

**FISCAL YEAR (FY) 2016/2017 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL  
HEALTH SERVICES AND OTHER FUNDED SERVICES  
TUOLUMNE COUNTY MENTAL HEALTH PLAN REVIEW  
May 8, 2017  
FINDINGS REPORT**

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

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

The MHP will have an opportunity to review the report for accuracy and appeal any of the findings of non-compliance (for both System Review and Chart Review). The appeal must be submitted to DHCS in writing within 15 business days of receipt of the findings report. DHCS will adjudicate any appeals and/or technical corrections (e.g., calculation errors, etc.) submitted by the MHP prior to issuing the final report.

A Plan of Correction (POC) is required for all items determined to be out of compliance. The MHP is required to submit a POC to DHCS within 60 days of receipt of the findings report for all system and chart review items deemed out of compliance. The POC should include the following information:

- (1) Description of corrective actions, including milestones
- (2) Timeline for implementation and/or completion of corrective actions
- (3) Proposed (or actual) evidence of correction that will be submitted to DHCS
- (4) Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should propose an alternative corrective action plan to DHCS
- (5) Description of corrective actions required of the MHP’s contracted providers to address findings

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**RESULTS SUMMARY: SYSTEM REVIEW**

| SYSTEM REVIEW SECTION                                    | TOTAL ITEMS REVIEWED  | SURVEY ONLY ITEMS | TOTAL FINDINGS PARTIAL or OOC | PROTOCOL QUESTIONS OUT-OF-COMPLIANCE (OO) OR PARTIAL COMPLIANCE | IN COMPLIANCE PERCENTAGE FOR SECTION |
|--|-----------------------|-------------------|-------------------------------|---|--------------------------------------|
| ATTESTATION  | 5                     | 0                 | 0/5                           | 0   | 100%                                 |
| SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES        | 14                    | 2                 | 0/14                          | 0   | 100%                                 |
| SECTION B: ACCESS  | 48                    | 0                 | 3/48                          | 10b1, 10b2, 10b3,   | 94%                                  |
| SECTION C: AUTHORIZATION                                 | 26                    | 2                 | 3/26                          | 1b,1c, 2c   | 88%                                  |
| SECTION D: BENEFICIARY PROTECTION                        | 25                    | 0                 | 0/25                          | 0   | 100%                                 |
| SECTION E: FUNDING, REPORTING & CONTRACTING REQUIREMENTS | <b>NOT APPLICABLE</b> |                   |                               |   |                                      |
| SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE           | 6                     | 0                 | 0/6                           | 0   | 100%                                 |
| SECTION G: PROVIDER RELATIONS                            | 6                     | 0                 | 0/6                           | 0   | 100%                                 |
| SECTION H: PROGRAM INTEGRITY                             | 19                    | 4                 | 0/19                          | 0   | 100%                                 |
| SECTION I: QUALITY IMPROVEMENT                           | 30                    | 8                 | 0/30                          | 0   | 100%                                 |
| SECTION J: MENTAL HEALTH SERVICES ACT                    | 21                    | 0                 | 0/21                          | 0   | 100%                                 |
| <b>TOTAL ITEMS REVIEWED</b>                              | <b>200</b>            | <b>16</b>         | <b>6</b>                      |   |                                      |

**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 | <b>6</b>                          |     | <b>OUT OF 200</b> |    |
| <b>OVERALL PERCENTAGE OF COMPLIANCE</b>     | <b>IN</b>                         | 97% | <b>OO/Partial</b> | 3% |
|   | (# IN/200)                        |     | (# OOC/200)       |    |

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**FINDINGS**

**ATTESTATION**

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

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**SECTION B: ACCESS**

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

The DHCS review team made eight (8) calls to test the MHP's 24/7 toll-free line. The eight (8) test calls are summarized below:

**Test call #1** was placed on March 9, 2017 at 3:15 pm and initially answered after two (2) rings via a live operator. Upon hearing a request for initial SMHS for a minor resident of Tuolumne County, the operator transferred the call to a crisis line. The crisis line operator asked the caller to provide his/her name and contact information and explained their assessment process includes a call back for a first appointment for services for a minor. The operator noted that walk-ins are available for crisis but not for therapy, and provided contact information for a clinic and crisis services. The caller was provided information on how to receive initial SMHS in the county for a minor including information needed to treat an urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

**Test call #2** was placed on March 13, 2017 at 7:46 am and answered after three (3) rings via a live operator. Upon hearing a request for information to file a grievance with the MHP, the operator asked the caller to provide his/her contact information for a return call. The caller prompted the operator for more information. The operator explained that the instructions to the staff were to record a caller's information for a return call. The operator informed the caller that grievance forms were available at the office that opened at 8 am. The caller was provided

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minimal information on how to file a grievance with the MHP. The call is deemed in compliance with the regulatory requirements for protocol question B9a4.

**Test Call #3** was placed on March 14, 2017 at 10:45 am and answered after two (2) rings by a live operator. Upon hearing a request on how a beneficiary may file a “complaint”, the operator asked the caller to provide his/her name and date of birth. The operator noted in response to the caller’s answers to these questions that the caller could not be found in the system. The operator requested a callback number, which the caller did not provide, so the call was transferred to the Quality Improvement Specialist. The second operator informed the caller that the Grievance Form was located in the upstairs and downstairs reception areas and provided the days/hours of operation to obtain the form. The operator also provided the days/hours of operation for a crisis unit. The operator provided information about how to access services for an urgent condition and how to use the beneficiary resolution and fair hearing processes. The call is deemed in compliance with the regulatory requirements for protocol questions B9a3 and B9a4.

**Test Call #4** was placed on April 10, 2017 at 7:48 pm and answered after two (2) rings via a live operator. Upon hearing a request for information regarding accessing SMHS in the county regarding the loss of a loved one, the operator reviewed the seven stages of grief and suggested counseling centers of Sierra Grief Hospital and Sierra Enrichment Center. The caller described uncertainty about receiving SMHS services. The operator advised the caller of the availability of walk-in services and provided the location and hours of operation. The operator asked about the caller’s current condition and whether immediate service was required and informed the caller of the availability of the 24/7 access line. The caller was provided information about how to access SMHS, including assessment and treating a beneficiary’s urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

**Test Call #5** was placed on April 11, 2017 at 9:53 am. After 15 rings the call was answered via a recording stating, “The party you are trying to reach is not answering; therefore, you will be disconnected.” A second call was attempted at 9:55 am and answered after 15 rings with the same message. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. However, the call is deemed not applicable due to technical difficulties with the regulatory requirements for the protocol questions.

**Test Call #6** was placed on April 17, 2017, at 7:28 am and answered after two (2) rings via a live operator. Upon hearing a request for initial SMHS in the county, the operator requested a call back number and identifying information. The caller gave a name and date of birth, but no number. The operator informed the caller that he/she had reached an after-hour line, and that the operator was not a clinician. The operator offered to listen if the caller needed to talk to someone. The caller reiterated the request for information for initial services. The operator informed the caller that he/she could call back or walk in during business hours to obtain an appointment for an assessment. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met.

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The caller was not provided information on how to access services for an urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

**Test Call #7** was placed on April 19, 2017 at 8:46 am and answered after two (2) rings via a live operator. Upon hearing a request for initial SMHS for a beneficiary in the county, the operator requested a call return number and stated he/she would transfer the caller to their access team. The caller explained why a call back number could not be provided. The operator acknowledged the caller’s concerns and transferred the call. After the caller reiterated the call’s purpose, a second operator stated the caller could walk into their clinic and provided its address and hours of operation. The operator explained that the caller would be assessed for his/her needs, but that the appointment to see a doctor to get a prescription refilled could take “a few weeks”. The operator stated an earlier doctor appointment may be gained by going to the urgent care clinic and provided the address, phone number, and what the caller should bring. The operator added that the caller could still go to the county clinic for his/her mental health needs. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and information about services needed to treat a beneficiary’s urgent condition in the form of the walk-in clinic. The call is deemed in compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

**Test call #8** was placed on May 4, 2017 at 8:45 am and answered after two (2) rings via a live operator. Upon hearing a request for initial SMHS in the county, the operator offered to transfer the call to the access team, but proceeded to provide an address and office hours for the caller to walk into for routine or crisis services. The caller was provided information about how to access SMHS, including services to determine if medical necessity criteria are met, and services to treat an 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 | #8 |                       |
| 9a-1              | NA                 | NA | NA | NA | System Dropped Call | NA | NA | NA | 100%                  |
| 9a-2              | IN                 | NA | NA | IN |                     | IN | IN | IN | 100%                  |
| 9a-3              | IN                 | NA | IN | IN |                     | NA | IN | IN | 100%                  |
| 9a-4              | NA                 | IN | IN | NA |                     | NA | NA | NA | 100%                  |

In addition to conducting the eight (8) test calls, DHCS reviewed the following documentation presented by the MHP as evidence of compliance: The Language Line and the Access Log; the Tuolumne County Language Line Policy; the All Staff Training Log; and the Clinical Practice-Access to Behavioral Health Service Policy. DHCS test calls were in compliance for regulatory requirements regarding access for SMHS, including those needed for an urgent condition and providing information for grievances for protocol questions B9a1, B9a2, B9a3, and B9a4.

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**PLAN OF CORRECTION**

No further action required at this time.

| <b>PROTOCOL REQUIREMENTS</b>  |   |
|---|---|
| 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"> <li>CCR, title 9, chapter 11, section 1810.405(f)</li> </ul> |   |

**FINDINGS**

The MHP did not furnish evidence its written logs 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 All Staff Training Log; the Language Line and the Access Log; and the Clinical Practice-Access to Behavioral Health Service policy. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, one of the five DHCS test calls was not found on the logs made available by the MHP. 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                            | 3/9/2017     | 3:15pm       | In                      | In                  | In                                 |
| 4                            | 4/10/2017    | 7:48pm       | Out                     | Out                 | Out                                |
| 6                            | 4/17/2017    | 7:28am       | In                      | In                  | In                                 |
| 7                            | 4/19/2017    | 8:46am       | In                      | In                  | In                                 |
| 8                            | 5/4/2017     | 8:45am       | In                      | In                  | In                                 |
| <b>Compliance Percentage</b> |              |              | <b>80%</b>              | <b>80%</b>          | <b>80%</b>                         |

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 are deemed in partial compliance.

**PLAN OF CORRECTION:**

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

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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 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:<br>1) a physician, or<br>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"> <li>• CCR, title 9, chapter 11, sections 1810.242, 1820.220(c),(d), 1820.220 (f), 1820.220 (h), and 1820.215.</li> <li>• CFR, title 42, section 438.210(d)</li> </ul> |   |

**FINDINGS**

The MHP did not furnish evidence it complies with regulatory requirements regarding Treatment Authorization Requests (TARs) for hospital services. DHCS reviewed 100 TARs. In addition, DHCS reviewed the following documents presented: Protocol for Payment Authorizations for Inpatient Services (4/2005); Notices of Action Policy (12/2012); Procedure; Managed Care Policy and Procedure (4/2005), Protocol for Payment Authorization for Inpatient Services (4/2005); TAR Task List (9/2006); and the TAR Overview (6/2013). However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP rendered three (3) decisions outside the 14-day requirement. The TAR sample review findings are detailed below:

| PROTOCOL REQUIREMENT |   | # TARs IN COMPLIANCE | # TARs OOC | COMPLIANCE PERCENTAGE |
|----------------------|---|----------------------|------------|-----------------------|
| 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? | 100                  | 0          | 100%                  |
| C1c                  | TARs approves or denied within 14 calendar days   | 97                   | 3          | 97%                   |

Protocol question C1c is deemed in partial compliance.

The TAR sample included three (3) TARs which were denied based on criteria for medical necessity or emergency admission.

| PROTOCOL REQUIREMENT |   | # TARs IN COMPLIANCE | # TARs OOC | COMPLIANCE PERCENTAGE |
|----------------------|---|----------------------|------------|-----------------------|
| C1b                  | Adverse decisions based on criteria for medical necessity or emergency admission approved by a physician (or psychologist, per regulations) | 0                    | 3          | 0%                    |

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These TARs and accompanying documentation did not include evidence that adverse decisions based on criteria for medical necessity or emergency admission were reviewed and approved by a physician (or by a psychologist, per regulations). Protocol question C1b 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 complies with regulatory requirements regarding that Treatment Authorization Requests (TARs) for hospital services decisions are made within 14 days and denials are to be reviewed by a physician.

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

**FINDINGS**

The MHP did not furnish evidence it complies with all regulatory requirements regarding standard authorization requests (SARs) for non-hospital SMHS services. DHCS reviewed the MHP's Authorization Policy and Procedure and SB785 Tracking Sheet. In addition, DHCS inspected a sample of 24 SARs to verify compliance with regulatory requirements. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, one decision was made outside the 14 day requirement. The SAR sample review findings are detailed below:

| <b>PROTOCOL REQUIREMENT</b> |  | <b># SARs IN COMPLIANCE</b> | <b># SARs OOC</b> | <b>COMPLIANCE PERCENTAGE</b> |
|-----------------------------|--|-----------------------------|-------------------|------------------------------|
| C2b                         | SARs approved or denied by licensed mental health professionals or waived/registered professionals | 24                          | 0                 | 100%                         |
| C2c                         | MHP makes authorization decisions and provides notice within 14 calendar days                      | 23                          | 1                 | 96%                          |
| C2d                         | MHP makes expedited authorization decisions and provide notice within 3 working days               | 0                           | 0                 | 100%                         |

Protocol question C2c is deemed in partial compliance.



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**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 the timeliness of decision for SARs for non-hospital SMHS services.

**SURVEY ONLY FINDING**

***SECTION A: NETWORK ADEQUACY***

| <b>PROTOCOL REQUIREMENTS</b>  |   |
|---|---|
| A4b.  | <p><b>SURVEY ONLY:</b><br/>Does the MHP maintain and monitor an appropriate network of providers to meet the anticipated need of children/youth eligible for ICC and IHBS services?</p> |
| <ul style="list-style-type: none"> <li style="display: inline-block; width: 45%; vertical-align: top;">• <i>Katie A Settlement Agreement</i></li> <li style="display: inline-block; width: 45%; vertical-align: top;">• <i>Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care for Katie A Subclass Members</i></li> </ul> |   |

**SURVEY FINDING**

DHCS reviewed the DHCS Tuolumne County Overdue Provider Report from 5/2017 and the following documents provided by the MHP for this survey item: Memorandums of Understanding Between Tuolumne CBH and Tuolumne Child Welfare Services-Intensive Care Coordination; Intensive Home-Based Services and Therapeutic Foster Care for Care for Katie A Subclass Members; Tuolumne County Behavioral Health Katie A Report (2016); Tuolumne County Placement and Resource Team Policies and Procedures; Family Survey form; and the POQI Survey for Youth and Families Comment May (5/2016). DHCS finds sufficient evidence of compliance with federal and State requirements that the MHP will maintain and monitor an appropriate network of providers to meet the anticipated need for eligible children and youth. All required certifications were up to date.

**SUGGESTED ACTIONS**

No further action required at this time.

| <b>PROTOCOL REQUIREMENTS</b>  |   |
|---|---|
| A4d.  | <p><b>SURVEY ONLY:</b><br/>Does the MHP have a mechanism to ensure all children/youth referred and/or screened by the MHP's county partners (i.e., child welfare) receive an assessment, and/or referral to a MCP for non-specialty mental health services, by a licensed mental health professional or other professional designated by the MHP?</p> |
| <ul style="list-style-type: none"> <li style="display: inline-block; width: 45%; vertical-align: top;">• <i>Katie A Settlement Agreement</i></li> <li style="display: inline-block; width: 45%; vertical-align: top;">• <i>Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care for Katie A Subclass Members</i></li> </ul> |   |

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**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: the Comprehensive Assessment for Children 18 and under; the Child Welfare Mental Health Screening-Child Stress Disorders Checklist-Short Form; a Foster Care Caseload Status, and the Service and Treatment Plan (SAP) form. The documentation lacks specific elements to demonstrate compliance with federal and State requirements. Specifically, the MHP’s tracking tool was incomplete in design and execution.

**SUGGESTED ACTIONS**

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements. Update the tracking tool and policies and procedures for children receiving services from outside the Tuolumne County to ensure timely assessments and referrals.

**SECTION C: AUTHORIZATION**

| <b>PROTOCOL REQUIREMENTS</b>  |  |
|---|--|
| C4d.  | <p><b><u>SURVEY ONLY</u></b></p> <p>1) Does the MHP ensure timely transfer within 48 hours of the authorization and provision of SMHS for a child who will be placed “out of county”?</p> <p>2) Does the MHP have a mechanism to track the transfer of the authorization and provision of services to another MHP?</p> |
| <ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1830.220(b)(3) and (b)(4)(A); sections 1810.220.5, 1830.220 (b)(3), and b(4)(A),</li> <li>• WIC sections, 11376, 16125, 14716; 14717, 14684, 14718 and 16125</li> <li>• DMH Information Notice No. 09-06,</li> <li>• DMH Information Notice No. 97-06</li> <li>• DMH Information Notice No. 08-24</li> </ul> |  |

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: A draft of the document titled SB 785 Out-of-County Access to Services for Foster Placement, KinGAP or Adoptee Situations, as well as the SB7 85 Tracking Sheet. The documentation lacks specific elements to demonstrate compliance with federal and State requirements. Specifically, the MHP policy remains in draft form and did not include a requirement for transfer within 48 hours of authorization and provision of SMHS for a child who will be placed “out of county.” The tracking tool had missing dates, and did not track the provision of services.

**SUGGESTED ACTIONS**

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements. Update and approve the MHP’s policy and procedures to include the requirement for transfer within 48 hours of authorization and provision of SMHS for a child who will be placed “out of county,” and update the tracking tool to note the partner county, whether the beneficiary is arriving or leaving the MHP, and the provision of services.

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| <b>PROTOCOL REQUIREMENTS</b>  |   |
|---|---|
| C4e.  | <p><b>SURVEY ONLY</b></p> <p>1) Does the MHP ensure an assessment has been conducted and authorization of services occurs within 4 business days of receipt of a referral for SMHS for a child by another MHP?</p> <p>2) Does the MHP have a mechanism to track referrals for assessments and authorizations of services for children placed in its county?</p> |
| <ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1830.220(b)(3) and (b)(4)(A); sections 1810.220.5, 1830.220 (b)(3), and b(4)(A),</li> <li>• WIC sections, 11376, 16125, 14716; 14717, 14684, 14718 and 16125</li> <li>• DMH Information Notice No. 09-06,</li> <li>• DMH Information Notice No. 97-06</li> <li>• DMH Information Notice No. 08-24</li> </ul> |   |

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Draft SB 785 Out-of-County Access to Services for Foster Placement, KinGAP or Adoptee Situations and the SB7 85 Tracking Sheet. The documentation lacks specific elements to demonstrate compliance with federal and State requirements. Specifically, the policy does not include that assessments are to be conducted and authorization of services occurs within 4 business days of receipt of a referral for SMHS for a child by another MHP and the tracking tool is incomplete, missing dates, and does not distinguish beneficiaries placed in Tuolumne from another MHP or from those placed out of Tuolumne.

**SUGGESTED ACTIONS**

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements. Update the children’s services tracking tool to include the date of referral, incoming or outgoing, to/from which MHP, an assessment date, and authorization date.

**SECTION H: PROGRAM INTEGRITY**

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

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Sample Employment Eligibility Verification from the Department of Homeland Security, U.S. Citizenship and Immigration Services; County Personnel Rules and Regulation; and the MHP’s written statement that as a condition of employment, the county performs pre-employment background checks through Livescan Touchprint. The documentation provides sufficient evidence of compliance with federal and State requirements that providers consent to criminal background checks as a condition of enrollment.

**SUGGESTED ACTIONS**

No further action required at this time.

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| <b>PROTOCOL REQUIREMENTS</b>  |   |
|---|---|
| H4c.  | <b>SURVEY ONLY:</b><br>Does the MHP require providers, or any person with a 5 percent or more direct or indirect ownership interest in the provider to submit a set of fingerprints per 42 CFR 455.434(b)(1)? |
| <ul style="list-style-type: none"> <li>• CFR, title 42, sections 455.101, 455.104, and 455.416</li> </ul> | <ul style="list-style-type: none"> <li>• MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements</li> </ul>   |

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: County Personnel Rules and Regulation. The documentation lacks specific elements to demonstrate compliance with federal and State requirements. Specifically, no reference to direct or indirect ownership interest was found in the documentation presented.

**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 the current provider contracts to include language requiring any person with five (5) percent or more direct or indirect ownership interest in a provider to submit a set of fingerprints to the MHP.

| <b>PROTOCOL REQUIREMENTS</b>  |  |
|---|--|
| H5a3.   | <b>SURVEY ONLY:</b><br>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"> <li>• CFR, title 42, sections 438.214(D), 438.610, 455.400-455.470, 455.436(B)</li> <li>• DMH Letter No. 10-05</li> <li>• MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements</li> </ul> |  |

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: An Employment Eligibility Verification form filled in for one employee. The documentation lacks specific elements to demonstrate compliance with federal and State requirements. Specifically, the document and current practices do not include verifying new and current providers and contractors are not in the SSA Death Master File.

**SUGGESTED ACTIONS**

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: Implement verification of employees to the SSA Death Master File and develop a method for monitoring compliance.

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

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**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: End of Month Processing Staff Listing-NPI Number. The documentation provides sufficient evidence of compliance with federal and State requirements because the evidence showed that Anasazi will block any staff who does not have an NPI number.

**SUGGESTED ACTIONS**

No further action required at this time.

**SECTION I: QUALITY IMPROVEMENT**

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

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: TCBH Policy-Monitoring of Antidepressant Treatment of Youth (5/2013); Medication Services-Practices (12/2011); and the Practice Guidelines for Physicians and Family Nurse Practitioners; and the Medication Monitoring Plan and Procedure. The documentation provides sufficient evidence of compliance with federal and State requirements for monitoring psychotropic medication use, including use for children and youth through the Medication Monitoring Coordinator and Committee and summary reports (Practice Guidelines, pg. 6).

**SUGGESTED ACTIONS**

No further action required at this time.

| <b>PROTOCOL REQUIREMENTS</b>  |   |
|---|---|
| I3c.  | <b>SURVEY ONLY:</b><br>If a quality of care concern or an outlier is identified related to psychotropic medication use is there evidence that the MHP took appropriate action to address the concern? |
| <ul style="list-style-type: none"> <li>• <i>CFR, title 42, sections 455.410, 455.412 and 455.440</i></li> </ul> |   |

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Important Changes to Benzodiazepine Prescribing together with a template letter to consumers warning of new FDA “Black Box Warning” on their current medication. DHCS also reviewed changes to Benzodiazepine prescribing, a new template for a letter to patients seeking these prescriptions, and more psychiatrists and medication lobby posters warning of the interaction with sun exposure with medications. The documentation provides sufficient evidence of compliance with federal and State requirements because multiple opportunities for improvement related to psychotropic medications were shown to have been made.

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**SUGGESTED ACTIONS**

No further action required at this time.

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

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: TCBHD Practice Guidelines for Physicians and Family Nurse Practitioners and the Medication Monitoring Plan and Procedure (6/2009) (with sections with specific guidelines for many different medications). Also reviewed: TCBH Policy, Documentation Standards for Client Records; Medication Services–Practices (1/2011) P&P; TCBH Scope of Practice Matrix TCBH Client Service Code Definitions; Progress Note Format for Rehabilitation; Documentation Training PowerPoint; an e-mail noting the staff requirement to attend the March DSM V/DX Form Update in-service; a thank-you e-mail to staff for participation in the In-Service Staff Training Documentation Trainings; in-service training sign in sheets for June, July and November 2016, and June, July and November 2017; the Anasazi Documentation Files & Training Binder; the Penetration Service Rates by several categories; internal demographic breakdowns; beneficiary protection, the Patient’s Rights and the Problem Resolution Process Pre-Test; the Treatment Services brochure; and the Comprehensive Intake Assessment Form. The documentation provides sufficient evidence of compliance with federal and State requirements for practice guidelines.

**SUGGESTED ACTIONS**

No further action required at this time.

| <b>PROTOCOL REQUIREMENTS</b> |  |
|------------------------------|--|
| I11.                         | <b>Regarding the 1915(b) Special Terms and Conditions (STC)</b>  |
| I11a1                        | <b>SURVEY ONLY</b><br>Has the MHP submitted data required for the performance dashboard per the STC requirements of the 1915(b) SMHS waiver? |
| I11a3.                       | <b>SURVEY ONLY</b><br>Does the MHP’s performance data include the performance data of its contracted providers?                              |

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|   |  |
|---|--|
| I11b.   | <b>SURVEY ONLY</b><br>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"><li>• 1915(B) Waiver Special Terms and Conditions</li></ul> |  |

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Web pages and the CY 2017 First Quarter Timeliness Report; and the CY 2016 County Behavioral Health Data Parameters from Anasazi CY 2016. However, the documentation does not provides sufficient evidence of compliance with federal and State requirements regarding the posting information. Specifically, information is posted without sufficient context and titles.

**SUGGESTED ACTIONS**

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: Reformat postings for clarity to include titles and provide context to the performance measures posted on the MHP's web page.