

**FISCAL YEAR (FY) 2016/2017 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY
MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES
KINGS COUNTY MENTAL HEALTH PLAN REVIEW
October 17-20, 2016
FINDINGS REPORT**

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

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

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

- (1) Description of corrective actions, including milestones
- (2) Timeline for implementation and/or completion of corrective actions
- (3) Proposed (or actual) evidence of correction that will be submitted to DHCS
- (4) Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should propose an alternative corrective action plan to DHCS
- (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 (OOC) OR PARTIAL COMPLIANCE	IN COMPLIANCE PERCENTAGE FOR SECTION
ATTESTATION	5	0	0	5		100%
SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES	14	2	3	14	A1, A4a1, A4a2	79%
SECTION B: ACCESS	48	0	8	48	B2c6, B6d3, B10b1, B10b2, B10b3, B13a1, B13a2, B13b	83%
SECTION C: AUTHORIZATION	26	2	1	26	C1c	96%
SECTION D: BENEFICIARY PROTECTION	25	0	1	25	D4a1	96%
SECTION E: FUNDING, REPORTING & CONTRACTING REQUIREMENTS	NOT APPLICABLE					
SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	1	6	F1a	83%
SECTION G: PROVIDER RELATIONS	6	0	3	6	G3a, G3b, G4a	50%
SECTION H: PROGRAM INTEGRITY	19	4	0	19		100%
SECTION I: QUALITY IMPROVEMENT	30	8	0	30		100%
SECTION J: MENTAL HEALTH SERVICES ACT	21	0	6	21	J5d, J6a, J6b1-4	71%
TOTAL ITEMS REVIEWED	200	16	23			

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	23		OUT OF 200	
OVERALL PERCENTAGE OF COMPLIANCE	IN	89%	OOC/Partial	12%
	(# 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.

SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES

PROTOCOL REQUIREMENTS	
A1.	Does the MHP have a current Implementation Plan, which meets title 9 requirements?
<ul style="list-style-type: none"> • <i>CCR, title 9, chapter 11, section 1810.310</i> 	

FINDING

The MHP did not furnish evidence it has a current Implementation Plan, which meets title 9 requirements. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Implementation Plan (dated July 28, 1997) and a Quality Management Addendum. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the Implementation Plan has not been updated to reflect current changes in policies, processes, and procedures that would modify its Implementation Plan. Protocol question A1 is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC finding for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a current Implementation Plan, which meets title 9 requirements.

PROTOCOL REQUIREMENTS	
A4.	Regarding the MHP's implementation of Pathways to Wellbeing (Katie A Settlement Agreement):
A4a.	<ol style="list-style-type: none"> 1) Does the MHP have a mechanism in place to ensure appropriate identification of Katie A subclass members? 2) Does the MHP have a mechanism in place to identify children who are eligible for ICC and IHBS services?
<ul style="list-style-type: none"> • <i>Katie A Settlement Agreement Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care of Katie A Subclass Members</i> 	

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FINDING

The MHP did not furnish evidence it has a mechanism in place to ensure appropriate identification of Katie A subclass members and identify children who are eligible for ICC and IHBS services. Kings County did not provide documentation of a process for the identification of children/youth in the subclass and/or children eligible to receive ICC and IHBS services. Protocol questions 4a1 and 4a2 are deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a mechanism in place to ensure appropriate identification of Katie A subclass members, and identify children who are eligible for ICC and IHBS services.

SECTION B: ACCESS

PROTOCOL REQUIREMENTS	
B2c.	Regarding the provider list, does it contain the following:
	1. Names of Providers?
	2. Locations?
	3. Telephone numbers?
	4. Alternatives and options for linguistic services including non-English languages (including ASL) spoken by providers?
	5. Does the list show providers by category?
	6. Alternatives and options for cultural services?
	7. A means to inform beneficiaries of providers that are not accepting new beneficiaries?
<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.10(f)(6)(i) and 438.206(a)</i> • <i>DMH Information Notice Nos. 10-02 and 10-17</i> • <i>CCR, title 9, chapter 11, section 1810.410</i> • <i>MHP Contract Exhibit A, Attachment I</i> • <i>CMS/DHCS, section 1915(b) Waiver</i> 	

FINDINGS

The MHP did not furnish evidence its provider list contains all of the required components. DHCS reviewed the MHP's current provider list. The list did not include the following components: alternatives and options for cultural services (e.g., transition-age youth, veterans, older adults, Lesbians, Gay, Bisexual, and Transgender individuals). Protocol call question B2c6 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 provider list contains all of the required components, specifically Provider List which meets the above criteria.

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PROTOCOL REQUIREMENTS	
B6d.	Does the MHP have policies, procedures, and practices that comply with the following requirements of title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973.
	1) Prohibiting the expectation that family members provide interpreter services?
	2) A client may choose to use a family member or friend as an interpreter after being informed of the availability of free interpreter services?
	3) Minor children should not be used as interpreters?
	<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.10 (c)(4), 438.6(f)(1), 438.100(d), CFR, title 28, Part 35, 35.160(b)(1), CFR, title 28, Part 36, 36.303(c)</i> • <i>CCR, title 9, chapter 11, section 1810.410(a)-(e)</i> • <i>DMH Information Notice 10-02 and 10-17</i> • <i>Title VI, Civil Rights Act of 1964 (U.S. Code 42, section 2000d; CFR, title 45, Part 80)</i> • <i>MHP Contract, Exhibit A, Attachment I</i> • <i>CMS/DHCS, section 1915(b) waiver</i>

FINDINGS

The MHP did not furnish evidence it has policies, procedures, and practices, in compliance with title VI of the Civil Rights Act of 1964, prohibiting the use of minor children as interpreters. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy AO#17 Non-English Interpretation. However, the policy does not address the use of minor children as interpreters. Protocol question(s) B6d3 is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has policies, procedures and practices, in compliance with title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973, ensuring minor children are not used as interpreters.

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?

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<ul style="list-style-type: none">• <i>CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1)</i>• <i>CFR, title 42, section 438.406 (a)(1)</i>	<ul style="list-style-type: none">• <i>DMH Information Notice No. 10-02, Enclosure, Page 21, and DMH Information Notice No. 10-17, Enclosure, Page 16</i>• <i>MHP Contract, Exhibit A, Attachment I</i>
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The DHCS review team made seven (7) calls to test the MHP's 24/7 toll-free line. The eight (7) test calls are summarized below:

Test Call #1 was placed on September 16, 2016, at 7:51 a.m. A live operator initially answered the call after one (1) ring. The test caller asked the operator if they could tell them what they needed to do to file a complaint. The operator provided the address, hours of operation and provided phone numbers for the clinics where the forms are located. The operator also explained the appeal process and stated if the caller is not satisfied he/she could request a hearing within 90 days, or contact the State Fair Hearing Division at California Department of Social Services. The operator then provided the names and numbers for the Kings View Counseling Services and the Kings County Patients Advocate. The operator asked the caller to provide his/her name and DOB, and inquired if he/she were suicidal within the last two months. The caller provided his/her name and DOB and stated he/she was not suicidal. The operator asked the test caller if they had ever thought about suicide and the caller responded in the negative. The caller was provided with information about how to use the beneficiary problem resolution and fair hearing processes. The call is deemed in compliance with the regulatory requirements for protocol questions B9a4.

Test Call #2 was placed on September 20, 2016, at 7:50 a.m. A live operator initially answered the call after two (2) rings. The test caller stated they were calling on behalf of their son (a minor) who is having problems in school. The operator provided information regarding walk-in services including location and hours of operation whereupon they could talk to someone. The caller was provided with information about how access SMHS, including SMHS required to assess whether medical necessity criteria are met and services need to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol question B9a2.

Test Call #3 was placed on September 19, 2016, at 10:33 p.m. A live operator initially answered the call after one (1) ring. The test caller requested information about filing a complaint in the county. The operator provided information on how to file a complaint including information about the state fair hearing process. The operator offered the names and telephone numbers of MHP staff members that could assist caller with complaint. The operator also advised the caller that forms are located in the lobby of the MHP and provided the location, hours of operation, phone number during business hours. The caller was provided with information about how to use the beneficiary problem resolution and fair hearing processes. The call is deemed in compliance with the regulatory requirements for protocol questions B9a4.

Test Call #4 was placed on September 22, 2016, at 8:08 a.m. The call was initially answered after one (1) ring by a phone tree directing the caller to select a language option, which included the MHP's threshold language (Spanish). The instruction also

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included that if the call is an emergency to press five (5) to speak with a crisis worker. After selecting the option to speak with an operator, the call was answered by a live operator after three (3) rings. The caller requested information about accessing mental health services. The operator asked the caller to provide his/her name, DOB and telephone number. The caller provided his/her name and DOB but did not provide his/her telephone number. The operator then advised the caller he/she was going to transfer the call to a crisis worker. The caller repeated the request for information about how to access SMHS and the operator explained the assessment process. The caller informed the operator that he/she had Medi-Cal. The operator provided the MHP's address and hours of operation. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met and services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions B9a1, B9a2 and B9a3.

Test Call #5 was placed on September 29, 2016, at 9:15 a.m. The call was initially answered after one (1) ring by a phone tree directing the caller to select a language option, which included the MHP's threshold language (Spanish). The caller selected option five (5) and was placed on a brief hold before being transferred to another operator. The caller requested information about accessing mental health services. The operator explained the process for accessing SMHS including the availability of walk-in and assessment services. The caller was provided with addresses, phone numbers, and hours of operation to obtain services through Primary Care Services and Adventure Health. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met and services needed to treat a beneficiary's urgent condition. The call was deemed in compliance with the regulatory requirements for protocol questions B9a2, and B9a3.

Test Call #6 was placed on September 29, 2016, at 8:55 a.m. The call was initially answered after one (1) ring by a phone tree directing the caller to select a language option, which included the MHP's threshold language (Spanish). The phone tree instructed the caller to select to be connected to an operator. The caller did not choose a number and was transferred to the front desk. The operator asked the caller to provide his/her name and age and the caller provided the requested information. The caller was placed on hold for three (3) minutes and then transferred to a live operator from the crisis line. The caller informed the operator he/she was feeling anxious and depressed. The operator inquired if the caller lived in Kings County and if he/she had any thoughts of self-harm. The operator also described available counseling services for anxiety and depression. The operator then asked if the caller was on Medi-Cal and the caller replied in the affirmative. The operator provided the hours of operation and address for a clinic; and asked the caller to come in for an orientation at 11:00 a.m. the following morning. The caller was provided information on 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. The call is deemed in compliance with the regulatory requirements for protocol questions B9a1, B9a2, and B9a3.

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Test Call #7 was placed on September 28, 2016, at 4:25 p.m. The call was initially answered after one (1) ring by a phone tree directing the caller to select a language option, which included the MHP’s threshold language (Spanish). The caller selected option 5 and a live operator answered the call. The operator asked how they could help. The caller stated their name, that he/she recently moved to Kings County, had ran out of their anxiety medication, and was not sure how to get a prescription refilled. The operator provided the address and hours of operation for a local clinic. The operator also instructed the caller to arrive by 4:30 p.m. and to bring photo identification and Medi-Cal information, and to inform the receptionist he/she wanted to receive services. The call is deemed in compliance with regulatory requirements for protocol questions B9a1, B9a2 and B9a3.

FINDINGS

Test Call Results Summary

Protocol Question	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
B9a-1	N/A	N/A	N/A	IN	N/A	IN	N/A	100%
B9a-2	N/A	IN	N/A	IN	IN	IN	IN	100%
B9a-3	N/A	N/A	N/A	IN	IN	IN	IN	100%
B9a-4	IN	N/A	IN	N/A	N/A	N/A	N/A	100%

In addition to conducting the seven (7) test calls, DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Central Valley Report.

Protocol question(s) B9a1, B9a2, B9a3, and B9a4 are deemed in compliance.

PLAN OF CORRECTION

A POC is not required.

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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 written log. However, it was determined there is insufficient evidence the MHP consistently logs request made by phone, in person and in writing. The logs made available by the MHP did not include all required elements. The table below details the findings:

Test Call #	Date of Call	Time of Call	Log Results		
			Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
2	9/20/16	7:50 a.m.	OOC	IN	IN
4	9/21/16	8:08 a.m.	IN	IN	IN
5	9/29/16	9:15 a.m.	IN	IN	IN
6	9/28/16	8:55 a.m.	IN	IN	IN
7	9/28/16	4:25 p.m.	OOC	OOC	OOC
Number of Calls in Compliance			3/5	4/5	4/5
Compliance Percentage			60%	83%	83%

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

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 by telephone, in person or in writing) complies with all regulatory requirements.

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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)?
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 • 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 #38 Administrative Directive (dated 2/27/14) and Cultural Competency Training for Staff 2015-2016. The MHP's P&P requires all staff to meet a minimum of 4-hours training each Fiscal Year (FY). However, the MHP's records indicated that several staff did not meet the required minimum training hours. Furthermore, the MHP indicated it did not have a process for following up when employees did not meet the 4-hour training requirement. Protocol question(s) B13a1, B13a2 and B13b 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 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, cultural competency training for administrative and management staff as well as persons providing SMHS employed by or contracting with the MHP, including a tracking mechanism to verify and ensure all staff have completed the required 4-hour training.

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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: <ol style="list-style-type: none"> 1) a physician, or 2) at the discretion of the MHP, by a psychologist for patients admitted by a psychologist and who received services under the psychologist's scope of practice?
C1c.	Does the MHP approve or deny TARs within 14 calendar days of the receipt of the TAR and in accordance with title 9 regulations?
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, sections 1810.242, 1820.220(c), (d), 1820.220 (f), 1820.220 (h), and 1820.215. • CFR, title 42, section 438.210(d) 	

FINDINGS

The MHP did not furnish evidence it complies with regulatory requirements regarding Treatment Authorization Requests (TARs) for hospital services. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P MCQ #5: Managed Care Claims Processing and a sample of 100 TARs to verify compliance with regulatory requirements. The MHP's P&P is consistent with state and federal requirements; however, four (4) of the 100 TARs in the sample were not approved or denied within 14 calendar days of receipt. The TAR sample review findings are detailed below:

PROTOCOL REQUIREMENT		# TARs IN COMPLIANCE	# TARs OOC	COMPLIANCE PERCENTAGE
C1a	TARs approved or denied by licensed mental health or waived/registered professionals	100	0	100%
C1c	TARs approves or denied within 14 calendar days	96	4	96%

Protocol question(s) C1c 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 Treatment Authorization Requests (TARs) for hospital services.

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SECTION D: BENEFICIARY PROTECTION

PROTOCOL REQUIREMENTS	
D4.	Regarding notification to beneficiaries:
D4a.	1) Does the MHP provide written acknowledgement of each grievance to the beneficiary in writing?
	2) Is the MHP notifying beneficiaries, or their representatives, of the <u>grievance disposition</u> , and is this being documented?
D4b.	1) Does the MHP provide written acknowledgement of each <u>appeal</u> to the beneficiary in writing?
	2) Is the MHP notifying beneficiaries, or their representatives, of the <u>appeal disposition</u> , and is this being documented?
D4c.	1) Does the MHP provide written acknowledgement of each <u>expedited appeal</u> to the beneficiary in writing?
	2) Is the MHP notifying beneficiaries, or their representatives, of the expedited appeal disposition, and is this being documented?
<ul style="list-style-type: none"> • CFR, title 42, section 438.406(a)(2) • CCR, title 9, chapter 11, section 1850.205(d)(4) • CFR, title 42, section 438.408(d)(1)(2) • CCR, title 9, chapter 11, sections 1850.206(b),(c), 1850.207(c),(h), and 1850.208(d),(e) 	

FINDINGS

The MHP did not furnish evidence it provides written acknowledgement and notifications of dispositions to beneficiaries for all grievances. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P PR:02 Problem Resolution Process (dated 2/27/14) and a sample of 15 grievances and 1 appeal. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, after reviewing 15 grievances and one (1) appeal, it was noted that three (3) grievances did not have required acknowledgment letters.

In addition, DHCS inspected a sample of grievances, appeals, and expedited appeals to verify compliance with regulatory requirements.

SAMPLE # REVIEWED	ACKNOWLEDGEMENT		COMPLIANCE PERCENTAGE	DISPOSITION		COMPLIANCE PERCENTAGE
	# IN	# OOC		# IN	# OOC	
Grievances	15	12	80%	15	0	100%
Appeals	1	1	100%	1	0	100%
Expedited Appeals	0	N/A	N/A	N/A	N/A	N/A

Protocol question(s) D4a1 is deemed in partial compliance.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides written acknowledgement and notifications of dispositions to beneficiaries for all grievances, appeals, and expedited appeals.

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SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE

PROTOCOL REQUIREMENTS	
F1.	Regarding coordination of physical and mental health care: A. Primary Care Physicians (PCPs) when no Medi-Cal Managed Care Plans are present B. PCPs who do not belong to a Medi-Cal Managed Care Plan C. Federally Qualified Health Centers, Indian Health Centers, or Rural Health Clinics
F1a.	Does the MHP have a process in place to provide clinical consultation and training, including consultation and training on medications?
F1b.	Does the MHP have a process in place for the exchange of medical record information that maintains confidentiality in accordance with applicable State and federal laws and regulations?
<ul style="list-style-type: none"> • <i>CFR, title 42, Part 438, section 438.208</i> • <i>DMH Information Notice No. 97-06</i> • <i>CCR title 9, chapter 11, section 1810.415(a),(b),(c)</i> 	

FINDINGS

The MHP did not furnish evidence it has processes in place to provide clinical consultation and training on medication. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy MS25 Consultations Between Physicians (dated 8/11/08). However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP identified they had not provided training in the last three years.

Protocol question(s) F1a 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 processes in place to provide clinical consultation and training.

SECTION G: PROVIDER RELATIONS

PROTOCOL REQUIREMENTS	
G3.	Regarding the MHP's ongoing monitoring of county-owned and operated and contracted organizational providers:
G3a.	Does the MHP have an ongoing monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified as per title 9 regulations?
G3b.	Is there evidence the MHP's monitoring system is effective?
<ul style="list-style-type: none"> • <i>CCR, title 9, chapter 11, section 1810.435 (d)</i> • <i>MHP Contract, Exhibit A, Attachment I</i> 	

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The MHP did not furnish evidence it has an ongoing and effective monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified per title 9 regulations. The MHP does not have an ongoing monitoring system in place for provider certification and re-certification to verify certification dates. DHCS reviewed its Online Provider System (OPS) and generated an Overdue Provider Report, which indicated the MHP has providers overdue for certification and/or re-certification. The table below summarizes the report findings:

TOTAL ACTIVE PROVIDERS (per OPS)	NUMBER OF OVERDUE PROVIDERS (at the time of the Review)	COMPLIANCE PERCENTAGE
8	2	75%

Protocol questions G3a and G3b 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 an ongoing and effective monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified per title 9 regulations.

PROTOCOL REQUIREMENTS	
G4.	Regarding the MHP's network providers, does the MHP ensure the following:
G4a.	Mechanisms have been established to ensure that network providers comply with timely access requirements?
G4b.	Corrective action is taken if there is a failure to comply with timely access requirements?
<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.206(b)(1)</i> • <i>CCR, title 9, chapter 11, section 1810.310 (a)(5)(B)</i> • <i>MHP Contract, Exhibit A, Attachment I</i> • <i>CMS/DHCS, section 1915(b) waiver</i> 	

FINDINGS

The MHP did not furnish evidence it has established mechanisms to ensure that network providers comply with timely access requirements. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: the MHP's TBS service contract, its Family Builders Contract, and the Network Provider Manual (dated 9/2013). Timely access requirements were not identified in the Family Builders contract. Protocol question(s) G4a 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 established mechanisms to ensure that network providers comply with timely access requirements and to take corrective action if providers fail to comply.

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SECTION J: MENTAL HEALTH SERVICES (MHSA)

PROTOCOL REQUIREMENTS	
J5b	Does the County ensure the PSC/Case Manager is responsible for developing an Individual Services and Supports Plan (ISSP) with the client and, when appropriate, the client's family?
J5c	Does the County ensure the PSC/Case Manager is culturally and linguistically competent or, at a minimum, is educated and trained in linguistic and cultural competence and has knowledge of available resources within the client/family's racial/ethnic community?
J5d	Does the County ensure that a PSC/Case Manager or other qualified individual known to the client/family is available to respond to the client/family 24 hours a day, 7 days a week to provide after-hours interventions?
<ul style="list-style-type: none"> • CCR, title 9, chapter 14, section 3620 	

FINDINGS

The County did not furnish evidence its PSC/Case Managers are available to respond to the FSP client/family 24 hours a day, 7 days a week to provide after-hours interventions. DHCS did not review any documentation presented by the County as evidence of compliance. The MHP indicated it does not have a PSC/Case Manager available to respond 24 hours a day, 7 days a week. PSC/Case Managers are only available at the permanent support housing project. Protocol question(s) J5d is deemed OOC.

PLAN OF CORRECTION

The County must submit a POC addressing the OOC findings for these requirements. The County is required to provide evidence to DHCS to substantiate its POC and to demonstrate that its PSC/Case Managers are available to respond to the client/family 24 hours a day, 7 days a week to provide after-hours interventions.

PROTOCOL REQUIREMENTS	
J6.	Regarding the County's MHSA Issue Resolution Process:
J6a	Does the County have in place an Issue Resolution Process to resolve issues related to the MHSA community planning process, consistency between approved MHSA plans and program implementation, and the provision of MHSA funded mental health services?
J6b	Does the County's Issue Resolution Log contain the following information:
	1) Dates the issues were received?
	2) A brief description of the issues?
	3) Final resolution outcomes of those issues?
	4) The date the final issue resolution was reached?
<ul style="list-style-type: none"> • W&IC 5650 • W&IC 5651 • County Performance Contract 	

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The County does not maintain an MHSA Issue Resolution Log with all required components. DHCS did not review any documentation presented by the MHP as evidence of compliance. Specifically, the MHP indicated it does not have an MHSA Issue Resolution Process or maintain a log to track issues related to the MHSA community planning process, consistency between approved MHSA plans and program implementation, and the provision of MHSA funded mental health services. Protocol question(s) J6a and J6b are deemed OOC.

PLAN OF CORRECTION

The County must submit a POC addressing the OOC findings for these requirements. The County is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has an Issue Resolution Process to resolve issues related to the MHSA community planning process, consistency between approved MHSA plans and program implementation, and the provision of MHSA funded mental health services. The County must maintain an MHSA Issue Resolution Log with all required components.

SURVEY ONLY FINDINGS

SECTION A: NETWORK ADEQUACY

PROTOCOL REQUIREMENTS	
A4b.	<p>SURVEY ONLY: Does the MHP maintain and monitor an appropriate network of providers to meet the anticipated need of children/youth eligible for ICC and IHBS services?</p>
<ul style="list-style-type: none"> • <i>Katie A Settlement Agreement</i> 	<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

No documentation was provided for review by DHCS for this survey item.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: maintain and monitor an appropriate network of providers to meet the anticipated need to children/youth eligible for ICC and IHBS services.

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PROTOCOL REQUIREMENTS	
A4d.	<p>SURVEY ONLY: Does the MHP have a mechanism to ensure all children/youth referred and/or screened by the MHP's county partners (i.e., child welfare) receive an assessment, and/or referral to a MCP for non-specialty mental health services, by a licensed mental health professional or other professional designated by the MHP?</p>
<ul style="list-style-type: none"> • <i>Katie A Settlement Agreement</i> 	<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: MHP tracking report, which included: referral dates, service, service descriptions, receipt dates, and the disposition. 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	
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"> • <i>CCR, title 9, chapter 11, section 1830.220(b)(3) and (b)(4)(A); sections 1810.220.5, 1830.220 (b)(3), and b(4)(A),</i> • <i>WIC sections, 11376, 16125, 14716; 14717, 14684, 14718 and 16125</i> 	<ul style="list-style-type: none"> • <i>DMH Information Notice No. 09-06,</i> • <i>DMH Information Notice No. 97-06</i> • <i>DMH Information Notice No. 08-24</i>

SURVEY FINDING

No documentation was provided for review by DHCS for this survey item.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: develop a mechanism to ensure timely transfer within 48-hours of the operation and provision of SMHS for a child who will be

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placed out of county. The MHP should also develop a mechanism to track authorization and provision of services for beneficiaries served by another MHP.

The MHP will ensure an assessment has been conducted an authorization of services occur within four business days of receipt of a referral for SMHS for a child by another MHP, and will have a mechanism to track referrals for assessment and authorizations of services for children placed in its county.

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> 	<ul style="list-style-type: none"> • <i>MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements</i>

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Email documentation from Personnel Specialist identifying criminal background checks were in the process of being completed for a specific provider. If completed as indicated, the MHP will likely be in compliance with State and Federal 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)?
<ul style="list-style-type: none"> • <i>CFR, title 42, sections 455.101, 455.104, and 455.416</i> 	<ul style="list-style-type: none"> • <i>MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements</i>

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Email documentation form Personnel Specialist identifying that Live Scan Fingerprints for a specific provider was cleared. The documentation provides sufficient evidence of compliance with federal and State requirements.

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SUGGESTED ACTIONS

No further action required at this time.

PROTOCOL REQUIREMENTS	
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

No documentation was provided for review by DHCS for this survey item.

SUGGESTED ACTIONS

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

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

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: P&P #MCQ6 Credentialing and Recredentialing Criteria dated 10/13/16. Policy identifies that an applicant for initial credentialing or subsequent re-credentialing as a MHP Network Provider shall meet the following standards: NPI number with the appropriate taxonomy, measured by search of the NPPES site. List of providers with current NPI Numbers, database of all providers including license and NPI type with expiration date. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

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SECTION I: QUALITY IMPROVEMENT

PROTOCOL REQUIREMENTS	
13b.	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: P&P #MCQ:01 Managed Care/QM Medication Monitoring Review, Medication Monitoring Committee minutes and Medication Monitoring Plan and Procedures Practice Guidelines for Physicians, Physician Assistants and Family Nurse Practitioners. The documentation lacks specific elements to demonstrate compliance with federal and state requirements. Specifically, the documentation does not include monitoring psychotropic medication use for children/youth.

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SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: develop procedures for monitoring psychotropic medication use by children/youth.

PROTOCOL REQUIREMENTS	
I3c.	<p>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?</p>
<ul style="list-style-type: none"> • <i>CFR, title 42, sections 455.410, 455.412 and 455.440</i> 	

SURVEY FINDING

No documentation was provided for review by DHCS for this survey item. The MHP identified that a chart review is conducted using a random chart sample by one of their contracted pharmacists. This information is reported at the Medication Monitoring meetings and documented in the meeting minutes. 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.	<p>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 ?</p>
I10b.	<p>SURVEY ONLY Does the MHP disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries?</p>
I10c.	<p>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?</p>
<ul style="list-style-type: none"> • <i>MHP Contract, Exhibit A, Attachment I</i> • <i>42 CFR 438.236</i> 	

SURVEY FINDING

No documentation was provided for review by DHCS for this survey item.

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SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: develop a process that ensures practice guidelines are developed in accordance with state and federal requirements and disseminated to beneficiaries and contracted providers.