FISCAL YEAR (FY) 2016/2017 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES
TRINITY COUNTY MENTAL HEALTH PLAN REVIEW
May 1-4, 2017
FINDINGS REPORT

This report details the findings from the triennial system review of the **Trinity 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 purpose an alternative corrective action plan to DHCS
(5) Description of corrective actions required of the MHP's contracted providers to address findings

Report Contents

RESULTS SUMMARY: SYSTEM REVIEW

SYSTEM REVIEW SECTION	TOTAL ITEMS REVIEWED	SURVEY ONLY ITEMS	TOTAL FINDINGS PARTIAL or OOC	PROTOCOL QUESTIONS OUT-OF-COMPLIANCE (OOC) OR PARTIAL COMPLIANCE	IN COMPLIANCE PERCENTAGE FOR SECTION
ATTESTATION	5	0	0/5	N/A	100%
SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES	14	2	0/14	N/A	100%
SECTION B: ACCESS	48	0	3/48	B9a2; B9a3; 10a	94%
SECTION C: AUTHORIZATION	26	2	2/26	C1a; C2c	92%
SECTION D: BENEFICIARY PROTECTION	25	0	0/25	N/A	100%
SECTION E: FUNDING, REPORTING & CONTRACTING REQUIREMENTS	**NOT APPLICABLE**				
SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	0/6	N/A	100%
SECTION G: PROVIDER RELATIONS	6	0	0/6	N/A	100%
SECTION H: PROGRAM INTEGRITY	19	4	0/19	N/A	100%
SECTION I: QUALITY IMPROVEMENT	30	8	0/30	N/A	100%
SECTION J: MENTAL HEALTH SERVICES ACT	21	0	0/21	N/A	100%
TOTAL ITEMS REVIEWED	**200**	**16**	**5**		

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	**5**		**OUT OF 200**	
OVERALL PERCENTAGE OF COMPLIANCE	**IN** (# IN/200)	97.5%	**OOC/Partial** (# OOC/200)	2.5%

FINDINGS

ATTESTATION

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

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SECTION B: ACCESS

PROTOCOL REQUIREMENTS		
B9a.	Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number:	
	1) Does the MHP provide a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county?	
	2) Does the toll-free telephone number provide information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity 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?	
• *CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1)* • *CFR, title 42, section 438.406 (a)(1)*		• *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 Friday, March 10, 2017 at 7:41 a.m. The call was answered after one (1) ring via a live operator. The DHCS test caller requested information on how to access SMHS in the county. The operator explained the eligibility screening process. The caller declined to provide a phone number for a call back for screening. The operator advised the caller to call the access line during business hours for screening. The operator advised the caller that the 24/7 access line is for anyone in crisis including Medi-Cal beneficiaries. The caller was provided information about how to access SMHS. The caller was provided information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

Test Call #2 was placed on Sunday, March 9, 2017 at 7:27 a.m. The call was answered immediately via a live operator. The DHCS test caller asked about how to file a complaint in the county. The operator advised the caller that the county has a formal grievance process and a fair hearing process. The operator explained to the caller that he/she could walk into the clinic and speak to someone on staff or obtain a complaint form located in the lobby of the

clinic. The operator also offered the caller the option of providing his/her contact information and a staff representative would call him/her back regarding the complaint. The caller declined to provide his/her contact information. The operator provided the clinic's hours of operation to the caller. The operator asked if the caller was in crisis or feeling suicidal. The caller responded in the negative. The caller was provided information about how to use the beneficiary problem resolution and fair hearing processes. The caller was provided information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions B9a3 and B9a4.

Test Call #3 was placed on Monday, April 10, 2017 at 11:00 a.m. The call was answered after three (3) rings via an answering machine. The answering machine stated the name of the representative and advised the DHCS test caller to leave a brief message including contact information. This call was incorrectly routed to an answering machine. The call is not applicable to be assessed for compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

Test Call #4 was placed on Friday, April 7, 2017 at 7:29 a.m. The call was answered after one (1) ring via a live operator. The DHCS test caller requested information about how to access SMHS in the county. The operator said that he/she could talk to the caller about how the caller is feeling and could perform a brief intake over the phone, but then requested to put the caller on hold for two (2) minutes. Upon the operator's return, the operator informed the caller that he/she had to attend to someone in crisis and requested the caller to call back in 15 minutes to be enrolled for SHMS. The caller was not provided information about how to access SMHS. The caller was not provided information about services needed to treat a beneficiary's urgent condition. The call is deemed out of compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

Test Call #5 was placed on Thursday, February 23, 2017 at 4:23 p.m. The call was answered after four (4) rings via a live operator. The caller requested information about accessing SMHS in the county. The operator asked the caller to provide his/her name and contact information. The operator also inquired if the caller had received prior services and if caller had Medi-Cal. The caller declined to provide contact information. The caller advised the operator that he/she did have Medi-Cal insurance, but had not received prior services in the county. The operator advised the caller that he/she could schedule an assessment and provided caller with hours and location of classes available regarding SMHS. The operator also provided hours of operation for the clinic. The caller was provided information about how to access SMHS. The caller was provided information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

Test Call #6 was placed on Thursday, April 13, 2017 at 8:10 a.m. The call was answered after one (1) ring via live operator. The DHCS test caller requested information about accessing SMHS in the county. The caller advised the operator that he/she had Medi-Cal. The Operator advised the caller that he/she had reached the after-hours crisis line during business hours. The operator offered to take the caller's contact information and have a staff representative call the caller back regarding SMHS. The Caller declined to provide his/her

contact information. The operator advised the caller of the walk-in process and provided the address and hours of operation. The Caller asked what he/she needed to bring to the clinic. The operator advised the caller to bring his/her Medi-Cal information and photo identification to the clinic. The operator asked the caller if he/she was experiencing a crisis and the caller replied in the negative. The caller was provided information about how to access SMHS. The caller was provided information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

Test Call #7 was placed on Thursday, April 13, 2017 at 11:07 p.m. The call was answered after two (2) rings via a live operator. The DHCS test caller requested information about filing a grievance in the county. The operator asked the caller if he/she was in crisis and required immediate services. The caller replied in the negative. The operator requested to call the caller back as he/she was on another call with someone that was in crisis. The caller declined request for a call back and advised the operator that he/she would call back later. The caller was provided information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions B9a3 and B9a4.

FINDINGS

Test Call Results Summary

Protocol Question	Test Call Findings								Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	#8	
9a-1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**Not Applicable**
9a-2	IN	N/A	N/A	OOC	IN	IN	N/A	N/A	**80%**
9a-3	IN	IN	N/A	OOC	IN	IN	IN	N/A	**80%**
9a-4	N/A	IN	N/A	N/A	N/A	N/A	IN	N/A	**100%**

Protocol questions B9a-2 and B9a-3 are deemed in partial compliance.

PLAN OF CORRECTION

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

PROTOCOL REQUIREMENTS	
B10.	Regarding the written log of initial requests for SMHS:
B10a.	Does the MHP maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing?
B10b.	Does the written log(s) contain the following required elements:
	1) Name of the beneficiary?
	2) Date of the request?
	3) Initial disposition of the request?
• *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: P&P#: 2309 – Medi-Call Access Line – Toll Free and 2313 – Script and Protocol for Answering and Logging Daytime Access Line Calls. The logs made available by the MHP did not include all required elements for calls. The table below details the findings:

Test Call #	Date of Call	Time of Call	Log Results		
			Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
1	3/10/17	7:41 a.m.	IN	IN	IN
3	4/10/17	11:00 a.m.	N/A	N/A	N/A
4	4/7/17	7:29 a.m.	IN	IN	IN
5	2/23/17	4:23 p.m.	IN	IN	IN
6	4/13/17	8:10 a.m.	OOC	OOC	OOC
Compliance Percentage			**80%**	**80%**	**80%**

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

Protocol question B10a is deemed in partial compliance.

PLAN OF CORRECTION:

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

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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 waivered/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?
• *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

DHCS inspected a sample of 19 TARs to verify compliance with regulatory requirements. 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 waivered/registered professionals	19	0	100%
C1c	TARs approves or denied within 14 calendar days	17	2	91%

Protocol question C1c is deemed in partial compliance.

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

FINDINGS

DHCS inspected a sample of 19 SARs to verify compliance with regulatory requirements. 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 waivered/registered professionals	19	0	100%
C2c	MHP makes authorization decisions and provides notice within 14 calendar days	19	3	85%
C2d	MHP makes expedited authorization decisions and provide notice within 3 working days	19	0	100%

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.

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SURVEY ONLY FINDINGS

SECTION A: NETWORK ADEQUACY

PROTOCOL REQUIREMENTS	
A4b.	**SURVEY ONLY:** Does the MHP maintain and monitor an appropriate network of providers to meet the anticipated need of children/youth eligible for ICC and IHBS services?
• *Katie A Settlement Agreement* • *Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care for Katie A Subclass Members*	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: P&P# 2608 – Pathways to Wellbeing – Katie A Subclass and Capacity Identification and contract with Remi Vista. The MHP is demonstrating that is maintaining and monitoring an appropriate network of providers to meet anticipated needs of children/youth eligible for ICC and IHBS. The MHP is contracted with Remi Vista, Inc. to assist in meeting regulatory requirements. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

PROTOCOL REQUIREMENTS	
A4d.	**SURVEY ONLY:** Does the MHP have a mechanism to ensure all children/youth referred and/or screened by the MHP's county partners (i.e., child welfare) receive an assessment, and/or referral to a MCP for non-specialty mental health services, by a licensed mental health professional or other professional designated by the MHP?
• *Katie A Settlement Agreement* • *Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care for Katie A Subclass Members*	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: P&P# 2608 – Pathways to Wellbeing – Katie A Subclass and Capacity Identification; contract with Remi Vista, Inc.; screening tools; Katie A. team meeting agendas; Clinical Care Team Meeting agendas and sign-in sheets; and Pathways to mental health Katie A. logs. The MHP utilizes the Mental Health Screening Tool (MHST); Child Welfare Services form and other assessment tools as a mechanism to ensure all children and youth receive an assessment or referral. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

SECTION C: AUTHORIZATION

PROTOCOL REQUIREMENTS	
C4d.	**SURVEY ONLY** 1) Does the MHP ensure timely transfer within 48 hours of the authorization and provision of SMHS for a child who will be placed "out of county"?
	2) Does the MHP have a mechanism to track the transfer of the authorization and provision of services to another MHP?
• *CCR, title 9, chapter 11, section 1830.220(b)(3) and (b)(4)(A); sections 1810.220.5, 1830.220 (b)(3), and b(4)(A),* • *WIC sections, 11376, 16125, 14716; 14717, 14684, 14718 and 16125*	• *DMH Information Notice No. 09-06,* • *DMH Information Notice No. 97-06* • *DMH Information Notice No. 08-24*

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: P&P#: 3002 – Access to Non-Emergency Services for out of county Beneficiaries; P&P#: 3008 – Expedited Intake Assessment; P&P#: 3003 - Clinical Intake Process; and SAR Request Tracking Sheet. The documentation lacks specific elements to demonstrate compliance with federal and State requirements. Specifically, P&P#: 3002 – Access to Non-Emergency Services for out of county Beneficiaries should be updated to reflect timely transfer within 48 hours of authorization to demonstrate compliance with federal and State requirements.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: MHP needs to update P&P#: 3002 – Access to Non-Emergency Services for out of county Beneficiaries to reflect timely transfer within 48 hours of authorization to demonstrate compliance with federal and State requirements

PROTOCOL REQUIREMENTS	
C4e.	**SURVEY ONLY** 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?
	2) Does the MHP have a mechanism to track referrals for assessments and authorizations of services for children placed in its county?
• *CCR, title 9, chapter 11, section 1830.220(b)(3) and (b)(4)(A); sections 1810.220.5, 1830.220 (b)(3), and b(4)(A),* • *WIC sections, 11376, 16125, 14716; 14717, 14684, 14718 and 16125*	• *DMH Information Notice No. 09-06,* • *DMH Information Notice No. 97-06* • *DMH Information Notice No. 08-24*

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: P&P#: 3002 – Access to Non-Emergency Services for out of county Beneficiaries; P&P#: 3008 – Expedited Intake Assessment; P&P#: Clinical Intake Process; and SAR Request Tracking Sheet. The documentation reflects that the MHP is ensuring assessment and authorization of services are occurring within three (3) working day. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

SECTION H: PROGRAM INTEGRITY

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)?
• *CFR, title 42, sections 455.101,455.104, and 455.416* • *MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements*	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: P&P#: 2804 – Disclosure of Ownership, Control & Relationship Information and email regarding conditions of employment. Document demonstrates MHP requires its providers to submit a set of fingerprints and consent to a background check. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

PROTOCOL REQUIREMENTS	
H4c.	**SURVEY ONLY:** Does the MHP require providers, or any person with a 5 percent or more direct or indirect ownership interest in the provider to submit a set of fingerprints per 42 CFR 455.434(b)(1)?
• *CFR, title 42, sections 455.101,455.104, and 455.416* • *MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements*	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: P&P#: 2804 – Disclosure of Ownership, Control & Relationship Information. Document demonstrates MHP requires its providers to submit a set of fingerprints and consent to a background check. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

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?
• 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 P&P#: 2801 – Eligible Contract Providers. The documentation does not demonstrate the MHP has a process in place to verify new and current providers and contractors are not in the Social Security Administration's Death Master File. The documentation lacks specific elements to demonstrate compliance with federal and State requirements.

SUGGESTED ACTIONS

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

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

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: P&P#: 2801 – Eligible Contract Providers; Verification Report – NPI Registry; Remi Vista, Inc. contract. The MHP demonstrates that it is verifying all ordering, rendering and referring providers have a current NPI number. 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?
CFR, title 42, sections 455.410, 455.412 and 455.440	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: P&P#: 3107 – Medication Monitoring Program and Medication Chart Review. The MHP has a Medication Monitoring Committee that oversees the medication-monitoring program including monitoring psychotropic medication use for children/youth. The MHP has demonstrated it has a program in place to monitor psychotropic medication use for children/youth. 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?
• *CFR, title 42, sections 455.410, 455.412 and 455.440*	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: P&P#: 3107 – Medication Monitoring Program. The MHP demonstrates a review process that ensures that a quality of care concern related to psychotropic medication use will be addressed in an appropriate manner. The committee will meet bi-monthly to review all open cases. Appropriate action will be taken to address the concern. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

PROTOCOL REQUIREMENTS	
I10. I10a.	Regarding the adoption of practice guidelines: **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?
• *MHP Contract, Exhibit A, Attachment I* • *42 CFR 438.236*	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Documentation Manual. The manual provides guidance to providers on documentation standard. The MHP attest that the practice guidelines within the Documentation Manual are consistent with the guidelines adopted. The Documentation Manual provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

PROTOCOL REQUIREMENTS	
I11.	**Regarding the 1915(b) Special Terms and Conditions (STC)**
I11a1	~~**SURVEY ONLY**~~ ~~Has the MHP submitted data required for the performance dashboard per the STC requirements of the 1915(b) SMHS waiver?~~
I11a3.	**SURVEY ONLY** ~~Does the MHP's performance data include the performance data of its contracted providers?~~
I11b.	**SURVEY ONLY** Does the MHP have a system in place for tracking and measuring timeliness of care, including wait times to assessments and wait time to providers?
• *1915(B) Waiver Special Terms and Conditions*	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Initial Request log; Request for Appointment Form; Referral and Intake Spreadsheet (Anasazi); and Dashboard data. The MHP has a mechanism for tracking and measuring timeliness of care. The MHP presented multiple reports to demonstrate its mechanism for tracking and measuring time. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.