

**FISCAL YEAR (FY) 2016/2017 TRIENNIAL REVIEW OF SPECIALTY MENTAL HEALTH SERVICES
AND OTHER FUNDED SERVICES
STANISLAUS COUNTY MENTAL HEALTH PLAN REVIEW
January 30 – February 2, 2017
FINDINGS REPORT**

This report details the findings from the triennial system review of the Stanislaus 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 be effective, the MHP should propose an alternative corrective action plan to DHCS
- (5) Description of correction actions required of the MHP’s contracted providers to address findings.

Report Contents

RESULTS SUMMARY: SYSTEM REVIEW 2

FINDINGS..... 3

SECTION B: ACCESS..... 3

SECTION C: AUTHORIZATION..... 8

SECTION I: QUALITY IMPROVEMENT 9

SURVEY ONLY FINDINGS 10

**System Review Findings Report
Stanislaus 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	8/48	B5d, B5e, B9a2, B9a3, B10b1, B10b2, B10b3, B13	84%
SECTION C: AUTHORIZATION	26	2	1/26	C2c	97%
SECTION D: BENEFICIARY PROTECTION	25	0	0/25		100%
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	2/30	I6e3, I6e4	94%
SECTION J: MENTAL HEALTH SERVICES ACT	21	0	0/21		100%
TOTAL ITEMS REVIEWED	200	16	11		

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

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

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	
B5c.	Do these written materials take into consideration persons with limited vision?
B5d.	Do these written materials take into consideration persons with limited reading proficiency (e.g., 6 th grade reading level)?
<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.10(d)(i),(ii)</i> • <i>CCR, title 9, chapter 11, sections 1810.110(a) and 1810.410(e)(4)</i> 	<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.10(d)(2)</i> • <i>MHP Contract, Exhibit A, Attachment I</i>

FINDINGS

The MHP did not furnish evidence its written materials take into consideration persons with limited reading proficiency (e.g., 6th grade reading level). Stanislaus County did not provide evidence of a process to determine the reading level of materials provided to the beneficiary. Protocol question B5d 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 its written materials take into consideration persons with limited vision and/or persons with limited reading proficiency (e.g., 6th grade reading level).

PROTOCOL REQUIREMENTS	
B5e.	Does the MHP have a mechanism for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and/or culturally appropriate field testing)?
<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.10(d)(i),(ii)</i> • <i>CCR, title 9, chapter 11, sections 1810.110(a) and 1810.410(e)(4)</i> 	<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.10(d)(2)</i> • <i>MHP Contract, Exhibit A, Attachment I</i>

FINDINGS

The MHP did not furnish evidence it has a mechanism for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and/or culturally appropriate field-testing). DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Principles and Practices of Interpreting in a Behavioral Health Setting Training, and Oral Interpretation Instructions. However, it was determined the

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

documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not have a mechanism of ensuring the accuracy of translated materials. Protocol question B5e 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 mechanism for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and/or culturally appropriate field-testing).

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 December 27, 2016, at 7:26 am. The call was answered after one (1) ring via a live operator. Caller stated that he/she wanted to file a complaint. Operator asked callers name, then explained that he/she could take callers address and mail the information to him/her. The operator explained that the caller could also go to the office where caller wanted to file the complaint and the forms are posted in the lobby. The forms are identified as Grievances, Appeals, and Expedited Appeals. In addition, the operator provided the caller with the Patient Rights Advocate phone number. The caller was provided information about the beneficiary problem resolution and fair hearing processes. This call was deemed in compliance with the regulatory requirements for protocol question B9a4.

Test Call #2 was placed on November 30, 2016, at 7:30 am. The call was answered after two (2) rings via a live operator. The caller stated they wanted to file a grievance; the operator offered to mail the caller a grievance form that could be completed and mailed back. The operator also stated that the caller could get a form from a receptionist at any clinic. The operator provided information about the beneficiary problem resolution and fair hearing processes. The call was deemed in compliance with regulatory requirements for protocol question B9a4.

Test Call #3 was placed on December 28, 2016, at 9:26 pm. The call was answered via a live operator. The caller requested information about accessing specialty mental health services in

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

the county. The operator asked the caller if he/she was in a state of depression and required immediate services. The caller replied in the negative. The operator advised the caller of the assessment/screening process, and various types of treatments including counseling and/or psychotropic medication. The operator advised the caller to call the access line during business hours to complete the assessment/screening process and obtain a clinic location applicable to their treatment needs. The caller asked if there was a walk-in facility where he/she could go. The operator stated that due to the multiple locations, to call during business hours for an initial assessment in order to identify the most appropriate clinic to meet the caller's treatment needs. The operator reminded the caller that the access line is available 24/7 if he/she needed immediate services. The caller was provided information about 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. This call was deemed in compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

Test Call #4 was placed on January 5, 2017, at 7:39 am. The call was answered after one (1) ring 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 insurance information. The caller provided his/her name and stated Medi-Cal. The operator explained the assessment process and said he/she can have someone call to schedule an appointment. The operator asked the caller if he/she would provide a telephone number. The caller informed the operator that he/she is borrowing a phone from a friend and does not have a telephone number to provide. The operator asked if the caller was in a safe place and if he/she was suicidal. The caller responded that he/she is safe and was not suicidal. The operator provided the telephone number and hours to the Medical Access Team, so the caller could schedule an appointment for an evaluation. The caller was provided information about 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. This call was deemed in compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

Test Call #5 was placed on December 28, 2016, at 12:45 pm. The operator answered the call after three (3) rings via a live operator. The caller stated he/she had just moved to Stanislaus County, ran out of his/her anxiety medication, and was not sure what he/she needed to do to see a doctor to get the prescription refilled. The operator explained she was a clinician who was covering the phones while others were at lunch, but would do her best to assist the caller. The operator asked for the caller's name and a call back number. The caller stated his/her name and explained he/she was using a friend's phone and was not comfortable giving the operator the number. The operator asked if the caller had transferred his/her Medi-Cal to Stanislaus County. The caller stated he/she had not yet transferred his/her Medi-Cal information. The operator then provided the caller with information regarding which clinic he/she could be seen at (phone number, days and hours of operation), a brief description of the screening process, and what to bring to the clinic (Medi-Cal Information and photo I.D.). The caller was provided information about how to access specialty mental health services, including SMHS required to assess whether medical necessity criteria are met. The caller was not provided information about services needed to treat a beneficiary's urgent condition. This call was deemed in

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

compliance with the regulatory requirements for protocol question B9a2, and OOC with regulatory requirements for protocol question B9a3.

Test Call #6 Call removed

Test Call #7 was placed on January 13, 2017, at 8:30 am. The call was answered after one (1) ring via a live operator. The caller requested information about accessing mental health services in the county regarding a refill for anxiety medication. The operator asked the caller to provide his/her name and contact information (phone number, Medi-Cal number, and SSN.) The caller explained that he/she borrowed a friend’s phone and did not know the Medi-Cal number and SSN and wanted to know if he/she can bring their cards when seen. The operator explained that he/she could not help the caller unless those numbers were provided. No additional information about SMHS was provided to the caller. The caller was not provided information about how to access specialty mental health services, 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 was deemed OOC 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	N/A	N/A	N/A	N/A	N/A	Removed	N/A	N/A
9a-2	N/A	N/A	IN	IN	IN		OOC	75%
9a-3	N/A	N/A	IN	IN	OOC		OOC	50%
9a-4	IN	IN	N/A	N/A	N/A		N/A	100%

Protocol questions B9a2 and B9a3 were deemed in partial compliance.

PLAN OF CORRECTION

The MHP will submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC, and to demonstrate that it provides a statewide, toll-free telephone number 24 hours a day, 7 days per week that will provide information to beneficiaries 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.

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

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: The MHP's Access call logs. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, three (3) out of the five (5) test calls were not logged. 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
3	12/28/16	9:26 pm	OOC	OOC	OOC
4	01/05/17	7:39 am	IN	IN	IN
5	12/28/16	12:45 pm	OOC	OOC	OOC
6	01/10/17	10:03 am	Removed	Removed	Removed
7	01/30/17	8:30 am	OOC	OOC	OOC
Compliance Percentage			25%	25%	25%

Please note: Only calls requesting information about SMHS, including services needed to treat a beneficiary's urgent condition, are required to be logged.

Protocol questions B10b1, B10b2, and B10b3 were 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	
B13a.	Regarding the MHP's plan for annual cultural competence training necessary to ensure the provision of culturally competent services:
	1) Is there a plan for cultural competency training for the administrative and management staff of the MHP?
	2) Is there a plan for cultural competency training for persons providing SMHS employed by or contracting with the MHP?
	3) Is there a process that ensures that interpreters are trained and monitored for language competence (e.g., formal testing)?

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

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: Policy and Procedure #60.3.103 Core Competency Training; the Training Checklist for Leadership Staff; The Training Checklist for Stanislaus Recovery Center staff and AOD Services Staff; Attendance Report and Sign in sheets for the California Brief Multicultural Training; and the BHRIS Training Plan for 2015-2016. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the policy identifies that the employee’s manager is responsible for ensuring that the employee attends the required core competency training. However, the MHP has not developed a system to track that all employees have attended the training, and enforce a corrective action plan for employees that have not completed the required classes. Protocol questions 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 implementation of a tracking mechanism for the individuals who have completed the cultural competency training. In addition, the policy should include a corrective action plan if the training was not completed.

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?

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

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) • CCR, title 9, chapter 11, sections 1810.253, 1830.220, 1810.365, and 1830.215 (a-g) • CFR, title 42, section 438.210(d)(1),(2)

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: Guide for Assessments, Authorizations, Treatment Plans, Service Documentation and Signature Timeframes, and a sample of 25 SARS to verify compliance with regulatory requirements. The MHP's P&P is consistent with state and federal requirements. However, one (1) out of the 25 SARS in the sample was not approved or denied within 14 calendar days following receipt of the request for service.

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	25	0	100%
C2c	MHP makes authorization decisions and provides notice within 14 calendar days	24	1	96%
C2d	MHP makes expedited authorization decisions and provide notice within 3 working days	n/a	n/a	n/a

Protocol question 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.

SECTION I: QUALITY IMPROVEMENT

PROTOCOL REQUIREMENTS	
I6.	Regarding the QM Work Plan:
I6a.	Does the MHP have a QM Work Plan covering the current contract cycle with documented annual evaluations and documented revisions as needed?
I6b.	Does the QM Work Plan include evidence of the monitoring activities including, but not limited to, review of beneficiary grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, provider appeals, and clinical records review?

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

16c.	Does the QM Work Plan include evidence that QM activities, including performance improvement projects, have contributed to meaningful improvement in clinical care and beneficiary service?
16d.	Does the QM work plan include a description of completed and in-process QM activities, including:
	1) Monitoring efforts for previously identified issues, including tracking issues over time?
	2) Objectives, scope, and planned QM activities for each year?
16e.	Does the QM work plan include a description of mechanisms the Contractor has implemented to assess the accessibility of services within its service delivery area, including goals for:
	1) Responsiveness for the Contractor's 24-hour toll-free telephone number?
	2) Timeliness for scheduling of routine appointments?
	3) Timeliness of services for urgent conditions?
16f.	Does the QM work plan include evidence of compliance with the requirements for cultural competence and linguistic competence?
	<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.440(a)(5) • DMH Information Notice No. 10-17, Enclosures, Pages 18 & 19, and DMH Information Notice No. 10-02, Enclosure, Page 23 • MHP Contract, Exhibit A, Attachment I • CCR, tit. 9, § 1810.410 • CFR, title 42, Part 438-Managed Care, sections 438.204, 438.240 and 438.358.

FINDINGS

The MHP did not furnish evidence it has a QM/QI work plan that includes a description of mechanisms the MHP has implemented to assess the accessibility of services within its service delivery area including required goals. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Stanislaus County Behavioral Health and Recovery Services Annual Quality Management Work Plan FY 2015-2016. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, The QM work plan did not include goals for timeliness of services for urgent conditions and goals for access to after-hours care. Protocol questions 16e(3) and 16e(4) are deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a QM/QI work plan covering the current contract cycle, with goals addressing timeliness of services for urgent conditions, and access to after-hours care.

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>

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

- | | |
|---|--|
| <ul style="list-style-type: none"> • <i>Katie A Settlement Agreement</i> | <ul style="list-style-type: none"> • <i>Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care for Katie A Subclass Members</i> |
|---|--|

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Stanislaus County Mental Health Services Contract Medi-Cal Providers; and Stanislaus County Child and Family Team Pathways to Well-Being Service Plan. Document identifies the specific providers used to meet the anticipated need of children eligible for 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>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> • <i>Katie A Settlement Agreement</i> </td> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> • <i>Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care for Katie A Subclass Members</i> </td> </tr> </table>		<ul style="list-style-type: none"> • <i>Katie A Settlement Agreement</i> 	<ul style="list-style-type: none"> • <i>Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care for Katie A Subclass Members</i>
<ul style="list-style-type: none"> • <i>Katie A Settlement Agreement</i> 	<ul style="list-style-type: none"> • <i>Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care for Katie A Subclass Members</i> 		

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Policy & Procedure #90.3.105 Katie A-Access to Mental Health Services. The documentation outlines the elements to demonstrate compliance with federal and State requirements. Specifically, the process includes that the Child Welfare Behavioral Health clinician will complete assessments on all children and youth between 3 months and 18 years of aged. If the child meets medical necessity for Specialty Mental Health Services (SMHS), appropriate referrals will be provided. If the child does not meet medical necessity the staff will send the screening and transition tools to the Managed Care Plan when appropriate.

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
Stanislaus 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: Children’s System of Care Protocol Guide for Assessments, Authorizations, Treatment Plans, Service Documentation and Signature Timeframes, Sierra Vista Child & family Services Service Authorization Request Process; SAR process for Leap and Bounds; SARS meeting minutes; and SB 785 Service Authorization Request Protocol. The Service Authorization Request protocol outlines how the MHP processes out of county request for services including authorization for services. The protocol indicates that the MHP usually approves services within 1-2 days. There is no evidence to support timely transfer within 48 hours of the authorization.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements. Revise the protocol to reflect the 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.

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: Quality Services (QS) and Utilization Management (UM) Assessment, Authorization, Treatment Plan Guide; Stanislaus County Agenda and Sign-In sheet for Tracking Pre-Approved SARS, dated 12-22-16; Foster Care Kin Gap Referral tracking log; and The Screening Log. The QS and UM Assessment, Authorization, Treatment Plan Guide addresses authorizations for clients

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

referred from another county for EPSDT services (SB 785). The Foster Care-Kin Gap referrals tracks the county of origin and the authorization period, but it does not identify the date of the request. The screening log tracks the date the referral was received date of the comprehensive assessment, processing date, and the provider. The documentation lacks sufficient evidence of compliance with federal and State requirements. Specifically, the process does not indicate that the assessment and authorization occurs within four (4) business days of receipt of a referral for SMHS for a child by another MHP.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements. Amend the QS and UM Assessment, Authorization, Treatment Plan Guide process to indicate that assessments are conducted and authorization of services occur within four (4) business days of receipt of a referral for SMHS for a child by another MHP.

SECTION H: PROGRAM INTEGRITY

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

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Policy #60.2.106 Pre-Employment Background Investigation; The Provider Agreement between Stanislaus County Behavioral Health and Recovery Services and Sierra Vista Child and Family Services Outpatient Services; and the Personnel Manual Pre-Employment/Post-offer. The contract specifies that staff providing services under the agreement shall have successfully passed a criminal background check appropriate to their job classification and duties. The county policy requires that a pre-employment background investigation include a reference check, medical examination, and fingerprinting on potential new hires. In addition, the Personnel Manual includes the county’s fingerprinting requirements.

SUGGESTED ACTIONS

No further action required at this time.

PROTOCOL REQUIREMENTS	
H4c.	SURVEY ONLY: Does the MHP require providers, or any person with a 5 percent or more direct or indirect ownership interest in the provider to submit a set of fingerprints per 42 CFR 455.434(b)(1)?

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

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| <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 |
|---|---|

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Stanislaus County Personnel Manual Pre-Employment/Post-Offer ordinances; Exhibit E- Department of Health Care Services Mental Health Plan additional Terms and Conditions 2016/2017; and Personnel Manual Pre-Employment/Post-offer. Exhibit E identifies the MHP’s disclosure requirements regarding ownership and control. It requires that the contractor submit disclosures to the BHRS Contracts Manager upon submitting the provider application, and before entering into or renewing a contract with the county. However, it does not include the necessary requirement for fingerprinting.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: 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 pursuant to 42 CFR 455.434(b)(1) and (2).

PROTOCOL REQUIREMENTS	
H5a3.	<p>SURVEY ONLY: Is there evidence that the MHP has a process in place to verify new and current (prior to contracting/employing) providers and contractors are not in the Social Security Administration’s Death Master File?</p>
<ul style="list-style-type: none"> • CFR, title 42, sections 438.214(D), 438.610, 455.400-455.470, 455.436(B) • DMH Letter No. 10-05 • MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements 	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Policy and Procedure #60.2.129 Monitoring and Verification of BHRS Employees and Organization Contractor Provider’s eligibility to participate in Federal Health Care programs; and the New Employee Appointment form. The MHP identified that they are checking the Social Security Administration’s Death Master File as part of their screening process. The policy identifies that verification is conducted during the application screening process for new hires and contractors. Prior to hire, as part of the background process, all potential full-time, and/or Personal Service Contractor staff are verified by the BHRS Human Resources division upon the application screening process to ensure that the individual is not included in the Social Security Administration’s Master Death File. In the event the applicant is included in the file, the applicant will be deemed as ineligible to claim for Medi-cal services and considered disqualified for hire.

**System Review Findings Report
Stanislaus 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	
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: Policy and Procedure #60.2.129 Monitoring and Verification of BHRS Employees and Organization Contractor Provider’s Eligibility to participate in Federal Health Care Program; New Employee Appointment form; a screenshot of Anasazi Central identifying the billing parameters that requires the NPI number; and the provider contract with Sierra Vista Child and Family Services. The policy identifies that, as part of the application screening process the Human Resources Division will verify that the information in the NPPES system is valid and current. If it is not present or accurate, the applicant is provided with the information to obtain a valid number. The provider contract identifies that the contractor must obtain a National Provider Identifier (NPI). 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: Policy & Procedure #80.3.100 MD/RN Peer Review-Outpatient; and the MD/RN Peer Review Worksheet. The policy establishes a process of random sampling of individuals who are on medications. A peer review process is conducted quarterly. The information collected during the peer review is used to identify trends and deficiencies. This process is also a good method to improve staff knowledge and understanding of the use of psychotropic medication.

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

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: Amend current policy to specify the sampling of children and youth who are on psychotropic medication.

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: Policy & Procedure #80.3.100 MD/RN Peer Review - Outpatient; and the MD/RN Peer Review Worksheet. The process of the peer review includes that if the peer reviewer feels that deficiencies, comments, and recommendations continue with little change or response the Medical Director will be notified. The Medical Director will then discuss the issue with the Psychiatrist/RN involved. 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

The MHP did not provide evidence for these three (3) survey questions.

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

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: develop and adopt practice guidelines that are in accordance with state and federal requirements, disseminate those guidelines to beneficiaries and contracted providers, and ensure practices are consistent with those guidelines.

PROTOCOL REQUIREMENTS	
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: QM Medi-Cal Key Indicators for FY 15/16; No show tracking sheet FY 2016-17; Timeliness of Assessment report 2016-2017; Teen-ASI Tracking report 2016-17; and the December 2016 Timely Access Report. The documentation provides sufficient evidence of compliance with federal and State requirements. Specifically, the December 2016 Timely Access report provides data regarding the first request date, assessment date, first assignment date after the assessment, and the wait times between each contact.

SUGGESTED ACTIONS

No further action required at this time.