGESTED ACTIONS

The MHP utilizes both Request for Access Services (RAS) and The Mental Health Screening Tool (MHST) for child welfare as a mechanism to ensure all children and youth receive an assessment or referral. No further action required at this time.

SECTION C: AUTHORIZATION

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

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: P&P#: 0704.871 – Access to services for Clients Out of County, P&P#: 0704.873 Authorization of Out of Plan Services For Foster Care Children, and a Tracking Spreadsheet. The MHP demonstrates tracking by utilizing an Interagency Planning Committee that meets monthly to review tracking reports regarding authorizations and provision of children services to another MHP. The P&P#: 0704.873 Authorization of Out of Plan Services For Foster Care Children should be updated to reflect timely transfer within 48 hours of authorization to demonstrate compliance with federal and State requirements.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: MHP needs to update P&P#: 0704.873 Authorization of Out of Plan Services For Foster Care Children to reflect timely transfer within 48 hours of authorization and provision of SMHS for a child who will be placed “out of county”.

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

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SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: P&P#: 0704.871 – Access to services for Clients Out of County, P&P#: 0704.873 Authorization of Out of Plan Services For Foster Care Children, and a Tracking Spreadsheet. The MHP is in the process of implementing an Authorization Database that will contain reports relating to the tracking of assessments, referrals, and authorization of services for children by another MHP, as well as those placed within county. To demonstrate compliance with federal and State requirements, documentation should be updated to demonstrate a mechanism that ensures an assessment has been conducted and authorized within four (4) business days of receipt of a referral for SMHS for a child by another MHP.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: Updated documentation to demonstrate a mechanism that ensures an assessment has been conducted and authorized within four (4) business days of receipt of a referral for SMHS for a child by another MHP.

SECTION H: PROGRAM INTEGRITY

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

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Completed consent form, Query results of a database, sample of a contract with Remi Vista Inc., and P&P#: 0704.878 Provider Selection, Certification & Re-Certification. The MHP does require its providers to consent to a criminal background check as a condition of enrollment. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

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

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SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Completed consent form, Query results of a database, sample of a contract with Remi Vista, Inc., and P&P#: 0704.878 Provider Selection, Certification & Re-Certification. The documentation lacks specific elements to demonstrate compliance with federal and State requirements. Specifically, there is no verbiage regarding providers with a five (5) percent or more direct or indirect ownership interest to submit a set of fingerprints.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: Update documentation regarding providers with a five (5) percent or more direct or indirect ownership interest to submit a set of fingerprints.

PROTOCOL REQUIREMENTS	
H5a3.	<p>SURVEY ONLY: Is there evidence that the MHP has a process in place to verify new and current (prior to contracting/employing) providers and contractors are not in the Social Security Administration's Death Master File?</p> <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

SURVEY FINDING

There was no evidence submitted to demonstrate the MHP has a process in place to verify new and current providers and contractors are not in the Social Security Administration's Death Master File.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: Implement a process to verify new and current providers, and contractors are not in the Social Security Administration's Death Master File.

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

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: P&P#: 0704.980 Staff Worksheets. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

The MHP has a mechanism to verify all staff and contractors providing Medi-Cal billable Specialty Mental Health Services are required to have a completed staff worksheet, including his/her NPI number. No further action required at this time.

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SECTION I: QUALITY IMPROVEMENT

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

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: P&P#: 0407.413 Administration of Medications; P&P#: 0407.412 Informed Medication Consent; P&P#: 0407.205 Infosciber Computerized Prescription Program, and P&P#: Adverse Drug Reactions. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

The MHP has demonstrated a mechanism ensuring monitoring of psychotropic medication use, including monitoring psychotropic medication use for children/youth. No further action required at this time.

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

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: QI Tracking Forms; P&P#: 0704.940 Quality Improvement Tracking Forms Process, and P&P#: 0704.370 Quality Management Chart Review. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

The MHP utilizes QI Tracking Forms to uncover and record outliers or quality of care concerns. Medical Doctors also review issues during weekly medical staff meetings. No further action required at this time.

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

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Documentation Manual. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

MHP stated its practice guidelines consist of its Documentation Manual in conjunction with all its P&Ps. In addition, the MHP checks its own practice guidelines against those of other counties. No further action required at this time.

PROTOCOL REQUIREMENTS	
I11.	Regarding the 1915(b) Special Terms and Conditions (STC)
I11a1	SURVEY ONLY Has the MHP submitted data required for the performance dashboard per the STC requirements of the 1915(b) SMHS waiver?
I11a3.	SURVEY ONLY Does the MHP's performance data include the performance data of its contracted providers?
I11b.	SURVEY ONLY Does the MHP have a system in place for tracking and measuring timeliness of care, including wait times to assessments and wait time to providers?
<ul style="list-style-type: none"> • <i>1915(B) Waiver Special Terms and Conditions</i> 	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: QI Dashboard Data. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

MHP uses various reports from its authorization database to track and measure timeliness of care including wait times to assessments and wait times to providers. Examples of reports provided by the MHP include: Client Authorization Summary, QI Dashboard, RAS Timeliness Outpatient Show Rate (Arcata), and the Avatar Scheduling Calendar showing wait times. No further action required at this time.