

**FISCAL YEAR (FY) 2016/2017 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL  
HEALTH SERVICES AND OTHER FUNDED SERVICES  
ORANGE COUNTY MENTAL HEALTH PLAN REVIEW  
October 24-27, 2016  
FINDINGS REPORT**

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

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

The MHP will have fifteen (15) business days from receipt to review the findings report. If the MHP wishes to appeal the findings of the system review and/or the chart review, it may do so, in writing, before the 15-day period concludes. If the MHP does not respond within 15 days, DHCS will then issue its final report. The MHP is required to submit a Plan of Correction (POC) to DHCS within sixty (60) days after receipt of the final report for all system and chart review items deemed out of compliance. The POC should include the following information:

- (1) Description of corrective actions, including milestones
- (2) Timeline for implementation and/or completion of corrective actions
- (3) Proposed (or actual) evidence of correction that will be submitted to DHCS
- (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; and,
- (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  | 0   | 100%                                 |
| SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES        | 14                    | 2                 | 0                             | 16 | 0   | 100%                                 |
| SECTION B: ACCESS  | 48                    | 0                 | 2                             | 48 | B9a2;B9a4   | 96%                                  |
| SECTION C: AUTHORIZATION                                 | 26                    | 2                 | 0                             | 28 | 0   | 100%                                 |
| SECTION D: BENEFICIARY PROTECTION                        | 25                    | 0                 | 0                             | 25 | 0   | 100%                                 |
| SECTION E: FUNDING, REPORTING & CONTRACTING REQUIREMENTS | <b>NOT APPLICABLE</b> |                   |                               |    |   |                                      |
| SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE           | 6                     | 0                 | 0                             | 6  | 0   | 100%                                 |
| SECTION G: PROVIDER RELATIONS                            | 6                     | 0                 | 0                             | 6  | 0   | 100%                                 |
| SECTION H: PROGRAM INTEGRITY                             | 19                    | 4                 | 0                             | 23 | 0   | 100%                                 |
| SECTION I: QUALITY IMPROVEMENT                           | 30                    | 8                 | 0                             | 30 | 0   | 100%                                 |
| SECTION J: MENTAL HEALTH SERVICES ACT                    | 21                    | 0                 | 0                             | 21 | 0   | 100%                                 |
| <b>TOTAL ITEMS REVIEWED</b>                              | <b>200</b>            | <b>16</b>         | <b>2</b>                      |    |   |                                      |

**Overall System Review Compliance**

|   |                                   |     |                    |    |
|---|-----------------------------------|-----|--------------------|----|
| Total Number of Requirements Reviewed       | 200 (with 5 Attestation items)    |     |                    |    |
| Total Number of SURVEY ONLY Requirements    | 16 (NOT INCLUDED IN CALCULATIONS) |     |                    |    |
| Total Number of Requirements Partial or OOC | 2                                 |     | <b>OUT OF 200</b>  |    |
| <b>OVERALL PERCENTAGE OF COMPLIANCE</b>     | <b>IN</b>                         | 99% | <b>OOO/Partial</b> | 1% |
|   | (# IN/200)                        |     | (# OOO/20)         |    |

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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.

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

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

**Test Call #1** was placed on Wednesday, September 21, 2016 at 7:49 a.m. The call was initially answered after one (1) ring by a phone tree that offered options for each of the county's threshold languages. The phone tree advised routine callers to call back during business hours, but included an option for those with mental health concerns to be forwarded to a live operator. The DHCS test caller was forwarded to a recorded message stating, "No one is available. Please leave a message."

The caller immediately placed another call that was initially answered by a phone tree then forwarded to a live operator. The caller requested information on how to access SMHS for a minor child. The operator immediately assessed the minor's current condition. The operator explained the process for accessing SMHS including the process for walk-in services. The caller was provided a MHP clinic location and hours of operation. The caller was also provided information for urgent care services, including the availability of a 211 line and the MHP's assessment team. The caller was also advised to dial 911 for an emergency. The caller was

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provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met and services needed to treat a beneficiary's urgent condition. This call is deemed in compliance with the regulatory requirements for protocol questions B9a1, B9a2, and B9a3.

**Test Call #2** was placed on Wednesday, September 21, 2016 at 9:05 a.m. The call was initially answered after one (1) ring by a phone tree that offered options for each of the county's threshold languages. The phone tree advised routine callers to call back during business hours, but included an option for those with mental health concerns to be forwarded to a live operator. The caller was transferred to the operator who requested caller's name and inquired if the caller has thoughts of self-harm and the caller responded. The operator asked for the caller's Medi-Cal number and the caller responded that he/she was in the process of transferring Medi-Cal to the county. The operator stated that Medi-Cal needed to be transferred and until that happens the caller can get assistance from NAMI (National Alliance on Mental Health). The operator informed the caller of NAMI's hours, phone number, and confidentiality policy. The operator also provided Orange County web links and the phone number and hours of operation to an informational line. The caller was not provided information about how to access SMHS. However, the caller was provided information about services needed to treat a beneficiary's urgent condition. This call was deemed out of compliance with the regulatory requirements for protocol question B9a2 and in compliance with the regulatory requirements for protocol questions B9a1 and B9a3.

**Test Call #3** was placed on Friday, September 23, 2016, at 9:25 a.m. The call was initially answered after one (1) ring by a phone tree that offered options for each of the county's threshold languages. The phone tree advised routine callers to call back during business hours, but included an option for those with mental health concerns to be forwarded to a live operator. The call was answered by a live operator. The caller requested information about filing a complaint. The operator requested the caller's Medi-Cal number and date of birth. The caller provided date of birth and declined to offer Medi-Cal number. The operator provided the caller with the Appeal/Grievance telephone number, the Patient Rights Advocacy telephone number, and a toll free telephone number. However, the caller was not given information about how to access the grievance process without having to make an oral or written request. The call was deemed out of compliance with regulatory requirements for protocol question B9a4.

**Test Call #4** was placed on Sunday, September 25, 2016 at 9:12 p.m. The call was initially answered after one (1) ring by a phone tree that offered options for each of the county's threshold languages. The phone tree advised routine callers to call back during business hours, but included an option for those with mental health concerns to be forwarded to a live operator. The call was answered after three (3) rings by a live operator. The DHCS test caller requested information on how to access SMHS. The operator assessed the caller's current condition by asking if the caller felt like hurting self or someone else. The caller replied in the negative. The operator requested the caller's name, type of insurance and date of birth. The caller provided requested information. The operator explained the process in accessing SMHS including the process for walk-in and assessment services. The caller was provided the location, telephone number and hours of operation of the MHP. The operator advised that the access line was available 24/7. The caller was provided information about how to access

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SMHS and the caller was provided information about services needed to treat a beneficiary's urgent condition. This call is deemed in compliance with the regulatory requirements for protocol questions B9a1, B9a2, and B9a3.

**Test Call #5** was placed on Wednesday, October 5, 2016 at 3:04 p.m. and The call was initially answered after one (1) ring by a phone tree that offered options for each of the county's threshold languages. The phone tree advised routine callers to call back during business hours, but included an option for those with mental health concerns to be forwarded to a live operator. The DHCS test caller requested information about filing a complaint. The operator stated that the complaint is taken over the phone. The operator requested the caller's date of birth and telephone number. The caller provided his/her date of birth and declined to provide contact information. The operator assessed the caller's current condition by asking if the caller felt like hurting self or someone else. The caller replied in the negative. The operator asked if complaint was for SMHS provided in the county and the caller replied in the affirmative. The caller declined to provide details regarding the complaint. The operator advised the caller that additional information was required to assist with filing the complaint. The caller advised that he/she would call back with additional information. The operator explained the process after the grievance has been filed. The caller was not provided information about how to access the beneficiary problem resolution and fair hearing processes. The call is deemed not in compliance with regulatory requirements for protocol question B9a4. This call is deemed in compliance with the regulatory requirements for protocol questions B9a1.

**Test Call #6** was placed on Thursday, September 29, 2016 at 4:28 p.m. The call was initially answered after one (1) ring by a phone tree that offered options for each of the county's threshold languages. The phone tree advised routine callers to call back during business hours, but included an option for those with mental health concerns to be forwarded to a live operator. The DHCS test caller was transferred to a live operator. The DHCS test caller requested information on how to access SMHS. The operator assessed the caller's current condition by asking if the caller was in a safe place, was hurt, or felt suicidal. Caller replied in the negative. The operator explained the process in accessing SMHS including the process for walk-in and assessment services. The caller was provided the location, telephone number and hours of operation of the MHP. 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. This call is deemed in compliance with the regulatory requirements for protocol questions B9a1, B9a2, and B9a3.

**Test Call #7** was placed on Monday, October 3, 2016 at 7:40 a.m. The call was initially answered after one (1) ring by a phone tree that offered options for each of the county's threshold languages. The phone tree advised routine callers to call back during business hours, but included an option for those with mental health concerns to be forwarded to a live operator. The DHCS test caller was transferred to a live operator. The caller requested information about accessing SMHS. The operator assessed the caller's current condition by asking if the caller felt like hurting self or someone else. The caller replied in the negative. The operator requested the caller's name, type of insurance, date of birth, and contact information. The caller provided requested information with the exception of his/her contact information. The operator explained the process in accessing SMHS including the process for

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walk-in and assessment services. The operator provided several clinic locations and phone numbers. The operator informed the caller of the 24/7 resource line “211”. 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 B9a1, 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              | IN                 | IN  | IN  | IN  | IN  | IN  | IN  | N/A | 100%                  |
| 9a-2              | IN                 | OOO | N/A | IN  | N/A | IN  | IN  | N/A | 80%                   |
| 9a-3              | IN                 | IN  | N/A | IN  | N/A | IN  | IN  | N/A | 100%                  |
| 9a-4              | N/A                | N/A | OOO | N/A | OOO | N/A | N/A | N/A | 0%                    |

Protocol question B9a2 is deemed in partial compliance and protocol question B9a4 is deemed out of 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.

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**SURVEY ONLY FINDINGS**

**SECTION A: ACCESS**

| PROTOCOL REQUIREMENTS |   |
|-----------------------|---|
| A4b.                  | <p><b>SURVEY ONLY:</b><br/>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"> <li>• <i>Katie A Settlement Agreement</i></li> <li>• <i>Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care for Katie A Subclass Members</i></li> </ul> |

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Katie A. Semi-Annual Progress Report-April 2015. The report identifies county welfare department and county MHP representatives, potential subclass members, services provided to identified

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subclass members, and projected services. 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><b>SURVEY ONLY:</b><br/>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"> <li>• <i>Katie A Settlement Agreement</i></li> <li>• <i>Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care for Katie A Subclass Members</i></li> </ul>   |

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Katie A. Referral Process and Child and Family Team Guidelines; and Katie A. Subclass Eligibility Assessment Form. The documentation provides sufficient evidence of compliance with federal and State requirements.

**SUGGESTED ACTIONS**

No further action required at this time.

**SECTION C: BENEFICIARY PROTECTION**

| PROTOCOL REQUIREMENTS |  |
|-----------------------|--|
| C4d.                  | <p><b>SURVEY ONLY</b></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"> <li>• <i>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),</i></li> <li>• <i>WIC sections, 11376, 16125, 14716; 14717, 14684, 14718 and 16125</i></li> <li>• <i>DMH Information Notice No. 09-06,</i></li> <li>• <i>DMH Information Notice No. 97-06</i></li> <li>• <i>DMH Information Notice No. 08-24</i></li> </ul> |

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: P&P 01.01.01-Access to SMHS for Out of County Beneficiaries; Service Authorization Request; and Medi-Cal Authorization Client list. The MHP demonstrates a process to ensure timely transfer of SMHS for a child who will be placed "out of county" and a tracking mechanism to track the transfer of the authorization and provision of services to another MHP. However, the P&P#: 01.01.01 - Access to SMHS for Out of County Beneficiaries needs to be updated to reflect timely transfer within 48 hours of authorization and provision of SMHS for a child who will be placed "out of county".

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**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#: 01.01.01-Access to SMHS for Out of County Beneficiaries to reflect timely transfer within 48 hours of authorization and provision of SMHS for a child who will be placed “out of county”.

| <b>PROTOCOL REQUIREMENTS</b>  |  |
|---|--|
| C4e.  | <p><b>SURVEY ONLY</b></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"> <li>• 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),</li> <li>• WIC sections, 11376, 16125, 14716; 14717, 14684, 14718 and 16125</li> <li>• DMH Information Notice No. 09-06,</li> <li>• DMH Information Notice No. 97-06</li> <li>• DMH Information Notice No. 08-24</li> </ul> |  |

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: SB 785: Out-Of-County Medi-Cal Guidelines PPT; Service Authorization Request; and Medi-Cal Authorization Client list. The MHP demonstrates an assessment has been conducted and authorization of services occur within three (3) days. The documentation provides sufficient evidence of compliance with federal and State requirements.

**SUGGESTED ACTIONS**

No further action required at this time.

**SECTION H: PROGRAM INTEGRITY**

| <b>PROTOCOL REQUIREMENTS</b>   |   |
|--|---|
| H4b.   | <p><b>SURVEY ONLY:</b></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> |
| <ul style="list-style-type: none"> <li>• CFR, title 42, sections 455.101, 455.104, and 455.416</li> <li>• MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements</li> </ul> |   |

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: County of Orange Pre-Employment Procedures including applicant release and waiver; Live scan requirements; Contract agreement with Pathways Community Services, LLC – March 1, 2016 through June 30, 2018; and FAQs. 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  |   |
|--|---|
| H4c.   | <b>SURVEY ONLY:</b><br>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"> <li>• <i>CFR, title 42, sections 455.101, 455.104, and 455.416</i></li> <li>• <i>MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements</i></li> </ul> |   |

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Contract agreement with Pathways Community Services, LLC – March 1, 2016 through June 30, 2018. The documentation provides sufficient evidence of compliance with federal and State requirements.

**SUGGESTED ACTIONS**

No further action required at this time.

| PROTOCOL REQUIREMENTS                                       |  |
|---|--|
| H7.   | <b>SURVEY ONLY:</b><br>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: National Provider Identifier (NPI) packet; Tracking log screen shots; and Classifications required to have NPI numbers. 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.  | <b>SURVEY ONLY:</b><br>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: IRIS (EHR System) Medication Monitoring Functionality; Psychiatric Services Monitoring form; and Medication Record Review Form. 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  |   |
|--|---|
| I3c.   | <p><b>SURVEY ONLY:</b><br/>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"> <li>CFR, title 42, sections 455.410, 455.412 and 455.440</li> </ul> |   |

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Email Correspondence; Psychiatric Services Monitoring form; and Medication Record Review Form. The MHP has a process to identify and address quality of care outliers related to psychotropic medication use. However, the MHP needs to update documentation as evidence of 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 create a policy to document the process of identifying quality of care concerns or outliers related to psychotropic medication use and the appropriate actions taken to address the concerns.

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

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: CYS Trauma Assessment and Treatment Practice Guide; Suicide Assessment and Management with Children and Adolescents. The documentation provides sufficient evidence of compliance with federal and State requirements.

**SUGGESTED ACTIONS**

No further action required at this time.