

**FISCAL YEAR (FY) 2016/2017 ANNUAL REVIEW OF SPECIALTY MENTAL HEALTH SERVICES
AND OTHER FUNDED SERVICES
MARIN COUNTY MENTAL HEALTH PLAN REVIEW
June 5-8, 2017
FINDINGS REPORT**

This report details the findings from the triennial system review of the **Marin 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 (OOO) 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	6/48	B9a2, B9a3, B10b1, B10b2, B10b3, B13b	88%
SECTION C: AUTHORIZATION	26	2	2/26	C2c, C6d	92%
SECTION D: BENEFICIARY PROTECTION	25	0	1/25	D3a1	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	0/6		100%
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	1/21	J5d	96%
TOTAL ITEMS REVIEWED	200	16	10		

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	10		OUT OF 200	
OVERALL PERCENTAGE OF COMPLIANCE	IN	95%	OOO/Partial	5%
	(# IN/200)		(# OOC/200)	

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FINDINGS

ATTESTATION

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

SECTION B: ACCESS

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 April 12, 2017, at 10:29 p.m. The call was immediately answered via a recorded greeting. The call was then transferred to a live operator. The DHCS test caller requested information about filing a grievance in the county. The operator assessed the caller's condition by asking if he/she felt suicidal. The caller responded in the negative. The operator provided the caller with the telephone number for Grievance Advocate. The operator provided information on how to access complaint form via the county website. The operator also advised the caller that forms may be available in the lobby of the MHP. The operator asked the caller if he/she would like a call back from a counselor regarding additional services and the caller replied in the negative. The caller was provided information about how to use the beneficiary problem resolution and fair hearing process. The caller was provided information about services needed to treat a beneficiary's urgent condition. The call is deemed In Compliance with the regulatory requirements for protocol questions B9a3 and B9a4.

Test Call #2 was placed on May 10, 2017, at 2:20 p.m. The call was initially answered after one (1) ring via a live operator who asked if the caller is experiencing any psychiatric emergency. The caller replied in the negative and requested information on how to file a complaint. The operator asked the caller for some personal information and the caller informed the operator that he/she was not comfortable in providing that information. The

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operator informed the caller that he/she could request to see another therapist and/or provider. The caller informed the operator that he/she would just like to file a complaint. The operator informed the caller where to locate the grievance form and where the caller could drop off the grievance form for the Access Team to investigate. The operator informed the caller that he/she could call the access line 24/7 if he/she decides to talk or request a new therapist. The caller was provided information about how to use the problem resolution processes. The call is deemed In Compliance with the regulatory requirements for protocol questions B9a3 and B9a4.

Test Call #3 was placed on May 16, 2017, at 9:50 a.m. The call was initially answered after three (3) rings via a live operator. The caller requested information about accessing mental health services in the county. The operator asked the caller to provide his/her name and contact information should they get disconnected, and advised the caller if they were from Marin County. The caller replied in the negative and stated Los Angeles County and they were using a friend's phone. The operator advised the caller to contact Ridder Center at (415) 457-8182 to have their Medi-Cal changed before calling back to schedule an assessment. No additional information about SMHS was provided to the caller. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, nor was the caller provided information about services needed to treat a beneficiary's urgent condition. The call is deemed OOO with the regulatory requirements for protocol questions B9a2 and B9a3.

Test Call #4 was placed on May 16, 2017, at 9:55 a.m. The call was initially answered after two (2) rings via a live operator. The caller requested information about accessing mental health services in the county. The operator asked the caller to provide his/her name and contact information. The operator advised the caller that they can schedule an assessment over the phone and they have walk in services and provided location of the clinic, hours and days of operation, and after hours services. The caller was provided information about how to access SMHS, 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 questions B9a2 and B9a3.

Test Call #5 was placed on May 16, 2017, at 4:45 p.m. The call was initially answered after three (3) rings via a live operator. The caller stated his/her name and explained to the operator that he/she had just moved to Marin County, was running out of his/her anxiety medication, and wanted to know where and how to obtain a refill for his/her prescription. The caller also stated he/she had Medi-Cal, but had not yet transferred his/her Medi-Cal to Marin County. The operator stated that to be seen at their clinic, the caller must transfer his/her Medi-Cal first. However, the operator stated if the caller's condition became worse or if the caller began experiencing a crisis, or had thoughts of hurting himself/herself or others, the caller could be seen at Psychiatric Emergency Services. The caller asked where he/she could have his/her Medi-Cal transferred. The operator instructed the caller to call the Medi-Cal office in Marin County to have his/her Medi-Cal information transferred. The caller asked when his/her Medi-Cal is transferred, could he/she walk into their clinic and receive services. The operator stated the caller must give them a call back after his/her Medi-Cal had been transferred. At that time, the caller would receive a phone screening. If it was determined the caller met the requirements, the caller could either make an appointment, or walk into their

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clinic to receive services. The operator also stated if caller wanted to be seen earlier, he/she could possibly be seen at the Ritter Center. However, the operator stated the Ritter Center mostly dealt with anti-psychotic and depression medications. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and the caller was provided information about services needed to treat a beneficiary's urgent condition. The call is deemed In Compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

Test Call #6 was placed on May 17, 2017, at 4:18 p.m. The call was initially answered after five (5) rings via a live operator. The caller requested information about accessing mental health services in the county for depression. The operator asked the caller to provide his/her name and contact information. The operator proceeded with the screening and assessment, which took ½ hour. The operator needed to determine what kind of Medi-Cal the caller had in order to refer to Beacon Health Strategies for those who have Medi-Cal with Partnership for ongoing therapy. The operator encouraged the caller to call back with Medi-Cal or SSN information. The operator referred the caller to the Marin Community Clinic and provided its telephone number. The caller was provided information about how to access SMHS 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 B9a2 and B9a3.

Test Call #7 was placed on May 22, 2017, at 7:46 a.m. The call was initially answered after four (4) rings via a recorded greeting. The greeting informed the caller to call 911 if experiencing a life threatening emergency or stay on the line and a counselor would be available shortly. The operator answered the phone after four (4) rings and identified himself/herself. The operator asked for the caller's name, phone number, and age. The caller provided his/her name and age but declined to offer a phone number informing the operator that he/she was using a friend's phone. The caller requested information about accessing services. The operator asked if the caller had any suicidal thoughts. The caller replied in the negative. The operator asked if the caller was covered by Medi-Cal. The caller replied that he/she had Medi-Cal. The operator stated that the caller had called the after-hours line and he/she did not have access to the clinicians. However, the caller could leave a message and the day staff would call back in two (2) days or the caller could call back at 8 a.m. and someone would be available to assist the caller. Caller thanked the operator and stated that he/she would call back at 8:00 a.m. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, the caller 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.

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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	N/A
9a-2	N/A	N/A	OOO	IN	IN	IN	IN	N/A	80%
9a-3	IN	IN	OOO	IN	IN	IN	IN	N/A	80%
9a-4	IN	IN	N/A	N/A	N/A	N/A	N/A	N/A	100%

In addition to conducting the seven (7) test calls, DHCS reviewed the following documentation presented by the MHP as evidence of compliance: BHRS-37 Centralized Access to Care; Access Phone Procedures; Guidelines for Quality Management Test Calls to 24/7 Access Line (English and Spanish); Test Call Worksheet (English and Spanish); MHSUS Quality Improvement Committee Meeting Minutes; Quarterly 24/7 Access Line Test Call Data; MHSUS-Access 01; Access Line 24 hour Toll Free posting; 24/7 Test Call Quarterly Update Report Form; Contract with Optum; MOU for after hour phone coverage. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, callers were provided information on how to access SMHS and information about services to treat and urgent condition on 80% of the test calls. Protocol question(s) B9a2 and B9a3 is deemed in partial compliance.

PLAN OF CORRECTION

The MHP will submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides 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.

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) 	

FINDINGS

The MHP did not furnish evidence its written log(s) of initial requests for SMHS include requests made by phone, in person, or in writing. There is insufficient evidence the MHP consistently logs all requests made for SMHS by beneficiaries. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Call Log. The log(s) made available by the MHP did not include the required elements for all DHCS test calls. The table below details the findings:

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Test Call #	Date of Call	Time of Call	Log Results		
			Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
3	5/16/17	9:50 a.m.	IN	IN	IN
4	5/16/17	9:55 a.m.	IN	IN	IN
5	5/16/17	4:45 p.m.	IN	IN	IN
6	5/17/17	4:18 p.m.	OUT	OUT	OUT
7	5/22/17	7:46 a.m.	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(s) 10b1, 10b2, and 10b3 are deemed in partial compliance.

PLAN OF CORRECTION:

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

PROTOCOL REQUIREMENTS	
B13b.	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 	<ul style="list-style-type: none"> • 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: Memos to stakeholders; Email to staff; Training calendar; Monthly all staff meeting; Cultural Competency Curriculum Completion History. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not have evidence of follow up to ensure implementation and completion of cultural competency training for administrative and management staff and/or persons providing SMHS employed by or contracting with the MHP. Protocol question B13b 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 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 follow up of implementation of, cultural competency training for administrative and management staff as well as persons providing SMHS employed by or contracting with the MHP.

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SECTION C: AUTHORIZATION

PROTOCOL REQUIREMENTS	
C2.	Regarding Standard Authorization Requests for non-hospital SMHS:
C2a.	Does the MHP have written policies and procedures for initial and continuing authorizations of SMHS as a condition of reimbursement?
C2b.	Are payment authorization requests being approved or denied by licensed mental health professionals or waived/registered professionals of the beneficiary's MHP?
C2c.	For standard authorization decisions, does the MHP make an authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and within 14 calendar days following receipt of the request for service with a possible extension of up to 14 additional days?
C2d.	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"> • CFR, title 42, section 438.210(b)(3) • CFR, title 42, section 438.210(d)(1),(2) • CCR, title 9, chapter 11, sections 1810.253, 1830.220, 1810.365, and 1830.215 (a-g) 	

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 policy and procedure: BHRS-31 Service Authorization. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, three (3) of the fifty (50) SARs reviewed by DHCS were not adjudicated within the fourteen (14) calendar days.

PROTOCOL REQUIREMENT		# SARs IN COMPLIANCE	# SARs OOC	COMPLIANCE PERCENTAGE
C2b	SARs approved or denied by licensed mental health professionals or waived/registered professionals	50	0	100%
C2c	MHP makes authorization decisions and provides notice within 14 calendar days	47	3	94%
C2d	MHP makes expedited authorization decisions and provide notice within 3 working days	50	0	100%

Protocol question(s) C2c 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 complies with regulatory requirements regarding SARs for non-hospital SMHS services.

PROTOCOL REQUIREMENTS	
C6d.	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?

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

The MHP did not furnish 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: Policy #214-Notice of Action to Medi-Cal Beneficiaries; Grievance log; Sample of NOA-D (English and Spanish); Sample acknowledgment letter to the beneficiary. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, two (2) grievances were not adjudicated within the timeframe and no NOA-D was issued to the beneficiaries. Protocol question C6d 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.

SECTION D: BENEFICIARY PROTECTION

PROTOCOL REQUIREMENTS	
D3.	Regarding established timeframes for grievances, appeals, and expedited appeals:
D3a.	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?
D3b.	Does the MHP ensure required notice(s) of an extension are given to beneficiaries?
	<ul style="list-style-type: none"> <li style="width: 50%;">• CFR, title 42, section 438.408(a),(b)(1)(2)(3) <li style="width: 50%;">• CCR, title 9, chapter 11, section 1850.207(c) <li style="width: 50%;">• CCR, title 9, chapter 11, section 1850.206(b) <li style="width: 50%;">• 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. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: BHRS-19 Consumer Grievance Resolution. In addition, DHCS inspected a sample of grievances, appeals, and expedited appeals to verify compliance with regulatory requirements. In the review by DHCS it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, three (3) of the twenty (20) grievances were not resolved within the timeframe.

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	# REVIEWED	RESOLVED WITHIN TIMEFRAMES		REQUIRED NOTICE OF EXTENSION EVIDENT	COMPLIANCE PERCENTAGE
		# IN COMPLIANCE	# OOC		
GRIEVANCES	20	18	3	N/A	85%
APPEALS	N/A	N/A	N/A	N/A	N/A
EXPEDITED APPEALS	N/A	N/A	N/A	N/A	N/A

Protocol question D3a1 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 ensures grievances, appeals, and expedited appeals are resolved within established timeframes.

SECTION J: MENTAL HEALTH SERVICES (MHSA)

PROTOCOL REQUIREMENTS	
J5d.	Does the County ensure that a PSC/Case Manager or other qualified individual known to the client/family is available to respond to the client/family 24 hours a day, 7 days a week to provide after-hours interventions?
<ul style="list-style-type: none"> CCR, title 9, chapter 14, section 3620 	

FINDINGS

The County did not furnish evidence its PSC/Case Managers or other qualified individual is known to the client/family. DHCS reviewed the following documentation presented by the County as evidence of compliance: 24/7 Procedure for Full Service Partnership Clients and Business cards. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, after hour crisis telephone number is not enough to ensure that a PCS/Case Manager or other qualified individual is known to client/family. Protocol question J5d is deemed OOC.

PLAN OF CORRECTION

The County must submit a POC addressing the OOC findings for this requirement. The County is required to provide evidence to DHCS to substantiate its POC and to demonstrate that its PSC/Case Managers or other qualified individual are known to client/family.

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SURVEY ONLY FINDINGS

SECTION A: NETWORK ADEQUACY

PROTOCOL REQUIREMENTS	
A4b.	<p>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?</p>
<ul style="list-style-type: none"> • <i>Katie A Settlement Agreement</i> • <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: Procedure for Pathway to Wellbeing; Pathway to Well-Being from Division. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

PROTOCOL REQUIREMENTS	
A4d.	<p>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?</p>
<ul style="list-style-type: none"> • <i>Katie A Settlement Agreement</i> • <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 Procedures and Documentation Requirements; Katie A Subclass Certification Screening tool. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

SECTION C: AUTHORIZATION

PROTOCOL REQUIREMENTS	
C4d.	<p>SURVEY ONLY</p> <ol style="list-style-type: none"> 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"? 2) Does the MHP have a mechanism to track the transfer of the authorization and provision of services to another MHP?

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- | | |
|--|---|
| <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 | <ul style="list-style-type: none"> • 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: BHRIS-31 Service Authorization; SAR Procedural Checklist. The documentation lacks specific elements to demonstrate compliance with federal and State requirements. Specifically, there is no documentation that the MHP ensures timely transfer within 48 hours of the authorization and provision of SMHS for a child who will be placed “out of county. There is no mechanism to track the transfer of the authorization and provision of services to another MHP.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: Create a tracking log.

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>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <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 </td> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> • DMH Information Notice No. 09-06, • DMH Information Notice No. 97-06 • DMH Information Notice No. 08-24 </td> </tr> </table>		<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 	<ul style="list-style-type: none"> • 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: BHRIS-31 Service Authorization; SAR Procedural Checklist. The documentation lacks specific elements to demonstrate compliance with federal and State requirements. Specifically, there is no mechanism to track referrals for assessment and authorization of services for children placed in its county.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: Create a tracking log.

SECTION H: PROGRAM INTEGRITY

PROTOCOL REQUIREMENTS			
H4b.	<p>SURVEY ONLY:</p> <p>Does the MHP require its providers to consent to criminal background checks as a condition of enrollment per 42 CFR 455.434(a)?</p>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> • CFR, title 42, sections 455.101,455.104, and 455.416 </td> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> • MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements </td> </tr> </table>		<ul style="list-style-type: none"> • CFR, title 42, sections 455.101,455.104, and 455.416 	<ul style="list-style-type: none"> • MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements
<ul style="list-style-type: none"> • CFR, title 42, sections 455.101,455.104, and 455.416 	<ul style="list-style-type: none"> • MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements 		

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SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: BHRS-27 Excluded and Ineligible Provider List Checks-Exhibit L; BHRS-28 BHRS Provider Credentialing-Exhibit L; HHS-P-06 HHS Policy on Background Investigation Procedures- Attachment A and B; Sample letter to the provider. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

PROTOCOL REQUIREMENTS	
H4c.	<p>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)?</p> <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: BHRS-28 BHRS Provider Credentialing-Exhibit L; Instruction for completing provider disclosure statement; Sample of disclosure statement. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

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"> • <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 provided by the MHP for this survey item: BHRS-27 Excluded and Ineligible Provider List Checks-Exhibit L; Sample letter to provider; Professional Services Contract-Exhibit B. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

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

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: BHRIS-28 BHRIS Provider Credentialing-Exhibit L; Professional Services Contract-Exhibit B; Sample letter to provider. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

SECTION I: QUALITY IMPROVEMENT

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

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Marin County Policy on Psychotropic Medications for Dependent Children; MOU between the Marin County Division of Social Services and the Division of Behavioral Health and Recovery Services; Psychotropic Medication Application Review; Partnership Health Plan of California (PHC)-TAR and medication correspondence. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

PROTOCOL REQUIREMENTS	
I3c.	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?
<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: BHRIS-38 BHRIS Medication and Recovery Services; Email correspondence regarding issue with physician and actions taken. The documentation provides sufficient evidence of compliance with federal and State requirements.

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SUGGESTED ACTIONS

No further action required at this time.

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: Clozapine Practice Guideline reference; Trauma Transformed practices; Trauma Transformed meeting minutes with the MHP; Intern program; Clozapine onboarding for new BHRS providers; Email correspondence regarding Clozapine Registry Certification; Clozapine Certification Confirmation; Trauma Focused Cognitive Behavioral Therapy Training correspondence; Information on First Episode Psychosis; Vendor Invoices for training services. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

PROTOCOL REQUIREMENTS	
I11.	Regarding the 1915(b) Special Terms and Conditions (STC)
I11b.	SURVEY ONLY Does the MHP have a system in place for tracking and measuring timeliness of care, including wait times to assessments and wait time to providers?
<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: BHRS CSU & Access Contact Log; Evaluation of Quality Improvement Work Plan FY 16-17 Q3 Update. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.