

ANNUAL REVIEW PROTOCOL FOR
CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES
AND OTHER FUNDED SERVICES

FISCAL YEAR 2001-2002

INSTRUCTIONS TO REVIEWERS

**ANNUAL REVIEW PROTOCOL FOR
CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES
FISCAL YEAR 2001-2002**

INSTRUCTIONS TO REVIEWERS

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LIST OF ABBREVIATIONS

<u>24/7</u>	24 HOURS A DAY/SEVEN DAYS A WEEK	<u>NFP</u>	NOT FOLLOWING PLAN
<u>ASO</u>	ADMINISTRATIVE SERVICE ORGANIZATION	<u>NOA</u>	NOTICE OF ACTION
<u>CCP</u>	CULTURAL COMPETENCE PLAN	<u>P&P</u>	POLICIES AND PROCEDURES
<u>CCR</u>	CALIFORNIA CODE OF REGULATIONS	<u>PCP</u>	PRIMARY CARE PHYSICIAN
<u>CFR</u>	CODE OF FEDERAL REGULATIONS	<u>PHF</u>	PSYCHIATRIC HEALTH FACILITY
<u>DMH</u>	DEPARTMENT OF MENTAL HEALTH (STATE)	<u>POA</u>	POINT OF AUTHORIZATION
<u>DSM-IV</u>	DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS	<u>QI</u>	QUALITY IMPROVEMENT
<u>EPSDT</u>	EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT	<u>QIC</u>	QUALITY IMPROVEMENT COMMITTEE
<u>FY</u>	FISCAL YEAR	<u>SD/MC</u>	SHORT-DOYLE/MEDI-CAL
<u>HCFA</u>	HEALTH CARE FINANCING AGENCY	<u>SMHS</u>	SPECIALTY MENTAL HEALTH SERVICES
<u>IA</u>	INTERAGENCY AGREEMENT	<u>TAR</u>	TREATMENT AUTHORIZATION REQUEST
<u>IP</u>	IMPLEMENTATION PLAN	<u>TAT</u>	TECHNICAL ASSISTANCE AND TRAINING
<u>MCE</u>	MEDICAL CARE EVALUATION	<u>TBS</u>	THERAPEUTIC BEHAVIORAL SERVICES
<u>MCMCP</u>	MEDI-CAL MANAGED CARE PLAN	<u>UM</u>	UTILIZATION MANAGEMENT
<u>MHP</u>	MENTAL HEALTH PLAN	<u>UR</u>	UTILIZATION REVIEW
<u>MHS</u>	MENTAL HEALTH SERVICES	<u>URC</u>	UTILIZATION REVIEW COMMITTEE
<u>MOE</u>	MAINTENANCE OF EFFORT	<u>W&IC</u>	WELFARE AND INSTITUTIONS CODE
<u>MOU</u>	MEMORANDUM OF UNDERSTANDING		

SECTION A **PLAN REQUIREMENTS AND AMENDMENTS**

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<p>1.</p> <p>1a.</p> <p>1b.</p> <p><i>California Code of Regulations (CCR), Title 9, Chapter 11, Section 1810.310; MHP Contract with DMH, Attachments A and B.</i></p>	<p>Regarding the MHP’s Implementation Plan (IP):</p> <p>Is the MHP operating with an Implementation Plan as approved or as amended?</p> <p>If amended, have the amendments been submitted to the DMH for approval?</p>			<p><u>NOTE:</u> Team Coordinator to contact MHP prior to review <u>NOTE:</u> There may be more than one plan document</p> <ul style="list-style-type: none"> • Check with MHP to be sure reviewers are using the same plan as the MHP • If amendments since last review, verify amendments have DMH approval by way of DMH approval letter • If no DMH approval letter, verify MHP submitted changes to the DMH over 30 days ago and that the changes are consistent with Chapter 11 <p><u>OUT OF COMPLIANCE:</u> MHP operating from an IP with amendments disapproved by the DMH; MHP operating from an IP with amendments not submitted to the DMH</p>
<p>2.</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.410; DMH Information Notice No: 97-14.</i></p>	<p>Is the MHP operating with a Cultural Competence Plan (CCP) as approved or as amended?</p>			<ul style="list-style-type: none"> • Check with MHP to be sure reviewers are using the same plan as the MHP • If amendments since last review, verify amendments have DMH approval by way of DMH approval letter <p><u>OUT OF COMPLIANCE:</u> MHP operating without an approved CCP</p>
<p>3.</p> <p><i>DMH Policy Letter No. 99-03.</i></p>	<p>Is the MHP operating with an approved Therapeutic Behavioral Services (TBS) Plan?</p>			<ul style="list-style-type: none"> • Check with MHP to be sure reviewers are using the same plan as the MHP <p><u>OUT OF COMPLIANCE:</u> MHP operating without an approved TBS Plan</p>
<p>4.</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.440; MHP Contract with DMH, Attachment A.</i></p>	<p>Is the MHP operating with a current annual quality improvement (QI) work plan?</p>			<ul style="list-style-type: none"> • Check with MHP to be sure reviewers are using the same plan as the MHP <p><u>OUT OF COMPLIANCE:</u> MHP operating without a current QI work plan</p>

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<p>1.</p> <p>1a.</p> <p>1b.</p> <p>1c.</p> <p>1d.</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.310(a)(2)(B); W&IC Sections 5600.2(d) and 5614(b)(5); DMH Information Notice No. 97-14, Page 16.</i></p>	<p>Is the MHP making ongoing outreach efforts as follows:</p> <p>Evidence of community information and education plans that enable the MHP's beneficiaries access to specialty mental health services?</p> <p>Evidence that the MHP is informing under-served populations about cultural/linguistic services available, e.g., community presentations and forums?</p> <p>Outreach to the homeless mentally disabled?</p> <p>Outreach to the hard-to-reach individuals with mental disabilities?</p>		<ul style="list-style-type: none"> • Is the MHP in compliance with its IP? • Ask the MHP to describe its outreach efforts • Review evidence of outreach efforts, i.e., flyers, meeting agendas, newspaper articles • Review education plans and policies that are in place • Review evidence of outreach to under-served populations • Review evidence of outreach to the homeless • Review evidence of outreach to the hard-to-reach <u>OUT OF COMPLIANCE:</u> NFP; no evidence of any outreach efforts, including outreach to under-served populations, homeless, and the hard-to-reach
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3c.	<p>Does this number have linguistic capabilities in all the languages spoken by beneficiaries of the MHP?</p> <p><i>CCR, Title 9, Chapter 11, Sections 1810.405(d) and 1810.410 (d)(1) and DMH Information Notice No.97-14, Page 12.</i></p>			<ul style="list-style-type: none"> • Is the toll-free line answered 24/7 in a manner that ensures linguistic capabilities in all languages spoken by beneficiaries of the MHP? <p><u>OUT OF COMPLIANCE:</u> NFP; no 24/7 coverage; lack of linguistic capacity in all languages spoken by beneficiaries of the MHP as evidenced by results of DMH test-calls; unable to provide or arrange for problem resolution information</p>
4.	<p>Does the MHP have procedures for ensuring access to services for beneficiaries out of the county for the following categories:</p> <p>4a. Children in foster care and other residential placements out of county?</p> <p>4b. Adults in residential placements out of county?</p> <p><i>CCR, Title 9, Chapter 11, Sections 1830.210, 1830.215 and 1830.220; DMH Information Notice No: 97-06,D, 4.</i></p>			<ul style="list-style-type: none"> • Review procedures • Have MHP describe how services are accessed for a-b • Is the MHP utilizing the services of the ASO or another process? • Does the MHP have any adults in residential placements? <p><u>OUT OF COMPLIANCE:</u> NFP; MHP has no procedures for ensuring access to services for beneficiaries out of county</p>
5.	<p>Is MHP information being provided to beneficiaries with visual or hearing impairment?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.110(a); DMH Information Notice No. 97-06, D.5; W&IC Sections 5600.2(e) and 5614(b)(5).</i></p>			<ul style="list-style-type: none"> • Ask about P&P • Ask MHP how it is providing services to these beneficiaries <p><u>OUT OF COMPLIANCE:</u> NFP; evidence that the MHP is not providing information to beneficiaries with visual or hearing impairments</p>

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<p>6.</p> <p>6a.</p> <p>6b.</p>	<p>Regarding request-for-service logs:</p> <p>Does the MHP maintain a written log of all initial requests (by telephone, in writing, or in person) for specialty mental health services (SMHS) from beneficiaries of the MHP?</p> <p>Does each log entry contain the name of the beneficiary, the date of the request, and the initial disposition of the request?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.405(f).</i></p>			<p><u>NOTE:</u> MHP must only log: 1) initial requests, 2) requests for SMHS, 3) requests from beneficiaries, 4) and requests from beneficiaries of the MHP</p> <ul style="list-style-type: none"> • Have the MHP describe the logging system and review a sample • Test-call as needed <ul style="list-style-type: none"> • Review the logs or some sample of the log(s) for required information <p><u>OUT OF COMPLIANCE:</u> NFP; requests-for-service logs not being maintained, wherever required; MHP not recording required information; DMH test-calls not recorded</p>
<p>7.</p> <p>7a.</p>	<p>Regarding written information in English and the threshold languages to assist beneficiaries in accessing specialty mental health services:</p> <p>At a minimum, does the MHP have the following:</p> <ol style="list-style-type: none"> 1. The beneficiary brochure? 2. Problem resolution information? 3. Mental health education materials? 			<p><u>NOTE:</u> Regarding mental health education materials, if none in English, none are required in threshold languages</p> <ul style="list-style-type: none"> • Is the beneficiary brochure and problem resolution information available in English and in threshold languages? • Is this information available in English and the threshold languages at all provider sites where beneficiaries have access to it?

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<p>7b.</p> <p>7c.</p> <p>7d.</p> <p>7e.</p>	<p>Is the information available at the appropriate literacy level?</p> <p>Does the MHP provide beneficiaries with the beneficiary brochure upon request and when first accessing services?</p> <p>Does the MHP have a process to provide this information, or at least information on the problem resolution /fair hearing rights, periodically as addressed in its IP?</p> <p>Does the beneficiary brochure include the following information:</p> <ol style="list-style-type: none"> 1. A description of available services? 2. A description of the process for obtaining services, including the MHP's statewide toll-free telephone number? 3. A description of the MHP's beneficiary problem resolution process, including the complaint resolution and grievance processes? 4. A description of the beneficiary's right to request a fair hearing at any time before, during, or within 90 days after the completion of the MHP's beneficiary problem resolution process, and a description of the right to request a fair hearing whether or not the beneficiary uses the problem resolution process and whether or not the beneficiary has received a notice of action? 			<p><u>NOTE:</u> Appropriate literacy level of the brochure is at the discretion of the MHP</p> <ul style="list-style-type: none"> • Review how the MHP makes the beneficiary brochure available upon request and upon accessing specialty mental health services, i.e., part of intake packet? <p><u>NOTE:</u> The brochure should contain a description of available services, not just a listing of available services</p>
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7e. (con't)	A description of the process for obtaining a list of the MHP's providers?			<ul style="list-style-type: none"> • What is the process for obtaining a list?
7f.	Does the MHP have policies and procedures regarding the distribution of translated materials?			<ul style="list-style-type: none"> • Review P&P • How does MHP monitor compliance of P&P?
<p><i>CCR, Title 9, Chapter 11, Sections 1810.410(a), and (d)(3), 1810.360(c)(1),(2),(3) and 1850.205(c)(1)(A); MHP Contract with the DMH, Section V; DMH Information Notices No. 97-14, Page 14 and No. 97-06, Attachment 4, item # 4.</i></p>				<p><u>OUT OF COMPLIANCE:</u> NFP; beneficiary brochure does not contain the required information; evidence that the MHP does not provide the beneficiary with the beneficiary brochure upon request and upon first accessing services; information not given periodically; MHP does not have a process for obtaining a list; no P&P on distribution of translated materials</p>
8.	Regarding the list of providers:			
8a.	Does the MHP make available a list of its providers and does the list contain the providers' names, addresses, and information on the category of services available from each provider, including cultural/linguistic skills?			<p><u>NOTE:</u> At a minimum, the categories should include: 1) Psychiatric inpatient hospital services, 2) targeted case management, 3) and/or all other specialty mental health services Are services listed per requirements?</p> <ul style="list-style-type: none"> • Are there cultural/linguistic providers? • Ask if MHP is monitoring need for additional cultural/linguistic services
8b.	Is the MHP monitoring the need for additional cultural/linguistic skills?			<ul style="list-style-type: none"> • Describe monitoring activities and findings <p><u>OUT OF COMPLIANCE:</u> NFP; MHP does not have a list of its providers, including cultural/linguistic specific providers; the list is not available to beneficiaries</p>

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9.	<p>Does the MHP have policies and procedures to assure that culturally and linguistically competent services are availability to its beneficiaries?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 97-14, Page 17.</i></p>			<ul style="list-style-type: none"> Review policies, procedures, and practices <p><u>OUT OF COMPLIANCE:</u> NFP; no policies, procedures, and practices in place that address beneficiary requests for culture-specific network providers</p>
10.	<p>Does the MHP have a policy in place that prohibits the expectation that families will provide interpreter services?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 97-14, Page 18; Title VI, Civil Rights Act of 1964, (42 U.S.C., Section 2000d, 45 C.F.R., part 80).</i></p>			<ul style="list-style-type: none"> Review the MHP policy <p><u>OUT OF COMPLIANCE:</u> NFP; no such policy in place</p>
11.	<p>Whenever feasible and at the request of the beneficiary, does the MHP provide for the following:</p> <p>11a. An initial choice of the person who will provide the specialty mental health services, including the right to use culturally specific providers?</p> <p>11b. An opportunity to change persons providing the specialty mental health services, including the right to use culturally specific providers?</p> <p><i>CCR, Title 9, Chapter 11, Sections 1830.225(a) and (b); DMH Information Notice No. 97-14, Page 15.</i></p>			<ul style="list-style-type: none"> Is the MHP in compliance with its IP? Ask about availability of culture-specific providers Ask MHP to describe the processes for allowing an initial choice of the person who will provide the service Ask MHP to describe the processes for changing the person who will provide the service <p><u>NOTE:</u> Also see item 7c under Section I, “Quality Improvement Program” for annual review of this process</p> <p><u>OUT OF COMPLIANCE:</u> NFP; evidence the MHP does not allow beneficiary input into the initial choice and change of provider; MHP is routinely denying access to another provider or culture-specific provider</p>

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12.	<p>Is there evidence that the MHP is working on a process to evaluate the competencies of staff in providing culturally competent services?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 97-14, P. 18.</i></p>			<p><u>NOTE:</u> Process need not be completed</p> <ul style="list-style-type: none"> Describe the process <p><u>OUT OF COMPLIANCE:</u> NFP; no evidence that the MHP is working on a process</p>
13.	<p>Has the MHP implemented training programs to certify or otherwise assure the demonstrated ability of bi-lingual staff or interpreters in the following areas:</p> <p>13a. The ability to communicate the ideas, concerns, and rationales, in addition to the translation of the words used by both the provider and the consumer?</p> <p>13b. The familiarity with the beneficiary’s culture and degree of proficiency in the beneficiary’s spoken, as well as non-verbal communication?</p> <p>13c. The familiarity with variant beliefs concerning mental illness in different cultures?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 97-14, P. 18.</i></p>			<ul style="list-style-type: none"> Have the MHP describe the training program(s) <p><u>OUT OF COMPLIANCE:</u> NFP; no training program in place</p>
14.	<p>Does the MHP have policies and procedures for meeting consumer language needs?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.410 (b)(4); DMH Information Notice No. 97-14, Page 13.</i></p>			<ul style="list-style-type: none"> Review P&P <p><u>OUT OF COMPLIANCE:</u> NFP; no P&P</p>

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<p>15.</p> <p>15a.</p> <p>15b.</p> <p>15c.</p> <p>15d.</p> <p>15e.</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.410 (d)(2); DMH Information Notice No. 97-14, Page 13.</i></p>	<p>Regarding mandated key points of contact:</p> <p>Are interpreter services available in the identified threshold languages?</p> <p>Is there documented evidence to show beneficiary access to linguistically proficient staff or interpreters?</p> <p>Is there documented evidence to show language capacity in the threshold languages is available during regular operating hours?</p> <p>Is there documented evidence to show which services are available in a beneficiary’s primary language by way of interpretive services?</p> <p>Is there documented evidence to show the response to offers of interpretive service</p>			<p><u>NOTE:</u> Must include some clinic sites as mandated key points of contact</p> <ul style="list-style-type: none"> • Confirm mandated key points of contact for each language • See evidence of interpreters and linguistically proficient staff for all hours, including regular operating hours, for each service, for each site, and for each threshold language • Review evidence of interpreters and linguistically proficient staff <ul style="list-style-type: none"> • If applicable, review evidence in charts, or elsewhere, of offers of interpretive services, availability of such services, and/or how beneficiaries are linked to appropriate service <p><u>OUT OF COMPLIANCE:</u> NFP; interpreter services are not available</p>
<p>16.</p> <p>16a.</p> <p>16b.</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.410 (d)(2); DMH Information Notice No. 97-14, Page 13.</i></p>	<p>Regarding all key points of contact:</p> <p>Are there policies and procedures in place to link beneficiaries who do not meet the threshold language criteria to appropriate services?</p> <p>Is there evidence, including documented progressive steps, to show that beneficiaries who do not meet the threshold language criteria are linked to appropriate services?</p>			<ul style="list-style-type: none"> • Review P&P about linking as well as evidence that beneficiaries who do not meet the threshold language criteria are linked to appropriate services <p><u>OUT OF COMPLIANCE:</u> NFP; beneficiaries who do not meet the threshold language are not being linked to appropriate services</p>

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RE: HOSPITAL SERVICES UTILIZING A POINT OF AUTHORIZATION

1.	<p>Does the MHP have a system for receiving provider notifications of emergency admissions within 24 hours of admission of a beneficiary to the hospital or, when applicable, within the timelines specified in the contract?</p> <p><i>CCR, Title 9, Chapter 11, Section 1820.225(c).</i></p>			<p>OUT OF COMPLIANCE: NFP; no system in place</p>
2.	<p>Is there an authorization process in place for psychiatric inpatient hospital services?</p> <p><i>CCR, Title 9, Chapter 11, Section 1820.215 CCR, Title 9, Chapter 11, Sections 1820.225(a) and 1830.245(b).</i></p>			<ul style="list-style-type: none"> Is there evidence that the MHP requires hospitals or psychiatric health facilities to obtain prior MHP payment authorization for an emergency admission, whether voluntary or involuntary? <p>OUT OF COMPLIANCE: NFP; no system in place; evidence that the MHP is requiring hospitals (including PHFs) to obtain permission for an emergency admission</p>
3.	<p>Are the Treatment Authorization Requests (TARs) being approved or denied by licensed, waived, or registered mental health professionals of the beneficiary's MHP?</p> <p><i>CCR, Title 9, Chapter 11, Section 1820.220(d).</i></p>			<ul style="list-style-type: none"> Review random sample of DMH selected TARs to determine if qualified mental health professionals are approving or denying TARs <p>OUT OF COMPLIANCE: NFP; MHP utilizes staff that are not licensed/waivered/registered professionals</p>

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<p>4.</p>	<p>Are all adverse decisions based upon lack of medical necessity being reviewed and supported by a physician or, when applicable, a psychologist?</p> <p><i>CCR, Title 9, Chapter 11, Section 1820.220(f).</i></p>			<p><u>NOTE:</u> Only adverse decisions based upon medical necessity require physician review and support <u>NOTE:</u> Review and support must be by way of a physician’s signature, although it need not be on the TAR</p> <ul style="list-style-type: none"> • Review random sample of DMH selected TARS • Describe how denials of medical necessity are being reviewed and supported, i.e., signature on TAR <p><u>OUT OF COMPLIANCE:</u> NFP; Physician or, when applicable, a psychologist, is not reviewing and supporting denials; no physician signature</p>
<p>5.</p>	<p>Does the MHP approve or deny TARs within 14 calendar days of the receipt of the TAR?</p> <p><i>CCR, Title 9, Chapter 11, Sections 1820.220(h), 1850.305(d)(2)(D), and (e)(5)(C).</i></p>			<p><u>NOTE:</u> Receipt date may be stamped on TAR or recorded elsewhere</p> <ul style="list-style-type: none"> • Review DMH selected TARS • Check receipt date with approval or denial date • Review some TARS submitted following an appeal (1st & 2nd level) ruled in favor of the provider <p><u>OUT OF COMPLIANCE:</u> NFP; MHP not acting on TARS within 14 days of receipt</p>

SECTION C **AUTHORIZATION**

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6.	<p>When an appeal concerns the denial or modification of an MHP payment authorization request is the MHP using personnel not involved in the initial denial to determine the appeal decision?</p> <p><i>CCR, Title 9, Chapter 11, Section 1850.305(d)(2)(A).</i></p>			<ul style="list-style-type: none"> • Review initial and appeal decisions and compare staff involved • Does the MHP have a separate unit to handle appeals? <p><u>OUT OF COMPLIANCE:</u> NFP; MHP utilizing same staff for both the initial and appeal decision</p>
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RE: NON-HOSPITAL SPECIALTY MENTAL HEALTH SERVICES

7.	<p>Is there an authorization process in place for non-hospital specialty mental health services?</p> <p><i>CCR, Title 9, Chapter 11, Section 1830.215.</i></p>			<ul style="list-style-type: none"> • What is the process? Preauthorization or retrospective? • Review sample of authorizations • Can any services be provided without authorization? • Compare authorization request forms to MHP approval forms <ul style="list-style-type: none"> • If different, does the MHP have conversations with providers to change provider requests and is that conversation documented? • If different, have NOA-B's been given, when applicable? <p><u>OUT OF COMPLIANCE:</u> NFP; no authorization process; MHP not documenting the authorization process</p>
8.	<p>If preauthorization is required:</p>			<ul style="list-style-type: none"> • Is the MHP in compliance with its IP? • Ask about 24/7 process for authorization within one hour • If available, review P&P
8a.	<p>Are authorization decisions for urgent services being made by qualified staff?</p>			

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8b.	<p>Are the decisions made within one-hour of the request?</p> <p><i>CCR, Title 9, Chapter 11, Sections Section 1810.405(c) and 1830.215(a)(2); MHP Contract with DMH, Attachment B.</i></p>			<p><u>NOTE</u>: Services for an urgent condition do not need to be provided within one hour—only authorized, as actual treatment service can be provided later</p> <ul style="list-style-type: none"> Review MHP records to determine if decisions are being made within one hour <p><u>OUT OF COMPLIANCE</u>: MHP is not using licensed or waived/registered staff for authorizing urgent services; MHP is not able to authorize within one-hour</p>
9.	<p>Does the MHP ensure that specialty mental health services are available to treat urgent conditions 24 hours a day, seven days a week?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.405(c).</i></p>			<ul style="list-style-type: none"> Is the MHP in compliance with its IP? Test process, as indicated Have the MHP describe 24/7 availability of services for urgent conditions If available, review P&P <p><u>OUT OF COMPLIANCE</u>: NFP; or urgent services not available 24/7</p>
10.	<p>Does the MHP have procedures for ensuring access for beneficiaries who require urgent or emergency mental health services while out of county?</p> <p><i>CCR, Title 9, Chapter 11, Sections 1830.210, 1830.215 and 1830.220; DMH Information Notice No: 97-06,D, 4.</i></p>			<ul style="list-style-type: none"> Have there been any requests for services of an urgent nature? Review procedures <p><u>OUT OF COMPLIANCE</u>: NFP; MHP has no procedures for ensuring access to services for beneficiaries out of county</p>

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RE: UTILIZATION MANAGEMENT

11.	<p>Is there evidence that the MHP is reviewing utilization management (UM) activities annually, including a review of the consistency in the authorization process?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.440(b); MHP Contract with DMH, Attachment B.</i></p>			<ul style="list-style-type: none"> • Review both hospital and non-hospital • What are the MHP’s activities in this area? • How is inter-rater reliability monitored? • How is the MHP reviewing this annually? <p><u>OUT OF COMPLIANCE:</u> NFP; no evidence of monitoring activities</p>
12.	<p>If the MHP delegates any UM activities, does the written contract include the following items:</p> <p>12a. The responsibilities of the MHP and the delegated entity?</p> <p>12b. The frequency of reporting to the MHP?</p> <p>12c. The process by which the MHP evaluates the delegated entity’s performance?</p> <p>12d. The remedies available to the MHP if the entity does not fulfill its obligations?</p> <p>12e. Documentation that the MHP evaluated the entity’s capacity to perform the delegated activities prior to the delegation?</p> <p>12f. Documentation that the MHP approves the entity’s UM program annually?</p> <p>12g. Documentation that the MHP evaluates annually whether the delegated activities are being conducted in accordance with the State and MHP standards?</p> <p>12h. Documentation that the MHP has prioritized and addressed with the delegated entity those opportunities identified for improvement?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.440; MHP Contract with the DMH, Attachment B.</i></p>			<ul style="list-style-type: none"> • Does MHP delegate any UM activities outside the MHP? • Review contract or agreement in place for all items • Describe how MHP is providing oversight • Review evidence of such oversight <p><u>OUT OF COMPLIANCE:</u> NFP; contract does not contain 12a-h; no evidence of monitoring the contract</p>

SECTION C **AUTHORIZATION**

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<p>13.</p> <p>13a.</p> <p>13b.</p> <p><i>CCR, Title 9, Chapter 11, Sections 1810.405(e) and 1850.210(i).</i></p>	<p>Regarding the Notice of Action (NOA)-A:</p> <p>When required, is the MHP providing a written NOA-A to a beneficiary when the MHP or its providers determine that the beneficiary does not meet the medical necessity criteria and, therefore, is not entitled to any specialty mental health services?</p> <p>When requested by a beneficiary, does the MHP provide for a second opinion by a licensed mental health professional?</p>			<ul style="list-style-type: none"> Review NOA-As given since last DMH review <p><u>NOTE:</u> Current version of NOA-A is dated July 3, 1998</p> <ul style="list-style-type: none"> Is the MHP using the most current NOA-A form? If utilizing a form different from the DMH approved form, does it contain all the required elements? <ul style="list-style-type: none"> Review NOA-As given since last DMH review Review second opinion requests since last DMH and action taken by the MHP to provide for the second opinion <p><u>OUT OF COMPLIANCE:</u> NFP; there is evidence the MHP is not issuing NOA-As per regulations; evidence the MHP is refusing to offer a second opinion; no record that requests for a second opinion were arranged</p>
<p>14.</p> <p><i>CCR, Title 9, Chapter 11, Sections 1850.210(a)(b)(c).</i></p>	<p>When required, is the MHP providing a written NOA-B to the beneficiary when the MHP denies, modifies, or defers a payment authorization request from a provider for specialty mental health services?</p>			<p><u>NOTE:</u> Current version of NOA-B is dated July 3, 1998</p> <ul style="list-style-type: none"> Is the MHP using the most current NOA-B form? If utilizing a form different from the DMH approved form, does it contain all required elements? <p><u>OUT OF COMPLIANCE:</u> NFP; there is evidence the MHP is not issuing NOA-Bs per regulations</p>

SECTION D **BENEFICIARY PROTECTION**

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<p>1.</p>	<p>Does the MHP have problem resolution processes in place for both the informal complaint and the formal grievance processes that provide for two levels of grievance review within the MHP?</p> <p><i>CCR, Title 9, Chapter 11, Sections 1850.205(b)(1)&(2) and 1850.205(e)(2).</i></p>			<ul style="list-style-type: none"> • Review processes for both hospital and non-hospital • Are complaints being logged? <ul style="list-style-type: none"> • If yes, review sample of complaint log(s) <p><u>OUT OF COMPLIANCE:</u> NFP; no informal level; no two levels of formal processes; not following processes</p>
<p>2.</p>	<p>Does the MHP have an expedited grievance response for beneficiaries in Medi-Cal funded residential treatment programs?</p> <p><i>CCR, Title 9, Chapter 11, Section 1850.205(e)(4).</i></p>			<ul style="list-style-type: none"> • If the MHP utilizes residential treatment programs, describe the expedited process • Applies to Adult Residential and Crisis Residential facilities <p><u>OUT OF COMPLIANCE:</u> NFP</p>

SECTION D **BENEFICIARY PROTECTION**

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3.	<p>Are there notices posted explaining complaint resolution and grievance process procedures in locations at all MHP provider sites sufficient to ensure that the information is readily available to both beneficiaries and provider staff?</p> <p><i>CCR, Title 9, Chapter 11, Section 1850.205(c)(1)(B).</i></p>			<p><u>NOTE:</u> Visit some organizational provider site(s) to verify</p> <ul style="list-style-type: none"> • Review evidence that MHP has informed its providers about this requirement • Review contract language and ask the MHP if posted at all sites – hospital/non-hospital; network/SD-MC; in-county/out of county <p><u>OUT OF COMPLIANCE:</u> NFP; posted notices not in all provider sites visited</p>
4.	<p>Are grievance forms and self-addressed envelopes available for beneficiaries to pick up at all MHP provider sites without having to make a verbal or written request?</p> <p><i>CCR, Title 9, Chapter 11, Section 1850.205(c)(1)(C).</i></p>			<p><u>NOTE:</u> Visit some organizational provider site(s) to verify</p> <ul style="list-style-type: none"> • Review evidence that MHP has informed its providers about this requirement • Review contract language and ask if grievance forms and self-addressed envelopes are available at all sites – hospital/non-hospital; network/SD-MC; in-county/out of county <p><u>OUT OF COMPLIANCE:</u> NFP; grievance forms and self-addressed envelopes are not available in all provider sites visited without the need to made a verbal or written request</p>
5.	<p>Does the MHP have policies in place to protect beneficiary confidentiality?</p> <p><i>CCR, Title 9, Chapter 11, Section 1850.205(c)(6); Welfare & Institutions Code Section 5328.</i></p>			<ul style="list-style-type: none"> • Review MHP policies as it pertains to protecting the confidentiality of beneficiary complaints and grievances <p><u>OUT OF COMPLIANCE:</u> NFP; no policies in place</p>

SECTION D BENEFICIARY PROTECTION

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<p>6.</p> <p>6a.</p> <p>6b.</p> <p>6c.</p> <p>6d.</p> <p>6e.</p> <p>6f.</p> <p><i>CCR, Title 9, Chapter 11, Sections 1850.205(c)(2),(3),(4),(5), (d)(2)&(3), and (e)(6)(C).</i></p>	<p>Does the MHP have the following processes in place:</p> <p>The beneficiary may authorize another person to act on his/her behalf and that this representative may use the complaint resolution process or the grievance process on the beneficiary's request?</p> <p>The beneficiary is not subject to any penalty for filing a complaint or grievance?</p> <p>The beneficiary is not required to present a concern or complaint in writing?</p> <p>The beneficiary has the right to use the grievance process or request a fair hearing at any time before, during, or after the complaint resolution process has begun?</p> <p>Personnel have been identified to assist the beneficiary with these processes at the beneficiary's request?</p> <p>Personnel have been designated to provide information regarding the status of a beneficiary's grievance?</p>			<ul style="list-style-type: none"> • Review P&P • How does beneficiary learn of rights 5a-f? • How is this accomplished? <p><u>OUT OF COMPLIANCE:</u> NFP; MHP does not have processes in place for 6a-f</p>
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SECTION D BENEFICIARY PROTECTION

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7.	<p>Are grievances recorded in the grievance log within one working day of the date of receipt of the grievance?</p> <p><i>CCR, Title 9, Chapter 11, Section 1850.205(e)(6)(A).</i></p>			<p><u>OUT OF COMPLIANCE:</u> NFP; grievances not being recorded within one day of receipt</p>
8.	<p>Does the grievance log contain, at least, the following entries:</p> <p>a. The name/identifier of the beneficiary?</p> <p>b. The date of receipt of the grievance?</p> <p>c. The nature of the problem?</p> <p><i>CCR, Title 9, Chapter 11, Sections 1850.205(e)(6)(A)1.,2.,3.</i></p>			<ul style="list-style-type: none"> • Verify information is present for each grievance <p><u>OUT OF COMPLIANCE:</u> NFP; log(s) does not contain this information on all grievances</p>
9.	<p>Does the MHP have a process that provides for a decision on grievances at each level within thirty calendar days of receipt by that level of review within the MHP?</p> <p><i>CCR, Title 9, Chapter 11, Section 1850.205(e)(3).</i></p>			<ul style="list-style-type: none"> • Review grievance decisions for timeliness at each level <p><u>OUT OF COMPLIANCE:</u> NFP; MHP does not provide for a decision in a timely manner</p>

SECTION D **BENEFICIARY PROTECTION**

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10.	<p>Is the final disposition of each grievance, including the date the decision is sent to the beneficiary or the reason(s) that there has not been a final disposition of the grievance, being documented?</p> <p><i>CCR, Title 9, Chapter 11, Section 1850.205(e)(6)(B).</i></p>			<p><u>NOTE:</u> This information need not be recorded in the log</p> <ul style="list-style-type: none"> • Review documentation material <p><u>OUT OF COMPLIANCE:</u> NFP; MHP not documenting final disposition or the date disposition is sent to beneficiary or why no disposition</p>
11.	<p>Is documentation present that verifies the beneficiaries have been notified in writing of their right to appeal the grievance decision to a second level of review within the MHP or to request a fair hearing?</p> <p><i>CCR, Title 9, Chapter 11, Section 1850.205(e)(6)(D).</i></p>			<p><u>NOTE:</u> This information need not be recorded in the log</p> <p><u>NOTE:</u> Required only if beneficiary disagrees with the decision</p> <ul style="list-style-type: none"> • Describe how beneficiaries are notified <p><u>OUT OF COMPLIANCE:</u> NFP; no documentation that MHP is notifying beneficiaries of this right</p>
12.	<p>When a provider was included in the grievance, is there documentation in place to show that providers have been notified of the grievance resolution?</p> <p><i>CCR, Title 9, Chapter 11, Section 1850.205(e)(6)(E).</i></p>			<p><u>NOTE:</u> This information need not be recorded in the log</p> <ul style="list-style-type: none"> • Describe how providers are notified. <p><u>OUT OF COMPLIANCE:</u> NFP; no documentation that MHP is notifying providers of the grievance resolution</p>

SECTION E CONTRACTS

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<p>1.</p> <p>1a</p> <p>1b.</p>	<p>Regarding hospital contracts, does the MHP have one of the following in place for each disproportionate share and traditional hospital that meets selection criteria:</p> <p>A signed contract for the current fiscal year?</p> <p>A DMH approved request for exemption?</p> <p><i>CCR, Title 9, Chapter 11, Sections 1810.430(a)&(b) and (c)(1)(A)(B)&(C).</i></p>		<ul style="list-style-type: none"> • Review DMH Information Notice from Managed Care Implementation unit to determine list of hospitals requiring a contract for current FY • Review contract(s) to document all are in place <p><u>NOTE:</u> New exemption required each year</p> <ul style="list-style-type: none"> • See DMH approved exemptions for current fiscal year <p><u>NOTE:</u> Hospitals can refuse to contract with the MHP</p> <ul style="list-style-type: none"> • If hospital(s) refuses to contract with the MHP, see documentation of such refusal <p><u>NOTE:</u> MHP should provide letter from the hospital stating its desire to not contract with the MHP</p> <p><u>NOTE:</u> If hospital refuses to write such a letter, MHP may avouch such declaration in writing</p> <p><u>NOTE:</u> New letter required each year unless provider has informed MHP otherwise</p> <p><u>OUT OF COMPLIANCE:</u> NFP; MHP not contracting with listed hospitals and no approved exemption(s) or documentation of a refusal(s) to contract are in place</p>
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SECTION F MENTAL HEALTH BOARDS/COMMISSIONS

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<p>1.</p> <p>1a.</p> <p>1b.</p> <p><i>W&IC Sections 5614(b)(2) and 5604(a)(1).</i></p>	<p>Does the county have a mental health board/commission that meets the following:</p> <p>For counties with a population of more than 80,000, does the county have a board/commission consisting of 10 to 15 members (<i>depending on the preference of the county</i>) appointed by the governing body?</p> <p>For counties with a population of less than 80,000, does the county have a board/commission consisting of a minimum of five members appointed by the governing body?</p>			<p><u>NOTE:</u> County may establish a board or a commission</p> <ul style="list-style-type: none"> • Meet with MHP designee and MHB Chair • Review MHB Annual Report to Planning Council <p><u>OUT OF COMPLIANCE:</u> County does not have a board/commission; the board/commission membership does not meet the minimum membership requirement</p>
<p>2.</p> <p><i>W&IC Sections 5614(b)(2) and 5604(a)(1).</i></p>	<p>Is one member of the board/commission a member of the local governing body?</p>			<p><u>OUT OF COMPLIANCE:</u> One member is not a member of a local governing body</p>
<p>3.</p> <p><i>W&IC Sections 5614(b)(2) and 5604(a)(1).</i></p>	<p>Does any county with more than five supervisors have at least the same number of board/commission members as the size of its board of supervisors?</p>			<p><u>NOTE:</u> Nothing in this section shall be construed to limit the ability of the governing body to increase the number of members above 15</p> <p><u>OUT OF COMPLIANCE:</u> County does not have at least the same number of board/commission members as the size of its board of supervisors</p>
<p>4.</p> <p><i>W&IC Sections 5614(b)(2) and 5604(a)(1).</i></p>	<p>Is the board/commission recommending appointees to the county supervisors?</p>			<p><u>OUT OF COMPLIANCE:</u> Evidence the MHB can not recommend appointees to the Board of Supervisors</p>

SECTION F MENTAL HEALTH BOARDS/COMMISSIONS

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5.	<p>Does the county appoint individuals who have experience and knowledge of the mental health system?</p> <p><i>W&IC Sections 5614(b)(2) and 5604(a)(1).</i></p>			<p><u>NOTE:</u> County is encouraged to appoint such individuals</p> <p><u>OUT OF COMPLIANCE:</u> Evidence the county does not make any efforts to appoint individuals who have experience and knowledge of the mental health system</p>
6.	<p>Does the board/commission membership reflect the ethnic diversity of the client population in the county?</p> <p><i>W&IC Sections 5614(b)(2) and 5604(a)(1).</i></p>			<p><u>NOTE:</u> Board/commission membership should reflect the ethnic diversity of the client population</p> <p><u>OUT OF COMPLIANCE:</u> The board/commission membership does not reflect the ethnic diversity of the client population in the county and no efforts are being made to recruit members who reflect such diversity</p>
7.	<p>In counties over 80,000 population or in counties under 80,000 population that elect to have the board/commission exceed the five-member minimum permitted, is the county in compliance with the following:</p> <p>7a. Consumers or the parents, spouses, siblings, or adult children of consumers who are receiving or have received mental health services constitute 50 % of the board/commission membership?</p> <p>7b. Consumers constitute at least 20 % of the total membership?</p> <p>7c. Families of consumers constitute at least 20 % of the membership?</p> <p><i>W&IC Sections 5614(b)(2) and 5604(a)(2)&(3)(A)&(B).</i></p>			<p><u>OUT OF COMPLIANCE:</u> Consumers or the parents, spouses, siblings, or adult children of consumers who are receiving or have received mental health services do not constitute 50 % of the board/commission membership; consumers do not constitute at least 20 % of the total membership; families of consumers do not constitute at least 20 % of the membership</p>

SECTION F **MENTAL HEALTH BOARDS/COMMISSIONS**

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<p>8.</p> <p>8a.</p> <p>8b.</p> <p><i>W&IC Sections 5614(b)(2) and 5604(a)(2)&(3)(A)&(B).</i></p>	<p>In counties under 80,000 population that elect to have a five member board, is the county in compliance with the following:</p> <p>Is at least one member a consumer?</p> <p>Is at least one member a parent, spouse, sibling, or adult child of a consumer who is receiving, or has received, mental health services?</p>			<p><u>OUT OF COMPLIANCE:</u> The board/commission does not have at least one member who is a consumer; the board/commission does not have at least one member who is a parent, spouse, sibling, or adult child of a consumer who is receiving, or has received mental health services</p>
<p>9.</p> <p><i>W&IC Sections 5614(b)(2) and 5604(b).</i></p>	<p>Is the term of each member of the board/commission for three years?</p>			<p><u>OUT OF COMPLIANCE:</u> The term of each member of the board/commission is not three years</p>
<p>10.</p> <p><i>W&IC Sections 5614(b)(2) and 5604(b).</i></p>	<p>Are the appointments staggered so that approximately one-third of the appointments expire each year?</p>			<p><u>OUT OF COMPLIANCE:</u> The appointments are not staggered so that approximately one-third of the appointments expire each year</p>
<p>11.</p> <p>11a.</p>	<p>If two or more local agencies jointly establish a community mental health service {under Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 of Title 1 of the Government Code}, does the board/commission consist of the following:</p> <p>An additional two members for each additional agency?</p>			

SECTION F **MENTAL HEALTH BOARDS/COMMISSIONS**

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11b.	<p>At least one of the two additional members is a consumer or a parent, spouse, sibling, or adult child of a consumer who has received mental health services?</p> <p><i>W&IC Sections 5614(b)(2) and 5604(c).</i></p>			<p><u>OUT OF COMPLIANCE:</u> The board/commission does not have two additional members for each additional agency; at least one of the two additional members is not a consumer or a parent, spouse, sibling, or adult child of a consumer who has received mental health services</p>
12.	<p>Is the board/commission in compliance with the requirement that no member of the board/commission (or his or her spouse) is any of the following:</p> <p>12a. An employee of the county mental health program?</p> <p>12b. An employee or paid member of a mental health contract agency?</p> <p>12c. An employee or paid member of the governing body?</p> <p>12d. An employee of the State Department of Mental Health?</p> <p><i>W&IC Sections 5614(b)(2) and 5604(d).</i></p>			<p><u>OUT OF COMPLIANCE:</u> A member of the board (or his or her spouse) is an employee of the county mental health program, an employee or paid member of a mental health contract agency, an employee or paid member of the governing body, or an employee of the State Department of Mental Health</p>
13.	<p>Does a member of the board/commission abstain from voting on any issue in which that member has a financial interest (as defined in Section 87103 of the Government Code)?</p> <p><i>W&IC Sections 5614(b)(2) and 5604(e).</i></p>			<p><u>OUT OF COMPLIANCE:</u> A member of the board/commission did not abstain from voting on an issue in which that member had a financial interest</p>

SECTION F MENTAL HEALTH BOARDS/COMMISSIONS

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14.	<p>Does the local mental health board comply with the Brown Act (provisions of Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5 of the Government Code), relating to meetings of local agencies?</p> <p><i>W&IC Sections 5614(b)(2) and 5604.1.</i></p>			<p><u>OUT OF COMPLIANCE:</u> The local mental health board does not comply with the Brown Act</p>
15.	<p>Does the board/commission do the following:</p> <p>15a. Review and evaluate the community's mental health needs, services, facilities, and special problems?</p> <p>15b. Review any county agreements entered into pursuant to Section 5650?</p> <p>15c. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process?</p> <p>15d. Review and make recommendations on applicants for the appointment of a local mental health director?</p> <p>15e. Review and comment on the county's performance outcome data and communicate its findings to the California Mental Health Planning Council?</p> <p>15f. Submit an annual report to the governing body on the needs and performance of the county's mental health system?</p> <p><i>W&IC Sections 5614(b)(2) and 5604.2(a).</i></p>			<p><u>NOTE:</u> The board/commission must be included in the selection process prior to the vote of the governing body</p> <p><u>OUT OF COMPLIANCE:</u> The board/commission fails to review 15a-e; the board/commission is not included in the selection process prior to the vote of the governing body; no annual report is submitted</p>

SECTION G INTERFACE WITH PHYSICAL HEALTH CARE

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<p>2d.</p> <p>2e.</p> <p>A. Prescription drugs and laboratory services?</p> <p>B. Emergency room facility and related services, home health care, non-emergency medical transportation, and physical health care while in a psychiatric inpatient hospital, including the history and physical required upon admission?</p> <p>C. Direct transfers between psychiatric inpatient hospital services and inpatient hospital services required to address a beneficiary's medical problems?</p> <p>2f.</p>	<p>Procedures for the exchange of medical records information which maintain confidentiality in accordance with applicable state and federal laws and regulations?</p> <p>Procedures for providing beneficiaries with the following services when these services are covered by the Medi-Cal managed care plan:</p> <p>Process for resolving disputes between the MHP and the Medi-Cal managed care plan that includes a means for beneficiaries to receive medically necessary services while the dispute is being resolved?</p> <p><i>CCR, Title 9, Chapter 11, Sections 1810.370(a)(1),(2), &(3), (4)(A)(B)&(C), and,(5); HCFA Waiver Requirement.</i></p>			<p><u>OUT OF COMPLIANCE:</u> NFP; MOU(s) do not contain items 2a-f and there is evidence that the MHP is not making a good faith effort to include the missing items</p>
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SECTION G

INTERFACE WITH PHYSICAL HEALTH CARE

IN COMPLIANCE

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RE: OTHER INTERFACE ISSUES

<p>4.</p> <p>4a.</p> <p>4b.</p> <p><i>CCR, Title 9, Chapter 11, Sections 1810.345(a) and 1810.415(d); HCFA Waiver Requirement.</i></p>	<p>While the MHP is not required to ensure a beneficiary’s access to physical health care treatment or to treatment from licensed mental health professionals for diagnoses not covered under specialty mental health services, does the MHP have a process to assist beneficiaries in accessing treatment services for the following:</p> <p>Beneficiaries with an excluded diagnosis?</p> <p>Beneficiaries with an included diagnosis, but whose mental condition the MHP believes would be responsive to physical health care treatment?</p>			<ul style="list-style-type: none"> Describe the MHP’s processes for 4a-b <p><u>OUT OF COMPLIANCE:</u> MHP has no processes in place to cover these areas</p>
<p>5.</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.345(a); HCFA Waiver Requirement.</i></p>	<p>Is the MHP in compliance with requirements that prohibit the inappropriate referral of a beneficiary to primary care treatment when the beneficiary meets specialty mental health services’ medical necessity criteria?</p>			<ul style="list-style-type: none"> Describe the process used by the MHP to make referrals to physical healthcare treatment <p><u>NOTE:</u> Check with State Ombudsman’s Office and , if applicable, review complaints with MHP</p> <p><u>OUT OF COMPLIANCE:</u> Evidence that the MHP is making inappropriate referrals</p>
<p>6.</p> <p><i>CCR, Title 9, Chapter 11, Sections 1810.345(a) and 1830.205(c); Welfare & Institutions Code Section 4696.1; HCFA Waiver Requirement.</i></p>	<p>Does the MHP provide treatment to a beneficiary with an included diagnosis that is amenable to mental health treatment when an excluded diagnosis is also present?</p>			<ul style="list-style-type: none"> Describe the process used by the MHP <p><u>OUT OF COMPLIANCE:</u> Evidence that the MHP is not treating beneficiaries with an included diagnosis that is amenable to mental health treatment when an excluded diagnosis is also present</p>

SECTION H PROVIDER RELATIONS

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RE: PROBLEM RESOLUTION PROCESSES

1.	<p>Does the MHP have problem resolution and appeal processes that enable providers to resolve MHP payment authorization issues or other complaints and concerns?</p> <p><i>CCR, Title 9, Chapter 11, Section 1850.305(a).</i></p>			<p><u>NOTE</u>: Send questionnaire regarding questions 1-3 to DMH selected providers prior to onsite visit <u>NOTE</u>: Identify 2-3 providers from county files based upon claims activity <u>NOTE</u>: Verify answers from questionnaire by way of face-to-face or phone survey with these 2-3 providers while onsite</p> <ul style="list-style-type: none"> • Is the MHP following its IP? • Describe the processes for both hospital and non-hospital <p><u>OUT OF COMPLIANCE</u>: NFP; no processes in place; a provider response indicated s/he was not aware of the processes</p>
2.	<p>Does the MHP ensure that participating providers are provided written information regarding the problem resolution and appeal processes?</p> <p><i>CCR, Title 9, Chapter 11, Section 1850.305(b).</i></p>			<ul style="list-style-type: none"> • Describe how providers were given this information • Review the process <p><u>OUT OF COMPLIANCE</u>: NFP; providers not given this information in written form; a provider response indicated s/he was not given the written information on the processes</p>
3.	<p>Does the provider problem resolution process include the following:</p>			<ul style="list-style-type: none"> • Is the MHP following its IP? • Review the processes for 3a-b
3a.	<p>A means to identify and resolve provider concerns and problems quickly and easily?</p>			

SECTION H PROVIDER RELATIONS

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3b.	<p>Informs providers of their right to access the provider appeal process at any time before, during, or after the provider problem resolution process has begun when the complaint concerns a denied or modified request for MHP payment authorization or the processing or payment of a provider’s claim to the MHP?</p> <p><i>CCR, Title 9, Chapter 11, Sections 1850.305(c)(1) and (3).</i></p>			<p><u>OUT OF COMPLIANCE</u>: NFP; process does not include either 3a or 3b; a provider response indicated that the MHP was not following 3a and 3b</p>
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RE: MHP’S ASSESSMENT OF PROVIDER SATISFACTION

4.	<p>Is the MHP in compliance with the requirement to gather information, at least every two years, from providers regarding their satisfaction with the utilization management program?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.315; MHP Contract with DMH, Attachment B.</i></p>			<p><u>NOTE</u>: Applicable only if an authorization unit is used to authorize services</p> <ul style="list-style-type: none"> • Has the MHP gathered or is in the process of gathering provider satisfaction information? <p><u>OUT OF COMPLIANCE</u>: MHP has made no attempt to gather this information</p>
5.	<p>Upon gathering the provider satisfaction information, does the MHP use the information to address identified items of dissatisfaction?</p> <p><i>CCR, Title 9, Chapter 11, Sections 1810.315 and 1810.440; MHP Contract with DMH, Attachment B.</i></p>			<p><u>NOTE</u>: Applicable only if an authorization unit is used to authorize services</p> <ul style="list-style-type: none"> • Has the MHP used this information to address identified items of dissatisfaction? <p><u>OUT OF COMPLIANCE</u>: MHP has made no efforts to address identified items of dissatisfaction</p>

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1.	Does the MHP Quality Improvement (QI) program include the active participation of the following stakeholders in the ongoing planning, design, and execution of the QI Program: a. Practitioners/providers? b. Beneficiaries? c. Family members? <i>CCR, Title 9, Chapter 11, Sections 1810.440(a)(2)(A)(B)&(C); MHP Contract with DMH, Attachment A.</i>			<ul style="list-style-type: none">• Review evidence that each category is represented• Review evidence that there is active participation from each category <p><u>OUT OF COMPLIANCE: NFP</u></p>
2.	Are the Quality Improvement Committee (QIC)'s role, structure, and function operating as described in the QI program description? <i>CCR, Title 9, Chapter 11, Section 1810.440; MHP Contract with DMH, Attachment A.</i>			<ul style="list-style-type: none">• Describe role, structure, and function <p><u>OUT OF COMPLIANCE: NFP</u></p>
3.	Regarding the QIC:			
3a.	Is the QIC meeting as frequently as described in the QI Plan?			<ul style="list-style-type: none">• See IP for the specified frequency of the QIC meetings

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3b.	<p>Are the minutes:</p> <ol style="list-style-type: none"> 1. Dated? 2. Signed? 3. Reflective of QIC decisions and actions? <p><i>CCR, Title 9, Chapter 11, Section 1810.440; MHP Contract with DMH, Attachment A.</i></p>			<ul style="list-style-type: none"> • Review minutes for dated signature • Do the minutes reflect QIC decisions and actions? <p><u>OUT OF COMPLIANCE:</u> NFP; minutes are not signed, dated, and do not reflect QIC decisions and actions</p>
4.	<p>Is the QIC involved in or overseeing the following QI activities:</p> <ol style="list-style-type: none"> 4a. Recommending policy changes? 4b. Reviewing and evaluating the results of QI activities? 4c. Instituting needed QI actions? 4d. Ensuring follow-up of QI processes? <p><i>CCR, Title 9, Chapter 11, Section 1810.440; MHP Contract with DMH, Attachment A.</i></p>			<ul style="list-style-type: none"> • Review evidence of each activity described in 4a-d <p><u>OUT OF COMPLIANCE:</u> NFP; no evidence that the QIC is involved in and overseeing activities described in 4a-d</p>
5.	<p>Does the work plan evaluate the effectiveness of the QI program and show how QI activities have contributed to improvement in clinical care and beneficiary service?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.440; MHP Contract with DMH, Attachment A.</i></p>			<ul style="list-style-type: none"> • Review work plan <p><u>OUT OF COMPLIANCE:</u> NFP; work plan does not evaluate the effectiveness of the QI program and show how QI activities have contributed to improvement in clinical care and beneficiary service</p>

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6.	<p>Does the work plan monitor previously identified issues, including tracking of issues over time?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.440; MHP Contract with DMH, Attachment A.</i></p>			<ul style="list-style-type: none"> • Review work plan • Have the MHP describe activities and monitoring of previously identified issues • Are issues being tracked over time? <p><u>OUT OF COMPLIANCE:</u> NFP; no work plan; not following work plan; no evidence of monitoring or tracking activities over time</p>
7.	<p>Does the work plan include goals and monitoring activities in the following areas:</p> <p>7a. Monitoring the service delivery capacity of the MHP as evidenced by:</p> <ol style="list-style-type: none"> 1. A description of the current number, types, and geographic distribution of mental health services within the MHP’s delivery system 2. Goals are set for the number, type, and geographic distribution of mental health services? <p>7b. Monitoring the accessibility of services as evidenced by:</p> <ol style="list-style-type: none"> 1. In addition to meeting statewide standards, goals have been set and mechanisms have been established to monitor the following: <ul style="list-style-type: none"> A) Timeliness for routine mental health appointments? B) Timeliness of services for urgent conditions? C) Access to after-hours care? D) Responsiveness of the 24/7 toll-free number? 			<p><u>NOTE:</u> Verify only that goals and planned activities are in the work plan</p> <ul style="list-style-type: none"> • MHP should have baseline statistics with goals for the year • Goals should be set for A-D • Mechanisms for monitoring should be in place for A-D • Review P&P • Does the MHP test-call its toll-free number?

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7c.	Monitoring beneficiary satisfaction as evidenced by: 1. Annual survey of beneficiary satisfaction? 2. Annual evaluation of beneficiary grievances and fair hearings? 3. Annual review of requests for changing persons providing services? 4. Providers are informed of the results of the beneficiary/family satisfaction surveys? 5. Satisfaction survey respondents, in each threshold language, indicated that they had access to written information in their primary language?			<ul style="list-style-type: none">• How are providers informed? <p><u>NOTE:</u> No. 5 is a condition of DMH Information Notice No. 97-14, p. 15. The MHP is strongly encouraged to make it a part of its work plan.</p>
7d.	Monitoring the MHP's service delivery system as evidenced by: 1. Relevant clinical issues, including the safety and effectiveness of medication practices, are identified? 2. The interventions implemented when occurrences of potential poor care are identified? 3. Providers, beneficiaries, and family members are evaluating data to identify barriers to improvement related to clinical practice and/or administrative aspects of the delivery system?			

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<p>7e. 7f.</p>	<p>Monitoring coordination with physical health care and other agencies used by the beneficiaries as evidenced by: A. A review the effectiveness of its MOUs with Medical Managed Care Plans?</p> <p>Monitoring provider appeals</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.440; DMH Information Notice No. 97-14, P. 15; MHP Contract with DMH, Attachment A.</i></p>			<p><u>OUT OF COMPLIANCE:</u> NFP; no work plan; not following work plan; no evidence of a monitoring plans for 7a-f</p>
<p>8. 8a. 8b.</p>	<p>Is the MHP conducting activities to meet the following work plan areas:</p> <p>The accessibility of services: A. Timelines for routine mental health appointments? B. Timeliness of services for urgent conditions? C. Access to after-hours care? D. Responsiveness of the 24/7 toll-free number?</p> <p>Beneficiary satisfaction: A. Annual survey of beneficiary satisfaction? B. Annual evaluation of beneficiary grievances and fair hearings? C. Annual review of requests for changing persons providing services?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.440; MHP Contract with DMH, Attachment A.</i></p>			<ul style="list-style-type: none"> • Review monitoring activities in 8a, A-D • Review monitoring activities in 8b, A-D <p><u>OUT OF COMPLIANCE:</u> NFP; no work plan; not following work plan; no evidence of monitoring activities in 8a and 8b</p>

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<p>9.</p> <p>9a.</p> <p>9b.</p> <p>9c.</p> <p>9d.</p> <p>9e.</p> <p>9f.</p> <p>9g.</p> <p>9h.</p>	<p>If the MHP delegates any QI activities, is there a written agreement spelling-out the delegated responsibilities along with documentation to verify the MHP’s oversight of these activities in the following areas:</p> <p>The responsibilities of the MHP and the delegated entity?</p> <p>The delegated activities?</p> <p>The frequency of reporting to the MHP?</p> <p>The process by which the MHP will evaluate the delegated entity’s performance?</p> <p>The remedies available to the MHP if the delegated entity does not fulfill its obligations?</p> <p>MHP’s annual (or as defined in the delegation agreement) approval of the delegated entity’s QI Program?</p> <p>MHP’s annual determination of whether or not the delegated activities are being conducted in accordance with state and MHP standards?</p> <p>MHP has prioritized and addressed those opportunities identified for improvement?</p>			<ul style="list-style-type: none"> • Does the MHP delegate any QI activities outside the MHP? • Review contract or agreement in place for all items • Describe how MHP is providing oversight • Review evidence of such oversight <p><u>OUT OF COMPLIANCE:</u> NFP; no written agreement in place if delegated outside the MHP; MHP not monitoring contract as required</p>
<p>10.</p>	<p>Is there an identified plan to evaluate the linguistic proficiency and training of staff and interpreters?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 97-14, P. 18.</i></p>			<ul style="list-style-type: none"> • Have the MHP describe its plan <p><u>OUT OF COMPLIANCE:</u> NFP; no planning in process</p>

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13.	Regarding penetration and retention rates:			<u>NOTE</u> : How current is the information?
13a.	Is there a tracking system to determine utilization rate by ethnic groups?			<ul style="list-style-type: none"> • Review the system used to track utilization rates • Review tracking of rates covered in 13a-d
13b.	Is there a system in place to compare the penetration and retention rates across ethnic groups?			
13c.	Is there a comparison of penetration and retention rates by ethnic groups to the total Medi-Cal beneficiary population?			
13d.	Is there a method to analyze penetration and retention rates by factors including age, diagnosis, gender, and primary language of Medi-Cal mental health clients to identify potential problem areas?			
	<i>CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 97-14, P. 19.</i>			<u>OUT OF COMPLIANCE</u> : NFP; no tracking system in place
14.	Does the MHP have data comparing the percentage of culturally, ethnically, and linguistically diverse professional staff to the same characteristics of the MHP's Medi-Cal beneficiaries?			
	<i>CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 97-14, P. 15.</i>			<u>OUT OF COMPLIANCE</u> : NFP; no tracking system in place

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	CRITERIA	Y	N	COMMENTS
1.	Does the beneficiary meet all three of the following reimbursement criteria (1a., 1b., and 1c. below):			<ul style="list-style-type: none">Review assessment(s), evaluation(s), and/or other documentation to support 1a, 1b, and 1c
1a.	The beneficiary has a DSM IV diagnosis contained in the CCR, Title 9, Chapter 11, Section 1830.205(b)(1)(A-R)?			<ul style="list-style-type: none">Is the beneficiary's diagnosis among the list of diagnoses in Section 1830.205(b)?
1b.	The beneficiary, as a result of a mental disorder listed in 1a, must have, at least, one of the following criteria (1, 2, or 3 below): 1. A significant impairment in an important area of life functioning? 2. A probability of significant deterioration in an important area of life functioning? 3. A probability the child will not progress developmentally as individually appropriate?			<ul style="list-style-type: none">Determine which condition(s) (A, B, and/or C) is the focus of treatment <p><u>NOTE:</u> Definitions of "significant" at the discretion of the MHP</p> <p><u>NOTE:</u> Definitions of "probability" at the discretion of the MHP</p>
1c.	Must meet each of the intervention criteria listed below (4 and 5): 4. The focus of the proposed intervention is to address the condition identified in no. 1b. above?			<ul style="list-style-type: none">Does the proposed intervention(s) focus on the condition(s) identified in no. 1b?

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	<p>5. The expectation is that the proposed intervention will do, at least, one of the following (A., B., or C.):</p> <p>A. Significantly diminish the impairment?</p> <p>B. Prevent significant deterioration in an important area of life functioning?</p> <p>C. Allow the child to progress developmentally as individually appropriate?</p> <p><i>CCR, Title 9, Chapter 11, Section 1830.205(b).</i></p>		<ul style="list-style-type: none"> • Can a connection be identified between the proposed intervention and the following: <ul style="list-style-type: none"> • Diminishing the impairment? • Preventing a significant deterioration? • Allowing a child to progress developmentally as individually appropriate? <p><u>NOTE:</u> For beneficiaries eligible for EPSDT services, see eligibility under no. 2 below, if necessary</p> <p><u>DISALLOWANCE:</u> Criteria 1a and 1b not supported by documentation</p> <p><u>OUT OF COMPLIANCE:</u> Criteria 1c not established</p>
<p>2.</p>	<p>Do beneficiaries under 21 years of age who do not meet the medical necessity criteria of no. 1b. and/or no. 1c. above still meet the medical necessity criteria per EPSDT (<i>CCR, Title 22, Section 51340[e][3]</i>) eligibility when specialty mental health services are needed to correct or ameliorate a defect, mental illness, or condition?</p> <p><i>CCR, Title 9, Chapter 11, Section 1830.210(a).</i></p>		<p><u>NOTE:</u> N/A if not EPSDT eligible; or medical necessity established in no. 1 above</p> <ul style="list-style-type: none"> • Can a connection be made between the diagnosis in 1a and the service(s) provided? <p><u>DISALLOWANCE:</u> No connection can be made between the diagnosis and the service(s) provided</p> <p><u>OUT OF COMPLIANCE:</u> No evidence that services are needed to correct or ameliorate a defect, mental illness, or condition</p>

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RE: ASSESSMENT

<p>3. Has an assessment been completed and, as appropriate, does it contain areas addressed in the MHP contract with the DMH?</p> <p><i>CCR,, Title 9, Chapter 11, Section 1810.204; MHP Contract with DMH, Attachment C.</i></p>			<p><u>NOTE:</u> Assessment information need not be in a specific document or section of the chart</p> <ul style="list-style-type: none">• Review assessment(s), evaluation(s), and/or other documentation to support 1a, 1b, and 1c• Does the assessment(s) include the appropriate elements? These elements may include the following:<ul style="list-style-type: none">• Physical health conditions reported by the client are prominently identified and updated• Presenting problems and relevant conditions affecting physical and mental health status: i.e., living situation, daily activities, social support• Client strengths in achieving client plan goals• Special status situations and risks to client or others• Medications, dosages, dates of initial prescription and refills, informed consent• Allergies and adverse reactions, or lack of allergies/sensitivities• Mental health history, previous treatment dates, providers, therapeutic interventions and responses, sources of clinical data, relevant family information, lab tests, consultation reports• For children and adolescents, pre-natal and perinatal events and complete developmental history• Past and present use of tobacco, alcohol, and caffeine, as well as illicit, prescribed and over-the-counter drugs <p><u>OUT OF COMPLIANCE:</u> NFP; no assessment has been completed</p>
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RE: CLIENT PLAN

4.	Does the client's plan contain the following elements:			
4a.	Specific, observable, or quantifiable goals?			<ul style="list-style-type: none">• Review the client plan
4b.	The proposed type(s) of intervention?			<ul style="list-style-type: none">• Look for type(s) of interventions
4c.	The proposed duration of the intervention(s)?			<ul style="list-style-type: none">• Look for duration of intervention(s)
4d.	Writing that is legible?			
4e.	A signature (or electronic equivalent) of, at least, one of the following:			<ul style="list-style-type: none">• If necessary, ask for a list of staff, staff signatures, and staff licenses
	1. A person providing the services(s)?			
	2. A person representing the MHP providing services?			
	3. When the plan is used to establish that services are provided under the direction of an approved category of staff, and if the above staff are not of the approved category, one of the following must sign:			
	A. A physician?			
	B. A licensed/waivered psychologist?			
	C. A licensed/registered/waivered social worker?			
	D. A licensed/registered/waivered marriage and family therapist?			
	E. A registered nurse?			

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<p>4f.</p> <p>A. When the client is a long-term client, as defined by the MHP, and the client is receiving more than one type of service from the MHP, the client’s signature, or an explanation of why the signature could not be obtained, is documented on the plan?</p> <p>B. When the client is not a long-term beneficiary, examples of documentation include, but are not limited to, reference to the client’s participation and agreement in the body of the plan, the client signature on the plan, or a description of the client’s participation and agreement in the progress notes?</p> <p>4g.</p> <p>For TBS, specific target behaviors or symptoms that are jeopardizing the current placement or are presenting a barrier to transitions?</p> <p>4h.</p> <p>For TBS, specific interventions to resolve the identified behaviors or symptoms?</p> <p><i>CCR, Title 9, Chapter 11, Sections 1840.314 and 1819.440(c); MHP Contract with DMH, Attachment C; DMH Policy Letter No. 99-03.</i></p>			<ul style="list-style-type: none"> • Does the chart contain documentation of the client’s degree of participation and agreement with the plan? • Describe how the MHP defines “long-term client” • Is the client a long-term client? • Is the client receiving more than one type of service? • Is there a client signature or explanation of why the signature could not be obtained documented on the plan? • Is there reference to the client’s participation and agreement in the body of the plan? <ul style="list-style-type: none"> • OR, is there a client signature on the plan? • OR, is there a description of the client’s participation and agreement in the progress notes? • Are identified behaviors or symptoms jeopardizing the current placement described? • Are these behaviors or symptoms that present a barrier to transitions described? • Does the chart specify interventions? <p><u>OUT OF COMPLIANCE:</u> NFP; no client plan has been completed; complete absence of 4a, b, and c; writing that is illegible; absence of signature for 4e or 4f; for TBS only, absence of 4g and 4h</p>
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RE: PROGRESS NOTES

5.	Do progress notes document the following:			• Review progress notes
5a.	The date services were provided?			
5b.	Client encounters, including clinical decisions and interventions?			
5c.	A signature (or electronic equivalent) of the staff providing the service with professional degree, license, or job title?			
5d.	Writing that is legible?			
5e.	Timeliness/frequency as following:			
	1. Every service contact for:			
	A. Mental health services?			
	B. Medical support services?			
	C. Crisis intervention?			
	B. Daily for:			
	A. Crisis residential?			
	B. Crisis stabilization (1x23hr)?			
	C. Weekly for:			
	A. Day treatment intensive?			
	B. Day rehabilitation?			
	C. Adult residential?			

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7.	<p>When applicable, was information provided to beneficiaries with visual and hearing impairments?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.110(a); DMH Information Notice No. 97-06, D.5; W&IC Sections 5600.2(e) and 5614(b)(5).</i></p>			<ul style="list-style-type: none"> Evidence that beneficiaries with visual and/or hearing impairment were provided with information? <p><u>OUT OF COMPLIANCE:</u> NFP; no evidence that beneficiaries with visual and/or hearing impairment were provided with information based on MHP's IP or policy</p>
8.	<p>Regarding cultural/linguistic services:</p> <p>8a. When applicable, is there documentation to show that services are available in a beneficiary's primary language as described in the MHP's CCP?</p> <p>8b. When applicable, is there documentation of the response to offers of interpretive services as described in the MHP's CCP?</p> <p>8c. When applicable, is there documentation of linking beneficiaries to culture-specific and/or linguistic services as described in the MHP's CCP?</p> <p>8d. When applicable, is there compliance with Title VI of the Civil Rights Act prohibiting the expectation that families will provide interpreter services?</p> <p><i>CCR, Title 9, Chapter 11, Sections 1810.410(a) and (d)(2); DMH Information Notice No. 97-14, Pages 13, 14, and 18; Title VI, Civil Rights Act of 1964, (42 U.S.C., Section 2000d, 45 C.F.R., part 80).</i></p>			<p><u>NOTE:</u> Coordinate findings with DMH system review process</p> <ul style="list-style-type: none"> Review CCP and charts Is there evidence beneficiaries are made aware of services available in their primary language? When families provide interpreter services, is there documentation that other linguistic services were offered first, but the client preferred to provide a family interpreter? <p><u>OUT OF COMPLIANCE:</u> NFP</p>

SECTION K CHART REVIEW--SD/MC HOSPITAL SERVICES

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RE: MEDICAL NECESSITY

<p>1. 1a.</p>	<p>Does the beneficiary’s admission to a psychiatric inpatient hospital meet both of the following admission reimbursement criteria (1a. and 1b. below):</p> <p>The beneficiary has a DSM IV diagnosis contained in the CCR, Title 9, Chapter 11, Section 1820.205(a)(1)(A-R)?</p> <p><i>CCR, Title 9, Chapter 11, Section 1820.205(a)(1); DMH Policy Letter No.97-03; MHP Contract with DMH.</i></p>			<p><u>NOTE:</u> Use “Admission Summary Worksheet” and “Disallowance Summary Worksheet”</p> <ul style="list-style-type: none"> • Review medical record documentation • Is the diagnosis listed in the regulations? <p><u>OUT OF COMPLIANCE:</u> Beneficiary does not have an admission diagnosis contained in Section 1820.205</p>
<p>1b.</p>	<p>The beneficiary requires psychiatric inpatient hospital services, as a result of a mental disorder, due to, at least, one of the following indications (the beneficiary must meet either 2 a-d. or 3 a-c)?</p>			<p><u>NOTE:</u> Use “Admission Summary Worksheet” and “Disallowance Summary Worksheet”</p> <ul style="list-style-type: none"> • Review medical record documentation
<p>2. 2a. 2b. 2c. 2d.</p>	<p>Does the beneficiary have symptoms or behaviors of one of the following (2a-d):</p> <p>Represent a current danger to self or others, or to significant property destruction?</p> <p>Prevent the beneficiary from providing for, or utilizing food, clothing, or shelter?</p> <p>Present a severe risk to the beneficiary’s physical health?</p> <p>Recent significant deterioration in ability to function?</p> <p><i>CCR, Title 9, Chapter 11, Section 1820.205(a)(2)(B)1 a, b, c and d; DMH Policy Letter No. 97-03; MHP Contract with DMH.</i></p>			<ul style="list-style-type: none"> • Review medical record documentation <p><u>OUT OF COMPLIANCE:</u> Documentation does not support medical necessity criteria</p>

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<p>3.</p> <p>3a.</p> <p>3b.</p> <p>3c.</p> <p><i>CCR, Title 9, Chapter 11, Section 1820.205(a)(2)(B) 2 a-c; DMH Policy Letter No. 97-03; MHP Contract with DMH.</i></p>	<p>Does the beneficiary require treatment and/or observation for, at least, one of the following (3a., 3b., or 3c.):</p> <p>Further psychiatric evaluation?</p> <p>Medication treatment?</p> <p>Specialized treatment?</p>			<p><u>NOTE:</u> Use “Admission Summary Worksheet” and “Disallowance Summary Worksheet”</p> <ul style="list-style-type: none"> Review medical record documentation <p><u>OUT OF COMPLIANCE:</u> Documentation does not support medical necessity criteria</p>
	<p>4.</p> <p>4a.</p> <p>4b.</p> <p>4c.</p> <p>4d.</p> <p><i>CCR, Title 9, Chapter 11, Section 1820.205(b)(1), (2), (3), and (4); DMH Policy Letter No. 97-03; MHP Contract with DMH.</i></p>			<p><u>NOTE:</u> Use “Continued Stay Summary Worksheet” and “Disallowance Summary Worksheet”</p> <ul style="list-style-type: none"> Review medical record documentation Daily note that describes severity of symptoms, behaviors, function and risk Review UR notes or other documentation for lack of availability to support <p><u>OUT OF COMPLIANCE:</u> Documentation does not support medical necessity criteria</p>

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RE: QUALITY OF CARE

5.	<p>Is there evidence in the record that the language needs of the beneficiary are addressed in the provision of his/her mental health treatment services?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.410(a); MHP Contract with DMH, Attachment C; DMH Information Notice No. 97-14, P. 17.</i></p>			<ul style="list-style-type: none"> • Review medical record documentation • Review inpatient implementation plan (may be in specialty mental health services implementation plan) • MHPs implementation plan as authority <p><u>OUT OF COMPLIANCE:</u> NFP; documentation does not indicate language needs are being met in developing the treatment plan providing mental health treatment services</p>
6.	<p>Does the record documentation reflect staff efforts for screening, referral, and coordination with other necessary services, including, but not limited to, substance abuse, educational, health, housing, vocational rehabilitation services as well as with Regional Center?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.310(a)(2)(A); Welfare & Institutions Code Section 4696.1.</i></p>			<p><u>NOTE:</u> Use “Admission Summary Worksheet” and “Continued Stay Summary Worksheet”</p> <ul style="list-style-type: none"> • Review medical record documentation • Review MHP inpatient implementation plan <p><u>OUT OF COMPLIANCE:</u> NFP; documentation does not reflect staff efforts for screening, referral, and coordination with other necessary services</p>
7.	<p>Are services delivered by licensed staff within their own scope of practice?</p> <p><i>Welfare and Institutions Code 5778 (n).</i></p>			<p><u>OUT OF COMPLIANCE:</u> Evidence that staff are delivering services outside their scope of practice</p>

SECTION K CHART REVIEW--SD/MC HOSPITAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

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COMMENTS

RE: PLAN OF CARE

8.	Does the beneficiary have a written plan of care that includes the following elements:			<u>NOTE:</u> Use “Admission Summary Worksheet”
8a.	Diagnoses, complaints, and complications indicating the need for admission?			<ul style="list-style-type: none"> Review medical record documentation Review MHP inpatient implementation plan
8b.	A description of the functional level of the beneficiary?			
8c.	Objectives?			
8d.	Any orders for: <ol style="list-style-type: none"> Medications? Treatments? Restorative and rehabilitative services? Activities? Therapies? Social services? Diet? Special procedures recommended for the health and safety of the beneficiary? 			
8e.	Plans for continuing care?			
8f.	Plans for discharge?			
8g.	Documentation of the beneficiary’s degree of participation in and agreement with the plan?			<u>NOTE:</u> Parents, family members, and other advocates can be included in this process as selected by the adult client
8h.	Documentation of the physician’s establishment of this plan? <i>Code of Federal Regulations (CFR), Title 42, Subchapter C, Subpart D, Sections 456.180; CCR, Title 9, Chapter 11, Section 1820.210; DMH Contract with the MHP, Attachment C; DMH Informational Notice 97-14, p. 17.</i>			<ul style="list-style-type: none"> Look for client's signature or statement describing client participation <p><u>OUT OF COMPLIANCE:</u> Required elements are not documented</p>
9.	When applicable, was information provided to beneficiaries with visual and hearing impairments?			<ul style="list-style-type: none"> Evidence that beneficiaries with visual and/or hearing impairment were provided with information?
	<i>CCR, Title 9, Chapter 11, Section 1810.110(a); DMH Information Notice No. 97-06, D.5; W&IC Sections 5600.2(e) and 5614(b)(5).</i>			<p><u>OUT OF COMPLIANCE:</u> No evidence that beneficiaries with visual and/or hearing impairment were provided with information based on MHP’s IP or policy</p>

SECTION L UTILIZATION REVIEW--SD/MC HOSPITAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

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COMMENTS

<p>1. 1a. 1b. 1c.</p>	<p>Does the Utilization Review (UR) Plan address the following: Provides for a committee to perform UR? Describes the organization, composition, and functions of the committee? Specifies the frequency of the committee meetings? <i>CCR, Title 9, Chapter 11, Section 1820.210; Code of Federal Regulations (CFR), Title 42, Subchapter C, Subpart D, Sections 456.201–205.</i></p>			<ul style="list-style-type: none"> • Review IP, MHP UR Plan, and URC minutes • Identify URC members • Look at licenses of members • Are URC meetings held at the frequency specified? <p><u>OUT OF COMPLIANCE:</u> UR Plan does not provide a committee to perform UR; URC does not describe the organization, composition, and functions; URC meetings not held according to stated frequency; URC does not have two physicians</p>
<p>2. 2a. 2b. 2c. 2d.</p>	<p>Is the UR Plan in compliance with each of the following: It contains a description of the types of records that are kept by the UR committee? It contains a description of the types and frequency of the URC reports and the arrangements for distribution to individuals? It provides for the beneficiary’s confidentiality in all records and reports? It contains written medical care criteria to assess the need for continued stay? <i>CCR, Title 9, Chapter 11, Section 1820.210; CFR, Title 42, Subchapter C, Subpart D, Sections 456.212-213 and 456.232.</i></p>			<ul style="list-style-type: none"> • Review IP, MHP UR Plan, URC minutes, URC records, and URC reports • Are all the types of records described by the UR Plan kept by the URC? • Do the records contain all the required elements? • Are the URC reports of the types and frequency specified in the UR plan? • Is there evidence of arrangements for distribution to individuals? • Compare UR records with “Admission Summary Worksheet” and “Continued Stay Summary Worksheet” <p><u>OUT OF COMPLIANCE:</u> NFP; incomplete records; reports not distributed; lack of confidentiality protections; medical care criteria does not assess need for continued stay</p>

SECTION L UTILIZATION REVIEW--SD/MC HOSPITAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

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COMMENTS

3.	<p>Does the UR Plan provide for the written notice of any adverse final decision on the need for continued stay within required time lines?</p> <p><i>CCR, Title 9, Chapter 11, Section 1820.210; CFR, Title 42, Subchapter C, Subpart D, Section 456.237.</i></p>			<ul style="list-style-type: none"> Review UR Plan and notices of adverse decisions (if any) Confirm routing of notice to hospital administrator, attending or staff physician, Medicaid agency, recipient, and if possible, next of kin or sponsor <p><u>OUT OF COMPLIANCE:</u> NFP; plan does not provide for written notice to required parties; notice is not sent to required parties</p>
4.	<p>Does the URC include anyone who is directly responsible for the care of the beneficiary whose care is being viewed?</p> <p><i>CCR, Title 9, Chapter 11, Section 1820.210; CFR, Title 42, Subchapter D, Section 456.206.</i></p>			<ul style="list-style-type: none"> Review UR records, URC minutes, and medical records Identify care providers on URC and who is responsible for care of beneficiary <p><u>OUT OF COMPLIANCE:</u> Care providers of beneficiary are present when URC reviews care; no backup replacement to URC to maintain required composition</p>
5a.	<p>If no POA is involved in the authorization process, has the URC or its designee approved or denied the initial MHP payment authorization no later than the third working day from the day of admission?</p>			<p><u>NOTE:</u> Use “Admission Summary Worksheet” and “Continued Stay Worksheet”</p> <ul style="list-style-type: none"> Review UR records, URC minutes, UR reports, medical records, and denials <p><u>5a. URC) OUT OF COMPLIANCE:</u> URC or designee approved or denied the initial MHP payment authorization later than the third working day from the day of admission</p> <p><u>5b. POA) OUT OF COMPLIANCE:</u> POA did not approve or deny the payment authorization within 14 calendar days of receipt of the request</p>
5b.	<p>If the MHP uses a POA process, has the POA approved or denied the payment authorization request within 14 calendar days of receipt of the request?</p> <p><i>CCR, Title 9, Chapter 11, Sections 1820.220(h) and 1820.230(b).</i></p>			

SECTION L UTILIZATION REVIEW--SD/MC HOSPITAL SERVICES

IN COMPLIANCE

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6.	<p>At the time of the initial MHP authorization for payment, did the hospital's URC or its designee specify the date for the subsequent MHP payment authorization determination?</p> <p><i>CCR, Title 9, Chapter 11, Section 1820.230(c).</i></p>			<p><u>NOTE:</u> Use "Admission Summary Worksheet" and "Continued Stay Worksheet"</p> <ul style="list-style-type: none"> Review UR records, URC minutes, UR reports, medical records, and denials <p><u>OUT OF COMPLIANCE:</u> URC or designee did not specify the date for the subsequent MHP payment authorization determination</p>
7.	<p>Did the URC or POA authorize payment for administrative day services only when both of the following criteria (7a. & 7b.) have been met:</p> <p>7a. During the hospital stay, the beneficiary previously had met medical necessity criteria for acute psychiatric inpatient hospital services?</p> <p>7b. There is no appropriate, non-acute treatment facility available and the facility has documented its minimum number of appropriate contacts:</p> <ol style="list-style-type: none"> The status of the placement option? Date of the contact? Signature of the person making the contact? <p><i>CCR, Title 9, Chapter 11, Sections 1820.230(d)(2)(A) & (B) and 1820.220(j)(5)(A) & (B).</i></p>			<p><u>NOTE:</u> Use "Admission Summary Worksheet" and "Continued Stay Worksheet"</p> <ul style="list-style-type: none"> Review UR records, POA records, URC minutes, UR reports, medical records, denials, and list of all non-acute placement facilities utilized by the facility If less than five contacts were made per week, look for written justification <p><u>OUT OF COMPLIANCE:</u> URC authorized payment for administrative day services for a beneficiary that had not previously met medical necessity criteria as required; there is no appropriate, non-acute treatment facility available and the facility has not documented its minimum number of appropriate contacts</p>

SECTION L UTILIZATION REVIEW--SD/MC HOSPITAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

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COMMENTS

8.	<p>Are persons employed or under contract to provide mental health services as physicians, psychologists, social workers, or marriage and family therapists licensed, waived, or registered with their licensing boards?</p> <p><i>Welfare and Institutions Code 5778(n) and 5751.2</i></p>			<ul style="list-style-type: none"> Review licenses, waivers, and registrations <p><u>OUT OF COMPLIANCE:</u> MHP employs or contracts with non-licensed/waivered/registered personnel to provide mental health services as physicians, psychologists, social workers, or marriage and family therapists</p>
9.	<p>Regarding Medical Care Evaluations (MCE) or equivalent studies, does the UR plan contain the following:</p> <p>9a. A description of the methods that the Utilization Review Committee (URC) uses to select and conduct MCE or equivalent studies?</p> <p>9b. Documentation of the results of the MCE or equivalent studies that shows how the results have been used to make changes to improve the quality of care and promote the more effective and efficient use of facilities and services?</p> <p>9c. Documentation that the MCE or equivalent studies have been analyzed?</p> <p>9d. Documentation that actions have been taken to correct or investigate further any deficiencies or problems in the review process and recommends more effective and efficient hospital care procedures?</p> <p><i>CCR, Title 9, Chapter 11, Section 1820.210;</i> <i>CFR, Title 42, Subchapter C, Subpart D, Section 456.242.</i></p>			<ul style="list-style-type: none"> Review UR Plan Identify description of methods used to select and conduct MCE or equivalent studies What does the MHP identify as the MCE equivalent? Review current and past MCE or equivalent studies for two years and published results; URC minutes related to MCE study findings; analysis of MCE or equivalent studies; documentation of improved quality care; changes in use of facilities and services; documented actions taken to correct or investigate deficiencies or problems in the review process; and recommendations for hospital care procedures <p><u>OUT OF COMPLIANCE:</u> NFP; plan does not contain description of URC methods; URC not using methods; or lack of documentation as required that MCE or equivalent findings are analyzed and how used for improved changes and to correct deficiencies or problems</p>

SECTION L UTILIZATION REVIEW--SD/MC HOSPITAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

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COMMENTS

10.	<p>Do the contents of the MCE or equivalent studies meet federal requirements?</p> <p><i>CCR, Title 9, Chapter 11, Section 1820.210; CFR, Title 42, Subpart D., Section 456.243.</i></p>			<ul style="list-style-type: none"> Review current and past MCE or equivalent studies for two years <p><u>OUT OF COMPLIANCE:</u> MCE or equivalent studies do not meet federal regulations</p>
11.	<p>Has at least one MCE or equivalent study been completed each calendar year?</p> <p><i>CCR, Title 9, Chapter 11, Section 1820.210; CFR, Title 42, Subpart D., Section 456.245.</i></p>			<p><u>OUT OF COMPLIANCE:</u> MCE or equivalent studies do not meet federal regulations</p>
12.	<p>Is an MCE or equivalent study in progress at all times?</p> <p><i>CCR, Title 9, Chapter 11, Section 1820.210; CFR, Title 42, Subpart D., Section 456.245.</i></p>			<p><u>OUT OF COMPLIANCE:</u> MCE or equivalent studies do not meet federal regulations</p>
13.	<p>Does the MHP have a beneficiary documentation and medical record system that meets the requirements of the contract between the MHP and the department and any applicable requirements of state, federal law and regulation?</p> <p><i>CCR Title 9, Chapter 11, Section 1810.440(c).</i></p>			<p><u>OUT OF COMPLIANCE:</u> Documentation and medical record system does not meet the requirements of the contract and any applicable requirements of state, federal law and regulation</p>

SECTION M **OUTCOME MEASURES**

CRITERIA

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

<p>1. 1a. 1b.</p>	<p>Has the county implemented the outcome measure system for:</p> <p>Children and Youth?</p> <p>Adults?</p> <p><i>W&IC Sections 5614(b)(7) and 5610(a); County Performance Contract, Section 8.</i></p>			<p><u>NOTE:</u> Obtain outcome measure reporting data from Jim Higgins prior to review <u>NOTE:</u> MHSIP outcome measure instrument is not to be administered by staff delivering services to the client</p> <p><u>OUT OF COMPLIANCE:</u> County has not implemented its outcome measure system</p>
<p>2.</p>	<p>Is the county administering the outcome measure instruments on clients who are residents of another county but who are receiving services in this county?</p> <p><i>W&IC Sections 5614(b)(7) and 5610(a); County Performance Contract, Section 8.</i></p>			<ul style="list-style-type: none"> • Review P&P <p><u>OUT OF COMPLIANCE:</u> County is not administering outcome measure instruments on these clients</p>
<p>3.</p>	<p>After the client outcome measure instruments are completed, are the results returned to the providers?</p> <p><i>W&IC Sections 5614(b)(7) and 5610(a); County Performance Contract, Section 8.</i></p>			<ul style="list-style-type: none"> • Review P&P • Interview provider(s) <p><u>OUT OF COMPLIANCE:</u> County is not returning results to its providers</p>

SECTION M OUTCOME MEASURES

CRITERIA

IN COMPLIANCE

Y N

INSTRUCTIONS TO REVIEWERS

COMMENTS

4.	<p>Is confidentiality being maintained during the administration of the outcome measure instruments?</p> <p><i>W&IC Sections 5614(b)(7) and 5610(a); County Performance Contract, Section 8.</i></p>			<ul style="list-style-type: none"> • Example: Client identifier over client name? • Review P&P—same as confidentiality of records? • Interview provider(s) <p><u>OUT OF COMPLIANCE:</u> Confidentiality is not being maintained during the administration of the instruments</p>
5.	<p>Is confidentiality being maintained when the results of the outcome measure instruments are returned to the providers?</p> <p><i>W&IC Sections 5614(b)(7) and 5610(a); County Performance Contract, Section 8.</i></p>			<ul style="list-style-type: none"> • Interview provider(s) <p><u>OUT OF COMPLIANCE:</u> Confidentiality is not being maintained when results are returned to the providers</p>
6.	<p>Has the county ensured that its providers are adequately trained to administer the outcome measure instruments as well as to understand and use the reports and data generated from the instruments to aid in treatment planning and service provision?</p> <p><i>W&IC Sections 5614(b)(7) and 5610(a); County Performance Contract, Section 8.</i></p>			<ul style="list-style-type: none"> • Review P&P <p><u>OUT OF COMPLIANCE:</u> County is not training its providers as required</p>
7.	<p>Is there evidence that the county utilizes the outcome measure results in its quality improvement (QI) program?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.440(a)(4); W&IC Sections 5614(b)(7) and 5610(a); County Performance Contract, Section 8.</i></p>			<ul style="list-style-type: none"> • Review P&P • See QI work plan for evidence <p><u>OUT OF COMPLIANCE:</u> County is not utilizing the outcome measure results in its QI program</p>

SECTION N FUNDING AND REPORTING REQUIREMENTS

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

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COMMENTS

MAINTENANCE OF EFFORT (MOE)

1.	<p>Is the county depositing its local matching funds per schedule developed by the DMH?</p> <p><i>Welfare & Institutions Code (W&IC) Sections 5614(b)(1) and 17608.05(a)&(b); DMH Policy Letter No. 00-02, page 6.</i></p>			<ul style="list-style-type: none"> • See MOE dollar amount schedule—last published: FY’96-97 <p><u>OUT OF COMPLIANCE:</u> County does not deposit matching funds per DMH schedule</p>
2.	<p>If applicable, is the county in compliance with Section 17608.05(c)?</p> <p><i>W&IC Sections 5614(b)(1) and 17608.05(c); DMH Policy Letter No. 00-02, page 6.</i></p>			<ul style="list-style-type: none"> • Interview fiscal officer <p><u>OUT OF COMPLIANCE:</u> County is not in compliance with Section 17608.05(c)</p>

FUNDING OF CHILDREN’S SERVICES

3.	<p>Is the county in compliance with one of the following:</p>			<ul style="list-style-type: none"> • Interview fiscal officer
3a.	<p>The requirement to maintain its funding for children’s services at a level equal to or more than the proportion expended for children’s services in FY’83-84?</p>			<ul style="list-style-type: none"> • Verify that current expenditures meet or exceed FY’83-84 expenditures

SECTION N

FUNDING AND REPORTING REQUIREMENTS

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

4b.	The requirement to document the determination in a noticed public hearing that the need for new or expended services to persons under 18 does not exist or is less than the needs of specified groups of adults? <i>W&IC Sections 5704.6(a) &(c) and 5614(b)(3).</i>			<p><u>NOTE:</u> Public hearing is the Board of Supervisors meeting</p> <ul style="list-style-type: none">• If proportion has decreased, review documentation from public hearing <p><u>OUT OF COMPLIANCE:</u> County is not allocating 50% of new funding for children’s services per requirement; the county does not have documentation from noticed public hearing</p>
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REPORTING REQUIREMENTS

5.	Regarding Children’s System of Care, has the MHP submitted a work plan and budget within specified time frames? <i>W&IC Sections 5855.5(b) and 5614(b)(4); County Performance Contract, Article I, Section 7.</i>			<p><u>NOTE:</u> Due December 31st to Children’s System of Care Unit</p> <ul style="list-style-type: none">• See evidence of submission <p><u>OUT OF COMPLIANCE:</u> Work plan and budget not submitted by December 31st</p>
6.	Has the MHP submitted a report that summarizes beneficiary grievances filed in the previous fiscal year? <i>Title 9, Chapter 11, Section 1810.375 (a) and W&IC Section 5614(b)(4).</i>			<p><u>NOTE:</u> Due October 1st to Technical Assistance and Training Unit</p> <ul style="list-style-type: none">• See evidence of submission <p><u>OUT OF COMPLIANCE:</u> Beneficiary grievance report not submitted by October 1st</p>
7.	Has the MHP submitted a list of all hospitals with which the MHP has current contracts? <i>CCR, Title 9, Chapter 11, Sections 1810.375 (b) and 5614(b)(4).</i>			<p><u>NOTE:</u> Due October 1st to Managed Care Unit</p> <ul style="list-style-type: none">• See evidence of submission <p><u>OUT OF COMPLIANCE:</u> List of hospitals not submitted by October 1st</p>

SECTION N

FUNDING AND REPORTING REQUIREMENTS

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

8.	<p>Has the MHP submitted Fee for Services/Medi-Cal contract hospital rates annually as required?</p> <p><i>CCR, Title 9, Chapter 11, Sections 1810.375(c) and W&IC Section 5614(b)(4).</i></p>			<p><u>NOTE:</u> Due June 1st to Managed Care Unit</p> <ul style="list-style-type: none"> • See evidence of submission <p><u>OUT OF COMPLIANCE:</u> Hospital rates not submitted by June 1st</p>
9.	<p>Regarding Therapeutic Behavioral Services:</p> <p>9a. Does the MHP submit the required notification information to the DMH within 30 days of commencing TBS services to a beneficiary?</p> <p>9b. When applicable, has the MHP been submitting update notification(s) quarterly to DMH?</p> <p>9c. Does the MHP submit to the DMH a copy of each TBS Notice of Action within 30 days of issuance?</p> <p><i>DMH Policy Letter No. 99-03; W&IC Section 5614(b)(4).</i></p>			<p><u>NOTE:</u> Due ongoing to Nancy Mengebier</p> <p><u>NOTE:</u> Team Coordinator is to obtain listings (TBS beneficiaries and NOAs) from Nancy Mengebier or TAT prior to the review and compare the DMH's listings to the MHP's listings of TBS beneficiaries and NOAs</p> <ul style="list-style-type: none"> • Review MHP's list of TBS beneficiaries <p><u>NOTE:</u> Applicable when services exceed three months</p> <ul style="list-style-type: none"> • Review MHP's list of TBS beneficiaries • Review MHP's list of TBS NOAs <p><u>OUT OF COMPLIANCE:</u> MHP not submitting notification and NOA information to DMH as required</p>

SECTION O

TARGET POPULATIONS AND ARRAY OF SERVICES

**AVAILABLE
Y N**

**INSTRUCTIONS TO REVIEWERS
COMMENTS**

CRITERIA

1.	To the extent resources are available, is the county providing services to the target population in every geographic area? <i>W&IC Sections 5600.35 and 5614(b)(5).</i>			<ul style="list-style-type: none">• See IP, CCP, brochures, provider lists• Ask about services for children, adults, and older adults• Ask about services in all geographical areas <p><u>OUT OF COMPLIANCE:</u> To the extent resources are available, the county is not providing services to the target population in every geographic area</p>
2.	To the extent resources are available, is the county organized to provide an array of treatment options? <i>W&IC Sections 5600.4(a-k) and 5614(b)(5).</i>			<ul style="list-style-type: none">• Ask about services for children, adults, and older adults• Ask about services in all geographical areas <p><u>NOTE:</u> Options may include:</p> <ul style="list-style-type: none">• Pre-crisis and crisis services• Comprehensive evaluation and assessment• Individual Service Plan• Medication education and management• Case management 24/7 treatment services• Rehabilitation and support services• Vocational rehabilitation• Residential services• Services for homeless persons• Group services? <p><u>OUT OF COMPLIANCE:</u> To the extent resources are available, the county is not organized to provide an array of treatment options</p>

ATTACHMENT A

ENFORCEMENT AND CONSEQUENCES FOR NON-COMPLIANCE/TECHNICAL ASSISTANCE & TRAINING

In accordance with Welfare and Institutions Code Section 5614 this serves to notify the County Mental Health Plan (MHP) pursuant to CCR, Title 9, Chapter 11, Sections 1810.325, 1810.380(b), and 1810.385, that whenever the department determines that a mental health plan has failed to comply with part or any of the regulations:

1. The department may terminate its contract with an MHP by delivering written notice of termination to the MHP at least 180 calendar days prior to the proposed effective date of termination.
2. The department may impose sanctions, including, but not limited to, fines, penalties, the withholding of payments, special requirements, probationary or corrective actions, or any other actions deemed necessary to prompt and ensure contract and performance compliance. If fines are imposed by the department, they may be withheld from the state matching funds provided to a mental health plan for Medi-Cal mental health services.
3. The department may impose one or more of the civil penalties upon an MHP which fails to comply with the provisions of Part 2.5, Division 5, and Articles 4 and 5, Chapter 8.8, Part 3, Division 9, Welfare and Institutions Code, the provisions of this chapter, or the terms of the MHP's contract with the department.

The MHP may appeal, in writing:

1. A proposed contract termination to the department within 15 working days after the date of receipt of the notice of termination, setting forth relevant facts and arguments. The department shall grant or deny the appeal within 30 calendar days after receipt of the appeal. In granting an appeal, the department may take another action available under section 1810.380(b). The department's election to take another action shall not be appealable to the department. Except for terminations pursuant to section 1810.325(c), the department shall suspend the termination date until the department has acted on the MHP's appeal.
2. A Notice of Non-Compliance to the department within 15 working days after the date of receipt of the notice of termination, setting forth relevant facts and arguments. The department shall grant or deny the appeal in whole or in part within 30 calendar days after receipt of the appeal. The department shall suspend any proposed action until the department has acted on the MHP's appeal.

The following is a the procedure for accessing Technical Assistance and Training (TAT):

The staff of the TAT unit are geographically assigned. The staff act as contract liaisons and are available to assist MHP staff to address questions or concerns and to access resources. TAT is responsible for approving amendments to MHP implementation plans and for coordinating the State Fair Hearing process.

To obtain assistance from the TAT please call (916) 654-2526 or write to the address below:

Chief, TAT Section
State Department Mental Health
1600 9th Street, Room 100
Sacramento, CA. 95814