

STATE DEPARTMENT OF MENTAL HEALTH
MEDI-CAL OVERSIGHT

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

FISCAL YEAR (FY) 2008-2009

TABLE OF CONTENTS

SECTION A	ACCESS	PAGES	1	- 24
SECTION B	AUTHORIZATION	PAGES	25	- 34
SECTION C	BENEFICIARY PROTECTION	PAGES	35	- 44
SECTION D	FUNDING, REPORTING AND CONTRACTING REQUIREMENTS	PAGES	45	- 52
SECTION E	TARGET POPULATIONS AND ARRAY OF SERVICES	PAGES	53	- 54
SECTION F	INTERFACE WITH PHYSICAL HEALTH CARE	PAGE	55	
SECTION G	PROVIDER RELATIONS	PAGES	56	- 63
SECTION H	QUALITY IMPROVEMENT	PAGES	64	- 69
SECTION I	IMPLEMENTATION OF CONLAN DECISION	PAGE	70	
SECTION J	MENTAL HEALTH SERVICES ACT	PAGES	71	- 73
SECTION K	CHART REVIEW – NON-HOSPITAL SERVICES	PAGES	74	- 85
SECTION L	CHART REVIEW – SD/MC HOSPITAL SERVICES	PAGES	86	- 96
SECTION M	UTILIZATION REVIEW – SD/MC HOSPITAL SERVICES	PAGES	97	- 105
SECTION N	THERAPEUTIC BEHAVIORAL SERVICES	PAGES	106	- 113
ATTACHMENT A	ENFORCEMENT AND CONSEQUENCES FOR NON-COMPLIANCE/ TECHNICAL ASSISTANCE & TRAINING			

**ANNUAL REVIEW PROTOCOL FOR
CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES
FISCAL YEAR 2008-2009**

LIST OF ABBREVIATIONS

<u>24/7</u>	24 HOURS A DAY/SEVEN DAYS A WEEK	<u>MCMCP</u>	MEDI-CAL MANAGED CARE PLAN
<u>APP</u>	AID PAID PENDING	<u>MHP</u>	MENTAL HEALTH PLAN
<u>ASO</u>	ADMINISTRATIVE SERVICES ORGANIZATION	<u>MHRC</u>	MENTAL HEALTH REHABILITATION CENTER
<u>CCP</u>	CULTURAL COMPETENCE PLAN	<u>MHS</u>	MENTAL HEALTH SERVICES
<u>CCR</u>	CALIFORNIA CODE OF REGULATIONS	<u>MOE</u>	MAINTENANCE OF EFFORT
<u>CFR</u>	CODE OF FEDERAL REGULATIONS	<u>MOU</u>	MEMORANDUM OF UNDERSTANDING
<u>CI MH</u>	CALIFORNIA INSTITUTE FOR MENTAL HEALTH	<u>N</u>	NO - NOT IN COMPLIANCE
<u>CMS</u>	CENTERS FOR MEDICARE AND MEDICAID SERVICES	<u>NFCCP</u>	NOT FOLLOWING CULTURAL COMPETENCE PLAN
<u>DHCS</u>	DEPARTMENT OF HEALTH CARE SERVICES	<u>NFP</u>	NOT FOLLOWING PLAN
<u>DMH</u>	DEPARTMENT OF MENTAL HEALTH (STATE)	<u>NOA</u>	NOTICE OF ACTION
<u>DSM-IV</u>	DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS	<u>P&Ps</u>	POLICIES AND PROCEDURES
<u>EPSDT</u>	EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT	<u>PCP</u>	PRIMARY CARE PHYSICIAN
<u>FY</u>	FISCAL YEAR	<u>PHI</u>	PROTECTED HEALTH INFORMATION
<u>IMD</u>	INSTITUTION FOR MENTAL DISEASES	<u>POA</u>	POINT OF AUTHORIZATION
<u>IP</u>	IMPLEMENTATION PLAN	<u>QI</u>	QUALITY IMPROVEMENT
<u>LEP</u>	LIMITED ENGLISH PROFICIENT	<u>QIC</u>	QUALITY IMPROVEMENT COMMITTEE
<u>LPHA</u>	LICENSED PRACTITIONER OF THE HEALING ARTS	<u>RCL</u>	RATE CLASSIFICATION LEVEL
<u>LPT</u>	LICENSED PSYCHIATRIC TECHNICIAN	<u>SD/MC</u>	SHORT-DOYLE/MEDI-CAL
<u>LVN</u>	LICENSED VOCATIONAL NURSE	<u>SMHS</u>	SPECIALTY MENTAL HEALTH SERVICES
<u>MC</u>	MEDI-CAL	<u>SNF</u>	SKILLED NURSING FACILITY
<u>MCE</u>	MEDI-CAL CARE EVALUATION	<u>STP</u>	SPECIALIZED TREATMENT PROGRAM

**ANNUAL REVIEW PROTOCOL FOR
 CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES
 FISCAL YEAR 2008-2009**

<u>TAR</u>	TREATMENT AUTHORIZATION REQUEST		
<u>TBS</u>	THERAPEUTIC BEHAVIORAL SERVICES		
<u>TDD/TTY</u>	TELECOMMUNICATION DEVICE FOR THE DEAF/ TEXT TELEPHONE/TELETYPE		
<u>UM</u>	UTILIZATION MANAGEMENT		
<u>UR</u>	UTILIZATION REVIEW		
<u>URC</u>	UTILIZATION REVIEW COMMITTEE		
<u>W&IC</u>	WELFARE AND INSTITUTIONS CODE		
<u>Y</u>	YES - IN COMPLIANCE		

SECTION A ACCESS

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

CRITERIA

1.	Does the Mental Health Plan (MHP) provide beneficiaries with a current list of its providers upon first receiving a Specialty Mental Health Service (SMHS) and thereafter upon request?			<p><u>NOTE:</u> How does the MHP ensure that this requirement is met?</p> <ul style="list-style-type: none"> Review provider list and issuance upon first receiving a SMHS and upon request. Does the MHP have Policies and Procedures (P&Ps) to address this?
<p><i>CFR, Title 42, Sections 438.10(f)(3)(6)(i); MHP Contract, Exhibit A, Attachment 1, V; CCR, Title 9, Chapter 11, Sections 1810.360(d) and 1810.110</i></p>		<p><u>OUT OF COMPLIANCE:</u></p> <ul style="list-style-type: none"> No evidence that the MHP is providing a current provider list to beneficiaries upon first receiving a Specialty Mental Health Service Evidence reviewed indicates the MHP does not provide a current provider list upon request. 		
<p>Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)</p>				
2. 2a.	<p>Regarding the provider list:</p> <p>Does the list contain the names, locations, and telephone numbers of current contracted providers in the beneficiary's service areas by category?</p>			<p><u>NOTE:</u> When reviewing larger counties, a regionalized provider list is ok. The provider list can include organizational, group, and individual providers.</p> <ul style="list-style-type: none"> At a minimum, the services are to be categorized by psychiatric inpatient hospital, targeted case management, and/or all other SMHS.

SECTION A ACCESS

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

CRITERIA

2b.	Does the provider list include alternatives and options for cultural/linguistic services?			<p>NOTE: Refer to MHP’s Cultural Competence Plan (CCP) for the definition of ethnic, racial, culture-specific specialties.</p> <ul style="list-style-type: none"> Review provider list and check for cultural/linguistic services on list. Look for ethnic specific providers.
2c.	When applicable, does the provider list identify providers that are not accepting new beneficiaries?			<p>NOTE: The MHP may use means other than the provider list to identify providers that are not accepting new beneficiaries.</p>
<p><i>CFR, Title 42, Section 438.10(f)(6)(i); MHP Contract, Exhibit A, Attachment 1, V</i></p>		<p><u>OUT OF COMPLIANCE:</u></p> <ul style="list-style-type: none"> The provider list does not contain the names, addresses, telephone numbers, cultural/linguistic alternatives and options. The provider list does not contain minimum required categories. No means to identify providers who are not accepting new beneficiaries 		
<p>Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)</p>				
3.	Is there evidence that the MHP is making efforts to include culture-specific providers and services in the range of programs offered?			<p>NOTE: How is the MHP monitoring the need for additional cultural/linguistic services?</p>
<p><i>CFR, Title 42, Section 438.206(c)(2); CCR, Title 9, Chapter 11, Section 1810.110(a); MHP Contract, Exhibit A, Attachment 1, J; DMH Information Notice No. 02-03, Enclosure, Page 20</i></p>		<p><u>OUT OF COMPLIANCE:</u></p> <ul style="list-style-type: none"> No evidence the MHP is making efforts to include culture-specific providers and services 		

SECTION A ACCESS

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

CRITERIA

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

4. Does the MHP make a good faith effort to give affected beneficiaries written notice of termination of a contracted provider within 15 days after receipt or issuance of the termination notice?

NOTE: N/A if no contracts have been terminated

- Review the evidence of written notifications.

CFR, Title 42, Section 438.10(f)(5); MHP Contract, Exhibit A, Attachment 3, 3

OUT OF COMPLIANCE:

- The MHP is not making good faith efforts to give proper written notice of termination within the 15 day time limit.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

5. Does the MHP provide beneficiaries with a copy of the beneficiary booklet upon first receiving a SMHS and upon request?

NOTE: How does the MHP ensure that this requirement is met?

- Review evidence that the beneficiary booklet is provided upon first receiving services and upon request.
- Does the MHP have P&Ps to address this?

CFR, Title 42, Section 438.10(f)(3); CCR, Title 9, Chapter 11, Section 1810.360(d); MHP Contract, Exhibit A, Attachment 1, V

OUT OF COMPLIANCE:

- There is evidence that the MHP does not provide the beneficiary with the beneficiary booklet upon first receiving SMHS and upon request.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION A ACCESS

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

CRITERIA

6.	Is the beneficiary booklet available in English and the MHP's identified threshold language(s)?			<p>NOTE: Check on MHP's threshold language(s) per the Department of Mental Health (DMH) Information Notice # 07-10.</p> <ul style="list-style-type: none"> • Check availability of beneficiary booklets in English and, when applicable, the threshold language(s).
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<p><i>CFR, Title 42, Section 438.10(c)(3); CCR, Title 9, Chapter 11, Section 1810.410(c)(3); MHP Contract, Exhibit A, Attachment 1, J; DMH Information Notice No. 02-03, Enclosure, Page 17</i></p>	<p>OUT OF COMPLIANCE:</p> <ul style="list-style-type: none"> • Beneficiary booklet not available in English and, when applicable, the threshold language(s)
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Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

7.	Do written materials in English and the threshold language(s) developed by the MHP for beneficiaries use easily understood language and format?			<p>NOTE: Written materials apply to informing materials, e.g. beneficiary booklet and additional written materials developed by the MHP.</p> <ul style="list-style-type: none"> • Review other written materials provided to beneficiaries. • How did the MHP determine the language and format is easily understood by beneficiaries? • Check the MHP's threshold language(s) per DMH Notice 07-10.
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<p><i>CFR, Title 42, Section 438.10(d)(1)(i); CCR, Title 9, Chapter 11, Section 1810.110(a)</i></p>	<p>OUT OF COMPLIANCE:</p> <ul style="list-style-type: none"> • Additional written materials in English and the threshold language(s) do not use easily understood language and format.
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Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION A ACCESS

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

8.	Does the MHP provide each beneficiary written notice of any significant change in the information specified in CFR, Title 42, Section 438.10(f)(6) and 438.10(g) at least 30 days before the intended effective date of the change?			<p>NOTE: MHP to inform DMH of changes. DMH and MHPs share distribution responsibilities. The MHP is responsible for distributing this information to new beneficiaries.</p> <p>N/A if no significant changes made</p>
<i>CFR, Title 42, Section 438.10(f)(4); MHP Contract, Exhibit A, Attachment 1, V</i>		<p>OUT OF COMPLIANCE:</p> <ul style="list-style-type: none"> When responsible, MHP not providing beneficiaries with written notice of significant changes 		
<p>Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)</p>				
9.	Does the MHP make written materials in English and the threshold language(s) available to beneficiaries in alternative formats and in an appropriate manner that takes into consideration the special needs of those who, for example, are visually limited or have limited reading proficiency?			<p>NOTE: Written materials apply to informing materials, e.g. beneficiary booklet and additional written materials developed by the MHP. Examples of alternative formats can be audio tape, compact disc (CD), and large print.</p> <ul style="list-style-type: none"> This requirement does not apply to non-informing materials, e.g. pamphlet on depression. What alternative formats are available? How does the MHP ensure this requirement is met? Look for evidence alternative formats are available.
<i>CFR, Title 42, Section 438.10(d)(1)(ii); CCR, Title 9, Chapter 11, Section 1810.110(a)</i>		<p>OUT OF COMPLIANCE:</p> <ul style="list-style-type: none"> Informing materials and additional written materials developed by the MHP in English and the threshold language(s) not made available in alternative formats 		

SECTION A ACCESS

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

CRITERIA

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

10.	Does the MHP inform beneficiaries that information is available in alternative formats and how to access those formats?			NOTE: How does the MHP inform beneficiaries that information is available in alternative formats and, as well as, how to access those formats?
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CFR, Title 42, Section 438.10(d)(2)

OUT OF COMPLIANCE:

- There is no evidence the MHP is informing beneficiaries that information is available in alternative formats and how to access those formats.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION A ACCESS

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

CRITERIA

11.	Does the MHP have written policies to ensure the following beneficiary rights?			<p><u>The following information applies to items a-f:</u></p> <p><u>NOTE:</u> Requirement is only to have written policies.</p>
11a.	The right to receive information in accordance with <u>CFR</u> , Title 42, Section 438.10.			<ul style="list-style-type: none"> • Review the P&Ps. • Review how providers are made aware of these policies. • When applicable, do the results of beneficiary surveys confirm these rights are followed? • Are there grievances or change of providers related to the violation of these rights? • <u>CFR</u>, Title 42, Section 438.10(b)(1) states, “all enrollment notices, informational materials, and instructional materials relating to enrollees and potential enrollees must be provided in a manner and format that may be easily understood.” Refer to <u>CFR</u>, Title 42, Section 438.10.
11b.	The right to be treated with respect and with due consideration for his/her dignity and privacy.			<p><u>NOTE:</u> Refer to <u>CFR</u>, Title 42, Section 438.100(b)(2)(ii).</p>
11c.	The right to receive information on available treatment options and alternatives presented in a manner appropriate to the beneficiary’s condition and ability to understand.			<p><u>NOTE:</u> Refer to <u>CFR</u>, Title 42, Section 438.100(b)(2)(iii).</p>
11d.	The right to participate in decisions regarding his/her health care, including the right to refuse treatment.			<p><u>NOTE:</u> Refer to <u>CFR</u>, Title 42, Section 438.100(b)(2)(iv).</p>

SECTION A ACCESS

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

CRITERIA

11e.	The right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation, as specified in federal regulations on the use of restraints and seclusion.			NOTE: Refer to <u>CFR</u> , Title 42, Section 438.100(b)(2)(v).
11f.	The right to request and receive a copy of his/her Protected Health Information (PHI)			NOTE: Refer to <u>CFR</u> , Title 45, Section 164.524 for PHI. • Refer to <u>CFR</u> , Title 45, Sections 164.524 and 164.526.
11g.	The right to request that his/her PHI be amended.			NOTE: Refer to <u>CFR</u> , Title 45, Section 164.526.
11h.	The right to be furnished health care services.			NOTE: Refer to <u>CFR</u> , Title 42, Sections 438.206-210. • Review provider contracts and procedure manuals. • Review the P&Ps regarding beneficiary rights.
<i>CFR, Title 42, Section 438.100(a)(b)(d); MHP Contract, Exhibit A, Attachment 3, 4; DMH Letter No. 04-05</i>		OUT OF COMPLIANCE: • No written policies that ensure these rights		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
12.	Regarding advance directive:			NOTE: Advance directive information is contained in beneficiary booklet.
12a.	Has the MHP implemented written P&Ps respecting advance directive in compliance with the requirements of <u>CFR</u> , Title 42, Sections 422.128 and 438.6(i)(1)(3)(4)?			• Refer to <u>CFR</u> , Title 42, Sections 422.128 and 438.6(i)(1)(3)(4). • Review the P&Ps.
12b.	Does the MHP provide adult beneficiaries with written information on advance directive policies, including a description of applicable State laws?			NOTE: Written information may be provided by way of the beneficiary booklet.

SECTION A ACCESS

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

12c.	<p>Does the written information to those adult beneficiaries contain the following information?</p> <p>1) Beneficiary rights under the law of the State of California to make decisions concerning health care, including the right to accept or refuse treatment and the right to formulate, at the individual's option, advance directive.</p> <p>2) MHP's written policies respecting the implementation of those rights.</p>			<p><u>NOTE:</u> See beneficiary booklet.</p> <ul style="list-style-type: none"> • Section 4605 California Probate Code: "Advance health care directive" or "advance directive" means either an individual health care instruction or a power of attorney for health care. • Section 4615 California Probate Code: "Health care" means any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a patient's physical or mental condition.
12d.	<p>When applicable, has the MHP updated its written materials to reflect changes in State laws governing advance directive as soon as possible, but no later than 90 days after the effective date of the change?</p>			<p><u>NOTE:</u> If change in State laws, DMH will notify MHPs.</p> <ul style="list-style-type: none"> • N/A if there have been no changes. • Ensure the MHP is distributing the latest version of the booklet.

CFR, Title 42, Sections 422.128 and 438.6(i)(1)(3)(4); MHP Contract, Exhibit A, Attachment 3, 1

OUT OF COMPLIANCE:

- The MHP has not implemented written policies on advance directive.
- The MHP is not providing adult beneficiaries with written information on advance directive.
- Written information does not contain the required information.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION A ACCESS

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

CRITERIA

13. 13a.	Does the MHP have written policies to ensure the following? Beneficiaries are not discriminated against based on whether or not the beneficiary has executed an advance directive.			<p>NOTE: Review the P&Ps.</p> <ul style="list-style-type: none"> Section 4605 California Probate Code: "Advance health care directive" or "advance directive" means either an individual health care instruction or a power of attorney for health care. How does the MHP ensure this requirement is met? Section 4615 California Probate Code: "Health care" means any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a patient's physical or mental condition.
13b.	Provide for the education of staff concerning its P&Ps on advance directive.			<p>NOTE: Review evidence of education activities.</p>
<p><i>CFR, Title 42, Sections 438.6(h)(2)(i), 422.128(b)(1)(ii)(F) and 417.436(d)(1)(iv); MHP Contract, Exhibit A, Attachment 3, 1</i></p>		<p>OUT OF COMPLIANCE:</p> <ul style="list-style-type: none"> No written policies for a-b No evidence provided for the education of staff concerning its P&P on advance directive. 		
<p>Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)</p>				
14.	Does the MHP inform beneficiaries that complaints concerning non-compliance with the advance directive may be filed with the State survey and certification agency?			<p>NOTE: State survey and certification agency is the State of California Department of Health Care Services (DHCS), Licensing and Certification Division at 1-800-236-9747.</p> <ul style="list-style-type: none"> How does the MHP inform beneficiaries? Review the P&Ps.
<p><i>CFR, Title 42, Sections 438.6(h)(2)(i), 422.128(b)(1)(ii)(I)(3) and 417.436(d); MHP Contract, Exhibit A, Attachment 3</i></p>		<p>OUT OF COMPLIANCE:</p> <ul style="list-style-type: none"> The MHP is not informing beneficiaries that complaints can be filed with the State survey and certification agency. 		

SECTION A ACCESS

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

CRITERIA

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

15.	Regarding the under-served populations:			NOTE: "Under-served populations" refers to beneficiaries with specific cultural and linguistic needs identified in the MHP's CCP.
15a.	Is there evidence of community information and education plans or P&Ps that enable the MHP's beneficiaries' access to SMHS?			<ul style="list-style-type: none"> • Identify the under-served populations based on the MHP's CCP. • Review education plans or P&Ps that are in place. • Is the MHP in compliance with its CCP?
15b.	Is there evidence of outreach for informing under-served populations about cultural/linguistic services available, e.g. number of community presentations and/or forums?			NOTE: Ask the MHP to describe its outreach efforts. <ul style="list-style-type: none"> • Review evidence of MHP's outreach efforts.

CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 02-03, Enclosure, Page 20

OUT OF COMPLIANCE:

- Not Following Cultural Competence Plan (NFCCP)
- No evidence of any outreach efforts, including outreach to under-served populations identified in the MHP's CCP

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION A ACCESS

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

CRITERIA

16.	Regarding mental health services available to the persons who are homeless and hard-to-reach:			NOTE: "Hard-to-reach individuals" refers to any special population (excluding under-served) as defined by the MHP.
16a.	Is there evidence of outreach to persons who are homeless with mental disabilities?			<ul style="list-style-type: none"> • N/A if the MHP has not identified any special hard-to-reach populations. • Review evidence of outreach to persons who are homeless.
16b.	Is there evidence of outreach to the hard-to-reach individuals with mental disabilities?			NOTE: Review evidence of outreach to the hard-to-reach individuals.

W&IC Sections 5600.2(d) and 5614(b)(5)

OUT OF COMPLIANCE:

- No evidence of any outreach efforts to persons who are homeless and hard-to-reach individuals.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION A ACCESS

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

CRITERIA

17.	Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number:			<p>NOTE: DMH review team members will test the 24/7 toll free telephone number.</p> <ul style="list-style-type: none"> • Test after-hours, as well as, regular work hours in both English and other language(s). • At a minimum, staff answering the toll-free telephone number should: <ul style="list-style-type: none"> - Ascertain language/linguistic requirements to communicate as needed. - Determine if there is an emergency, crisis or urgent condition. - Gather information to provide a referral for services/assessment or explain to the caller how to obtain an assessment for services.
17a.	Does the statewide toll-free telephone number make available information on how to access SMHS, including services needed to treat a beneficiary's urgent condition/crisis situation?			
17b.	Does the (24/7) toll-free telephone number have linguistic capabilities, including Telecommunication Device for the Deaf (TDD) or California Relay Services, in all the languages spoken by beneficiaries of the county?			<p>NOTE: Is the toll-free telephone number answered 24/7 in a manner that ensures linguistic capabilities in all languages, including TDD or California Relay Services, spoken by beneficiaries of the county?</p> <ul style="list-style-type: none"> • If TDD or California Relay Services is utilized, how are beneficiaries informed of the toll-free telephone number?

SECTION A ACCESS

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

CCR, Title 9, Chapter 11, Sections 1810.405(d) and 1810.410(e)(1); DMH Information Notice No. 02-03, Enclosures, Pages 15-16

OUT OF COMPLIANCE:

- Not Following Plan (NFP)
- No 24/7 coverage
- Information in "17a." not made available
- Lack of linguistic capacity, including TDD or California Relay Services, in all languages spoken by beneficiaries of the county as evidenced by the results of DMH test-calls

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

18. Does the MHP maintain a written log of the initial requests via telephone, in writing or in person for SMHS from beneficiaries of the MHP? Does the written log contain the name of the beneficiary, the date of the request, and the initial disposition of the request?

NOTE: The MHP shall maintain a written log of the following:

- Name of the beneficiary
- Date of the request for SMHS
- Initial disposition of the request
- Request for services made by a beneficiary must be recorded in a written log. These requests may be made by phone, in person, or in writing.
- Request the MHP to describe the logging system.
- Request to review the written logs for the dates of the DMH test calls.

CCR, Title 9, Chapter 11, Section 1810.405(f)

OUT OF COMPLIANCE:

- Written log of initial requests are not being maintained.
- The MHP is not recording required information.
- The DMH review team's test calls are not recorded.

SECTION A ACCESS

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

CRITERIA

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
19.	Does the MHP have P&Ps to assure that culturally and linguistically competent services are available to its beneficiaries?			<p>NOTE: Review the P&Ps</p> <ul style="list-style-type: none"> • Review contracts and practices.
<i>CCR, Title 9, Chapter 11, Section 1810.410; DMH Information Notice No. 02-03, Enclosure, Page 21</i>		OUT OF COMPLIANCE:		
		<ul style="list-style-type: none"> • No P&Ps and practices in place that address beneficiary requests for culture-specific providers 		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
20.	Is there evidence that Limited English Proficient (LEP) individuals are informed of the following in a language they understand?			<p>NOTE: If available, look at the P&Ps.</p> <ul style="list-style-type: none"> • Is the MHP following its CCP?
20a.	LEP individuals have a right to free language assistance services.			<ul style="list-style-type: none"> • How are these services made available? • How does the MHP ensure this requirement is met? For example, look for posters and other announcements in English and other languages.
20b.	LEP individuals are informed how to access free language assistance services.			
<i>CFR, Title 42, Section 438.10; CCR, Title 9, Chapter 11, Section 1810.410(a)-(e); DMH Information Notice No. 02-03, Enclosure, Page 16; Title VI, Civil Rights Act of 1964 (42 U.S.C., Section 2000d; CFR, Title 45, Part 80)</i>		OUT OF COMPLIANCE:		
		<ul style="list-style-type: none"> • No evidence that LEP individuals are informed as required • Evidence language assistance services are not made available 		

SECTION A ACCESS

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

CRITERIA

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

21.	Whenever feasible and at the request of the beneficiary, does the MHP provide an opportunity to change persons providing the SMHS, including the right to use culture-specific providers?			<p>NOTE: Is the MHP in compliance with its Implementation Plan (IP)?</p> <ul style="list-style-type: none"> • Ask the MHP to describe the processes for changing the person who will provide the service. • Review the requests/outcomes. • Review the P&Ps.
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CCR, Title 9, Chapter 11, Sections 1830.225(a)(b); DMH Information Notice No. 02-03, Enclosure, Page 21; MHP Contract, Exhibit A, Attachment 1, A, J

OUT OF COMPLIANCE:

- NFP
- No evidence that the MHP does not provide an opportunity to change persons providing the service
- The MHP is denying access to another provider or culture-specific provider.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION A ACCESS

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

CRITERIA

<p>22. 22a.</p>	<p>Regarding Mandated Key Points of Contact: Is there documented evidence to show which services have linguistically proficient staff or interpreters available to beneficiaries during regular operating hours?</p>			<ul style="list-style-type: none"> • NOTE: Per DMH Information Notice No. 02-03, “<i>Mandated Key Points of Contact</i>” are defined as: Common points of entry into the mental health system, including 24-hour toll free line, beneficiary problem resolution system, inpatient hospital or other central access or contact locations where there is face-to-face encounters with consumers as designed by MHPs, that are located in regions or areas that <u>meet</u> threshold language population concentrations. • Have the MHP identify its Mandated Key Points of Contact. • Some clinic sites may be identified as Mandated Key Points of Contact. • Is the MHP following its CCP? • 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, each site, and each threshold language(s). • Review evidence of interpreters and linguistically proficient staff. • Look for language proficiency as defined by the MHP.
<p>22b.</p>	<p>Is there documented evidence to show the response to offers of interpreter services?</p>			<p>NOTE: Review evidence in charts, or elsewhere, of offers of interpreter services, availability of such services, and/or how beneficiaries are linked to appropriate services.</p> <ul style="list-style-type: none"> • Request a chart(s) that requires interpreter services.

SECTION A ACCESS

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

CRITERIA

CCR, Title 9, Chapter 11, Section 1810.410(d)(2); MHP Contract, Exhibit A, Attachment 1, Section J; DMH Information Notice No. 02-03, Enclosure, Page 16

OUT OF COMPLIANCE:

- NFCCP
- Interpreter services are not available during regular operating hours.
- No documented evidence to show response to offers of interpreter services

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

23. Regarding all Key Points of Contact:
Is there evidence, including documented progressive steps, to show that beneficiaries who do not meet the threshold language criteria are linked to culturally and linguistically appropriate services?

NOTE: Per DMH Information Notice No. 02-03, Key Points of Contact are defined as: Common points of access to specialty mental health services from the MHP, including, but not limited to, the MHP’s beneficiary problem resolution process, county owned or operated or contract hospitals, and any other central access locations established by the MHP.

- Review evidence of linking.
- Review the P&Ps in reference to linking beneficiaries to the appropriate language services.

CCR, Title 9, Chapter 11, Section 1810.410(e)(2); MHP Contract, Exhibit A, Attachment 1, Section J; DMH Information Notice No. 02-03, Enclosure, Page 17; Title VI, Civil Rights Act of 1964 (42 U.S.C., Section 2000d; CFR, Title 45, Part 80)

OUT OF COMPLIANCE:

- No P&Ps
- Beneficiaries are not being linked to appropriate services.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION A ACCESS

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

CRITERIA

24.	Has the MHP developed a process to certify or provide culturally competent services as evidenced by:			NOTE: Is the MHP following its CCP? Ask the MHP to provide information on specific efforts they have implemented during this review period.
24a.	A process to evaluate the competencies of staff in providing culturally and linguistically competent services.			
24b.	Assessing staff training needs and provide the necessary training in evaluation, diagnosis, treatment, and referral services for the multicultural groups in their service area.			
24c.	Implementation of training programs to improve the cultural competence skills of staff and contract providers.			NOTE: The MHP provides evidence of training provided since the last review.
<i>CCR, Title 9, Chapter 11, Section 1810.410(a); MHP Contract, Exhibit A, Attachment 1, J; DMH Information Notice No. 02-03, Enclosure, Page 22</i>		<u>OUT OF COMPLIANCE:</u>		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)		<ul style="list-style-type: none"> • NFCCP • Evidence that the MHP is not working on process for a-c 		
25.	Has the MHP implemented training programs to certify or assure the demonstrated ability of bilingual staff or interpreter services in the following areas?			<u>The following information applies to items a-d:</u>
25a.	The ability to communicate ideas, concerns, and rationales, in addition to the translation of the words used by both the provider and the consumer.			NOTE: Is the MHP following its CCP? <ul style="list-style-type: none"> • Have the MHP describe the training program(s). • Have the MHP provide evidence of interpreter training. • Do the training programs include all the areas listed in a-d?

SECTION A ACCESS

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

CRITERIA

25b.	The familiarity with the beneficiary's culture, degree of proficiency in the beneficiary's spoken and non-verbal communication.			
25c.	The familiarity with variant beliefs concerning mental illness in different cultures.			
25d.	Knowledge of the mental health field.			

CCR, Title 9, Chapter 11, Section 1810.410(a); MHP Contract, Exhibit A, Attachment 1, J; DMH Information Notice No. 02-03, Enclosure, Page 22

OUT OF COMPLIANCE:

- NFCCP
- No training programs in place

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION A ACCESS

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

CRITERIA

26.	Regarding penetration and retention rates, does the MHP:			<p><u>The following information applies to items a-c:</u></p> <p><u>NOTE:</u> Is the MHP following its CCP?</p> <ul style="list-style-type: none"> • Refer to the MHP’s last submitted CCP for data. • “Penetration rate is defined as the total number of persons served divided by the number of persons eligible.” • “Retention rate is defined as the percent of new clients who receive 2,3,4, etc. follow-up day or outpatient services following an initial non-crisis contact with the mental health system. This measures the rate at which new clients in general are retained in the system for treatment.” • Review the system used to track penetration and retention rates.
26a.	Analyze these rates for each ethnic group by factors including age, diagnosis, gender, and primary language of Medi-Cal mental health consumers to identify potential problem areas?			<ul style="list-style-type: none"> • Refer to the MHP’s last submitted CCP.
26b.	Establish a “percent improvement” for penetration and retention rates of ethnic groups with low penetration and retention rates?			<ul style="list-style-type: none"> • Refer to the MHP’s last submitted CCP.
26c.	Take specific actions to meet the “percent improvement” above.			
<p><i>CCR, Title 9, Chapter 11, Section 1810.410(a); MHP Contract, Exhibit A, Attachment 1, J; DMH Information Notice No. 02-03, Enclosure, Pages 24-25</i></p>				<p><u>OUT OF COMPLIANCE:</u></p> <ul style="list-style-type: none"> • No tracking system in place for 26a-c • No analysis completed for 26a • No percentage improvement identified in 26b • No actions taken to meet the “percent improvement”

SECTION A ACCESS

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

CRITERIA

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

27.	Regarding annual training on client culture:			<u>The following information applies to items a-b:</u>
27a.	Is there evidence of an annual training on client culture that includes a client’s personal experiences?			<p><u>NOTE:</u> Is the MHP following its CCP or CCP update?</p> <ul style="list-style-type: none"> • Per DMH Information Notice 02-03, client culture is defined as, “A set of values, beliefs, and lifestyles that are molded in part, by a client’s personal experiences with a mental illness, the mental health system, and their own ethnic culture.” • Review list of trainings held since last review.
27b.	The training plan must also include for children and adolescents, the parent and/or caregiver’s personal experiences.			

CCR, Title 9, Chapter 11, Section 1810.410; MHP Contract, Exhibit A, Attachment 1, J; DMH Information Notice No. 02-03, Enclosure, Page 24

OUT OF COMPLIANCE:

- NFCCP
- No annual training on client culture that includes a client’s personal experiences
- Training for children and adolescents does not include a parent and/or caregiver’s personal experiences.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION A ACCESS

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

28.	When the MHP is involved in the placement, does the MHP provide the DHCS issued Early and Periodic Screening, Diagnosis and Treatment (EPSDT) notice and DMH issued Therapeutic Behavioral Services (TBS) notice to Medi-Cal (MC) beneficiaries under 21 years of age and their representative in the following circumstances?			<p><u>The following information applies to items a-c:</u></p> <p><u>NOTE:</u> Obtain DHCS and DMH issued notices used to provide information regarding the availability of EPSDT and TBS information.</p> <ul style="list-style-type: none"> • Review the MHP’s written procedures that ensure that the information is being provided when required.
28a.	At the time of admission to a Skilled Nursing Facility (SNF) with a Specialized Treatment Program (STP) for the mentally disordered or a Mental Health Rehabilitation Center (MHRC) that has been designated as an Institution for Mental Diseases (IMD).			<ul style="list-style-type: none"> • Review evidence that EPSDT and TBS notices are being issued as required.
28b.	At the time of placement in a Rate Classification Level (RCL) 13-14 foster care group home.			
28c.	At the time of placement in a RCL 12 foster care group home when the MHP is involved in the placement.			

CCR, Title 9, Chapter 11, Section 1810.310 (a)(1); DMH Letter No. 01-07, Enclosures Pages 1 & 2; DMH Letter No. 04-04, Pages 1 & 2

OUT OF COMPLIANCE:

- The MHP is not using the correct informing notices.
- The MHP does not have a procedure for providing information as required.
- There is no evidence that the procedures are being followed.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION A ACCESS

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

CRITERIA

29. 29a.	Regarding list and training of TBS providers: Does the MHP have a list of TBS providers?			<u>NOTE:</u> Obtain and review the list of TBS providers.
29b.	Has training on TBS been provided?			<u>NOTE:</u> Review documentation that indicates that TBS providers who conduct TBS assessments have received the Phase I training developed by the California Institute for Mental Health (CiMH) entitled: "Applying Principles and Practices of Functional Behavioral Analysis to Therapeutic Behavioral Services," or equivalent training.
<i>CCR, Title 9, Chapter 11, Section 1810.310(a)(4); DMH Letter No. 99-03, Emily Q vs. Belshe; All County Mental Health Director's Letter dated 11/26/03</i>		<u>OUT OF COMPLIANCE:</u> <ul style="list-style-type: none"> • The MHP does not have a list of TBS provider(s). • There is no evidence that provider(s) have received TBS training. 		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				

SECTION B AUTHORIZATION

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

CRITERIA

RE: HOSPITAL SERVICES UTILIZING A POINT OF AUTHORIZATION

1. 1a.	Regarding the Treatment Authorization Requests (TARs): Are the TARs being approved or denied by licensed, waived, or registered mental health professionals of the beneficiary's MHP?			NOTE: Review random sample of DMH selected TARs to determine if qualified mental health professionals are approving/denying TARs.
1b.	Are all adverse decisions regarding hospital requests for payment authorization that were based on criteria for medical necessity or emergency admission being reviewed and approved by: 1) a physician 2) at the discretion of the MHP, by a psychologist for patients admitted by a psychologist and who received services under the psychologist's scope of practice			NOTE: Review random sample of DMH selected TARs that were affected by adverse decisions. <ul style="list-style-type: none"> • Adverse decision is based on medical necessity criteria. • Check TARs for evidence of physician review or when applicable psychologist review. • Check if an NOA-C is issued to the beneficiary when adverse decisions are rendered.
1c.	Does the MHP approve or deny TARs within 14 calendar days of the receipt of the TAR?			NOTE: Receipt date may be stamped on the TAR or recorded on other supported evidence. <ul style="list-style-type: none"> • Review random sample of DMH selected TARs and check receipt date with approval or denial date.

SECTION B AUTHORIZATION

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

CRITERIA

*CCR, Title 9, Chapter 11, Section 1820.220(c)(d)(f)(h),
Section 1850.210*

OUT OF COMPLIANCE:

- TARs not being approved/denied by qualified staff
- Physician or, when applicable, a psychologist, is not reviewing adverse decisions.
- No physician signature regarding adverse decisions on TAR or no evidence of physician review.
- The MHP is not acting on TARs within 14 calendar days of receipt.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

RE: NON-HOSPITAL SPECIALTY MENTAL HEALTH SERVICES

2.	Does the MHP ensure that SMHS are available to treat beneficiaries who require services for an emergency or urgent condition 24/7?			<p><u>NOTE:</u> Ask the MHP to describe the 24/7 availability of services for emergency or urgent conditions.</p> <ul style="list-style-type: none"> • Review the P&Ps.
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*CCR, Title 9, Chapter 11, Section 1810.405(c); MHP
Contract, Exhibit A, Attachment 1, Section A*

OUT OF COMPLIANCE:

- NFP
- SMHS for an emergency or urgent condition not available 24/7

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

3.	Are payment authorization requests being approved or denied by licensed, waived, or registered mental health professionals of the beneficiary's MHP?			<p><u>NOTE:</u> Licensed Psychiatric Technicians (LPTs) and Licensed Vocational Nurses (LVNs) can approve/deny requests only when an urgent condition exists.</p> <ul style="list-style-type: none"> • Review payment authorization requests.
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SECTION B **AUTHORIZATION**

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

CRITERIA

CFR, Title 42, Section 438.210(b)(3); CCR, Title 9, Chapter 11, Section 1830.215(c), Section 1810.253

OUT OF COMPLIANCE:

- MHP is not using appropriate staff to approve/deny authorizations
- MHP is using LPTs and LVNs when an urgent condition does not exist.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION B

AUTHORIZATION

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

CRITERIA

RE: UTILIZATION MANAGEMENT

4. 4a.	Does the MHP have a payment authorization system in place that meets the requirements specified in the MHP Contract for the following services? Day Treatment Intensive and Day Rehabilitation.		<p>NOTE: Review the procedure/system for informing providers and county staff of the need to request an MHP payment authorization. An MHP payment authorization refers to a written, electronic, or verbal authorization given by an MHP to a service provider.</p> <ul style="list-style-type: none">• Check that the procedure/system has assurances that payment is not being made without prior authorization.<ul style="list-style-type: none">- Review the Day Treatment and TBS requirements in the MHP Contract.- An initial MHP payment authorization is required.- An Advance Authorization if more than 5 days per week, or- If continuation of Day Treatment Intensive at least every 3 months, or- If continuation of Day Rehabilitation at least every 6 months.• Refer to Day Treatment requirements within the MHP Contract.
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SECTION B AUTHORIZATION

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

CRITERIA

4b.	Therapeutic Behavioral Services.			<p>NOTE: Review the procedure/system for informing providers and county staff of the need to request an MHP payment authorization. An MHP payment authorization refers to a written, electronic, or verbal authorization given by an MHP to a service provider.</p> <ul style="list-style-type: none"> • Check the MHP's procedure/system that payment is not being made without prior authorization: <ul style="list-style-type: none"> - An initial MHP payment authorization is required. - An Advance Authorization is required. - If continuation every 30 days for service exceeding 12 hours per day. - Every 60 days for 12 hours or less per day. • Refer to TBS requirements within the MHP Contract.
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CCR, Title 9, Chapter 11, Section 1810.405(c); MHP Contract, Exhibit A, Attachment 1, Sections W, X, & Y; DMH Information Notice 02-06; DMH Letter No. 03-03

OUT OF COMPLIANCE:

- Not following MHP Contract
- No payment authorization system in place

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION B AUTHORIZATION

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

CRITERIA

5. 5a.	Regarding authorization timeframes: For standard authorization decisions, does the MHP provide notice as expeditiously as the beneficiary's health condition requires and within 14 calendar days following receipt of the request for service with a possible extension of up to 14 additional days?			<p><u>The following information applies to items a-b:</u></p> <p><u>NOTE:</u> "Notice" means decision notification.</p> <ul style="list-style-type: none"> • Review sample of MHP's authorization decisions. • Extension for an additional 14 calendar days is possible if: <ul style="list-style-type: none"> - Beneficiary or provider requests extension, - MHP identifies need for additional information, documents the need and how the extension is in the beneficiary's best interest within its authorization records.
5b.	For expedited authorization decisions, does the MHP provide notice as expeditiously as the beneficiary's health condition requires and within 3 working days following receipt of the request for service or, when applicable, within 14 calendar days of an extension?			
<i>CFR, Title 42, Section 438.210(d)(1)(2); MHP Contract, Exhibit A, Attachment 2, Section B</i>		<p><u>OUT OF COMPLIANCE:</u></p> <ul style="list-style-type: none"> • The MHP is not providing notices within required timeframes. 		
<p>Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)</p>				
6.	Is there evidence that the MHP is reviewing Utilization Management (UM) activities annually, including a review of the consistency in the authorization process?			<ul style="list-style-type: none"> • Review both <u>hospital</u> and <u>non-hospital</u> authorization processes. • Review the MHP's activities in this area. • How is the MHP reviewing this annually?

SECTION B AUTHORIZATION

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

CRITERIA

CCR, Title 9, Chapter 11, Section 1810.440(b)(1)(2)(3); MHP Contract, Exhibit A, Attachment 1, Appendix B

OUT OF COMPLIANCE:

- No evidence of UM activities
- Not following the MHP Contract

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

7. Regarding authorization of services, does the MHP have written P&Ps to ensure consistent application of review criteria for authorization decisions?

NOTE: Review the P&Ps

- Review the MHP's documentation that ensures the consistent application of review criteria for authorization decisions.

CFR, Title 42, 438.210(b)(1); MHP Contract, Exhibit A, Attachment 2, B

OUT OF COMPLIANCE:

- The MHP does not have written P&Ps.
- No evidence of the consistent application of review criteria for authorization decisions.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

8. Regarding authorization of services, does the MHP consult with the requesting provider when appropriate?

NOTE: Review the P&Ps.

- Review the MHP's documentation.

CFR, Title 42, Section 438.210(b)(2)(ii); MHP Contract, Exhibit A, Attachment 2, B(1-c)

OUT OF COMPLIANCE:

- No evidence of consultation with providers when appropriate

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION B AUTHORIZATION

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

CRITERIA

9.	Regarding Notices of Action (NOAs):			<p><u>The following information applies to items a-e:</u></p> <p><u>NOTE:</u> Revised versions of NOAs are dated June 1, 2005.</p> <ul style="list-style-type: none"> • Review NOAs given during FY 07-08 • If utilizing a form different from the DMH approved form, does it contain all the required elements? • Review the P&Ps. • Review request-for-service logs for requests for services that did not receive an intake assessment appointment.
9a.	NOA-A: Is the MHP providing a written NOA-A to the beneficiary when the MHP or its providers determine that the beneficiary does not meet the medical necessity criteria to be eligible to any SMHS?			
9b.	NOA-B: Is the MHP providing a written NOA-B to the beneficiary when the MHP denies, modifies, or defers (beyond timeframes) a payment authorization request from a provider for SMHS?			<p><u>NOTE:</u> Is the MHP or its providers providing a NOA-B when payment authorization requests are denied, modified, or deferred beyond timeframes.</p> <ul style="list-style-type: none"> • Check authorizations.
9c.	NOA-C: Is the MHP providing a written NOA-C to the beneficiary when the MHP denies payment authorization of a service that has already been delivered to the beneficiary as a result of a retrospective payment determination?			<p><u>NOTE:</u> Applies to both hospital and non-hospital service(s).</p> <ul style="list-style-type: none"> • Does the MHP deny payment authorization of services that have already been delivered?
9d.	NOA-D: Is the MHP providing a written NOA-D to the beneficiary when the MHP fails to act within the timeframes for disposition of standard grievances, the resolution of standard appeals, or the resolution of expedited appeals?			<p><u>NOTE:</u> Review the grievance and appeals records to determine if the MHP has failed to act within the required timeframes.</p> <ul style="list-style-type: none"> • Review the grievance/appeals log(s).

SECTION B AUTHORIZATION

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

CRITERIA

9e.	NOA-E: Is the MHP providing a written NOA-E to the beneficiary when the MHP fails to provide a service in a timely manner, as determined by the Contractor (MHP)?			<p>NOTE: Does the MHP have standards for the delivery of services in a timely manner?</p> <ul style="list-style-type: none"> How does the MHP track such activity to determine if the services are delivered in a timely manner?
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<p><i>CFR, Title 42, Section 438.404(c)(2); CCR, Title 9, Chapter 11, Section 1830.205(a)(b)(1)(2)(3); MHP Contract, Exhibit A, Attachment 2, D; DMH Letter No. 05-03</i></p>	<p>OUT OF COMPLIANCE:</p> <ul style="list-style-type: none"> There is evidence the MHP is not issuing NOAs per regulations and the MHP Contract. The MHP is not using the revised versions of NOAs dated June 1, 2005.
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Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

10.	<p>Regarding TBS, does the MHP submit a written NOA to DMH within 30 days of issuance when:</p> <p>A. The provider’s request for TBS authorization is denied by the MHP</p> <p>B. The authorized days for TBS in the client plan are reduced</p> <p>C. The service is terminated before the authorized number of days has expired</p> <p>D. TBS was not provided in a timely manner</p>			<p>NOTE: Obtain from Medi-Cal Health Care Benefits Branch, copies of the NOAs that have been submitted.</p> <ul style="list-style-type: none"> Review the NOAs to verify submission to DMH within 30 days of issuance. Revised versions of NOAs are dated June 1, 2005.
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<p><i>DMH Letter No. 99-03, Page 9; DMH Letter No. 05-03; CCR Title 9, Chapter 11, Section 1850.210(a)(1)(e)</i></p>	<p>OUT OF COMPLIANCE:</p> <ul style="list-style-type: none"> The MHP has not submitted a NOA within the 30 day period.
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Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

11.	Does the MHP provide for a second opinion from a qualified health care professional within the			<p>NOTE: Plan includes individual, group, and organizational providers.</p>
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SECTION B AUTHORIZATION

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

CRITERIA

	plan, or arrange for the beneficiary to obtain a second opinion outside the plan, at no cost to the beneficiary?			<ul style="list-style-type: none"> • “Qualified health care professional” means “Licensed Mental Health Professional” per <u>CCR</u>, Title 9, Chapter 11, Section 1810.223.
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<i>CFR, Title 42, Section 438.206(b)(3); CCR, Title 9, Chapter 11, Section 1810.405(e); MHP Contract, Exhibit A, Attachment 1, Section A</i>	<p><u>OUT OF COMPLIANCE:</u></p> <ul style="list-style-type: none"> • No evidence the MHP provides for a second opinion from a qualified health care professional 		
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Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

12.	Does the MHP have procedures for ensuring access to services for out-of-county beneficiaries in the following categories?			<p><u>The following information applies to items a-b:</u></p> <p><u>NOTE:</u> Review procedures</p> <ul style="list-style-type: none"> • Have the MHP describe how SMHS are accessed for a-b. • Is the MHP utilizing the services of the Administrative Services Organization (ASO) or another process?
12a.	Children in foster care and other residential placements out-of-county.			
12b.	Adults in residential placements out-of-county.			<p><u>NOTE:</u> Does the MHP have any adults in residential placements?</p>

<i>CCR, Title 9, Chapter 11, Section 1830.220(b)(3)(4)(A); DMH Information Notice No. 97-06, D, 4</i>	<p><u>OUT OF COMPLIANCE:</u></p> <ul style="list-style-type: none"> • NFP • The MHP has no procedures for ensuring access to services for beneficiaries out-of-county. • Procedures not being followed 		
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Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION C **BENEFICIARY PROTECTION**

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

1.	Are there notices posted explaining grievance, appeal and expedited appeal 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><u>NOTE:</u> DMH review team may visit MHP provider site(s) to verify.</p> <ul style="list-style-type: none"> • An MHP provider site means any office or facility owned or operated by the MHP or a provider contracting with the MHP at which beneficiaries may obtain SMHS. • Review evidence that the MHP has informed its providers about this requirement. • Review provider contract language to ensure that posted notices are at all MHP provider sites. • Are there monitoring mechanisms in place to ensure this process is taking place?
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CCR, Title 9, Chapter 11, Section 1850.205(c)(1)(B)

OUT OF COMPLIANCE:

- Posted notice(s) are not at MHP provider sites.
- The posted notice(s) does not contain grievance, appeal, and expedited appeal process procedures as required.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION C BENEFICIARY PROTECTION

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

2.	Are grievance and appeal 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>NOTE: DMH review team may visit MHP provider site(s) to verify that grievance/appeal forms and self-addressed envelopes are available for beneficiaries.</p> <ul style="list-style-type: none"> Review evidence that the MHP has informed its providers about this requirement. Review provider contract language to ensure that grievance/appeal forms and self-addressed envelopes are available at all MHP provider sites.
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CCR, Title 9, Chapter 11, Section 1850.205(c)(1)(C)

OUT OF COMPLIANCE:

- Grievance/appeal forms and self-addressed envelopes are not available in all provider sites visited without the need for a verbal or written request.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

3.	Do the MHP's grievance and appeal processes include the following?			<p><u>The following information applies to items a-f:</u></p> <p>NOTE: Review the P&Ps.</p>
3a.	Allow a beneficiary to authorize another person to act on his/her behalf.			<ul style="list-style-type: none"> How does beneficiary learn of a-f?
3b.	Allow a beneficiary to select a provider as his/her representative in the appeal process.			<p>NOTE: This applies only to an appeal process.</p>
3c.	Upon request, identify a staff person or other individual to assist the beneficiary with the grievance and appeal processes.			
3d.	Not subject a beneficiary to discrimination or any other penalty for filing a grievance or appeal.			<p>NOTE: How are staff informed and trained to ensure beneficiaries are not subjected to discrimination or any other penalty for filing a grievance or an appeal?</p>

SECTION C BENEFICIARY PROTECTION

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

3e.	Upon request, identify a staff person or other individual to provide information regarding the status of a beneficiary's grievance or appeal.			NOTE: How are beneficiaries informed?
3f.	Allow a beneficiary or designee to file a grievance or appeal orally.			NOTE: An oral appeal must be followed-up with a written, signed appeal. <ul style="list-style-type: none"> • Have MHP describe process.

CFR, Title 42, Section 438.402(b)(3); CCR, Title 9, Chapter 11, Section 1850.205(c)(d)(e); MHP Contract, Exhibit A, Attachment 1, H

OUT OF COMPLIANCE:

- The MHP does not have grievance and appeal processes in place for a-f.
- The evidence processes not being followed

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

4.	Does the MHP's appeal process also include the following?			NOTE: Review the appeal process.
4a.	Ensures the beneficiary and his/her representative an opportunity, before and during the appeal process, to examine the beneficiary's case file, including medical records, and any other documents and records considered during the appeal process.			<ul style="list-style-type: none"> • How does the MHP ensure 4a.? • Are staff informed and trained about 4a.?

CFR, Title 42, Section 438.406(b)(1-4); CCR, Title 9, Chapter 11, Section 185.207(f); MHP Contract, Exhibit A, Attachment 1, H

OUT OF COMPLIANCE:

- Appeal process does not ensure 4a.
- Evidence process not being followed

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION C BENEFICIARY PROTECTION

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

5. 5a.	Regarding notice to the Quality Improvement Committee (QIC) and subsequent action: Does the MHP have procedures by which issues identified as a result of the grievance or appeal processes are transmitted to the MHP's QIC, the MHP's administration or another appropriate body within the MHP's organization?			NOTE: Review the procedures in place.
5b.	When applicable, has there been subsequent implementation of needed system changes?			
<i>CCR, Title 9, Chapter 11, Section 1850.205(c)(7); MHP Contract, Exhibit A, Attachment 1, H</i>		OUT OF COMPLIANCE: <ul style="list-style-type: none"> • The MHP does not have procedures in place. • Evidence procedures not being followed • Implementation of needed system changes not taking place 		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
6. 6a. 6b. 6c.	Does the MHP maintain a grievance and appeal log(s) that contains, at least, the following entries? The name/identifier of the beneficiary. The date of receipt of the grievance/appeal. The nature of the problem.			NOTE: Verify information is present for each grievance and appeal.
<i>CCR, Title 9, Chapter 11, Section 1850.205(d)(1); MHP Contract, Exhibit A, Attachment 1, H</i>		OUT OF COMPLIANCE: <ul style="list-style-type: none"> • NFP • Log(s) does not contain this information on all grievances and appeals. 		

SECTION C BENEFICIARY PROTECTION

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

7. Does the MHP provide written acknowledgement of each grievance and appeal to the beneficiary in writing?

NOTE: Have the MHP describe the process for notifying the beneficiary.

- Review the written notifications.

CFR, Title 42, Section 438.406(a)(2); CCR, Title 9, Chapter 11, Section 1850.205(d)(4); MHP Contract, Exhibit A, Attachment 1, H

OUT OF COMPLIANCE:

- MHP not acknowledging the receipt of each grievance and appeal in writing

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

8. Does the MHP ensure that the staff making decisions on grievances and appeals were not involved in any previous level of review or decision-making?

NOTE: This is to avoid conflict of interests.

- How does the MHP ensure this?

CFR, Title 42, Section 438.406(a)(3)(i); CCR, Title 9, Section 1850.205(c)(8); MHP Contract, Exhibit A, Attachment 1, H

OUT OF COMPLIANCE:

- MHP using staff previously involved in decision-making

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION C BENEFICIARY PROTECTION

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

9.	<p>Does the MHP ensure that the staff who have the appropriate clinical expertise in treating the beneficiary's condition or disease make decisions in the following situations?</p> <p>A. Appeals based on lack of medical necessity B. Grievances regarding denial of expedited resolution of an appeal C. Grievances/appeals that involve clinical issues</p>			<p>NOTE: "Appropriate clinical expertise" is determined by the MHP and scope of practice.</p> <ul style="list-style-type: none"> Review the P&Ps.
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<p><i>CFR, Title 42, Section 438.406(a)(3)(ii); CCR, Title 9, Chapter 11, Section 1850.205 (c)(9); MHP Contract, Exhibit A, Attachment 1, H</i></p>	<p>OUT OF COMPLIANCE:</p> <ul style="list-style-type: none"> When required, the MHP is not utilizing staff with appropriate clinical expertise.
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Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

10.	<p>Is the MHP resolving grievances within the State established timeframes?</p>			<p>NOTE: Timeframe is within 60 calendar days, but may be extended for up to 14 calendar days if requested by the beneficiary and when the delay is for additional information and in the beneficiaries best interest.</p> <ul style="list-style-type: none"> Unless the extension was requested by the beneficiary, the MHP must provide the reason for the extension in writing to the beneficiary. Review the decisions.
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<p><i>CFR, Title 42, Section 438.408 (a)(b)(1); CCR, Title 9, Chapter 11, Section 1850.206(b); MHP Contract, Exhibit A, Attachment 1, H</i></p>	<p>OUT OF COMPLIANCE:</p> <ul style="list-style-type: none"> The MHP is not resolving grievances within established timeframes. When applicable, the MHP is not providing the beneficiary with a reason for the extension in writing.
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SECTION C BENEFICIARY PROTECTION

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

11.	Is the MHP resolving appeals within the State established timeframes?			<p>NOTE: Timeframe is within 45 calendar days, but may be extended for up to 14 calendar days if requested by the beneficiary and when the delay is for additional information and in the beneficiary's best interest.</p> <ul style="list-style-type: none"> • Unless the extension was requested by the beneficiary, the MHP must provide the reason for the extension in writing to the beneficiary. • Review the decisions.
<p><i>CFR, Title 42, Sections 438.408 (a)(b)(2); CCR, Title 9, Chapter 11, Section 1850.207(c); MHP Contract, Exhibit A, Attachment 1, H</i></p>		<p>OUT OF COMPLIANCE:</p> <ul style="list-style-type: none"> • The MHP is not resolving appeals within established timeframes. • When applicable, MHP is not providing beneficiary with reason for extension in writing. 		
<p>Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)</p>				
12.	Is the MHP resolving expedited appeals within the State established timeframes?			<p>NOTE: Timeframe is within 3 working days, but may be extended for up to 14 calendar days if requested by the beneficiary and when the delay is for additional information and in the beneficiary's best interest.</p> <ul style="list-style-type: none"> • Unless the extension was requested by the beneficiary, the MHP must provide the reason for the extension in writing to the beneficiary. • Review the decisions.

SECTION C BENEFICIARY PROTECTION

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

CFR, Title 42, Sections 438.408 (a)(b)(3); CCR, Title 9, Chapter 11, Section 1850.208(d); MHP Contract, Exhibit A, Attachment 1, H

OUT OF COMPLIANCE:

- The MHP is not resolving expedited appeals within established timeframes.
- When applicable, MHP is not providing beneficiary with reason for extension in writing.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

13. Is the MHP notifying beneficiaries, or their representatives, of the grievance or appeal disposition and is this being documented?

NOTE: Unless extension was requested, grievance or appeal disposition timeframes are no later than 60 calendar days for grievances; 45 calendar days for appeals; and 3 working days for expedited appeals.

- How are the beneficiaries/representatives notified?
- Review the grievance and appeal records regarding notification.

CFR, Title 42, Section 438.408(d); CCR, Title 9, Chapter 11, Sections 1850.206(b)(c), 1850.207(c)(h), 1850.208(d)(e); MHP Contract, Exhibit A, Attachment 1, H

OUT OF COMPLIANCE:

- The MHP is not notifying the beneficiary or their representatives of the grievance or appeal disposition.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

14. Does the written notice of the appeal resolution include the following?

NOTE: "Notice" refers to notice of disposition to beneficiaries or their representatives.

14a. The results of the resolution process and the date it was completed.

SECTION C BENEFICIARY PROTECTION

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

14b.	For appeals, if beneficiary is dissatisfied with the decision the beneficiary has the right to request a State fair hearing, and how to do so.			NOTE: Request for State fair hearing may be requested only after county process is concluded or grievance/appeal timeframes have expired.
<i>CFR, Title 42, Section 438.408(e)(1)(2)(as modified by the waiver renewal request of August, 2002 and CMS letter, August 22, 2003); CCR, Title 9, Chapter 11, Section 1850.207(h)(3); MHP Contract, Exhibit A, Attachment 1, H; DMH Letter No. 05-03</i>		OUT OF COMPLIANCE: <ul style="list-style-type: none"> The written notice does not include requirements a-b. 		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
15.	Is the MHP notifying those providers cited by the beneficiary or otherwise involved in the grievance or appeal of the final disposition of the beneficiary’s grievance or appeal?			NOTE: Notification need not be in writing. <ul style="list-style-type: none"> How are the providers notified? Review evidence of provider notification.
<i>CCR, Title 9, Chapter 11, Section 1850.205(d)(6)</i>		OUT OF COMPLIANCE: <ul style="list-style-type: none"> The MHP is not notifying the provider of the grievance or appeal disposition. 		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
16.	For expedited appeals, is the MHP making reasonable efforts to provide prompt oral notice?			NOTE: Review the expedited appeals records.
<i>CFR, Title 42, Section 438.408(d)(2); CCR, Title 9, Chapter 11, Section 1850.208(f)(2); MHP Contract, Exhibit A, Attachment 1, H</i>		OUT OF COMPLIANCE: <ul style="list-style-type: none"> The MHP is not making reasonable efforts to provide prompt oral notice. 		

SECTION C BENEFICIARY PROTECTION

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

17. Does the MHP ensure services are continued while an appeal or State fair hearing is pending?

NOTE: Beneficiaries must have met Aid Paid Pending (APP) criteria per CCR, Title 22, Section 51014.2 (e.g. made a request for an appeal within 10 days of the date the NOA was mailed or given to the beneficiary or, if the effective date of the change is more than 10 days from the NOA date, before the effective date of the change).

CFR, Title 42, Section 438.420 (as modified by the waiver renewal request of August, 2002 and CMS letter, August 22, 2003); CCR, Title 9, Chapter 11, Section 1850.215; CCR, Title 22, Section 51014.2; DMH Letter No. 05-03

OUT OF COMPLIANCE:

- When APP criteria have been met, the MHP is not continuing SMHS as required.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION D FUNDING, REPORTING, AND CONTRACTING REQUIREMENTS

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

MAINTENANCE OF EFFORT (MOE)

1.	Regarding the MOE requirements, is the county in compliance with either 1a or 1b?			NOTE: Interview MHP fiscal officer.
1a.	Is the county depositing its local matching funds per the schedule developed by the DMH?			<ul style="list-style-type: none"> Refer to MOE dollar amount requirements as noted within DMH Information Notice 95-13 and DMH Information Notice 97-05.
1b.	If the county elects not to apply MOE funds, is the county in compliance with Section 17608.05(c) that prohibits the county from using the loss of these funds for realignment purposes?			<ul style="list-style-type: none"> Obtain from county the quarterly county submission reports to the State Controller's Office for FY 07-08.

W&IC Sections 5614(b)(1), 17608.05(a)(b)(c), and 17609.05; DMH Information Notices No. 97-05 and No. 95-13

OUT OF COMPLIANCE:

- The county is not depositing its local matching funds per schedule.
- The county is not in compliance with Section 17608.05(c).

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

FUNDING OF CHILDREN'S SERVICES

2.	Is the county in compliance with either 2a or 2b?			NOTE: Interview MHP fiscal officer.
2a.	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.			<ul style="list-style-type: none"> Obtain verification from the county.

SECTION D FUNDING, REPORTING, AND CONTRACTING REQUIREMENTS

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

2b.	The requirement to document the determination in a noticed public hearing that the need for new or expanded services to persons under 18 has significantly decreased.			<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.
<i>W&IC Sections 5704.5(b) and 5614(b)(3)</i>		<p><u>OUT OF COMPLIANCE:</u></p> <ul style="list-style-type: none"> • The county does not maintain funding for children’s services per requirement. • The county does not have documentation from noticed public hearing. 		
<p>Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)</p>				
3.	Is the county in compliance?			<p><u>NOTE:</u> Interview MHP fiscal officer.</p>
3a.	The requirement to allocate for services to persons under 18 years of age, 50% of any new funding received for new or expanded mental health programs until the amount expended for mental health services to persons under 18 equals 25% of the county’s gross budget for mental health or equals the percentage of persons under 18 in the total county population, whichever is less.			<ul style="list-style-type: none"> • Obtain verification from the county.
<i>W&IC Sections 5704.6(a)(c) and 5614(b)(3)</i>		<p><u>OUT OF COMPLIANCE:</u></p> <ul style="list-style-type: none"> • The county does not allocate funding for children’s services per requirement. • The county does not have documentation from noticed public hearing. 		

SECTION D FUNDING, REPORTING, AND CONTRACTING REQUIREMENTS

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

REPORTING REQUIREMENTS

4.	Has the MHP reported the unexpended balance remaining from the previous year's allocation?			<p>NOTE: Due December 31st to the County Financial Program Support Unit.</p> <ul style="list-style-type: none"> • The DMH will obtain information directly from County Financial Program Support Unit. • Refers to Managed Care funds covered under <u>CCR</u>, Title 9, Chapter 11, Sections 1810.330 and 1810.335. • This item is referring to the cost settlement report.
<i>CCR, Title 9, Chapter 11, Section 1810.375(d); W&IC Section 5614(b)(4)</i>		<p>OUT OF COMPLIANCE:</p> <ul style="list-style-type: none"> • The county is not submitting the amount of unexpended funds by December 31st of the following FY even if submitted by the time of the review. 		

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION D FUNDING, REPORTING, AND CONTRACTING REQUIREMENTS

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

<p>5.</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. A signed contract for the current fiscal year.</p> <p>B. A DMH approved request for exemption.</p> <p>C. A letter from the hospital(s) stating its desire to not contract with the MHP.</p> <p>D. A letter from the MHP declaring that the hospital(s) does not want to contract.</p>			<p><u>NOTE:</u> DMH staff to obtain approved request(s) for exemption directly from Medi-Cal Policy and Support Unit.</p> <ul style="list-style-type: none"> • Review DMH Information Notice to determine list of hospitals requiring a contract for current FY. • Review contract(s) that are in place. • New exemption required each year. • Hospitals can refuse to contract with the MHP. • MHP should provide letter from the hospital stating its desire to not contract with the MHP. • New letter required each year unless provider has informed MHP otherwise. • If hospital(s) refuses to contract with the MHP, see documentation of such refusal. • If hospital refuses to write such a letter, MHP may make such a declaration in writing.
<p><u>CCR, Title 9, Chapter 11, Section 1810.430(a)(b)(c)</u></p>		<p><u>OUT OF COMPLIANCE:</u></p> <ul style="list-style-type: none"> • The MHP is not contracting with listed hospitals and no approved exemption(s) or documentation of a refusal(s) to contract is in place. 		

SECTION D FUNDING, REPORTING, AND CONTRACTING REQUIREMENTS

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

6.	Has the MHP submitted a list of all hospitals with which the MHP has current contracts?			<p>NOTE: Due October 1st to Medi-Cal Policy and Support Unit</p> <ul style="list-style-type: none"> • DMH staff to obtain information directly from responsible DMH unit • Per DMH Information Notice 07-09
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CCR, Title 9, Chapter 11, Section 1810.375 (b); W&IC Section 5614(b)(4)

OUT OF COMPLIANCE:

- List of hospitals not submitted by October 1st

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

7.	Has the MHP submitted Fee for Service/Medi-Cal contract hospital rates annually as required?			<p>NOTE: Due June 1st to Medi-Cal Policy and Support Unit.</p> <ul style="list-style-type: none"> • N/A if not a host county. • DMH staff to obtain information directly from responsible DMH unit
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CCR, Title 9, Chapter 11, Section 1810.375(c) and W&IC Section 5614(b)(4)

OUT OF COMPLIANCE:

- Hospital rates not submitted by June 1st of each year

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION D FUNDING, REPORTING, AND CONTRACTING REQUIREMENTS

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

8.	Regarding Research and Performance Outcomes:			<u>The following information applies to items a-b:</u>
8a.	Is the county reporting adult performance outcome system data as required?			<p><u>NOTE:</u> Check with responsible Research and Performance Outcome Development Unit for due date.</p> <ul style="list-style-type: none"> • DMH staff to obtain information directly from responsible DMH unit.
8b.	Is the county reporting children performance outcome system data as required?			
<i>W&IC Section 5610(a); County Performance Contract; MHP Contract, Exhibit A, Attachment 3, Section 12</i>		<p><u>OUT OF COMPLIANCE:</u></p> <ul style="list-style-type: none"> • The county is not reporting data as required. 		

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION D FUNDING, REPORTING, AND CONTRACTING REQUIREMENTS

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA		Y N		COMMENTS
9.	Regarding Program Integrity Requirements, does the MHP have the following in place?			<u>The following information applies to items a-h:</u>
9a.	A compliance plan that is designed to guard against fraud and abuse.			<u>NOTE:</u> Review County/MHP P&Ps. <ul style="list-style-type: none"> • Does not apply to contract providers.
9b.	Written P&Ps and standards of conduct that articulate the organization's commitment to comply with all applicable federal and State standards.			
9c.	The designation of a compliance officer and a compliance committee that are accountable to senior management.			
9d.	Effective training and education for the compliance officer and the organization's employees.			

SECTION D FUNDING, REPORTING, AND CONTRACTING REQUIREMENTS

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

9e.	Effective lines of communication between the compliance officer and the organization's employees.			
9f.	Enforcement of the standards through well publicized disciplinary guidelines.			
9g.	Provision for internal monitoring and auditing.			
9h.	Provision for prompt response to detected offenses, and for development of corrective action initiatives relating to the MHP's Contract.			

CFR , Title 42, Section 438.608

OUT OF COMPLIANCE:

- The County/MHP does not have written P&Ps on each of the required elements.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION E TARGET POPULATIONS AND ARRAY OF SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

1.	To the extent resources are available, is the MHP maintaining the program principles and the array of treatment options required under Sections 5600.2 and 5600.9 inclusive?			
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W&IC Sections 5600.35(a), 5614

OUT OF COMPLIANCE:

- To the extent resources are available, evidence the county is not providing services to the target population in every geographic area.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION E TARGET POPULATIONS AND ARRAY OF SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

2.	To the extent resources are available, is the county organized to provide an array of treatment options?			<p><u>NOTE:</u> Treatment 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 Persons who are Homeless - Group Services
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W&IC Sections 5600.4(a-k), 5614

OUT OF COMPLIANCE:

- To the extent resources are available, the county is not organized to provide an array of treatment options.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION G

PROVIDER RELATIONS

CRITERIA		IN COMPLIANCE		INSTRUCTIONS TO REVIEWERS
		Y	N	COMMENTS
1. 1a.	Regarding provider satisfaction: 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 (UM) program?			<p>NOTE: Applicable only if an authorization unit is used to authorize services.</p> <ul style="list-style-type: none"> • Has the MHP gathered provider satisfaction information within the past two years? • Information must be gathered from a sample of all provider types subject to authorization, e.g. hospitals, day treatment, TBS.
1b.	Upon gathering the provider satisfaction information, does the MHP use the information to address identified items of dissatisfaction?			<p>NOTE: Has the MHP used this information to address identified items of dissatisfaction?</p>
<p><i>CCR, Title 9, Chapter 11, Section 1810.315; MHP Contract, Exhibit A, Attachment 1, Appendix B, B, 2</i></p>		<p>OUT OF COMPLIANCE:</p> <ul style="list-style-type: none"> • The MHP has made no attempt to gather or use this information to address identified items of dissatisfaction. • The MHP is not surveying all providers subject to authorization at least every two years. 		
<p>Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)</p>				
2.	Does the MHP have an ongoing monitoring system in place that ensures all contracted individual, group, and organizational providers utilized by the MHP are in compliance with the documentation standards requirements contained in the MHP Contract with the DMH?			<p>NOTE: Monitoring of contracted individual, group, and organizational providers may be by way of the contract/written agreements with these providers.</p> <ul style="list-style-type: none"> • Ask the MHP how it monitors the individual, group and organizational providers to ensure documentation standards are being met. • Review samples of the monitoring activities/documentation conducted by the MHP.

SECTION G

PROVIDER RELATIONS

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

CRITERIA

*CCR, Title 9, Chapter 11, Sections 1810.110(a) and 1840.112
MHP Contract, Exhibit A, Attachment 1, E*

OUT OF COMPLIANCE:

- The MHP does not have a monitoring system in place.
- The MHP has no documentation of monitoring activities.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

3. Does the MHP have an ongoing monitoring system in place that ensures contracted organizational providers are certified and recertified per conditions in the MHP Contract with the DMH?

NOTE: Ask the MHP how it monitors the contract organizational providers to ensure onsite certifications and recertifications are completed per MHP Contract requirements.

- Check dates on a sample of certifications and recertifications to determine compliance.

CCR, Title 9, Chapter 11, Section 1810.435; MHP Contract, Exhibit A, Attachment 1, K

OUT OF COMPLIANCE:

- The MHP does not have a monitoring system in place.
- The MHP is not following certification and recertification requirements of the MHP Contract.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION G

PROVIDER RELATIONS

CRITERIA

**IN COMPLIANCE
Y N**

**INSTRUCTIONS TO REVIEWERS
COMMENTS**

4. 4a.	Does the MHP maintain and monitor a network of appropriate providers that is supported by written agreements that consider the following? The anticipated MC enrollment.			<p><u>The following information applies to items a-e:</u></p> <p><u>NOTE:</u> “Network” includes all providers (individual, group, and organizational), including county and contract providers.</p> <ul style="list-style-type: none"> • Written agreement means MHP written contracts with its individual, group, and organizational providers. • Look for MHP analysis of factors a-e. • Are changes being made based on analysis?
4b.	The expected utilization of services.			
4c.	The numbers and types of providers required.			
4d.	The number of network providers who are not accepting new beneficiaries.			
4e.	The geographic location of providers.			<p><u>NOTE:</u> Distance, travel time, means of transportation ordinarily used by beneficiaries, and physical access to those beneficiaries with physical disabilities should be considered.</p>
<p><i>CFR, Title 42, Section 438.206(b)(1); MHP Contract, Exhibit A, Attachment 1, B</i></p>		<p><u>OUT OF COMPLIANCE:</u></p> <ul style="list-style-type: none"> • The MHP is not maintaining and monitoring the network of providers per a-e. 		

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION G**PROVIDER RELATIONS****CRITERIA****IN COMPLIANCE
Y N****INSTRUCTIONS TO REVIEWERS
COMMENTS**

5. 5a.	Regarding the MHP's provider network, does the MHP ensure? Providers meet State standards for timely access to care and services, taking into account the urgency of need for services.			<p><u>The following information applies to items a-f:</u></p> <p><u>NOTE:</u> How is the MHP monitoring and ensuring a-f?</p> <ul style="list-style-type: none"> • State standards: <ul style="list-style-type: none"> - 24/7 Access to urgent and emergency services - 24/7 toll-free telephone number - MHP standards for providers as indicated in written agreements with its providers • Sample a few provider contracts to verify contract standards are being met, e.g. timeline for first appointment.
5b.	Providers offer hours of operation that are no less than the hours of operation offered to commercial beneficiaries or comparable to Medicaid fee-for-service, if the provider serves only Medicaid beneficiaries.			<p><u>NOTE:</u> This applies at the contract provider level.</p> <ul style="list-style-type: none"> • There should be no language that discriminates against MC beneficiaries, e.g. appointment times limited to specific hours of the day/week.
5c.	Services are available 24/7 when medically necessary.			<p><u>NOTE:</u> This applies to the provider network, not each individual provider.</p>
5d.	Mechanisms have been established to ensure compliance.			<ul style="list-style-type: none"> • What mechanisms does the MHP have in place to ensure compliance?
5e.	Providers are regularly monitored to determine compliance.			<p><u>NOTE:</u> Monitored per certification and recertification cycle in the MHP Contract, as well as, complaints and usual occurrences.</p> <ul style="list-style-type: none"> • Monitoring activities could also include other forms of review, e.g. regular QI or contract oversight reviews.

SECTION G**PROVIDER RELATIONS****IN COMPLIANCE**
Y N**INSTRUCTIONS TO REVIEWERS**
COMMENTS**CRITERIA**

5f.	Corrective action is taken if there is a failure to comply.			
<i>CFR, Title 42, Section 438.206(c)(1); CCR, Title 9, Sections 1810.345 and 1810.405; MHP Contract, Exhibit A, Attachment 1, B</i>		<u>OUT OF COMPLIANCE:</u> • The MHP is not monitoring its provider network per a-f.		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
6.	Regarding provider selection and retention, does the MHP have written P&Ps for selection and retention of providers that include the following:			<u>NOTE:</u> Review the MHP's P&Ps. • When applicable, this includes monitoring for current licenses, waivers, and registrations.
6a.	Credentialing and re-credentialing requirements?			
6b.	Nondiscrimination against providers that serve high-risk populations or specialize in conditions that require costly treatment?			
6c.	The MHP does not employ or contract with providers excluded from participation in federal health care programs under <u>CFR</u> , Title 42, Section 1128 or Section 1128A of the Social Security Act?			<u>NOTE:</u> <u>CFR</u> , Title 4244, Section 1128 and 1128A of the Social Security Act refer to providers who have been excluded from participation in federal health care programs. • To check List of Excluded Individuals/Entities: http://www.oig.hhs.gov/fraud/exclusions/aboutexclusions.html
<i>CFR, Title 42, Sections 438.214(a-e); MHP Contract, Exhibit A, Attachment 1, K</i>		<u>OUT OF COMPLIANCE:</u> • MHP does not have written P&Ps to meet the requirements of a-d.		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				

SECTION G

PROVIDER RELATIONS

**IN COMPLIANCE
Y N**

**INSTRUCTIONS TO REVIEWERS
COMMENTS**

CRITERIA

7. 7a.	If the MHP subcontracts, the MHP must ensure the following: The MHP oversees and is accountable for any functions and responsibilities that it delegates to any subcontractor.			NOTE: Subcontract means an agreement entered into by the MHP with any of the following: - a provider of SMHS who agrees to furnish covered services to beneficiaries. - any other organization or person who agrees to perform any administrative function or services for the MHP specifically related to securing or fulfilling the MHP's obligations to the Department under the terms of the MHP contract. • Review the MHP's contract monitoring activities. • Review the provider contract language.
7b.	The prospective subcontractor's ability to perform the activities to be delegated.			
7c.	A written agreement exists that: 1) Specifies the activities and report responsibilities delegated to the subcontractor.			
	2) Provides for revoking delegation or imposing other sanctions if the subcontractor's performance is inadequate.			

SECTION G

PROVIDER RELATIONS

CRITERIA

**IN COMPLIANCE
Y N**

**INSTRUCTIONS TO REVIEWERS
COMMENTS**

	3) Provides monitoring of the subcontractor's performance on an ongoing basis and subjects it to formal review according to a periodic schedule established by the State, consistent with industry standards or State laws and regulations.			<p>NOTE: Formal review for organizational providers per MHP Contract.</p> <ul style="list-style-type: none">• Should follow its own process for individual providers per Title 9 requirements.• Monitoring activities could include chart, Utilization Review (UR) and QI reviews. There must be ongoing monitoring.
	4) Provides for corrective action when deficiencies or areas for improvement are identified.			
<p><u>CFR, Title 42, Section 438.230(a)(b); MHP Contract, Exhibit E, G</u></p>		<p>OUT OF COMPLIANCE:</p> <ul style="list-style-type: none">• The MHP does not ensure its subcontractors meet the requirements of a-c.• The MHP is not conducting monitoring activities.		
<p>Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)</p>				
8.	Does the MHP provide the information specified in <u>CFR, Title 42, Section 438.10(g)(1)</u> about the grievance system to all providers and subcontractors at the time they enter into a contract?			<p>NOTE: <u>CFR, Title 42, Section 438.10(g)(1)</u> refers to the beneficiary grievance system.</p> <ul style="list-style-type: none">• Grievance system includes grievances, appeals, and fair hearing procedures.
<p><u>CFR, Title 42, Section 438.414</u></p>		<p>OUT OF COMPLIANCE:</p> <ul style="list-style-type: none">• The MHP is not providing the grievance system information to its contractors at the time they enter a contract.		

SECTION G

PROVIDER RELATIONS

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

CRITERIA

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION H

QUALITY IMPROVEMENT

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

CRITERIA

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?			<u>The following information applies to items a-c:</u> <u>NOTE:</u> Review evidence that each category is represented. <ul style="list-style-type: none">Review evidence that there is active participation from each category.
1a.	Practitioners/providers			<ul style="list-style-type: none">Evidence provided by the MHP may include: minutes, agendas, and sign-in sheets of all active participants involved.
1b.	Beneficiaries			
1c.	Family members			
<i>CCR, Title 9, Chapter 11, Section 1810.440(a)(2)(A)(B)(C); MHP Contract, Exhibit A, Attachment 1, Appendix A, A</i>		<u>OUT OF COMPLIANCE:</u> <ul style="list-style-type: none">Evidence that all stakeholders (a-c) are not actively participating in the ongoing planning, design, and execution of the QI program		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
2.	Regarding the QIC:			<u>NOTE:</u> Review IP for the specified frequency of the QIC meetings.
2a.	Is the QIC meeting as frequently as described in the QI Plan?			
2b.	Are the minutes: 1) Dated? 2) Signed? 3) Reflective of QIC decisions and actions?			<u>NOTE:</u> Review minutes for date. <ul style="list-style-type: none">Are the minutes signed?Do the minutes reflect QIC decisions and actions?

SECTION H

QUALITY IMPROVEMENT

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

CRITERIA

CCR, Title 9, Chapter 11, Section 1810.440; MHP Contract, Exhibit A, Attachment 1, Appendix A, A

OUT OF COMPLIANCE:

- NFP
- Minutes are not dated and signed.
- Minutes do not reflect decisions and actions of the QIC.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

3.	Is the QIC involved in or overseeing the following QI activities?			<u>NOTE:</u> Review minutes for evidence of each activity described in a-d.
3a.	Recommending policy changes.			
3b.	Reviewing and evaluating the results of QI activities.			
3c.	Instituting needed QI actions.			
3d.	Ensuring follow-up of QI processes.			

CCR, Title 9, Chapter 11, Section 1810.440; MHP Contract, Exhibit A, Attachment 1, Appendix A, A

OUT OF COMPLIANCE:

- NFP
- There is no evidence that the QIC is involved in and overseeing activities described in a-d.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION H

QUALITY IMPROVEMENT

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

CRITERIA

4.	Regarding the annual QI work plan:			<u>The following information applies to items a-b:</u>
4a.	Does the MHP evaluate the effectiveness of the QI program and show how QI activities have contributed to improvement in clinical care and beneficiary service?			<u>NOTE:</u> Review the QI work plan.
4b.	Does the MHP incorporate relevant cultural competent and linguistic standards in the annual QI work plan?			
<i>CCR, Title 9, Chapter 11, Section 1810.440; DMH Information Notice No. 02-03, Enclosure, Page 25; MHP Contract, Exhibit A, Attachment 1, Appendix A, B</i>		<u>OUT OF COMPLIANCE:</u> <ul style="list-style-type: none">• The 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.• The work plan does not incorporate cultural/linguistic standards.• The MHP does not have a current QI work plan in place.		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
5.	Does the QI work plan monitor previously identified issues, including tracking of issues over time?			<u>NOTE:</u> Review the current QI work plan. <ul style="list-style-type: none">• Have the MHP describe activities and monitoring of previously identified issues.• Are issues being tracked over time?
<i>CCR, Title 9, Chapter 11, Section 1810.440; MHP Contract, Exhibit A, Attachment 1, Appendix A, B</i>		<u>OUT OF COMPLIANCE:</u> <ul style="list-style-type: none">• NFP• No current QI work plan in place.• Not following the QI work plan• There is no evidence of monitoring or tracking activities over time.		

SECTION H

QUALITY IMPROVEMENT

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

CRITERIA

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

6.	Does the QI work plan include goals and monitoring activities and is the MHP conducting activities to meet the following work plan areas?			<u>The following information applies to items a-c:</u> <u>NOTE:</u> MHP should have baseline statistics with goals for the year.
6a.	Monitoring the service delivery capacity of the MHP as evidenced by: 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.			
6b.	Monitoring the accessibility of services as evidenced by: In addition to meeting statewide standards, goals have been set and mechanisms have been established to monitor the following: 1) Timeliness of routine mental health appointments.			<u>NOTE:</u> Review P&Ps. • Goals should be set for 6b. (1-4). • Mechanisms for monitoring should be in place for 6b. (1-4). • Does the MHP test-call its toll-free number for 6b. (1-4)?
	2) Timeliness of services for urgent conditions.			

SECTION H

QUALITY IMPROVEMENT

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

CRITERIA

	3) Access to after-hours care.			
	4) Responsiveness of the 24/7 toll-free number.			
6c.	Monitoring beneficiary satisfaction as evidenced by:			<u>The following information applies to items 1-6:</u> <u>NOTE:</u> How are providers informed?
	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) Completion of a consumer satisfaction survey in the threshold languages.			<ul style="list-style-type: none">• Refer to DMH Information Notice No. 02-03, Enclosure, Page 19 for Question 6c. 5. and 6.
	6) Satisfaction surveys, in each threshold language, indicated that, at least, 75% of the respondents had access to written information in their primary language.			

SECTION H

QUALITY IMPROVEMENT

IN COMPLIANCE
Y N

INSTRUCTIONS TO REVIEWERS
COMMENTS

CRITERIA

6d.	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?			
6e.	Monitoring provider appeals?			
<i>CCR, Title 9, Chapter 11, Section 1810.440; DMH Information Notice No. 02-03, Enclosure, Page 19; MHP Contract, Exhibit A, Attachment 1, E; MHP Contract, Exhibit A, Attachment 1, Appendix A, B</i>				<u>OUT OF COMPLIANCE:</u> <ul style="list-style-type: none">• NFP• Not following contract• No current QI work plan in place• Not following the QI work plan• There is no evidence of monitoring activities.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION I

**IMPLEMENTATION OF CONLAN DECISION
IN COMPLIANCE**

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

1.	Does the MHP have written procedures for processing SMHS for beneficiary reimbursement claims with dates of service of July 1, 2006 and later?			<u>The following information applies to items a-c:</u> <u>NOTE:</u> Are there written procedures? • Review the written procedures for evidence of a denied claim process.
1a.	Do the written procedures include a process for denied claims?			
1b.	Do the written procedures include a reimbursement procedure?			<u>NOTE:</u> Review the written procedures for evidence of a reimbursement process.
1c.	Do the written procedures include provisions to keep completed claims on file?			<u>NOTE:</u> Review the written procedures for evidence of provisions to keep completed claims on file.

Conlan vs. Bonta (2002) and Conlan vs. Shewry (2005); DMH Letter No. 07-01

OUT OF COMPLIANCE:

- There are no written procedures.
- The procedures do not contain the components specified in a-c.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION J

MENTAL HEALTH SERVICES ACT

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

1.	<p>Is there evidence that the Community Program Planning Process includes, at a minimum:</p> <ul style="list-style-type: none">• Involvement of clients with serious mental illness and/or serious emotional disturbance and their family members in all aspects of the Community Program Planning Process;• Participation of stakeholders, as defined in <u>CCR</u>, Title 9, Chapter 14, Section 3200.270 and in <u>CCR</u>, Title 9, Chapter 14, Section 3300.(b)(4)• Training, as needed, to County staff designated as being responsible for any of the functions listed in <u>CCR</u>, Title 9, Chapter 14, Section 3300(b)(1)(2)(3)(A) that will enable staff to establish and sustain a Community Program Planning Process; and training offered to those stakeholders, clients, and when appropriate, the client's family who are participating in the Community Program Planning Process.			<p>NOTE: Records of number of public stakeholder meetings/forums held, number of stakeholders in attendance, invitation to stakeholders to participate in the planning process. County-provided responses to comments, copies of announcements of public meetings, sign-in sheets, and/or other similar documents/reports.</p> <ul style="list-style-type: none">• Evidence of training provided to staff and offered to clients could include flyers, announcements, agendas, or sign-in sheets for training provided to staff and offered to clients and family members.
<p><u>CCR</u>, Title 9, Chapter 14, Section 3300 (c)(i) Section 3300 (b)(4)</p>		<p>OUT OF COMPLIANCE:</p> <ul style="list-style-type: none">• Lack of evidence of client and family member participation in Community Program Planning Process; lack of evidence of training provided to staff and offered to clients and family members.		

SECTION J

MENTAL HEALTH SERVICES ACT

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

2. Is there evidence that the County has established peer support and family education support services or expanded these services to meet the needs and preferences of clients and/or family members?

NOTE: Sign in sheets, brochures, flyers, announcements, minutes, curricula, or similar documents that reflect that peer support services and family education support services are available or offered.

CCR, Title 9, Chapter 14, Section 3610(b)

OUT OF COMPLIANCE:

- Lack of evidence of peer support and family education support services for clients and/or family members.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION J

MENTAL HEALTH SERVICES ACT

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

3.	Is there evidence that a Personal Service Coordinator/Case manager or other qualified individual known to the client/family is available to respond to the client/family 24 hours a day, 7 days a week to provide after-hour intervention.			NOTE: Job descriptions, duty statements, staff schedules reflecting 24 hour coverage, written information provided to clients/family members that includes 24 hour contact information.
<u>CCR, Title 9, Chapter 14, Section 3620(f)(1)(i)</u>		<u>OUT OF COMPLIANCE:</u> <ul style="list-style-type: none">Lack of evidence that a Personal Service Coordinator/Case manager or other qualified individual known to the client/family is available to respond to the client/family 24 hours a day, 7 days a week to provide after-hour intervention.		

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION K CHART REVIEW—NON-HOSPITAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

RE: MEDICAL NECESSITY

<p>1. 1a.</p>	<p>Does the beneficiary meet all three of the following reimbursement criteria (1a., 1b., and 1c. below)?</p> <p>The beneficiary has a DSM IV diagnosis contained in the <u>CCR</u>, Title 9, Chapter 11, Section 1830.205(b)(1)(A-R).</p>			<p><u>NOTE:</u> Review assessment(s), evaluation(s), and/or other documentation to support a-c.</p> <ul style="list-style-type: none"> Is the beneficiary's diagnosis among the list of diagnoses in <u>CCR</u>, Title 9, Chapter 11, Section 1830.205(b)(1)(A-R)?
<p>1b.</p>	<p>The beneficiary, as a result of a mental disorder listed in 1a, must have, at least, one of the following criteria (1-4 below):</p> <ol style="list-style-type: none"> 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 that the child will not progress developmentally as individually appropriate. 4) For full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder that SMHS can correct or ameliorate. 			<p><u>NOTE:</u> Refer to <u>CCR</u>, Title 9, Chapter 11, Sections 1830.205 (b)(2) and 1830.210 (a)(b)(c)</p>

SECTION K CHART REVIEW—NON-HOSPITAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

<p>1c.</p>	<p>Must meet each of the intervention criteria listed below (1 and 2):</p> <p>1) The focus of the proposed intervention is to address the condition identified in No. 1b. (1-3) above, or for full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder that SMHS can correct or ameliorate per No. 1b. (4)?</p> <p>2) The expectation is that the proposed intervention will do, at least, one of the following (A, B, C, or D):</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>D) For full-scope MC beneficiaries under the age of 21 years, correct or ameliorate the condition.</p>			<p>NOTE: Does the proposed intervention(s) focus on the condition(s) identified in “b” (1-3) or, for full-scope MC beneficiaries under the age of 21 years, on a condition that SMHS can correct or ameliorate No. 1b. (4)?</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? - Correcting or ameliorating the condition? - Allowing a child to progress developmentally as individually appropriate?
<p><i>CCR, Title 9, Chapter 11, Sections 1830.205(b) and 1830.210(a)</i></p>		<p><u>OUT OF COMPLIANCE:</u></p> <ul style="list-style-type: none"> • Criteria a-b not supported by documentation • Criteria “c” not established • No connection can be made between the diagnosis and the service(s) provided • No evidence that the intervention(s) will correct or ameliorate a defect, mental illness, or condition 		

SECTION K **CHART REVIEW—NON-HOSPITAL SERVICES**

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

RE: ASSESSMENT

2.	Has an assessment been completed and, as appropriate, does it contain areas addressed in the MHP Contract with the DMH?			<p>NOTE: Assessment information need not be in 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:
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SECTION K

CHART REVIEW—NON-HOSPITAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

	CRITERIA	Y	N	COMMENTS
2a.	Documentation that is legible.			<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: e.g. living situation, daily activities, and social support- Client strengths in achieving client plan goals- Special status situations and risks to client or other- Medications, dosages, dates of initial prescription and refills, and informed consent(s)- Allergies and adverse reactions, or lack of allergies/sensitivities- Mental health history, previous treatments dates, providers, therapeutic interventions and responses, sources of clinical data, relevant family information, lab tests, and consultation reports- Past and present use of tobacco, alcohol, and caffeine, as well as, illicit, prescribed, and over-the-counter drugs- For children and adolescents, pre-natal and perinatal events, and complete developmental history

SECTION K **CHART REVIEW—NON-HOSPITAL SERVICES**

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

CCR, Title 9, Chapter 11, Section 1810.204; MHP Contract, Exhibit A, Attachment 1, Appendix C, A

OUT OF COMPLIANCE:

- NFP
- No assessment has been completed
- The assessment does not contain the elements, as appropriate.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION K **CHART REVIEW—NON-HOSPITAL SERVICES**

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

RE: CLIENT PLAN

3.	Does the client's plan contain the following elements?			<u>NOTE:</u> Review the client plan.
3a.	Specific, observable, or quantifiable goals.			
3b.	The proposed type(s) of intervention(s).			<u>NOTE:</u> Look for type(s) of intervention(s).
3c.	The proposed duration of the intervention(s).			<u>NOTE:</u> Look for duration of intervention(s).
3d.	Documentation that is legible.			

SECTION K **CHART REVIEW—NON-HOSPITAL SERVICES**

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

3e.	A signature (or electronic equivalent) of, at least, one of the following (1, 2, or 3): 1) A person providing the service(s). 2) A person representing the MHP providing the service(s). 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 categories, one of the following must sign: A) A Physician. B) A Licensed/Waivered Psychologist. C) A Licensed/Registered/Social Worker. D) A Licensed/Registered/Marriage and Family Therapist. E) A Registered Nurse.			<p><u>NOTE:</u> It is good clinical practice to include the date with every signature.</p> <ul style="list-style-type: none">• If necessary, ask for a list of staff, staff signatures, and staff licenses.
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SECTION K CHART REVIEW—NON-HOSPITAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

3f.	<p>Is the documentation of the client’s degree of participation and agreement with the client plan as evidenced by one of the following?</p> <p>1) 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>2) 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’s signature on the plan, or a description of the client’s participation and agreement in the progress notes.</p>			<p><u>NOTE:</u> Does the chart contain documentation of the client’s degree of participation and agreement with the plan?</p> <ul style="list-style-type: none"> • 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 documentation 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, client’s signature on the plan or, is there a description of the client’s participation and agreement in the progress notes?
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CCR, Title 9, Chapter 11, Sections 1840.314 and 1810.440(c); MHP Contract, Exhibit A, Attachment 1, Appendix C, B

OUT OF COMPLIANCE:

- NFP
- No client plan has been completed.
- Requirements not met in a-c
- Writing that is illegible
- Absence of signature for e-f

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION K CHART REVIEW—NON-HOSPITAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

RE: PROGRESS NOTES

4.	Do progress notes document the following?			<u>The following information applies to items a-e:</u>
4a.	The date services were provided.			<u>NOTE:</u> Review progress notes.
4b.	Client encounters, including clinical decisions and interventions.			
4c.	A signature (or electronic equivalent) of the staff providing the service with professional degree, license, or job title.			
4d.	Documentation that is legible.			

SECTION K CHART REVIEW—NON-HOSPITAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

<p>4e.</p>	<p>Timeliness/frequency as following:</p> <p>1) Every service contact for:</p> <p> A) Mental health services. B) Medication support services. C) Crisis intervention.</p> <p>2) Daily for:</p> <p> A) Crisis residential. B) Crisis stabilization (one per 23/hour period). C) Day treatment intensive.</p> <p>3) Weekly for:</p> <p> A) Day treatment intensive. B) Day rehabilitation. C) Adult residential.</p> <p>4) Other notes as following:</p> <p> A) Psychiatric health facility services: each shift. B) Targeted case management: every service contact, daily, or weekly summary.</p>			<p><u>NOTE:</u> Effective September 1, 2003, day treatment intensive weekly note must be signed by one of the following:</p> <ul style="list-style-type: none"> - Physician - Licensed/Waivered Psychologist - Licensed/Registered/Social Worker - Licensed/Registered/Marriage and Family Therapist - Registered Nurse
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*CCR, Title 9, Chapter 11, Section 1810.440(c);
MHP Contract, Exhibit A, Attachment 1, Appendix C*

OUT OF COMPLIANCE:

- NFP
- Progress notes within the review period do not contain these elements.

SECTION K CHART REVIEW—NON-HOSPITAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

RE: OTHER CHART DOCUMENTATION

5.	Is there a process to notify the beneficiary that a copy of the client's plan is available upon request?			NOTE: Describe the procedure for obtaining the client's plan.
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*DMH Letter 02-01, Enclosure A;
MHP Contract, Exhibit A, Attachment 1, Appendix C, B*

OUT OF COMPLIANCE:

- There is no evidence of a process in place.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

6.	When applicable, was information provided to beneficiaries in an alternative format?			NOTE: When applicable, review evidence that beneficiaries were provided with information in an alternative format.
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CFR, Title 42, Section 438.10(d)(2); CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 97-06, D, 5

OUT OF COMPLIANCE:

- There is no evidence that beneficiaries were provided with information in an alternative format based on the MHP's IP or policy.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION K **CHART REVIEW—NON-HOSPITAL SERVICES**

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

7. 7a.	Regarding cultural/linguistic services: Is there any evidence that mental health interpreter services are offered?			<p><u>The following information applies to items a-c:</u></p> <p><u>NOTE:</u> Coordinate findings with DMH system review process.</p> <ul style="list-style-type: none"> • Review CCP and charts. • If beneficiary is LEP, review for interpretive services offered. • 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?
7b.	When applicable, is there documentation of linking beneficiaries to culture-specific and/or linguistic services as described in the MHP's CCP?			
7c.	Is service-related personal correspondence in the client's preferred language?			

CFR, Title 42, Section 438.10(c)(4)(5); CCR, Title 9, Chapter 11, Section 1810.410(a)(d); DMH Information Notice No. 02-03, Enclosures, Pages 17-18

OUT OF COMPLIANCE:

- No evidence of a-c

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION L **CHART REVIEW—SD/MC HOSPITAL SERVICES**

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

RE: MEDICAL NECESSITY-ADMISSION, ACUTE AND CONTINUED STAY SERVICES

1.	Does the beneficiary have a DSM IV diagnosis contained in the <u>CCR</u> , Title 9, Chapter 11, Sections 1820.205(a)(1)(A) through 1820.205(a)(1)(R)?			Refer to Section 1820.205 medical necessity criteria for reimbursement of Psychiatric Inpatient Hospital Services.
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CCR, Title 9, Chapter 11, Section 1820.205(a)(1)

OUT OF COMPLIANCE:

- Beneficiary does not have a DSM IV diagnosis from the included list in Section 1820.205.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION L CHART REVIEW—SD/MC HOSPITAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

2.	Did the beneficiary meet criteria in both 2a. and 2b. below?			<u>NOTE:</u> Review medical record documentation.
2a.	Cannot be safely treated at a lower level of care.			
2b.	Required psychiatric inpatient hospital services, as the result of a mental disorder, due to indications in either (1) or (2) below			
	1) Had symptoms or behaviors due to a mental disorder that (one of the following):			
	a) Represented a current danger to self or others, or significant property destruction.			
	b) Prevented the beneficiary from providing for, or utilizing food, clothing or shelter.			
	c) Presented a severe risk to the beneficiary's physical health.			
	d) Represented a recent, significant deterioration in ability to function.			
	2) Required admission for one of the following:			
	a) Further psychiatric evaluation.			The documentation must indicate why the "further psychiatric evaluation" can only be conducted on an inpatient psychiatric unit.

SECTION L CHART REVIEW—SD/MC HOSPITAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

	b) Medication treatment.			The documentation must indicate why the “medication treatment” can only be conducted on an inpatient psychiatric unit.
	c) Other treatment which could reasonably be provided only if the beneficiary were hospitalized.			

CCR, Title 9, Chapter 11, Section 1820.205(a)

OUT OF COMPLIANCE:

- Beneficiary does not meet criteria stated in 2a. and 2b.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

3.	Did the beneficiary’s continued stay services in a psychiatric inpatient hospital meet one of the following reimbursement criteria 3a-3d:			<ul style="list-style-type: none"> • Review medical record documentation.
3a.	Continued presence of indications which meet the medical necessity criteria specified in items 2a. and 2b. just above?			
3b.	Serious adverse reaction to medication, procedures, or therapies requiring continued hospitalization?			
3c.	Presence of new indications which met medical necessity criteria specified in items 2a and 2b just above?			

SECTION L CHART REVIEW—SD/MC HOSPITAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

3d.	Need for continued medical evaluation or treatment that could only have been provided if the beneficiary remained in a psychiatric inpatient hospital?			
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CCR, Title 9, Chapter 11, Section 1820.205(b)

OUT OF COMPLIANCE:

- Documentation does not support medical necessity criteria.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION L **CHART REVIEW—SD/MC HOSPITAL SERVICES**

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

RE: ADMINISTRATIVE DAY SERVICES

4.	If payment has been authorized for administrative day services, were the following requirements met:			
4a.	During the hospital stay, did the beneficiary previously meet medical necessity criteria for reimbursement of acute psychiatric inpatient hospital services?			
4b.	Was there no appropriate, non-acute treatment facility within a reasonable geographic area?			

SECTION L CHART REVIEW—SD/MC HOSPITAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

4c.	<p>Did the hospital document contacts with a minimum of five (5) appropriate, non-acute treatment facilities per week subject to the following requirements?</p> <p>1) The lack of placement options at appropriate, non-acute residential treatment facilities and the contacts made at appropriate facilities shall be documented to include but not be limited to:</p>			
	a) The status of the placement option.			
	b) Date of the contact.			
	c) Signature of the person making the contact.			

CCR, Title 9, Chapter 11, Section 1820.220(5)(A)(B)

OUT OF COMPLIANCE:

- Documentation does not meet criteria for administrative day services.

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION L CHART REVIEW—SD/MC HOSPITAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

RE: QUALITY OF CARE

5.	Regarding culturally competent services:			NOTE: If beneficiary is LEP, review to determine whether interpretive services were offered.
5a.	Is there any evidence that mental health interpreter services are offered?			<ul style="list-style-type: none"> • Review medical record documentation. • Review inpatient IP
5b.	When applicable, is there documentation of the response to offers of interpreter services as described in the MHP's CCP?			

*CCR, Title 9, Chapter 11, Section 1810.410(a);
DMH Information Notice No. 02-03, Enclosure, Page 13*

OUT OF COMPLIANCE:

- NFP
- Documentation does not indicate that mental health interpreter services were offered
- The response not documented

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION L CHART REVIEW—SD/MC HOSPITAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

6.	Does the record documentation in the beneficiary’s chart reflect staff efforts to provide screening, referral, and coordination with other necessary services, including, but not limited to, substance abuse, educational, health, housing, vocational rehabilitation and Regional Center services?			<p>NOTE: Use “Admission Summary Worksheet” and “Continued Stay Summary Worksheet.”</p> <ul style="list-style-type: none"> • Review medical record documentation. • Review MHP inpatient IP.
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*CCR, Title 9, Chapter 11, Section 1810.310(a)(2)(A);
W&IC Section 4696.1*

OUT OF COMPLIANCE:

- NFP
- Documentation does not reflect staff efforts for screening, referral, and coordination with other necessary services

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

7.	Were services delivered by licensed staff within their own scope(s) of practice?			
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W&IC Section 5778(n)

OUT OF COMPLIANCE:

- Evidence that staff are delivering services outside their scope of practice

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION L CHART REVIEW—SD/MC HOSPITAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

8.	When applicable:			<ul style="list-style-type: none"> As needed, review evidence that beneficiaries are provided information in an alternate format.
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8a.	Is there evidence the MHP provided beneficiary protection material to beneficiaries in an alternate format when appropriate?			
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8b.	Is service-related personal correspondence in the client's preferred language?			
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<p><i>CCR, Title 9, Chapter 11, Section 1810.110(a); DMH Information Notice Nos. 97-06 D, 5 and 02-03, Pages 17-18; W&IC Sections 5600.2(e) and 5614(b)(5)</i></p>	<p><u>OUT OF COMPLIANCE:</u></p> <ul style="list-style-type: none"> Where appropriate, no evidence that beneficiaries are provided with information in an alternate format. Correspondence not in client's primary language.
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Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

9.	Does the MHP document in the individuals medical record whether or not the individual has executed an advance directive?			
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<p><i>CFR, Title 42, Sections 438.100(b)(1) and 417.436(d)(3)</i></p>	<p><u>OUT OF COMPLIANCE:</u></p> <ul style="list-style-type: none"> Medical record does not document whether or not an advance directive has been executed.
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Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION L CHART REVIEW—SD/MC HOSPITAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

RE: PLAN OF CARE

10.	Does the beneficiary have a written plan of care that includes the following elements:			<ul style="list-style-type: none"> Review medical record documentation.
10a.	Diagnoses, symptoms, complaints, and complications indicating the need for admission?			
10b.	A description of the functional level of the beneficiary?			
10c.	Objectives?			
10d.	Any orders for: <ol style="list-style-type: none"> 1) Medications? 2) Treatments? 3) Restorative and rehabilitative services? 4) Activities? 5) Therapies? 6) Social services? 7) Diet? 8) Special procedures recommended for the health and safety of the beneficiary? 			

SECTION L CHART REVIEW—SD/MC HOSPITAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

10e.	Plans for continuing care, including review and modification to the plan of care?			
10f.	Plans for discharge?			
10g.	Documentation of the beneficiary's degree of participation in and agreement with the plan?			<p>NOTE: Parents, family members, and other advocates can be included in this process as selected by the adult client.</p> <ul style="list-style-type: none"> • Look for client's signature or statement describing client participation.
10h.	Documentation of the physician's establishment of this plan?			<p>NOTE: Look for physician's signature.</p>

CFR, Title 42, Subchapter C, Subpart D, Sections 456.180; CCR, Title 9, Chapter 11, Section 1820.210; DMH Contract with the MHP, Exhibit A, Attachment 1, Appendix C

OUT OF COMPLIANCE:

- Required elements are not documented

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION M— UTILIZATION REVIEW-SD/MC HOSPITAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

1.	Does the Utilization Review (UR) Plan:			NOTE: Review IP, MHP UR Plan, and URC minutes.
1a.	Provide for a committee to perform UR?			<ul style="list-style-type: none"> Identify URC members. Look at licenses of members.
1b.	Describe the organization, composition, and functions of the committee?			
1c.	Specify the frequency of the committee meetings?			<ul style="list-style-type: none"> Are URC meetings held at the frequency specified?
<i>CFR, Title 42, Subchapter C, Subpart D, Sections 456.201-205; CCR, Title 9, Chapter 11, Section 1820.210</i>		OUT OF COMPLIANCE: <ul style="list-style-type: none"> 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 		
Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)				
2.	Does the UR plan provide that each recipient's record UR contain, at least, the required information:			NOTE: Do UR records include all of the required information?
2a.	Identification of the recipient?			
2b.	The name of the recipient's physician?			
2c.	The date of admission?			
2d.	The plan of care required under <u>CFR</u> 456.180?			
2e.	Initial and subsequent continued stay review dates described under <u>CFR</u> 456.233 and 456.234			

SECTION M— UTILIZATION REVIEW-SD/MC HOSPITAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

2f.	Reasons and plan for continued stay, if the attending physician believes continued stay is necessary?			
2g.	Other supporting material that the committee believes appropriate to be included in the record?			

CFR, Title 42, Subchapter C, Subpart D, Sections 456.211(a-g); CCR, Title 9, Chapter 11, Section 1820.210

OUT OF COMPLIANCE:

- UR records do not include all of the required information
- The UR plan does not include all of the required review elements

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

3.	Does the UR plan provide for a review of each recipient's continued stay in the mental hospital to decide whether it is needed and does it include the following:			<p><u>NOTE:</u> Does the UR plan include all of the required review elements?</p> <ul style="list-style-type: none"> • Is there evidence on the UR worksheets that shows the UR plan is followed in practice? • Is the documentation of the determination of need for continued stay required?
3a.	Determination of need for continued stay?			
3b.	Evaluation criteria for continued stay?			<p><u>NOTE:</u> Is the evaluation criteria documented?</p>
3c.	Initial continued stay review date?			<p><u>NOTE:</u> Are the dates written?</p>
3d.	Subsequent continued stay review dates?			

SECTION M— UTILIZATION REVIEW-SD/MC HOSPITAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

3e.	Description of methods and criteria for continued stay review dates; length of stay modification?			<p>NOTE: Are the methods and criteria for documentation described?</p> <ul style="list-style-type: none"> Do the methods include a description of how the length of stay may be modified?
3f.	Continued stay review process?			<p>NOTE: Is the continued stay review process documented?</p>
3g.	Notification of adverse decision?			<p>NOTE: Is the notification of adverse decision documented?</p>
3h.	Time limits for final decision and notification of adverse decision?			<p>NOTE: Are time limits for final decisions adhered to?</p>

CFR, Title 42, Subchapter C, Subpart D, Sections 456.231-238; CCR, Title 9, Chapter 11, Section 1820.210

OUT OF COMPLIANCE:

- NFP
- UR plan does not include all of the required elements

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

4.	Is the UR Plan in compliance with each of the following:			<p>NOTE: Review IP, MHP UR Plan, URC minutes, URC records, and URC reports.</p>
4a.	Contains a description of the types of records that are kept by the URC?			<ul style="list-style-type: none"> Are all the types of records described by the UR Plan kept by the URC? Do the records contain all the required elements?

SECTION M— UTILIZATION REVIEW-SD/MC HOSPITAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

4b.	Contains a description of the types and frequency of the URC reports and the arrangements for distribution to individuals?			<p>NOTE: Are the URC reports of the types and frequency specified in the UR plan?</p> <ul style="list-style-type: none"> Is there evidence of arrangements for distribution to individuals?
4c.	Provides for the beneficiary's confidentiality in all records and reports?			<p>NOTE: Review records to ensure compliance with confidentiality requirements.</p>

CFR, Title 42, Subchapter C, Subpart D, Sections 456.212-213 and 456.232; CCR, Title 9, Chapter 11, Section 1820.210

OUT OF COMPLIANCE:

- NFP
- Incomplete records
- Reports not distributed
- Lack of confidentiality protections
- Medical care criteria does not assess need for continued stay

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

5.	Does the URC include anyone who is directly responsible for the care of the beneficiary whose care is being viewed?			<p>NOTE: Review UR records, URC minutes, and medical records.</p> <ul style="list-style-type: none"> Identify care providers on URC and who is responsible for the care of the beneficiary.
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CFR, Title 42, Subchapter D, Section 456.206; CCR, Title 9, Chapter 11, Section 1820.210

OUT OF COMPLIANCE:

- Care providers of beneficiary are present when URC reviews care provided to the beneficiary
- No backup replacement to URC to maintain required composition

SECTION M— UTILIZATION REVIEW-SD/MC HOSPITAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

6. 6a.	Regarding the authorization process: If no Point of Authorization (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>NOTE: 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.
6b.	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><i>CCR, Title 9, Chapter 11, Sections 1820.220(h) and 1820.230(b)</i></p>		<p>6a. (URC) OUT OF COMPLIANCE: URC or designee approved or denied the initial MHP payment authorization later than the third working day from the day of admission</p> <p>6b. (POA) OUT OF COMPLIANCE: POA did not approve or deny the payment authorization within 14 calendar days of receipt of the request</p>		

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

7.	If a hospital’s URC authorizes payment, 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>NOTE: 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.
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SECTION M— UTILIZATION REVIEW-SD/MC HOSPITAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

CCR, Title 9, Chapter 11, Section 1820.230(c)

OUT OF COMPLIANCE:

- URC or designee did not specify the date for the subsequent MHP payment authorization determination

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

8. 8a.	<p>Did the URC or its designee, or POA authorize payment for administrative day services only when both of the following criteria (8a. & 8b.) have been met:</p> <p>During the hospital stay, the beneficiary previously met medical necessity criteria for acute psychiatric inpatient hospital services?</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.
8b.	<p>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"> 1) The status of the placement option? 2) Date of the contact? 3) Signature of the person making the contact? 			<p><u>NOTE:</u> If less than five contacts were made per week, look for written justification.</p> <ul style="list-style-type: none"> • The MHP can waive the requirements of five contacts per week if there are fewer than five appropriate, non-acute residential treatment facilities available as placement options for the beneficiary. In no case shall there be less than one contact per week.

SECTION M— UTILIZATION REVIEW-SD/MC HOSPITAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

CCR, Title 9, Chapter 11, Sections 1820.230(d)(2)(A)(B) and 1820.220(j)(5)(A)&(B)

OUT OF COMPLIANCE:

- URC or designee 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

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

9. 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?

NOTE: Review licenses, waivers, and registrations.

W&IC Sections 5778(n) and 5751.2

OUT OF COMPLIANCE:

- 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

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

10. Regarding Medi-Cal Care Evaluations (MCEs) or equivalent studies, does the UR plan contain the following:

NOTE: Review UR Plan.

10a. A description of the methods that the URC uses to select and conduct MCE or equivalent studies?

- Identify description of methods used to select and conduct MCE or equivalent studies.
- What does the MHP identify as the MCE equivalent?

SECTION M— UTILIZATION REVIEW-SD/MC HOSPITAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

10b.	Documentation of the results of the MCE or equivalent studies that show 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?			NOTE: 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.
10c.	Documentation that the MCE or equivalent studies have been analyzed?			
10d.	Documentation that actions have been taken to correct or investigate any deficiencies or problems in the review process and recommends more effective and efficient hospital care procedures?			

CFR, Title 42, Subchapter C, Subpart D, Section 456.242;
CCR, Title 9, Chapter 11, Section 1820.210

OUT OF COMPLIANCE:

- NFP
- Plan does not contain description of URC methods
- URC not using methods
- Lack of documentation as required that MCE or equivalent findings are analyzed and how used for improved changes and to correct deficiencies or problems

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

11.	Regarding MCE or equivalent studies:			NOTE: Review current and past MCE or equivalent studies for two years.
11a.	Do the contents of the MCE or equivalent studies meet federal requirements?			

SECTION M— UTILIZATION REVIEW-SD/MC HOSPITAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

11b.	Has at least one MCE or equivalent study been completed each calendar year?			
11c.	Is a MCE or equivalent study in progress at all times?			

CFR, Title 42, Subpart D., Sections 456.243 and 456.245;
CCR, Title 9, Chapter 11, Section 1820.210

OUT OF COMPLIANCE:
 • MCE or equivalent studies do not meet federal regulations

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

12.	Does the SD/MC hospital 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?			
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CCR, Title 9, Chapter 11, Section 1810.440(c)

OUT OF COMPLIANCE:
 • Documentation and medical record system does not meet the requirements of the contract and any applicable requirements of State, federal law and regulation

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION N THERAPEUTIC BEHAVIORAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

MUST MEET BOTH A & B BELOW

A. CERTIFIED CLASS

1.	Is the child/youth a member of the certified classes who meets one of the following:			<u>NOTE:</u> This documentation need not be in the chart.
1a.	Child/youth is placed in a group home facility of RCL 12 or above and/or locked treatment facility for the treatment of mental health needs? or			
1b.	Child/Youth is being considered by the county for placement in a facility described in 1a? or			<u>NOTE:</u> "Being considered" is defined by the county. <ul style="list-style-type: none">• Ask MHP how "being considered" is defined.
1c.	Child/Youth has undergone, at least, one emergency psychiatric hospitalization related to his/her current presenting disability within the preceding 24 months? or			
1d.	Child/Youth previously received TBS while a member of the certified class?			<u>NOTE:</u> Review prior TBS notification or other documentation.

SECTION N THERAPEUTIC BEHAVIORAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

DMH Letter No. 99-03, pages 3-4

OUT OF COMPLIANCE:

- Beneficiary is not a member of the certified class listed in a-d

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

B. NEED FOR THIS LEVEL OF SERVICES

<p>2.</p> <p>2a.</p>	<p>Is there documentation that the child/youth needs TBS for the following reasons (must meet both 2a & 2b):</p> <p>It is highly likely in the clinical judgment of the mental health provider that without additional short term support of TBS:</p> <ul style="list-style-type: none"> • The child/youth will need to be placed in a higher level of residential care, including acute care, because of changes in the child/youth's behaviors or symptoms that places a risk of removal from the home or residential placement? or • The child/youth needs this additional support to transition to a lower level of residential placement or return to the natural home? 		<p><u>NOTE:</u> Although the child/youth may be stable in the current placement, TBS is appropriate if a change in the behavior or symptoms is expected and TBS is needed to stabilize the child in the new environment.</p> <ul style="list-style-type: none"> • Look for documentation in the chart that a change in the behavior or symptoms is expected or causing the placement to be in jeopardy.
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SECTION N THERAPEUTIC BEHAVIORAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

2b.	The child/youth is receiving other specialty mental health services?			
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DMH Letter No. 99-03, page 4

OUT OF COMPLIANCE:

- Beneficiary does not meet both a-b criteria

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

C. TBS TREATMENT/CLIENT PLAN/ORGANIZATIONAL DOCUMENT

3.	Is there documented evidence that services are provided under the direction of a licensed practitioner of the healing arts (LPHA)?			<p><u>NOTE:</u> See DMH Letter No. 01-02 for ways in which direction may be provided.</p> <ul style="list-style-type: none"> • LPHA includes: Physicians, licensed/waivered psychologists, licensed/registered/ social workers, licensed/registered/ Marriage and Family Therapists, and RNs. • Look for the signature or other documents that may satisfy this requirement.
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DMH Letter No. 99-03, page 5

OUT OF COMPLIANCE:

- Services are not being provided under the direction of an LPHA

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION N THERAPEUTIC BEHAVIORAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

4.	Is the plan for TBS a component of the overall treatment/client plan?			<p><u>NOTE:</u> Review treatment/client plan.</p> <ul style="list-style-type: none"> If the overall treatment plan has been developed by another entity outside of the MHP's specialty mental health service provider network (e.g. private insurance provider) review evidence that the MHP is coordinating care or attempting to coordinate care with that provider as provided by the MHP. Such evidence might include a description, written or verbal, of the coordination contacts.
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DMH Letter No. 99-03, page 6

OUT OF COMPLIANCE:

- The plan for TBS is not a component of the overall treatment/client plan or, if the required specialty mental health services are provided by an entity other than the MHP, there is no evidence that the MHP is coordinating care or attempting to coordinate care with an entity outside of the MHP's specialty mental health service provider network (e.g. private insurance provider) who has responsibility for the overall treatment plan

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

5.	Does the plan for TBS contain the following (must contain 5a-e):			<p><u>NOTE:</u> Focus on presence of elements a-e.</p> <ul style="list-style-type: none"> Review plan for TBS.
5a.	Specific target behaviors or symptoms that are jeopardizing the current place of residence or presenting a barrier to transitions, e.g. temper tantrums, property destruction, and assaultive behavior in school?			

SECTION N THERAPEUTIC BEHAVIORAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

5b.	Specific interventions to resolve behaviors or symptoms, such as anger management techniques?			
5c.	Specific outcome measures that can be used to demonstrate that the frequency of targeted behaviors has declined and has been replaced by adaptive behaviors?			
5d.	A transition plan from the inception of TBS to decrease or discontinue TBS when these services are no longer needed or when the need to continue TBS appears to have reached a plateau in benefit effectiveness?			<p>NOTE: Review the plan for TBS for evidence in the initial treatment plan of a timeline for reviewing the partial or complete attainment of behavioral benchmarks.</p>
5e.	The manner for assisting parents/caregivers with skills and strategies to provide continuity of care when the service is discontinued?			<p>NOTE: Review the plan for TBS for evidence in the initial treatment plan that describes how parents/caregivers will be assisted with skills and strategies to provide continuity of care when the service is discontinued or a timeline for developing how parents/caregivers will be assisted.</p> <ul style="list-style-type: none"> • When the beneficiary receiving TBS is not a minor (age 18 - 20), the transition plan would involve parents/caregivers or other significant support persons in the beneficiary's life only with appropriate consent from the beneficiary.

DMH Letter No. 99-03, page 6

OUT OF COMPLIANCE:

- No plan for TBS
- Plan for TBS does not contain the components a-e

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

SECTION N THERAPEUTIC BEHAVIORAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

6. 6a.	Is there documented evidence that TBS is discontinued when: The identified behavioral benchmarks have been reached in the clinical judgment of the MHP's provider?			<p>NOTE: Consider the Interim Order in Emily Q. v. Bontá filed January 29, 2004, Section II.A: "The Judgment provides that TBS is a short-term service, however, there is no specific time limit on the duration of TBS. The decision to provide TBS and the length of time that TBS may continue is determined by the provider's clinical judgment regarding the needs of the child and medical necessity of TBS. Accordingly, the Court clarifies that TBS may be continued even after a favorable outcome is achieved when the provider determines that TBS is still medically necessary. For example, TBS may be continued when a child has met the behavioral goals in his or her TBS plan, but the provider determines that continuation of TBS is still necessary to stabilize the child's behavior and to reduce the risk of regression."</p> <ul style="list-style-type: none"> • Check progress notes, the TBS plan or other documentation.
6b.	Progress towards the behavioral benchmarks is not being achieved and is not reasonably expected to be achieved in the clinical judgment of the MHP's provider?			
<i>DMH Letter No. 99-03, pages 5 & 6, and the Interim Order in Emily Q. v. Bontá filed January 29, 2004</i>				<p>OUT OF COMPLIANCE:</p> <ul style="list-style-type: none"> • TBS is not discontinued when 7a or 7b applies, considering the Interim Order
<p>Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)</p>				
7.	Is there documented evidence that TBS is adjusted or decreased when indicated based on the clinical judgment of the MHP's provider?			<p>NOTE: Check progress notes, the TBS plan or other documentation.</p>

SECTION N THERAPEUTIC BEHAVIORAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

<i>DMH Letter No. 99-03, pages 5 & 6</i>	<p><u>OUT OF COMPLIANCE:</u></p> <ul style="list-style-type: none"> TBS is not decreased or adjusted when indicated based on the clinical judgment of the MHP's provider
<p>Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)</p>	

D. PROGRESS NOTES

8.	Do progress notes document the following (must meet a-c):			<p><u>NOTE:</u> A note is required for each time period the provider spends with the child.</p>
8a.	The date/time period TBS was provided?			<ul style="list-style-type: none"> The time of services may be a progress note by contact/shift.
8b.	A signature (or electronic equivalent) of the staff providing the service with job title, and, if applicable, license or professional degree?			
8c.	Writing that is legible?			

<i>CCR, Title 9, Chapter 11, Section 1810.440(c); DMH Letter No. 99-03, pages 6-7; MHP Contract, Attachment C</i>	<p><u>OUT OF COMPLIANCE:</u></p> <ul style="list-style-type: none"> Progress notes for TBS are not in compliance with a-c
<p>Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)</p>	

SECTION N THERAPEUTIC BEHAVIORAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

E. SERVICE ACTIVITY

9.	Is there documented evidence that the TBS plan and/or progress notes are focused on resolution of target behaviors or symptoms which:			NOTE: Review TBS plan and progress notes.
9a.	Jeopardize the existing placement?			
9b.	Are a barrier to transitioning to a lower level of residential care and completion of specific treatment goals?			

DMH Letter No. 99-03, page 5.

OUT OF COMPLIANCE:

- Evidence that the TBS plan and/or progress notes are not focused on resolution of target behaviors and symptoms which jeopardize existing placements or which are a barrier to transitioning to a lower level of care

Documentation: (List document(s) reviewed that demonstrates compliance and provides specific explanation of reason(s) for in compliance or out of compliance.)

ATTACHMENT A— ENFORCEMENT AND CONSEQUENCES FOR NON-COMPLIANCE/TECHNICAL ASSISTANCE AND 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 an MHP for Medi-Cal specialty 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.

Following is the procedure for accessing County Contracts and Technical Assistance:

The staff of the County Contracts and Technical Assistance units 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. County Contracts and Technical Assistance is responsible for approving amendments to MHP implementation plans and for coordinating the State Fair Hearing process.

To obtain assistance please contact your County Contracts and Technical Assistance liaison or write to the address below:

County Contracts and Technical Assistance
State Department Mental Health
1600 9th Street, Room 100
Sacramento, CA. 95814