FISCAL YEAR (FY) 2016/2017 ANNUAL REVIEW OF SPECIALTY MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES
SAN MATEO COUNTY MENTAL HEALTH PLAN REVIEW
February 27, - March 2, 2017
FINDINGS REPORT

This report details the findings from the triennial system review of the San Mateo 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		100%
SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES	14	2	0/14		100%
SECTION B: ACCESS	48	0	3/48	B9a2, B9a3, B9a4	94%
SECTION C: AUTHORIZATION	26	2	1/26	C1c	96%
SECTION D: BENEFICIARY PROTECTION	25	0	1/25	D6	96%
SECTION E: FUNDING, REPORTING & CONTRACTING REQUIREMENTS	**NOT APPLICABLE**				
SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	0/6		100%
SECTION G: PROVIDER RELATIONS	6	0	0/6		100%
SECTION H: PROGRAM INTEGRITY	19	4	0/19		100%
SECTION I: QUALITY IMPROVEMENT	30	8	0/30		100%
SECTION J: MENTAL HEALTH SERVICES ACT	21	0	0/21		100%
TOTAL ITEMS REVIEWED	**200**	**16**	**4**		

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	**4**		**OUT OF 200**	
OVERALL PERCENTAGE OF COMPLIANCE	**IN** (# IN/200)	98%	**OOC/Partial** (# OOC/200)	2%

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 January 12, 2017, at 7:50 a.m. The call was answered after one (1) ring via a phone tree directing the caller to hang up and call 911 in an emergency or to remain on the line or to speak with a counselor. The call was transferred after four (4) rings and answered by a live operator who said, "We're not open, call back at 8 a.m." After hearing a request for initial Specialty Mental Health Services, the operator offered to have someone return the phone call during business hours, but the caller declined to leave a number. After additional requests about how to access SMHS were made, the operator responded that, "we're just an answering service," "we're not in your county," and "call back to schedule an appointment." The caller was not provided information about how to access specialty mental health services, including SMHS required to assess whether medical necessity criteria are met. The caller was 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 question B9a2, and in compliance with regulatory requirements for protocol question B9a3 and deemed.

Test Call #2 was placed on January 19, 2017, at 9:41 a.m. The call was answered after one (1) ring via a phone tree directing the caller to select a language option. After selecting the option for English, the call was transferred to a live operator. The caller requested information about accessing mental health services in the county for anxiety medication. The caller stated that

he/she recently moved from another county. The operator asked the caller to provide his/her name and contact information (DOB, Medi-Cal ID #, address, and Last County). The operator advised the caller he/she was not in the county system. The operator explained that there is a walk-in clinic close to the caller's address, and provided the clinic name, hours of operation, and phone number. The operator stated that the clinic hours are on first-come, first-serve basis. The caller asked how early he/she should be there and the operator suggested getting there 30 minutes early, and that if the clinic was full, they could call the Access Help-Line to schedule an appointment. The operator indicated that if the walk-in clinic is not full, the client will be seen. The language line offered language capabilities in the counties threshold languages. The caller was provided information about how to access specialty mental health services, including SMHS required to assess whether medical necessity criteria are met. The caller was not provided information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions B9a1, and B9a2. The call was deemed out of compliance with regulatory requirements for protocol question B9a3.

Test Call #3 was placed on January 23, 2017, at 7:26 a.m. The call was answered after four (4) rings via a recorded message stating that if the caller was experiencing a life-threatening emergency to call 911. The caller was put on a brief hold. The operator answered and provided his/her name. The caller stated that he/she was depressed and having difficulty getting out of bed. The operator then asked a series of questions; the caller's age, zip code, county of residence and symptoms. The caller answered all of the questions. The operator then explained that since the caller had called after hours he/she could not provide a list of clinicians. However, the caller could leave his/her name and number and someone would get back to him/her in two (2) business days. The caller could also call back during business hours, which are Monday through Friday 8-5. The caller stated that he/she would call back during business hours. The caller thanked the operator and ended the call. The caller was not provided information about how to access specialty mental health services, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with regulatory requirements for protocol question B9a3 and in compliance with regulatory requirements for protocol question B9a2.

Test Call #4 was placed on February 6, 2017, at 8:19 p.m. The call was answered after two (2) rings via a recorded greeting and instructions to call 911 in an emergency. The call was then transferred to a live operator. The test caller requested information about filing a grievance in the county. The operator advised that he/she was "after hours" staff and was unable to provide information regarding the grievance process. The operator advised the caller to call back during business hours for assistance on filing a grievance. The operator assessed the caller's condition by asking if he/she felt suicidal. The caller was not provided information about how to use the beneficiary problem resolution and fair hearing process. 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 question B9a3, and deemed out of compliance with the regulatory requirements for protocol question B9a4.

Test Call #5 was placed on February 8, 2017, at 7:39 a.m. The call was answered after one (1) ring via a recording. The recording stated that it was an afterhours line and to call 911 if it was

an emergency and to stay on the line and a counselor will be right with you. A live operator answered the call after four (4) rings. The caller requested information about how to file a complaint with the county. The operator provided the name of Board of Behavioral Sciences and provided the website to file a complaint. The caller asked again how he/she would file a complaint with the county. The operator said to call back during business hour to obtain the process on how to file a complaint with the county. The caller asked the operator if he/she could pick up a complaint form from the county. The operator did not know if they have a complaint form from the county. The operator informed the caller that the county and the Board of Behavioral Sciences does conduct an investigation. The caller thanked the operator for the information and ceased the call. The caller was provided information about services needed to treat a beneficiary's urgent condition. The caller was not provided information about how to use the beneficiary problem resolution and fair hearing process. The call is deemed in compliance with protocol question B9a3, and out of compliance with the regulatory requirements for protocol question B9a4.

Test Call #6 was placed on February 9, 2017, at 12:14 p.m. The call was answered after one (1) ring via a phone tree directing the caller to select a language option, which included the MHP's threshold languages. After selecting the option for English, the caller then heard a recorded greeting and instructions to call 911 in an emergency. The caller was then placed on hold for one minute while the call was transferred to a live operator. The caller requested information about accessing mental health services in the county for his/her son. The operator identified him/herself, asked about the current condition of the caller's son. The operator asked the caller to provide his/her name and contact information. The operator explained the process of assessment and intake, and offered to connect the caller to a therapist for the assessment and intake, and for a future appointment. The language line offered language capabilities in the counties threshold languages. The caller was provided information about how to access specialty mental health services, including SMHS required to assess whether medical necessity criteria are met, and the caller was provided information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions B9a1, B9a2, and B9a3.

Test Call #7 was placed on February 3, 2017, at 12:43 p.m. The call was answered after two (2) rings via phone tree and a recorded greeting, which offered language options, and instructions to call 911 in an emergency. The caller pressed option 1 for English, and then option 4 for mental health services. After six rings, a live operator answered the call. Operator asked for caller's name and reason for call. The caller stated his/her name, that he/she was new to the county, had ran out of his/her anxiety medication, and was not sure what to do to get his/her prescription filled. The operator asked if the caller had transferred his/her Medi-Cal information to San Mateo County. The caller replied in the negative. The operator responded that the caller could be seen at the clinic located at 1950 Alameda De Pulgas (Walk-in availability: M-F, 1:30pm – 3:30pm) and that he/she should bring their Medi-Cal information and photo I.D. The operator further stated the caller should give them a call back if the clinic was unable to assist the caller with re-filling his/her prescription. At that time, they could assist the caller further with transferring his Medi-Cal information and obtaining needed services. The caller was offered language options in the county's threshold languages. The caller was provided information about how to access specialty mental health services, including SMHS required to assess whether medical necessity criteria are met and the caller was provided information about

services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with 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		
9a-1	N/A	IN	N/A	N/A	N/A	IN	IN		**100%**
9a-2	OOC	IN	OOC	N/A	N/A	IN	IN		**60%**
9a-3	IN	OOC	IN	IN	IN	IN	IN		**85%**
9a-4	N/A	N/A	N/A	OOC	OOC	N/A	N/A		**0%**

Protocol questions B9a2 and B9a3 deemed in partial compliance and B9a4 is deemed out of compliance.

PLAN OF CORRECTION

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

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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

The MHP did not furnish evidence it complies with regulatory requirements regarding Treatment Authorization Requests (TARs) for hospital services. DHCS reviewed the MHP's authorization policy and procedure: #04-09 Authorization Standards – Managed Care and 100 TAR samples.

However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, three (3) of the 100 TARs reviewed were not approved within the 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 waivered/registered professionals	100	0	100%
C1b	Adverse decisions approved by physician	100	0	100%
C1c	TARs approves or denied within 14 calendar days	97	3	97%

Protocol question 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 TARs for non-hospital SMHS services.

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SECTION D: BENEFICIARY PROTECTION

PROTOCOL REQUIREMENTS	
D6.	Is the MHP notifying those providers cited by the beneficiary (or otherwise involved in the grievance, appeal, or expedited appeal) of the final disposition of the beneficiary's grievance, appeal or expedited appeal?
• *CCR, title 9, chapter 11, section 1850.205(d)(6)*	

FINDING

The MHP did not furnish evidence it is notifying those providers cited by the beneficiary (or otherwise involved in the grievance, appeal, or expedited appeal) of the final disposition of the beneficiary's grievance, appeal or expedited appeal. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: The Grievance/Appeal/Expedited appeal log; sample of 25 Grievance files. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP was not notifying providers cited by the beneficiary of the final disposition of the beneficiaries' grievance. Protocol question D6 is deemed OOC.

PLAN OF CORRECTION

The MHP addressed the OOC findings for this requirement while DHCS was onsite. The MHP identified that they began notifying those providers cited by the beneficiary of the final disposition of the grievance in 2016 as corrective action. The MHP should include this information as part of their POC.

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: List of all BHRS providers Accepting New Clients; and the Active Joint Commission meetings minutes. The Active Joint Commission meeting is responsible for reviewing client cases and assessing the systems overall ability to meet the needs of Pathway to Well Being Clients. 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: Procedure Pathways to Well Being; San Mateo County Children and Family Services Mental Health Screening Tools (child 0-5 and child 6-20); Pathway to well-being procedures; and the At a Glance Report. The Mental Health Screening Tool (MHST) is conducted and if the screening tool endorses the need for MHS, a referral process is in place to connect the children, youth and families to appropriate Mental Health Services. The Mental Health Assessment is

completed within 60 days of opening. The tool also identifies if immediate referrals are needed to be provided to county partners. The AT a Glance report provides information regarding the assessment status of each youth. 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: Authorization Protocol for Out of County Referrals. The process identifies the transfer of the authorization within 48 hours. In addition, the BHRS Coordinator enters authorization information into tracking logs for current referrals and out of County caseloads. BHRS Coordinator will follow up with the counterpart in the other County to ensure that the SAR was received and identify whether they are able to provide the services needed. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

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: Authorization Protocol for Opposite Referrals; and the Access Caseload Tracking Log. The

MHP's process identifies that for any re-authorization for out of county youth, the other county is responsible for submitting the SAR and current assessment and Treatment Plan. The county will contact an identified provider and fax the SAR within four (4) working days of receiving the request. The process identifies that the BHRS coordinator enters authorization information into tracking logs for current referrals and out of county caseloads. 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: BHRS Policy # 04-01 Compliance Policy for Funded Services Provided by Contracted Organizational providers; and Policy # 04-02 Employee and On-site Contractor Screening and orientation. Each policy identifies that for all potential employees - the contractor conducts a background check. Offers of employment for personnel within San Mateo BHRS are contingent upon completing a background investigation through the County of San Mateo's Human resources department. The contract/organizational providers must comply with fingerprinting and background checks per the contract with San Mateo County. 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: Behavioral Health Policy No 98-14; and Departmental Policy # F-02 Fingerprinting. All interns,

trainees, mental health counselors, community workers, peer counselors, family partners and volunteers whose work requires a face-to-face relationship for the care and/or security of consumers and/or families, or who have access to County funds, must agree to being fingerprinted. BHRS must receive the fingerprinting information prior to these individuals' first day of work. Policy F-02 identifies that all incoming employees to the Health System must be fingerprinted prior to employment. This applies to employees coming from outside the county as well as employees transferring from other county departments. The documentation lacks specific elements to demonstrate compliance with federal and State requirements. Specifically, MHP representatives identified during review that there is not a provider currently that falls in this category. If this were to happen, the MHP stated that they would probably do a live scan, but would also have to formalize a process.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following action to follow up on developing a formalized process. The process may include but is not limited to developing a P&P, and amending provider contracts to include language that requires a provider or any person with a 5 percent or more direct or indirect ownership interest in the provider to consent to a criminal background check and submit fingerprints within 30 days upon request from CMS or the Department of Health Care Services pursuant to 42 CFR 455.434(b)(1) and (2).

PROTOCOL REQUIREMENTS	
H5a3.	**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: BHRS Policy #98-05 Credentialing for Independent Contracted Providers; Policy #14-01 Compliance Policy for funded Services provided by contracted Organizational Providers; Employee and On-site Contractor Screening and Orientation; and a sample of checks completed through streamline verify. For all private providers an exclusion review is conducted using Streamline Verify. The exclusion list included in Streamline Verify includes the Social Security Administration's Death Master File. Policy 14-01 identifies that all staff exclusion reviews are conducted using the Social Security Administration's Death Master File. MHP provided a sample of recent checks that were completed. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

PROTOCOL REQUIREMENTS	
H7.	**SURVEY ONLY:** Does the MHP verify that all ordering, rendering, and referring providers have a current National Provider Identifier (NPI) number?
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: BHRS Policy # 04-01 Compliance Policy for Funded Services Provided by Contracted Organizational providers; BHRS Policy #98-05 Credentialing for Independent Contracted Providers; A tracking report of providers with identified NPI numbers; and a sample of NPI checks. The 04-01 policy identifies that the contract agency screens prior to hiring that the contractor has a current NPI on the NPPES website as needed. The 04-02 policy identifies that prior to hiring employees the contractor will ensure that the individuals being considered for employment have been screened. For clinical and medical staff-credentials, their National Provider Identifiers are verified at the NPI website: If the individual's National Provider Identifier (NPI) is not up-to-date or the individual does not have an NPI, the individual must update or obtain an NPI before employment or contracting with BHRS. 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: BHRS Policy #99-02 Medication Authorization for Dependent Children; and Policy #04-08 Medication Monitoring. The 04-08 policy identifies the required monitoring for the safety and effectiveness of medication practices to reduce inappropriate prescribing of psychotropic medication. The Medical Chief/lead Psychiatrist will be responsible for identifying clients from each prescriber's caseload to be reviewed and to assign reviewers to perform the review process. The Medication Monitoring policy identifies that at least one chart per quarter for each prescriber will be reviewed at each clinic/site/team. The primary review tool consists of using the Medication Monitoring Checklist. The Checklist evaluates the currently prescribed medication and provides recommendations. The Policy 99-02 requires that for a dependent child or youth the psychiatric

care team must first file an application for medication authorization. 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: BHRS Policy #04-02 Employee and On-site Screening and Orientation; and Policy 04-08 Medication Monitoring. Policy 04-02 includes the requirement that MDs/Dos/NPs provide evidence that they have registered at the State of California Department of Justice Controlled Substance Utilization Review and Evaluation System (CURES). Cures stores Schedule II, III and IV controlled substance prescription information reported as dispensed in California. In addition, the MHP currently tracks medication monitoring. The BHRS Pharmacy & Therapeutic Committee (P&T Committee), under the directives of BHRS medical director provides guidance, planning, review, and support of the medication process. The committee reviews important findings, and corrective action plans are directed and monitored by the committee. 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: BHRS policy 04-08 Medication Monitoring Summary of Guidelines and General Treatment principles; Medication guidelines for Benzodiazepines; Tapering Benzodiazepines; Controlled Medication Agreement; and the Grand BHRS CME Education Event dates for 2015-2016. The Treatment guidelines are also on the county website.

The website provides the guidelines for Adult ADHD, Benzodiazepines, Intranasal Naloxone and the training available for the providers. The guidelines identify general Treatment principles. The BHRS CME education events provides dates for trainings on medication practices. The documentation 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)**
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: County of San Mateo FY 16/17 Specialty Mental Health Services Dashboard; and copies of Behavioral Health Dashboards from 14/15, 15/16. The performance data within the dashboard includes contracted providers. The Behavioral Health Dashboard snapshot outlines the differences between each fiscal year. The dashboard is utilized as a tracking system to measure timeliness of care, wait times to assessments, and wait time to providers. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.