

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

This report details the findings from the triennial system review of the San Francisco 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

Report Contents

<i>RESULTS SUMMARY: SYSTEM REVIEW</i>	2
<i>FINDINGS</i>	3
<i>SECTION B: ACCESS</i>	3
<i>SECTION C: AUTHORIZATION</i>	7
<i>SECTION D: BENEFICIARY PROTECTION</i>	9
<i>SECTION G: PROVIDER RELATIONS</i>	11
<i>SURVEY ONLY FINDINGS</i>	12

**System Review Findings Report
San Francisco County Mental Health Plan
Fiscal Year 2016/2017**

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	2/48	9a4,10b1	96%
SECTION C: AUTHORIZATION	26	2	5/26	1a,1c,2b,2c,6d	81%
SECTION D: BENEFICIARY PROTECTION	25	0	2/25	3a1,4a2	92%
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	84%
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	10		

**System Review Findings Report
San Francisco County Mental Health Plan
Fiscal Year 2016/2017**

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)	

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

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 22, 2017, at 3:45 p.m. The call was answered after one (1) ring via a phone tree directing the caller to select a language option, which included the MHP's threshold languages. After selecting the option for English, the caller then heard a recorded greeting and instructions to call 911 in an emergency. The caller was then transferred to a live operator. The caller requested information about how to file a complaint regarding a therapist in the county. The operator offered three options: The operator could mail the Grievance Form to caller's address; the caller could come into the office, pick up the form in the reception area, and deposit it into the box when completed; or the caller could leave a message for the Grievance Officer and provided the officer's number. The caller asked where the forms were located and the operator provided the address of 1380 Howard Street near 10th Street,

**System Review Findings Report
San Francisco County Mental Health Plan
Fiscal Year 2016/2017**

that the forms are located in the Behavior Health Access Center on the first floor, and they are open Monday through Friday, 8:00 a.m. to 5:00 p.m. The line offered language capabilities in the counties threshold language and the caller was provided information about how to use the beneficiary problem resolution and fair hearing processes. The call is deemed in compliance with the regulatory requirements for protocol questions B9a1, B9a3, and B9a4.

Test Call #2 was placed on March 7, 2017, at 7:50 a.m. The call was answered after three (3) rings by a live operator. After the caller requested Specialty Mental Health Services, the operator confirmed the caller was currently not in crisis and offered to have a clinician return the call. The operator asked for the caller's preferred language, address, and insurance coverage. The operator provided the hotline phone number for emotional support for caregivers and the Behavioral Health Access Center. The operator provided the address and hours of operations for the closest drop-in center to the caller. The line offered language capabilities in the counties threshold language. The caller was provided information about how to access specialty mental health services, including SMHS required to assess whether medical necessity criteria are met, and provided information about services needed to treat a beneficiary's urgent condition. The call is in deemed in compliance with the regulatory requirements for protocol questions B9a1, B9a2 and B9a3.

Test Call #3 was placed on March 30, 2017, at 12:13 p.m. The call was answered after one (1) ring via a phone tree directing the caller to select a language option, which included the MHP's threshold language. After selecting the option for English, the caller was instructed to dial 911 or go to the nearest hospital if it was a life-threatening emergency. The caller was connected to an operator who asked for the caller's name and Medi-Cal number. The caller provided the operator with his/her name but informed the operator that he/she did not feel comfortable providing the Medi-Cal number. The caller requested information about how to access services. The operator explained the intake process and then provided the caller with two clinic names, addresses, and hours of operation, and a telephone number for walk-in services. The operator also provided a telephone number to call 7 days a week to talk to a peer in the same situation. The caller thanked the operator and ceased the call. The line offered language capabilities in the counties threshold language. The caller was provided information about how to access specialty mental health services, 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 B9a1, B9a2, and B9a3.

Test Call #4 was placed on March 9, 2017, at 3:19 p.m. The call was answered immediately. The caller stated that he/she wanted to file a complaint. The operator inquired about the issue. The caller stated that he/she was dissatisfied with his/her counselor, and felt that the counselor did not understand the caller's issues. The operator asked identifying information. The caller provided his/her name and DOB. The operator stated that he/she would transfer the call to a clinician. The clinician who answered the line asked for the caller's name, DOB, and Social Security number. The caller provided his/her name and DOB but declined to provide his/her social security number. The clinician informed the caller that there were two people in the system with the same name so she needed the caller's social security number. The caller replied that he/she preferred not to provide it. The caller repeated his/her issue. The clinician stated that he/she could send the caller a form but needed the callers address. Another option

**System Review Findings Report
San Francisco County Mental Health Plan
Fiscal Year 2016/2017**

was not provided so the caller thanked the clinician and ended the call. The caller was not provided information about how to file a grievance. The call is deemed out of compliance with the regulatory requirements for protocol questions B9a4.

Test Call #5 was placed on March 26, 2017, at 12:32 p.m. The call was answered after one (1) ring via a live operator. The caller requested information about accessing SMHS in the county. The operator requested the caller's telephone number and stated he/she would have a therapist call him/her back during business hours for an assessment. The operator advised the caller of the assessment process. The caller declined to give operator his/her telephone and advised operator he/she would consider calling back during business hours. The caller asked the operator if he/she could just come into a clinic and the operator replied in the affirmative. The operator requested the caller's area of residence and provided the address and phone number of a clinic near caller's residence. The operator asked the caller if he/she needed immediate assistance and the caller replied in the negative. The operator also advised the caller of the 24/7 crisis line and provided telephone number. The operator advised caller that the crisis line could also be used if caller just needed to speak to someone. The caller was provided information regarding how to access specialty mental health services, including SMHS required to assess whether medical necessity criteria are met. The caller was also 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 March 27, 2017, at 11:07 a.m. The call was answered after two (2) rings via a live operator. The caller requested information about accessing mental health services in the county for her son. The operator asked the caller to provide his/her name and contact information, and advised the caller that someone from the county would contact the caller later in the week to schedule an assessment or he/she could connect the caller to one of the therapists right away. The operator provided the address, and hours of operation of a drop-in clinic. The operator also provided the phone numbers for a parenting support group as well as a peer talk line. The operator asked the caller if the caller's son was in crisis and if this was an urgent condition. The caller replied in the negative. The operator requested the caller's phone number. The caller declined to provide stating that he/she would call back.

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

Test Call #7 was placed on April 10, 2017, at 8:07 a.m. The call was answered after two (2) rings via a live operator. The caller stated his/her name; that he/she had Medi-Cal and informed the operator he/she had just moved to the county, was running out of his/her anxiety medication, and wasn't sure what was needed to do to get the prescription filled. The operator asked if the caller was experiencing a crisis or felt like he/she was going to hurt himself/herself. The caller replied in the negative to both questions. The operator asked the caller if he/she had transferred his/her Medi-Cal to San Francisco County. The caller replied in the negative. The operator advised caller to first contact the Medi-Cal Hotline to have his/her Medi-Cal transferred to San Francisco County, and provided the number. The caller asked if there were any walk-in services available near his/her residence at Sixth and Market Street. The operator provided an address

**System Review Findings Report
San Francisco County Mental Health Plan
Fiscal Year 2016/2017**

and phone number of a close medication clinic. The operator stated that the caller could walk in Monday-Friday from 8am-5pm, or Saturday from 9am-5pm to receive services. The operator advised the caller to arrive at least an hour-and-a-half before the clinic opens to ensure he/she will be seen. The operator also stated that the caller should bring all prescription bottles with him/her to the clinic. The caller was provided with information regarding how to access specialty mental health services, including SMHS required to assess whether medical necessity criteria are met. The caller was also 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	
9a-1	IN	IN	IN	N/A	N/A	N/A	N/A	100%
9a-2	N/A	IN	IN	N/A	IN	IN	IN	100%
9a-3	IN	IN	IN	N/A	IN	IN	IN	100%
9a-4	IN	N/A	N/A	OOO	N/A	N/A	N/A	50%

Protocol question 9a4 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 will provide information about 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) 	

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: Access Call Logs. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or

**System Review Findings Report
San Francisco County Mental Health Plan
Fiscal Year 2016/2017**

contractual requirements. Specifically, four of the five test calls were logged accurately; however, test call 5 did not include the beneficiary's name.

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
2	3/7/17	7:50 a.m.	IN	IN	IN
3	3/30/17	12:13 p.m.	IN	IN	IN
5	3/26/17	12:32 p.m.	OOC	IN	IN
6	3/27/17	11:07 a.m.	IN	IN	IN
7	4/10/17	8:07 a.m.	IN	IN	IN
Compliance Percentage			80%	100%	100%

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 B10b1 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 C: AUTHORIZATION

PROTOCOL REQUIREMENTS	
C1.	Regarding the Treatment Authorization Requests (TARs) for hospital services:
C1a.	Are the TARs being approved or denied by licensed mental health or waived/registered professionals of the beneficiary's MHP in accordance with title 9 regulations?
C1b.	Are all adverse decisions regarding hospital requests for payment authorization that were based on criteria for medical necessity or emergency admission being reviewed and approved in accordance with title 9 regulations by: 1) a physician, or 2) at the discretion of the MHP, by a psychologist for patients admitted by a psychologist and who received services under the psychologist's scope of practice?
C1c.	Does the MHP approve or deny TARs within 14 calendar days of the receipt of the TAR and in accordance with title 9 regulations?
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, sections 1810.242, 1820.220(c),(d), 1820.220 (f), 1820.220 (h), and 1820.215. • CFR, title 42, section 438.210(d) 	

FINDINGS

The MHP did not furnish evidence it complies with regulatory requirements regarding Treatment Authorization Requests (TARs) for hospital services. DHCS reviewed the MHP's authorization

**System Review Findings Report
San Francisco County Mental Health Plan
Fiscal Year 2016/2017**

policy and procedure: Inpatient Psychiatric Utilization Review/Payment Authorization Plan; Attachment A - TAR Review Timeline; and 100 TAR samples. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, four (4) of 100 TARS reviewed were approved past 14 calendar days of receipt. The TAR sample review findings are detailed below:

PROTOCOL REQUIREMENT		# TARS IN COMPLIANCE	# TARs OOC	COMPLIANCE PERCENTAGE
C1a	TARs approved or denied by licensed mental health or waived/registered professionals	97	3	97%
C1c	TARs approves or denied within 14 calendar days	96	4	96%

Protocol questions C1a and C1c are 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 Treatment Authorization Requests (TARs) for hospital services.

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"> • <i>CFR, title 42, section 438.210(b)(3)</i> • <i>CCR, title 9, chapter 11, sections 1810.253, 1830.220, 1810.365, and 1830.215 (a-g)</i> • <i>CFR, title 42, section 438.210(d)(1),(2)</i> 	

FINDINGS

The MHP did not furnish evidence it complies with regulatory requirements regarding standard authorization requests (SARs) for non-hospital SMHS services. DHCS reviewed the MHP's authorization policy and procedure: San Francisco Human Services Agency Family and Children's Services Handbook; Memorandum - Changes in TBS Authorization and Utilization Reviews; BHS Delegation Agreement; Outpatient Program Authorization PURQC Protocol; P&P Program Utilization Review Quality Committee; Timely Access Protocol on Placement of Beneficiary into the Private Provider Network. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, one (1) of the fifty (50) SARS reviewed was approved past 14 calendar days of

**System Review Findings Report
San Francisco County Mental Health Plan
Fiscal Year 2016/2017**

receipt and one (1) of the fifty (50) SARS reviewed was not signed by the clinician. The SAR sample review findings are detailed below:

PROTOCOL REQUIREMENT		# SARS IN COMPLIANCE	# SARs OOC	COMPLIANCE PERCENTAGE
C2b	SARs approved or denied by licensed mental health professionals or waived/registered professionals	50	1	98%
C2c	MHP makes authorization decisions and provides notice within 14 calendar days	50	1	98%
C2d	MHP makes expedited authorization decisions and provide notice within 3 working days	N/A	N/A	N/A

Protocol questions C2b and C2c are 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?
	<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 • MHP Contract, Exhibit A, Attachment I • CFR, title 42, section 438.206(b)(3) • CCR, title 9, chapter 11, section 1810.405(e)

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: Denial of Medi-Cal funding for Specialized Mental Health Services, Notice of Action. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP could not provide evidence that a NOA-D was issued for the three (3) grievances that were not resolved within the required 60-day period. Protocol question C6d is deemed in partial compliance.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it 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.

**System Review Findings Report
San Francisco County Mental Health Plan
Fiscal Year 2016/2017**

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"> • CFR, title 42, section 438.408(a),(b)(1)(2)(3) • CCR, title 9, chapter 11, section 1850.207(c) • CCR, title 9, chapter 11, section 1850.206(b) • CCR, title 9, chapter 11, section 1850.208.

FINDINGS

The MHP did not furnish evidence it ensures grievances, are resolved within established timeframes and/or required notice(s) of an extension are given to beneficiaries. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P BHS Client Complaint and Grievance Resolution, and 25 sample grievances. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, three (3) out of the twenty-five (25) grievances reviewed were not resolved within 60 days.

DHCS inspected a sample of twenty-five (25) grievances and one (1) appeal, to verify compliance with regulatory requirements.

	# REVIEWED	RESOLVED WITHIN TIMEFRAMES		REQUIRED NOTICE OF EXTENSION EVIDENT	COMPLIANCE PERCENTAGE
		# IN COMPLIANCE	# OOC		
GRIEVANCES	25	22	3	NO	88%
APPEALS	1	1	0	N/A	100%
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.

PROTOCOL REQUIREMENTS	
D4.	Regarding notification to beneficiaries:
	1) Does the MHP provide written acknowledgement of each grievance to the beneficiary in writing?

**System Review Findings Report
San Francisco County Mental Health Plan
Fiscal Year 2016/2017**

D4a.	2) Is the MHP notifying beneficiaries, or their representatives, of the <u>grievance disposition</u> , and is this being documented?
D4b.	1) Does the MHP provide written acknowledgement of each <u>appeal</u> to the beneficiary in writing?
	2) Is the MHP notifying beneficiaries, or their representatives, of the <u>appeal disposition</u> , and is this being documented?
D4c.	1) Does the MHP provide written acknowledgement of each <u>expedited appeal</u> to the beneficiary in writing?
	2) Is the MHP notifying beneficiaries, or their representatives, of the expedited appeal disposition, and is this being documented?
<ul style="list-style-type: none"> • CFR, title 42, section 438.406(a)(2) • CCR, title 9, chapter 11, section 1850.205(d)(4) • CFR, title 42, section 438.408(d)(1)(2) • CCR, title 9, chapter 11, sections 1850.206(b),(c), 1850.207(c),(h), and 1850.208(d),(e) 	

FINDINGS

The MHP did not furnish evidence it provides a written notification of disposition to beneficiaries for all grievances. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: BHS Client Complaint and Grievance Resolution Procedure; and 25 sample grievances. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, three (3) out of the twenty-five (25) grievances reviewed did not have the required disposition letter.

DHCS inspected a sample of twenty-five (25) grievances, and one (1) appeal to verify compliance with regulatory requirements.

	# REVIEWED	ACKNOWLEDGEMENT		DISPOSITION		COMPLIANCE PERCENTAGE
		# IN	# OOC	# IN	# OOC	
Grievances	25	25	0	22	3	88%
Appeals	1	1	0	1	0	100%
Expedited Appeals	N/A	N/A	N/A	N/A	N/A	N/A

Protocol question D4a2 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 provides written notifications of dispositions to beneficiaries for all grievances.

SECTION G: PROVIDER RELATIONS

PROTOCOL REQUIREMENTS	
G3.	Regarding the MHP's ongoing monitoring of county-owned and operated and contracted organizational providers:

**System Review Findings Report
San Francisco County Mental Health Plan
Fiscal Year 2016/2017**

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"> • <i>CCR, title 9, chapter 11, section 1810.435 (d)</i> • <i>MHP Contract, Exhibit A, Attachment I</i> 	

FINDINGS

The MHP did not furnish evidence it has an ongoing and effective monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified per title 9 regulations. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P CBHS Organization; Provider Medi-Cal Certification & Recertification; Mental Health Medi-Cal Provider Certification Manual, and the Medi-Cal Re/certification protocol. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, of the 102 Medi-Cal active providers in San Francisco four (4) were overdue for recertification at the time of the system review. Protocol question G3b is deemed in partial compliance.

DHCS reviewed its Online Provider System (OPS) and generated an Overdue Provider Report that 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
102	4	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.

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>

**System Review Findings Report
San Francisco County Mental Health Plan
Fiscal Year 2016/2017**

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: San Francisco Human Services Agency Family and Children’s Services Handbook out of Home Placement, Multi-Agency Services Team (MAST); Request for Proposal (RFP) 33-2016 with issue date of November 2, 2016; and a list of providers. The MHP reported five (5) WRAP providers with Seneca being the largest provider for Intensive Care Coordination (ICC) and In-Home Intensive Home Based Services (IHBS) services. The list of providers identifies providers that are available to provide ICC and IHBS services. These providers attend MAST to discuss screening, referrals, and authorizations for emotionally disturbed children. The RFP 33-2016 identifies the requirement of the delivery of ICC and IHBS 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>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: Shared Family Care Plan Template (Form 1110, Rev. 1/17); Child and Adolescent Needs and Strengths (CANS) Screening Tracking Log. All children are assessed through Foster Care Mental Health (FCMH) as well as through two Community Board Organizations (CBOs), Alternative Family Services and Seneca. The county is currently onboarding WestCoast as an additional provider. The CANS Screening Tracking Log records incoming referrals from Human Services Agencies for children in need of a mental health screening upon entering the child protective services system.

The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

**System Review Findings Report
San Francisco County Mental Health Plan
Fiscal Year 2016/2017**

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: SARS Tracking Logbook, pages 83, 85, 87, 89, and 91. The documentation lacks specific elements to demonstrate compliance with federal and State requirements. Specifically, the SARS Tracking Logbook did not provide evidence to support the timely transfer within 48 hours of the authorization. In the tracking logbook, the Authorization Date column was present, but there is not a date indicating when the transfer took place.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: add a column with dates that indicate when a transfer of the authorization was performed. Revise the SARS Tracking Log to reflect new state requirements for AB 1299 and to ensure its authorization and provision of SMHS for a child who will be placed out of county is transferred within 48 hours. Another recommendation would be to have an electronic SARS Tracking Log instead of a handwritten logbook for easier sorting and reporting.

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 	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: FCMH’s Handbook, CANS Screening Process Guide Once Assigned to a POD, page 31, and Foster Care Mental Health Client Service Log, page 35. The Foster Care Mental Health Client Service Log is used to log the date, activity type (such as Received Referral), content summary, duration, and disposition. The documentation lacks specific elements to demonstrate compliance with federal and State requirements. Specifically, the CANS Screening Process

**System Review Findings Report
San Francisco County Mental Health Plan
Fiscal Year 2016/2017**

Guide Once Assigned to a Pod Policy and Procedure indicates the referral should be marked for clinical case management or CANS assessment. The clinician is obligated to see the client face-to-face if they live within 50 miles of the city (Note: AFS and WestCoast will primarily be doing out-of-county referrals). The clinician needs to make appointments within five (5) business days of assignment. This is outside of the four (4) business days of receipt of a referral for SMHS for a child by another MHP requirement.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: update the CANS Screening Process Guide Once Assigned to a Pod policy to 4 business days instead of 5 business days to meet the requirement.

SECTION H: PROGRAM INTEGRITY

PROTOCOL REQUIREMENTS	
H4b.	<p>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)?</p>
<ul style="list-style-type: none"> • <i>CFR, title 42, sections 455.101, 455.104, and 455.416</i> 	<ul style="list-style-type: none"> • <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: Policy & Procedure #025 HealthRIGHT 360; Compliance Program – OIG Exclusion List Monitoring; Candidate Notice of Fingerprinting; Fingerprint Appointment Instructions; Information About the Hiring Process; Civil Service Commission Policy On Disclosure and Review of Criminal History Records; and Resolution No. 84-12 Employment Policies and Procedures Regarding Criminal History. As a candidate for employment with the City and County of San Francisco, an image of the fingerprints are captured and sent to the California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI). HealthRIGHT360 requires that all staff working at one of the BH facilities that provide services to children/youth be fingerprinted. Before any staff (including contracted staff), interns or volunteers may begin working at one of the youth locations, they must complete a Live Scan in order to determine if they have criminal history, which would compromise the safety of the children. Fingerprint information received from the DOJ is reviewed pursuant to DOJ directive.

The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

**System Review Findings Report
San Francisco County Mental Health Plan
Fiscal Year 2016/2017**

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> 	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Statement of Economic Interest “SEI” Form 700 Guidelines for Filing Period 2016/2017 & 2017/2018; Form 700 dated December 2016; Policy & Procedure # 025 HealthRIGHT 360; Compliance Program – OIG Exclusion List Monitoring; Candidate Notice of Fingerprinting; Fingerprint Appointment Instructions; Information About the Hiring Process; Civil Service Commission Policy On Disclosure and Review of Criminal History Records; and Resolution No. 84-12 Employment Policies and Procedures Regarding Criminal History. The Statement of Economic Interest “SEI” Form 700 Guidelines for Filing Period 2016/2017 & 2017/2018 is required of all DPH employees.

The documentation lacks specific elements to demonstrate compliance with federal and State requirements. Specifically, there was no evidence that any provider or person with a 5 percent or more direct or indirect ownership interest in the provider is required 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: develop a P&P and amend provider contracts to include language that requires a provider or any person with a 5 percent or more direct or indirect ownership interest in the provider to consent to a criminal background check and submit fingerprints within 30 days upon request from CMS or the Department of Health Care Services per 42 CFR 455.434(b)(1) and (2).

PROTOCOL REQUIREMENTS	
H5a3.	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?
<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: Compliance Program – OIG Exclusion List Monitoring Policy and Procedure; Master Death List

**System Review Findings Report
San Francisco County Mental Health Plan
Fiscal Year 2016/2017**

Webcrawl in Morrissey (MSOW) Emails and Screenshots; and SF DPH Compliance Program Policy and Procedure. The Department of Public Health, Human Resources provides the names of the individuals to be hired and provides required information to the DPH Compliance Office. Each individual prior to hiring is checked that they are not in the Social Security Death Master File. All Contractors/Agents are verified prior to hire and prior to contracting with CBHS. The Social Security Administration’s Death Master File is verified by Morrissey/MSOW Web Crawl. The verifications started on March 14, 2017.

The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

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: Compliance Program – OIG Exclusion List Monitoring Policy and Procedure; How to Apply for a National Provider Identifier (NPI) Number Instructions; and an example from NPPES of a valid NPI number. NPPES is monitored on a monthly basis for DPH CBHS Employees and DPH CBHS Contractors and Agents.

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>	

**System Review Findings Report
San Francisco County Mental Health Plan
Fiscal Year 2016/2017**

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: JV-220-223 Policy and Procedure 3.01-7; Safer Use of Psychotropic Medications in Children and Adolescents Guideline. Drug Utilization Evaluation Reports from Avatar are reviewed on a quarterly basis by drug, ethnicity, and gender categories. The psychiatrists and clinical pharmacists review psychotropic medications.

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: Two (2) secured emails outlining when two (2) client identifiers were not used for safe medication administration or distribution occurred, dated 11/9/16, and an issue surrounding a routine medication and the possibility of missing medication, dated 12/22/16.

MHP provided an email dated 11/9/16 regarding the issue of not using two client identifiers such as name and DOB as a standard of practice for safe medication administration or distribution. Based on the incident report received from the Director of Pharmacy, only the client name was checked. The safety practice is to ask for two (2) identifiers, even if the provider knows the client. The outcome of this email was that the expectations would be changed.

MHP provided an email dated 12/22/16 and concluded that there was a miscommunication between two providers. Both providers were contacted regarding an issue surrounding a routine medication count and the possibility of missing medication. Regarding the beneficiary involved, it was unclear what happened to the green sticker that denotes the palming procedure, which is initiated when medication is missing. Given the risk related to this issue, the outcome of this email was that on the day of the move of the client, a call would be made to the new program letting them know the medications and any special instructions. The provider will ensure that the green sticker that denotes the palming procedure is on the medication and has not been removed. The provider will also put in the discharge note and closing summary that the client is on the palming procedure.

**System Review Findings Report
San Francisco County Mental Health Plan
Fiscal Year 2016/2017**

The documentation provides sufficient evidence of compliance with federal and State requirements.

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: Safer Prescribing of Antidepressant Medication Guideline; Guideline to Promote Prescription Safety of Sedative-Hypnotics for CBHS Clients; Recommendations for Smoking Cessation Treatment; Approaches to Alcohol Use Disorder Medication-Assisted Treatment Guideline; Safer Prescribing of Antidepressants Guidelines and Safer Prescribing of Antipsychotics Guidelines Addendum 1 – Non Sedative-Hypnotic Treatment of Insomnia Toolkit; and Medical Quality Improvement Committee (MQIC Summary of Activities for 2016). The guidelines are available online under Medication Resources on the www.sfdph.org website. Safer Prescribing of Sedative-Hypnotics Monitoring was discussed at the Medical Quality Improvement Committee (MQIC) meeting. This was a follow-up to the PIP project 2013-2015. Another topic discussed was the Safer Use of Psychotropic Medications in Children and Adolescent Guidelines, which was approved on March 3, 2016. The Medication Use Improvement Committee (MUIC) included summary of activities from January 7, 2016 through November 3, 2016. Topics included Adult ADHD Treatment Guidelines, Drug Utilization Evaluation, Non Sedative-Hypnotic treatment of Anxiety, Trauma, and Obsessive-Compulsive Disorders Toolkit; Antidepressant Medication Utilization in BHS, and Clozapine Errors Review.

The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

**System Review Findings Report
San Francisco County Mental Health Plan
Fiscal Year 2016/2017**

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: Timely Access by Specific Program 38016 – Mission Family Center for Date Range 9/1/2016 to 9/30/2016; San Francisco Self-Assessment of Timely Access FY16-17 Site Reviews. The timeframe from the walk-in/call-in date to the appointment date offered was between 2 to 6 days for initial assessment. All appointments were offered within 10 business days. On the Time to Offered Appointment, of the San Francisco Self-Assessment of Timely Access FY16-17 Site Reviews, the average length of time from first request for service to date of appointment offered was 2.44 business days for All Services, 2.40 business days for Adult Services, and 2.85 business days for Children’s Services; MHP Standard or goal for the three categories is 10 business days.

The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.