

**FISCAL YEAR (FY) 2017/2018 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY
MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES
DEL NORTE COUNTY MENTAL HEALTH PLAN REVIEW
June 19, 2018
FINDINGS REPORT**

This report details the findings from the triennial system review of the **Del Norte County** Mental Health Plan (MHP). The report is organized according to the findings from each section of the FY 2017/2018 Annual Review Protocol for Consolidated Specialty Mental Health Services (SMHS) and Other Funded Services (Mental Health and Substance Use Disorder Services Information Notice No. 17-050), specifically Sections A-J and the Attestation. This report details the requirements deemed out of compliance (OOC), or in partial compliance, with regulations and/or the terms of the contract between the MHP and DHCS. The corresponding protocol language, as well as the regulatory and/or contractual authority, will be followed by the specific findings and required Plan of Correction (POC).

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

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

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

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

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RESULTS SUMMARY: SYSTEM REVIEW

SYSTEM REVIEW SECTION	TOTAL ITEMS REVIEWED	SURVEY ONLY ITEMS	TOTAL FINDINGS PARTIAL or OOC	PROTOCOL QUESTIONS OUT-OF-COMPLIANCE (OO) OR PARTIAL COMPLIANCE	COMPLIANCE PERCENTAGE FOR SECTION IN
ATTESTATION	5	0	0/5		100%
SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES	25	3	7/25	A1, A3g, A4b, Ad1, Ad2, Ad3, 5d	72%
SECTION B: ACCESS	54	0	10/54	B2b7, B2b9, B6d3, B9a2, B9a3, B12b1, B12b2, B12c, B13a2, B13a3	81%
SECTION C: AUTHORIZATION	33	3	11/33	C1a, C1b, C2b, C2c, C2d, C3a1, C3a2, C3a3, C3a4, C4b, C4c	67%
SECTION D: BENEFICIARY PROTECTION	29	0	3/29	D3b, D4c1, D4c2	90%
SECTION E: FUNDING, REPORTING & CONTRACTING REQUIREMENTS	1	0	0/1		100%
SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	1/6	F2c	83%
SECTION G: PROVIDER RELATIONS	11	0	6/11	G2b, G3a1, G3a2, G3a3, G3a5, G3a6	45%

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SECTION H: PROGRAM INTEGRITY	24	1	9/24	H2e, H2i, H3a, H3b, H4a, H4b, H4c, H5a3, H5b	62%
SECTION I: QUALITY IMPROVEMENT	34	0	4/34	I3c, I6e3, I6e4, I6f	88%
SECTION J: MENTAL HEALTH SERVICES ACT	21	0	0/21		100%
	243	7	51		

Overall System Review Compliance

	245 (with 5 Attestation items)			
	7 (NOT INCLUDED IN CALCULATIONS)			
	51		OUT OF 243	
		79%		21%

FINDINGS

ATTESTATION

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

SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES

PROTOCOL REQUIREMENTS	
A1.	Does the MHP have a current Implementation Plan which meets title 9 requirements?

FINDING

The MHP did not furnish evidence it has a current Implementation Plan which meets title 9 requirements. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Implementation Plan FY 2018 - 2019. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not provide an implementation plan for the triennial period. Protocol question A1 is deemed OOC.

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PLAN OF CORRECTION

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

PROTOCOL REQUIREMENTS	
A3.	Does the MHP maintain and monitor a network of appropriate providers that is supported by written agreements that consider the following:
A3a.	The anticipated number of Medi-Cal eligible clients?
A3b.	The expected utilization of services?
A3c.	The number and types of providers in terms of training, experience, and specialization needed to meet expected utilization?
A3d.	The number of network providers who are not accepting new beneficiaries?
A3e.	The geographic location of providers and their accessibility to beneficiaries, considering distance, travel time, means of transportation ordinarily used by Medi-Cal beneficiaries and physical access for disabled beneficiaries?
A3f.	The ability of network providers to communicate with limited English proficient beneficiaries in their preferred language?
A3g.	The ability of network providers to ensure the following:
	1) physical access
	2) reasonable accommodations
	3) culturally competent communications; and
	4) accessible equipment for beneficiaries with physical or mental disabilities?
A3h.	The availability of triage lines or screening systems?
A3i.	The use of telemedicine, e-visits, and/or other evolving and innovative technological solutions?

FINDINGS

The MHP did not furnish evidence it maintains and monitors a network of appropriate providers that is supported by written agreements. Specifically, anticipated number of Medi-Cal eligible clients, expected utilization of services, number and types of providers in terms of training, experience, and specialization needed to meet expected utilization, number of network providers who are not accepting new beneficiaries, and geographic location of providers and their accessibility to beneficiaries, considering distance, travel time, means of transportation ordinarily used by Medi-Cal beneficiaries and physical access for disabled beneficiaries, ability of network providers to communicate with limited English proficient beneficiaries in their preferred language, ability of network providers to ensure, physical access, reasonable accommodations, culturally competent communications and accessible equipment for beneficiaries with physical or mental disabilities, availability of triage lines or screening systems and use of telemedicine, e-visits, and/or other evolving and innovative technological solutions. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Provider Directory, Fire Marshall Report. However, it was

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determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, no verification mechanism from the provider to ensure accessible equipment for beneficiaries with physical or mental disabilities. Protocol question A3g is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it maintains and monitors a network of appropriate providers that is supported by written agreements. Specifically, anticipated number of Medi-Cal eligible clients, expected utilization of services, number and types of providers in terms of training, experience, and specialization needed to meet expected utilization, number of network providers who are not accepting new beneficiaries, and geographic location of providers and their accessibility to beneficiaries, considering distance, travel time, means of transportation ordinarily used by Medi-Cal beneficiaries and physical access for disabled beneficiaries, ability of network providers to communicate with limited English proficient beneficiaries in their preferred language, ability of network providers to ensure, physical access, reasonable accommodations, culturally competent communications and accessible equipment for beneficiaries with physical or mental disabilities, availability of triage lines or screening systems and use of telemedicine, e-visits, and/or other evolving and innovative technological solutions.

PROTOCOL REQUIREMENTS	
A4.	Regarding timely access to services:
A4a.	Does the MHP meet and require its network providers to meet State standards for timely access to care and services, taking into account the urgency for the need of services?
A4b.	Does the MHP ensure that its providers offer hours of operation during which services are provided to Medi-Cal beneficiaries 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?

FINDING

The MHP did not furnish evidence it require its network providers to meet State standards for timely access to care and services, taking into account the urgency for the need of services and ensure that its providers offer hours of operation during which services are provided to Medi-Cal beneficiaries 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. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Remi Vista Contract, Provider Contract Boilerplate, and Provider Manual. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, no evidence of provider hours of operation listed within the contract or provider boilerplate. Protocol question A4b is deemed OOC.

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PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP require its network providers to meet State standards for timely access to care and services, taking into account the urgency for the need of services and ensure that its providers offer hours of operation during which services are provided to Medi-Cal beneficiaries 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..

PROTOCOL REQUIREMENTS	
A4d.	1) Has the MHP established mechanisms to ensure compliance by network providers?
	2) Does the MHP monitor network providers regularly to determine compliance?
	3) Does the MHP take corrective action if there is a failure to comply by a network provider?

FINDING

The MHP did not furnish evidence it established mechanisms to ensure compliance by network providers, monitor network providers regularly to determine compliance, take corrective action if there is a failure to comply by a network provider. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Provider Contract Boilerplate, Remi Vista Contract, and Provider Manual. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP does not have a mechanism to ensure compliance by network providers, no mechanism to monitor network providers, no corrective action procedures or policy nor a mechanism to ensure compliance. Protocol questions A4d1, A4d2, and A4d3 are deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it established mechanisms to ensure compliance by network providers, monitor network providers regularly to determine compliance, take corrective action if there is a failure to comply by a network provider.

PROTOCOL REQUIREMENTS	
A5d.	Does the MHP have a mechanism to ensure all children/youth referred and/or screened by the MHP's county partners (i.e., child welfare) receive an assessment, and/or referral to a MCP for non-specialty mental health services, by a licensed mental health professional or other professional designated by the MHP?
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FINDING

The MHP did not furnish evidence it has a mechanism to ensure all children/youth referred and/or screened by the MHP’s county partners (i.e., child welfare) receive an assessment, and/or referral to a MCP for non-specialty mental health services, by a licensed mental health professional or other professional designated by the MHP. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Katie A Documentation Procedure and Policy, Del Norte County Access to Services Assessment. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP does not have a tracking mechanism to ensure compliance. Protocol question A5d is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a mechanism to ensure all children/youth referred and/or screened by the MHP’s county partners (i.e., child welfare) receive an assessment, and/or referral to a MCP for non-specialty mental health services, by a licensed mental health professional or other professional designated by the MHP.

SECTION B: ACCESS

PROTOCOL REQUIREMENTS	
B2.	Regarding the provider directory:
B2a.	Does the MHP provide beneficiaries with a current provider directory upon request and when first receiving a SMHS?
B2b.	Does the MHP provider directory contain the following required elements:
	1) Names of provider(s), as well as any group affiliation?
	2) Street address(es)?
	3) Telephone number(s)?
	4) Website URL, as appropriate?
	5) Specialty, as appropriate?
	6) Whether the provider will accept new beneficiaries?
	7) The provider’s cultural and linguistic capabilities, including languages (including ASL) offered by the provider or a skilled interpreter?
	8) Whether the provider has completed cultural competence training?
	9) Whether the provider’s office/facility has accommodations for people with physical disabilities, including offices, exam rooms, and equipment?

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- *CFR, title 42, section 438.10(f)(6)(i)and*

FINDINGS

The MHP did not furnish evidence it provides beneficiaries with a current provider directory upon request and when first receiving a SMHS and the MHP’s provider directory did not contain Names of provider(s), as well as any group affiliation, Street address(es), Telephone number(s), Website URL, as appropriate, Specialty, as appropriate, Whether the provider will accept new beneficiaries, provider’s cultural and linguistic capabilities, including languages (including ASL) offered by the provider or a skilled interpreter, Whether the provider has completed cultural competence training, Whether the provider’s office/facility has accommodations for people with physical disabilities, including offices, exam rooms, and equipment. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Provider Directory, Fire Marshall Report. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP does not have any policy or procedure regarding ASL, no mechanism to ensure providers office/facilities provide reasonable accommodations. Protocol questions 2b7, 2b9 are deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides beneficiaries with a current provider directory upon request and when first receiving a SMHS and the MHP’s provider directory must contain Names of provider(s), as well as any group affiliation, Street address(es), Telephone number(s), Website URL, as appropriate, Specialty, as appropriate, Whether the provider will accept new beneficiaries, provider’s cultural and linguistic capabilities, including languages (including ASL) offered by the provider or a skilled interpreter, Whether the provider has completed cultural competence training, Whether the provider’s office/facility has accommodations for people with physical disabilities, including offices, exam rooms, and equipment.

PROTOCOL REQUIREMENTS	
B6d.	Does the MHP have policies, procedures, and practices that comply with the following requirements of title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973.
	1) Prohibiting the expectation that family members provide interpreter services?
	2) A client may choose to use a family member or friend as an interpreter after being informed of the availability of free interpreter services?
	3) Minor children should not be used as interpreters?

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<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.10 (c)(4) , 438.6(f)(1), 438.100(d), CFR, title 28, Part 35, 35.160(b)(1), CFR, title 28, Part 36, 36.303(c)</i> • <i>CCR, title 9, chapter 11, section 1810.410(a)-(e)</i> • <i>DMH Information Notice 10-02 and 10-17</i> 	<ul style="list-style-type: none"> • <i>Title VI, Civil Rights Act of 1964 (U.S. Code 42, section 2000d; CFR, title 45, Part 80)</i> • <i>MHP Contract, Exhibit A, Attachment I</i> • <i>CMS/DHCS, section 1915(b) waiver</i>
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FINDINGS

The MHP did not furnish evidence it has policies, procedures, and practices, in compliance with title VI of the Civil Rights Act of 1964, prohibiting the expectation that family members provide interpreter services, ensuring clients are informed of the availability of free interpreter services before choosing to use a family member or friend as an interpreter, and ensuring minor children are not used as interpreters. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Guidelines for Providing Linguistic Access Policies and Procedures. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the policy does not include detail regarding minor children not being used as interpreters. Protocol question B6d3 is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has policies, procedures and practices, in compliance with title VI of the Civil Rights Act of 1964, prohibiting the expectation that family members provide interpreter services, ensuring clients are informed of the availability of free interpreter services before choosing to use a family member or friend as an interpreter, and ensuring minor children are not used as interpreters.

PROTOCOL REQUIREMENTS	
B9a.	Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number:
	1) Does the MHP provide a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county?
	2) Does the toll-free telephone number provide information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met?
	3) Does the toll-free telephone number provide information to beneficiaries about services needed to treat a beneficiary's urgent condition?
	4) Does the toll-free telephone number provide information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes?

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

Test Call #1 was placed on May 14, 2018, at 8:49am. The call was initially answered after one (1) ring by a live operator. The caller requested information about accessing mental health services in the county. The operator asked the caller to provide her name and the caller gave the first name "May". The operator advised the caller that she needs to come into the office at 455 K Street (right behind the Grocery Outlet) between 8am to 3pm, fill out paperwork, and then talk to someone. The operator stated that she cannot talk over the phone or make an appointment. No additional information about SMHS was provided to the caller. The caller was not asked status of the current mental health condition and was not provided information about how to access crisis intervention or any other services needed to treat a beneficiary's urgent condition.

The call is deemed not in compliance with the regulatory requirements for protocol questions B9a3.

Test Call #2 was placed on Wednesday, May 16, 2018, at 10:33 p.m. The call was answered after one (1) ring via a live operator. The DHCS test caller requested information about accessing SMHS in the county. The operator assessed the caller's current condition by asking the caller if he/she felt suicidal. The caller replied in the negative. The operator advised the caller of the grief programs offered by the county. The operator provided the caller information regarding the assessment process and the required documentation including Medi-Cal number and SSN. The operator requested the caller's area of residence to provide caller with clinic information near the caller's residence. The operator provided the caller with the address and hours of operation of the clinic in Crescent City. The operator advised the caller of the availability of the 24/7 access line as well as the National Hotline number. The operator advised the caller that he/she had reached the access line after hours but the call would be documented and forwarded to the MHP staff for a follow-up call. The caller declined to provide telephone number and advised he/she would review information received and make a decision regarding visiting the clinic. The operator reiterated the hours of operation for caller to visit the clinic for assessment. The caller was provided information about how to access SMHS and the caller was provided information about services needed to treat a beneficiary's urgent condition.

The call is deemed in compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

Test Call #3 was placed on May 24, 2018, at 7:23 a.m. The call was answered after one (1) ring via a live operator. The operator immediately asked the callers first and last name and D.O.B. The caller provided his/her complete name and date of birth. The operator asked how

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he/she could help the caller and the caller proceeded to describe how he/she was feeling depressed and was having a difficult time sleeping and did not have any appetite. The operator then asked if the caller was currently a client. The caller replied in the negative. The operator proceeded to discuss how hard it is to be depressed and how good it was that the caller had reached out for resources. The operator then asked for the caller's phone number and explained that the caller had reached the after-hours line and the office did not open up until 8:00. He/she continued to explain that when the office opened up someone would call the caller back and ask questions to get to know the caller and see what services would be available. The caller declined to provide his/her phone number and stated that he/she would call back. The operator then asked if the caller was having suicidal thoughts. The caller replied in the negative, thanked the operator, and ended the call.

The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary's urgent condition.

The call is deemed out of compliance with the regulatory requirements for protocol question B9a2 and in compliance for protocol question B9a3.

Test Call #4 was placed on Friday, May 25, 2018, at 12:25 p.m. A live operator named Michelle answered the call on the first ring. The caller asked how she could get mental health services since she was feeling depressed, overwhelmed and isolated due to being the only caretaker for elderly mother. The operator stated that the caller could walk into the mental health clinic and see a counselor today. The operator asked the caller for her name, and if the caller lives in Del Norte. The caller provided the name and stated yes, she lives in Crescent City. The operator stated the caller could walk into the clinic on 455 K Street from 8 a.m. to 3:00 p.m. The caller asked what the process is when he/she walks into the clinic. The operator stated the caller would complete the paperwork and then see a counselor. The visit should take from one hour to an hour and a half.

The call is deemed in compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

Test Call #5 was placed on Wednesday, May 30, 2018, at 7:39 am. The call was answered during the music via a live operator. The operator asked the caller how he/she could help. The caller requested information about accessing services. The operator asked if the caller is a current client. The caller replied in the negative. The operator informed the caller that they have an intake process and that the caller could talk with a daytime staff over the phone or in person to see if the caller qualifies for services. The operator informed the caller that he/she could take the caller's phone number and have a daytime staff call the caller back or the caller could call back when the clinic opens at 8 am. The operator also informed the caller that he/she could walk in as well for an assessment and asked the caller if he/she knows where their clinic is located. The caller responded that he/she does not know where they are located. The operator provided the address of the clinic. The operator asked if the caller was in crisis or have any suicidal thoughts. The caller replied in the negative. The caller thanked the operator and ceased the call. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and

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the caller was provided information about services needed to treat a beneficiary's urgent condition.

The call is deemed In Compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

Test Call #6 was placed on May 10, 2018, at 10:37 a.m. The call was initially answered after one (1) ring via a live operator. The caller requested information about filing a grievance due to not being happy with his/her current therapist. Operator asked for the caller's name and the caller complied. Operator asked if it was someone in that office and caller mentioned that s/he didn't want to say and asked if s/he could be anonymous. Again operator asked if it was someone in their office. Caller replied yes. Operator then informed caller that there is a grievance form the caller can file and the caller can come in to do it. Then operator put caller on hold to get more information. When the operator came back on the line they provided a couple of ways for filing a grievance. 1. Caller can do it over the phone (operator can transfer caller to Quality Assurance and they can help file grievance) or 2. They can write a grievance. The caller can stop in and get the form or the MHP can mail it to him/her. The operator put the caller on hold to ensure the advice is accurate. Caller then asked if they have to mail the form in or drop it off. Operator puts caller back on hold for more information. The operator indicated that there are pre-stamped envelopes in the lobby and that caller can mail it in. The operator said they also don't have to fill out their name/address and can keep it anonymous and just to fill out a description of the issue. Caller mentioned that he/she would take that approach. Operator closed the conversation with sounds good, have a good day.

The call is deemed in compliance with the regulatory requirements for protocol questions B9a4.

Test Call #7 was placed on June 1, 2018 at 7:22am and initially answered after a few bars of music via a live operator. The caller requested information on how to file a grievance with the MHP. The operator validated the right to file a grievance and offered several methods to do so, including how to file anonymously. The caller could share the grievance with the operator who would forward it to Quality Improvement. The operator could mail the grievance form to the caller. The caller could obtain the form from the clinic lobby. The operator offered help to the caller to file the grievance. The operator asked about the caller's current condition. The operator asked for, but did not require, personal information from the caller.

The call is deemed in compliance with the regulatory requirements for protocol questions B9a4.

FINDINGS

Test Call Results Summary

Protocol Question	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
9a-1	n/a	n/a	n/a	n/a	n/a	n/a	n/a	100%
9a-2	IN	IN	OOC	IN	IN	n/a	n/a	80%

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9a-3	OOC	IN	IN	IN	IN	n/a	n/a	80%
9a-4	n/a	n/a	n/a	n/a	n/a	IN	IN	100%

In addition to conducting the seven (7) test calls, DHCS reviewed the following documentation presented by the MHP as evidence of compliance: MHP Call Log, After Hours Call Log. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, for one or more of the test calls made, the operator did not provide adequate information regarding how to access SMHS and did not provided details on how to treat a beneficiary’s urgent condition. Protocol questions B9a2, B9a3 are deemed in partial compliance.

PLAN OF CORRECTION

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

PROTOCOL REQUIREMENTS	
B12.	Regarding the MHP’s Cultural Competence Committee (CCC):
B12a.	Does the MHP have a CCC or other group that addresses cultural issues and has participation from cultural groups that is reflective of the community?
B12b.	Does the MHP have evidence of policies, procedures, and practices that demonstrate the CCC activities include the following:
	1) Participates in overall planning and implementation of services at the county?
	2) Provides reports to Quality Assurance/ Quality Improvement Program?
B12c.	Does the CCC complete its Annual Report of CCC activities as required in the CCPR?
	<ul style="list-style-type: none"> • CCR title 9, section 1810.410 • DMH Information Notice 10-02 and 10-17

FINDINGS

The MHP did not furnish evidence it has a CCC or other group that addresses cultural issues and has participation from cultural groups that is reflective of the community. The MHP did not demonstrate the CCC participates in overall planning and implementation of services at the county, provides reports to the Quality Assurance/Quality Improvement program, and/or that it completes an annual report of CCC activities. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Organizational Chart, Cultural Competency Plan, Cultural Competency Meeting Minutes, and QIC Meeting Minutes. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, no evidence of overall planning and implementation of

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services, no reports provided to the Quality Improvement Program, no annual report of CCC activities. Protocol questions 12b1, 12b2, 12c are deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a CCC or other group that addresses cultural issues and has participation from cultural groups that is reflective of the community. The MHP must also provide evidence the CCC participates in overall planning and implementation of services at the county, provides reports to the Quality Assurance/Quality Improvement program, and that it completes an annual report of CCC activities.

PROTOCOL REQUIREMENTS	
B13a.	Regarding the MHP’s plan for annual cultural competence training necessary to ensure the provision of culturally competent services: 1) Is there a plan for cultural competency training for the administrative and management staff of the MHP? 2) Is there a plan for cultural competency training for persons providing SMHS employed by or contracting with the MHP? 3) Is there a process that ensures that interpreters are trained and monitored for language competence (e.g., formal testing)?
B13b.	Does the MHP have evidence of the implementation of training programs to improve the cultural competence skills of staff and contract providers?
<ul style="list-style-type: none"> • <i>CCR, title 9, chapter 11, section 1810.410</i> • <i>MHP Contract, Exhibit A, Attachment I (a)-(e)</i> • <i>DMH Information Notice No. 10-02, Enclosure, Pages 16 & 22 and DMH Information Notice No. 10-17, Enclosure, Pages 13 & 17</i> 	

FINDINGS

The MHP did not furnish evidence it has a plan for annual cultural competence training necessary to ensure the provision of culturally competent services. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Linguistic Access Policy and Procedure, Cultural Competency Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not have a plan for or evidence of implementation of cultural competency training for administrative and management staff and/or persons providing SMHS employed by or contracting with the MHP. The MHP did not have a process to ensure interpreters are trained and monitored for language competence. Protocol questions B13a2, B13a3 are deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a plan for annual cultural competence training necessary to ensure the provision of

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culturally competent services. Specifically, the MHP must develop a plan for, and provide evidence of implementation of, cultural competency training for administrative and management staff as well as persons providing SMHS employed by or contracting with the MHP. The MHP must develop a process to ensure interpreters are trained and monitored for language competence.

SECTION C: COVERAGE AND AUTHORIZATION

PROTOCOL REQUIREMENTS	
C1.	Regarding the Treatment Authorization Requests (TARs) for hospital services:
C1a.	Are the TARs being approved or denied by licensed mental health or waived/registered professionals of the beneficiary's MHP in accordance with title 9 regulations?
C1b.	Does the MHP approve or deny TARs within 14 calendar days of the receipt of the TAR and in accordance with title 9 regulations?
C1c.	Are all adverse decisions regarding hospital requests for payment authorization that were based on criteria for medical necessity or emergency admission being reviewed and approved in accordance with title 9 regulations by: 1) a physician, or 2) at the discretion of the MHP, by a psychologist for patients admitted by a psychologist and who received services under the psychologist's scope of practice?
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, sections 1810.242, 1820.220(c),(d), 1820.220 (f), 1820.220 (h), and 1820.215. • CFR, title 42, section 438.210(d) 	

FINDINGS

The MHP did not furnish evidence it complies with regulatory requirements regarding Treatment Authorization Requests (TARs) for hospital services. DHCS reviewed the MHP's authorization policy and procedure: DHHS Manual, TARs Policy and Procedure. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, DHCS inspected a sample of 53 TARs to verify compliance with regulatory requirements and found that 1 TAR was not checked as approved or denied, and 4 TARs were not approved within 14 calendar days. The TAR sample review findings are detailed below:

PROTOCOL REQUIREMENT		# TARs IN COMPLIANCE	# TARs OOC	COMPLIANCE PERCENTAGE
C1a	TARs approved or denied by licensed mental health or waived/registered professionals	52	1	98%

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C1b	TARs approved or denied within 14 calendar days	49	4	92%
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Protocol questions C1a, C1b are deemed in partial compliance.

PROTOCOL REQUIREMENTS	
C2.	Regarding Standard Authorization Requests for non-hospital SMHS:
C2a.	Does the MHP have written policies and procedures for initial and continuing authorizations of SMHS as a condition of reimbursement?
C2b.	Are payment authorization requests being approved or denied by licensed mental health professionals or waived/registered professionals of the beneficiary's MHP?
C2c.	For standard authorization decisions, does the MHP make an authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and within 14 calendar days following receipt of the request for service with a possible extension of up to 14 additional days?
C2d.	For expedited authorization decisions, does the MHP make an expedited authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and within 72 hours following receipt of the request for service or, when applicable, within 14 calendar days of an extension?
<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.210(b)(3)</i> • <i>CFR, title 42, section 438.210(d)(1),(2)</i> • <i>CCR, title 9, chapter 11, sections 1810.253, 1830.220, 1810.365, and 1830.215 (a-g)</i> 	

FINDINGS

The MHP did not furnish evidence it complies with regulatory requirements regarding standard authorization requests (SARs) for non-hospital SMHS services. DHCS reviewed the MHP's authorization policy and procedure: DHHS Manual, TARs Policy and Procedure. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, 1 SAR did not have an authorization signature, 1 SAR was not approved within 14 calendar days, no policy or procedure regarding expedited authorizations that provide notice within 72 hours. In addition, DHCS inspected a sample of 25 SARs to verify compliance with regulatory requirements. The SAR sample review findings are detailed below:

	PROTOCOL REQUIREMENT	# SARS IN COMPLIANCE	# SARS OOC	COMPLIANCE PERCENTAGE
C2b	SARs approved or denied by licensed mental health professionals or waived/registered professionals	24	1	96%
C2c	MHP makes authorization decisions and provides notice within 14 calendar days	24	1	96%
C2d	MHP makes expedited authorization decisions and provide notice within	n/a	n/a	n/a

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	72 hours following receipt of the request for service or, when applicable within 14 calendar days of an extension.			
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Protocol questions C2b, C2c, are deemed in partial compliance. Protocol question C2d is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it complies with regulatory requirements regarding SARs for non-hospital SMHS services.

PROTOCOL REQUIREMENTS	
C3.	Regarding payment authorization for Day Treatment Intensive and Day Rehabilitation Services:
C3a.	The MHP requires providers to request advance payment authorization for Day Treatment Authorization and Day Rehabilitation in accordance with MHP Contract:
	1) In advance of service delivery when services will be provided for more than 5 days per week.
	2) At least every 3 months for continuation of Day Treatment Intensive.
	3) At least every 6 months for continuation of Day Rehabilitation.
	4) The MHP requires providers to request authorization for mental health services provided concurrently with day treatment intensive and day rehabilitation, excluding services to treat emergency and urgent conditions.
	<ul style="list-style-type: none"> • CCR, title 9, chapter 11, sections 1830.215 (e) and 1840.318. • DMH Information Notice 02-06, Enclosures, Pages 1-5 • DMH Letter No. 03-03

FINDINGS

The MHP did not furnish evidence it requires providers to request advance payment authorization for Day Treatment Authorization (DTI) and Day Rehabilitation (DR). DHCS reviewed the MHP’s authorization policy and procedure: Implementation Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, there was no policy or procedure provided regarding Day Treatment Intensive or Day Rehabilitation Services or the specific requirements for authorization for day treatment services.

Protocol questions C3a1, C3a2, C3a3, and C3a4 are deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it requires providers to request advance payment authorization for DTI and DR.

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PROTOCOL REQUIREMENTS	
C4.	Regarding out-of-plan services to beneficiaries placed out of county:
C4a.	Does the MHP provide out-of-plan services to beneficiaries placed out of county?
C4b.	Does the MHP ensure that it complies with the timelines for processing or submitting authorization requests for children in a foster care, AAP, or KinGAP aid code living outside his or her county of origin?
C4c.	Does the MHP have a mechanism to ensure it complies with the use of standardized contract, authorization procedure, documentation standards and forms issued by DHCS, unless exempted?
	<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1830.220(b)(c) and (b)(4)(A); section 1810.220.5, 1830.220 (b)(3), and b(4)(A), • WIC sections, 11376, 16125, 14716, 14717, 14684, 14718, and 16125 • DMH Information Notice No. 09-06, • DMH Information Notice No. 97-06 • DMH Information Notice No. 08-24 • Welfare and Institutions Code section 14717.1 • MHSUDS Information Notice No. 17-032

FINDINGS

The MHP did not furnish evidence it provides out-of-plan services to beneficiaries placed out of county and it ensure that it complies with the timelines for processing or submitting authorization requests for children in a foster care, AAP, or KinGAP aid code living outside his or her county of origin and a mechanism to ensure it complies with the use of standardized contract, authorization procedure, documentation standards and forms issued by DHCS, unless exempted. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Remi Vista Contract. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP does not have a policy or procedure that complies with the timelines for processing or submitting authorization request for children in foster care, AAP, or KinGap. The MHP does not have a mechanism to ensure compliance. Protocol questions C4b, C4c are deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides out-of-plan services to beneficiaries placed out of county and it ensure that it complies with the timelines for processing or submitting authorization requests for children in a foster care, AAP, or KinGAP aid code living outside his or her county of origin and a mechanism to ensure it complies with the use of standardized contract, authorization procedure, documentation standards and forms issued by DHCS, unless exempted.

SECTION D: BENEFICIARY PROTECTION

PROTOCOL REQUIREMENTS	
D3.	Regarding established timeframes for grievances, appeals, and expedited appeals:
D3a.	1) Does the MHP ensure that grievances are resolved within established timeframes?

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D3.	2) Does the MHP ensure that appeals are resolved within established timeframes?
D3.	3) Does the MHP ensure that appeals are resolved within established timeframes?
D3b.	If the MHP extends the timeframe for resolution of a grievance or appeal, does the MHP ensure required notice(s) of an extension are given to beneficiaries in accordance with 42 C.F.R. §438.408(c)?
	<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.408(a),(b)(1)(2)(3)</i> • <i>CCR, title 9, chapter 11, section 1850.206(b)</i> • <i>CCR, title 9, chapter 11, section 1850.207(c)</i> • <i>CCR, title 9, chapter 11, section 1850.208.</i>

FINDINGS

The MHP did not furnish evidence it ensures grievances, appeals, and expedited appeals are resolved within established timeframes and/or required notice(s) of an extension are given to beneficiaries. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Grievances, Appeals, Expedited Appeals Policy and Procedure. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not provide documented evidence of a tracking mechanism or template letter to reflect that if the MHP extends the timeframe for the resolution of a grievance or appeal, that the MHP will provide the required notice(s) of an extension to the beneficiary.

Protocol question D3b is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it ensures grievances, appeals, and expedited appeals are resolved within established timeframes.

PROTOCOL REQUIREMENTS	
D4.	Regarding notification to beneficiaries:
D4a.	1) Does the MHP provide written acknowledgement of each <u>grievance</u> to the beneficiary in writing?
	2) Is the MHP notifying beneficiaries, or their representatives, of the <u>grievance disposition</u> , and is this being documented?
D4b.	1) Does the MHP provide written acknowledgement of each <u>appeal</u> to the beneficiary in writing?
	2) Is the MHP notifying beneficiaries, or their representatives, of the <u>appeal disposition</u> , and is this being documented?
D4c.	1) Does the MHP provide written acknowledgement of each <u>expedited appeal</u> to the beneficiary in writing?
	2) Is the MHP notifying beneficiaries, or their representatives, of the <u>expedited appeal disposition</u> , and is this being documented?

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| <ul style="list-style-type: none"> • <i>CFR, title 42, section 438.406(a)(2)</i> • <i>CCR, title 9, chapter 11, section 1850.205(d)(4)</i> | <ul style="list-style-type: none"> • <i>CFR, title 42, section 438.408(d)(1)(2)</i> • <i>CCR, title 9, chapter 11, sections 1850.206(b),(c), 1850.207(c),(h), and 1850.208(d),(e)</i> |
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FINDINGS

The MHP did not furnish evidence it provides written acknowledgement and notifications of dispositions to beneficiaries for all grievances, appeals, and expedited appeals. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Grievances, Appeal Process: Problem Resolution. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP does not have an expedited appeal letter template nor a clear mechanism for documenting expedited appeals dispositions when they occur.

Protocol questions D4c1, D4c2 are deemed OOC.

PLAN OF CORRECTION

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

SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE

PROTOCOL REQUIREMENTS	
F2.	Regarding Memorandums of Understanding (MOUs) with Medi-Cal Managed Care Plans (MCPs):
F2a.	Does the MHP have MOUs in place with any Medi-Cal MCP that enrolls beneficiaries covered by the MHP? If not, does the MHP have documentation that a “good faith effort” was made to enter into an MOU?
F2b.	Does the MHP have a process for resolving disputes between the MHP and MCPs that include a means for beneficiaries to receive medically necessary services, including specialty mental health services and prescription drugs, while the dispute is being resolved?
F2c.	Does the MHP have a mechanism for monitoring and assessing the effectiveness of any MOU with a physical health care plan?
F2d.	Does the MHP have a referral protocol between MHP and Medi-Cal Managed Care Plan to ensure continuity of care?
<ul style="list-style-type: none"> • <i>CCR, title 9, chapter 11, sections 1810.370 and 1810.415</i> • <i>MHP Contract, Exhibit A, Attachment I</i> 	

FINDINGS

The MHP did not furnish evidence it has entered into MOUs, or has documentation of a good faith effort to do so, with any Medi-Cal MCPs that enrolls beneficiaries covered by the MHP.

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DHCS reviewed the following documentation presented by the MHP as evidence of compliance: MOU with Partnership Health Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not have a mechanism for monitoring or assessing the effectiveness of the MOU. Protocol question F2c is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has entered into MOUs, or has documentation of a good faith effort to do so, with any Medi-Cal MCPs that enrolls beneficiaries covered by the MHP. The MHP must also have processes in place for resolving disputes between the MHP and MCPs, mechanisms for monitoring and assessing the effectiveness of MOUs, and/or referral protocols between the MHP and MCPs to ensure continuity of care.

SECTION G: PROVIDER RELATIONS

PROTOCOL REQUIREMENTS	
G2.	Regarding the MHP's ongoing monitoring of county-owned and operated and contracted organizational providers:
G2a.	Does the MHP have an ongoing monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified as per title 9 regulations?
G2b.	Is there evidence the MHP's monitoring system is effective?
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.435 • MHP Contract, Exhibit A, Attachment I (d) 	

FINDINGS

The MHP did not furnish evidence it has an ongoing and effective monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified per title 9 regulations. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Remi Vista Contract, Provider System Certification Procedure for Medi-Cal Reimbursement, DHCS Overdue Provider Report.

DHCS reviewed its Online Provider System (OPS) and generated an Overdue Provider Report which indicated the MHP has providers overdue for certification and/or re-certification. The table below summarizes the report findings:

TOTAL ACTIVE PROVIDERS (per OPS)	NUMBER OF OVERDUE PROVIDERS (at the time of the Review)	COMPLIANCE PERCENTAGE
12	1	92%

Protocol question G2b is deemed in partial compliance.

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PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has an ongoing and effective monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified per title 9 regulations.

PROTOCOL REQUIREMENTS	
G3. G3a.	Do all contracts or written agreements between the MHP and any subcontractor specify the following:
	1) The delegated activities or obligations, and related reporting responsibilities?
	2) The subcontractor agrees to perform the delegated activities and reporting responsibilities in compliance with the MHP's contract obligations?
	3) Remedies in instances where the State or the MHP determine the subcontractor has not performed satisfactorily?
	4) The subcontractor agrees to comply with all applicable Medicaid laws, regulations, and contract provisions, including the terms of the 1915(b) Waiver and any Special Terms and Conditions?
	5) The subcontractor may be subject to audit, evaluation and inspection of any books, records, contracts, computer or electronic systems that pertain to any aspect of the services and activities performed, in accordance with 42 C.F.R. §§ 438.3(h) and 438.230(c)(3)?
	6) The subcontractor will make available, for purposes of an audit, evaluation or inspection, its premises, physical facilities, equipment, books, records, contracts, computer or other electronic systems relating to Medi-Cal beneficiaries?
	7) The right to audit will exist through 10 years from the final data of the contract period or from the date of completion of any audit, whichever is later?
	8) If the State, CMS, or the HHS Inspector General determines that there is a reasonable possibility of fraud or similar risk, the State, CMS, or the HHS Inspector General may inspect, evaluate, and audit the subcontractor at any time.
	<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.206(b)(1)</i> • <i>CCR, title 9, chapter 11, section 1810.310 (a)(5)(B)</i> • <i>MHP Contract, Exhibit A, Attachment I</i> • <i>CMS/DHCS, section 1915(b) waiver</i>

FINDINGS

The MHP did not furnish evidence that all contracts or written agreements between the MHP and any subcontractor specify the required elements in G3a.1-8 above. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Remi Vista Contract, Provider System Certification Procedure for Medi-Cal Reimbursement. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not have evidence or provider contracts that specified that providers delegate activities or obligations, and related reporting

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responsibilities. No evidence of subcontractors agreeing to perform the delegated activities and reported responsibilities in compliance with the MHP contract obligations. No remedies in instances where the state or MHP determine the subcontractor has not performed satisfactorily. No evidence that the subcontractor may be subject to audit, evaluation and inspection of any books, records, contracts, computer or electronic systems that pertain to any aspect of services and activities. No evidence of the subcontractor making available for the purpose of an audit, its premises, physical facilities, equipment, books, records, contracts, computer or other electronic system relating to Medi-Cal beneficiaries. Protocol questions G3a1, G3a2, G3a3, G3a5, and G3a6 are deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that that all contracts or written agreements between the MHP and any subcontractor specify the elements listed above under G3a.1-8.

SECTION H: PROGRAM INTEGRITY

PROTOCOL REQUIREMENTS	
H2d .	Is there evidence of effective training and education for the compliance officer?
H2e .	Is there evidence of effective training and education for the MHP's employees and contract providers?
<ul style="list-style-type: none"> • <i>CFR, title 42, sections 438.10, 438.604, 438.606, 438.608 and 438.610</i> • <i>MHP Contract, Exhibit A, Attachment I</i> 	

FINDINGS

The MHP did not furnish evidence of effective training and education for the compliance officer and for the MHP's employees and contract providers. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: DHHS Manual, Compliance Training Policy and Procedure, MHP Staff Training Log. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP does not have policy or procedures for effective training for contract providers nor do they track provider training and education. Protocol question H2e is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides for effective training and education for the compliance officer and for the MHP's employees and contract providers.

PROTOCOL REQUIREMENTS	
H2h .	Does the MHP have a system with dedicated staff for routine internal monitoring and auditing of compliance risks?

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H2i.	Does the MHP have a mechanism for prompt response to compliance issues and investigation of potential compliance problems as identified in the course of self-evaluation and audits?
<ul style="list-style-type: none"> • <i>CFR, title 42, sections 438.10, 438.604, 438.606, 438.608 and 438.610</i> • <i>MHP Contract, Exhibit A, Attachment I</i> 	

FINDINGS

The MHP did not furnish evidence it has a provision for internal monitoring and auditing of fraud, waste, and abuse. The MHP does not have a provision for a prompt response to detected offenses and for development of corrective action initiatives relating to the MHP's Contract. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: DHHS Manual, Standards for Risk Areas & Potential Violations Policy and Procedures, Compliance Log FY17-18. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP does not have a mechanism for prompt response nor do they have a template letter that is utilized for these occurrences. Protocol question H2i is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a provision for internal monitoring and auditing of fraud, waste, and abuse. The MHP must also have a provision for a prompt response to detected offenses and for development of corrective action initiatives relating to the MHP's Contract.

PROTOCOL REQUIREMENTS	
H3.	Regarding verification of services:
H3a	Does the MHP have a method to verify whether services reimbursed by Medicaid were actually furnished to the beneficiaries?
H3b	When unable to verify services were furnished to beneficiaries, does the MHP have a mechanism in place to ensure appropriate actions are taken?
<ul style="list-style-type: none"> • <i>CFR, title 42, sections 455.1(a)(2) and 455.20 (a)</i> • <i>Social Security Act, Subpart A, Sections 1902(a)(4), 1903(i)(2) and 1909</i> • <i>MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements</i> 	

FINDINGS

The MHP did not furnish evidence it has a method to verify whether services reimbursed by Medicaid were actually furnished to the beneficiaries and, if unable to verify services, a mechanism to ensure appropriate actions are taken. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Confirmation of Services, Verification Letter. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP is currently working on a process to verify services and is not currently sending out the letters, the MHP shall create a policy and procedure, tracking mechanism to ensure compliance. Protocol questions H3a, H3b are deemed OOC.

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PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a method to verify whether services reimbursed by Medicaid were actually furnished to the beneficiaries and, if unable to verify services, a mechanism to ensure appropriate actions are taken.

PROTOCOL REQUIREMENTS	
H4.	Regarding disclosures of ownership, control and relationship information:
H4a	Does the MHP ensure that it collects the disclosure of ownership, control, and relationship information from its providers, managing employees, including agents and managing agents, as required in CFR, title 42, sections 455.101 and 455.104 and in the MHP Contract, Program Integrity Requirements?
	<ul style="list-style-type: none"> • <i>CFR, title 42, sections 455.101 and 455.104</i> • <i>MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements</i>

FINDING

The MHP did not furnish evidence it collects the disclosure of ownership, control, and relationship information from its providers, managing employees, including agents and managing agents as required in regulations and the MHP Contract. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Remi Vista Contract, CA 700 Form Draft Memo, and Compliance Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP will begin to use CA Form 700 but this is yet to be implemented. Protocol question H4a is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it collects the disclosure of ownership, control, and relationship information from its providers, managing employees, including agents and managing agents as required in regulations and the MHP Contract.

PROTOCOL REQUIREMENTS	
H4b	Does the MHP require its providers to consent to criminal background checks as a condition of enrollment per 42 CFR 455.434(a)?
H4c	Does the MHP require providers, or any person with a 5 percent or more direct or indirect ownership interest in the provider to submit a set of fingerprints per 42 CFR 455.434(b)(1)?
	<ul style="list-style-type: none"> • <i>CFR, title 42, sections 455.101 and 455.104</i> • <i>MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements</i>

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FINDING

The MHP did not furnish evidence it require its providers to consent to criminal background checks as a condition of enrollment and require providers, or any person with a 5 percent or more direct or indirect ownership interest in the provider to submit a set of fingerprints. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Compliance Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP does not have a policy or procedure for criminal background checks nor a policy for monitoring providers or any person with a 5 percent or more direct or indirect ownership interest. Protocol questions H4b, H4c are deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it require its providers to consent to criminal background checks as a condition of enrollment and require providers, or any person with a 5 percent or more direct or indirect ownership interest in the provider to submit a set of fingerprints.

PROTOCOL REQUIREMENTS	
H5.	Regarding monitoring and verification of provider eligibility:
H5a	Does the MHP ensure the following requirements are met:
	1) Is there evidence that the MHP has a process in place to verify new and current (prior to contracting/employing and monthly thereafter) providers, including contractors, are not on the Office of Inspector General List of Excluded Individuals/Entities (LEIE)?
	2) Is there evidence that the MHP has a process in place to verify new and current (prior to contracting/employing and monthly thereafter) providers and contractors are not on the DHCS Medi-Cal List of Suspended or Ineligible Providers?
	3) Is there evidence that the MHP has a process in place to verify new and current (prior to contracting/employing) providers and contractors are not in the Social Security Administration's Death Master File?
	4) Is there evidence that the MHP has a process in place to verify the accuracy of new and current (upon enrollment and re-enrollment) providers and contractors in the National Plan and Provider Enumeration System (NPPES)?
	5) Is there evidence the MHP has a process in place to verify new and current (prior to contracting/employing and monthly thereafter) providers and contractors are not in the Excluded Parties List System/System Award Management (EPLS/SAM) database?
H5b	When an excluded provider/contractor is identified by the MHP, does the MHP have a mechanism in place to take appropriate corrective action?
	<ul style="list-style-type: none"> • <i>CFR, title 42, sections 438.214(d), 438.610, 455.400-455.470, 455.436(b)</i> • <i>DMH Letter No. 10-05</i> • <i>MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements</i>

FINDINGS

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The MHP did not furnish evidence it monitors and verifies provider eligibility (prior to contracting and monthly) to ensure providers, including contractors, are not on the OIG LEIE, Medi-Cal List of Suspended or Ineligible Providers, the NPPES, and the EPLS/SAM database. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Exclusion List for Individual and Group Provider Selection and Retention Policy and Procedure. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP does not have a policy or procedure for checking the Social Security Administration’s Death Master File database, nor is this being tracked. The MHP does not have a mechanism in place to take corrective action on excluded providers. Protocol questions H5a3, H5b are deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it monitors and verifies provider eligibility (prior to contracting and monthly) to ensure providers, including contractors, are not on the OIG LEIE, Medi-Cal List of Suspended or Ineligible Providers, the NPPES, and the EPLS/SAM database.

SECTION I: QUALITY IMPROVEMENT

PROTOCOL REQUIREMENTS	
I3c .	If a quality of care concern or an outlier is identified related to psychotropic medication use is there evidence that the MHP took appropriate action to address the concern? • <i>MHP Contract, Exhibit A, Attachment I</i>

FINDING

The MHP did not furnish evidence that if a quality of care concern or an outlier is identified related to psychotropic medication use is there evidence that the MHP took appropriate action to address the concern. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: MHP Practice Guidelines. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP does not have a policy or procedure or evidence of corrective actions. Protocol question I3c is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that If a quality of care concern or an outlier is identified related to psychotropic medication use is there evidence that the MHP took appropriate action to address the concern.

PROTOCOL REQUIREMENTS	
I6. .	Regarding the QAPI Work Plan: I6a Does the MHP have a QAPI Work Plan covering the current contract cycle with documented annual evaluations and documented revisions as needed?

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I6b	Does the QAPI Work Plan include evidence of the monitoring activities including, but not limited to, review of beneficiary grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, provider appeals, and clinical records review?
I6c	Does the QAPI Work Plan include evidence that QM activities, including performance improvement projects, have contributed to meaningful improvement in clinical care and beneficiary service?
I6d	Does the QAPI work plan include a description of completed and in-process QAPI activities, including: <ol style="list-style-type: none"> 1) Monitoring efforts for previously identified issues, including tracking issues over time? 2) Objectives, scope, and planned QAPI activities for each year? 3) Targeted areas of improvement or change in service delivery or program design?
I6e	Does the QAPI work plan include a description of mechanisms the Contractor has implemented to assess the accessibility of services within its service delivery area, including goals for: <ol style="list-style-type: none"> 1) Responsiveness for the Contractor’s 24-hour toll-free telephone number? 2) Timeliness for scheduling of routine appointments? 3) Timeliness of services for urgent conditions? 4) Access to after-hours care?
I6f.	Does the QAPI work plan include evidence of compliance with the requirements for cultural competence and linguistic competence?
	<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.440(a)(5) • DMH Information Notice No. 10-17, Enclosures, Pages 18 & 19, and DMH Information Notice No. 10-02, Enclosure, Page 23 • MHP Contract, Exhibit A, Attachment I • CCR, tit. 9, § 1810.410 • CFR, title 42, Part 438-Managed Care, sections 438.204, 438.240 and 438.358.

FINDINGS

The MHP did not furnish evidence it has a QM/QI work plan covering the current contract cycle, with documented annual evaluations and necessary revisions, which meets MHP Contract requirements. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: QI Work Plan, QI Work Plan Evaluations. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the work plan did not have a specific goal related to after-hours care or a way to monitor this. The goal stated for after-hours is “Anyone requiring after hours can go to the Sutter Coast Hospital for Emergency Services.” This is not a goal and there was no evidence presented of a mechanism to assess after hours services. While there is a goal for timeliness of urgent conditions, no evidence was presented of a mechanism to assess these services. The MHP does not include evidence of compliance for cultural competence and linguistic competence. Protocol question I6e3, I6e4, I6f are deemed OOC.

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PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a QM/QI work plan covering the current contract cycle, with documented annual evaluations and necessary revisions, which meets MHP Contract requirements.

SURVEY ONLY FINDINGS

SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES

PROTOCOL REQUIREMENTS	
A6. A6a.	Regarding therapeutic foster care service model services (referred to hereafter as "TFC"): SURVEY ONLY 1) Does the MHP have a mechanism in place for providing medically necessary TFC services, either by contracting with a TFC agency or establishing a county owned and operated TFC agency?
	2) If the MHP does not have a mechanism in place to provide TFC, has the MHP taken steps to ensure that TFC will be available to children/youth who require this service, either through contracting with a TFC agency or establishing a county owned and operated TFC Agency?
<ul style="list-style-type: none"> • <i>State Plan Amendment 09-004</i> • <i>MHSUDS Information Notice No. 17-009</i> • <i>MHSUDS Information Notice No. 17-021</i> 	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Remi Vista Contract, Katie A Documentation Policy and Procedure.

SUGGESTED ACTIONS

No further action required at this time.

PROTOCOL REQUIREMENTS	
A7. A7a.	Regarding Continuum of Care Reform (CCR): SURVEY ONLY Does the MHP maintain an appropriate network of Short Term Residential Therapeutic Programs (STRTPs) for children/youth who have been determined to meet STRTP placement criteria?

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- *Welfare and Institutions Code
4096,5600.3(a)*

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: No Documentation.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements or to strengthen current processes in this area to ensure compliance in future reviews: Continue to work with the probation department and neighboring counties to establish STRTPs.

SECTION C: COVERAGE AND AUTHORIZATION

PROTOCOL REQUIREMENTS	
C4d.	Regarding presumptive transfer: SURVEY ONLY: 1) Does the MHP have a mechanism to ensure timely provision of mental health services to foster children upon presumptive transfer to the MHP from the MHP in the county of original jurisdiction?
	SURVEY ONLY: 2) Has the MHP identified a single point of contact or unit with a dedicated phone number and/or email address for the purpose of presumptive transfer?
	SURVEY ONLY: 3) Has the MHP posted the contact information to its public website to ensure timely communication?
<ul style="list-style-type: none"> • <i>Welfare and Institutions Code 4096,5600.3(a)</i> 	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Presumptive Transfer Log, Presumptive Transfer Checklist, MHP website.

SUGGESTED ACTIONS

No further action required at this time.

PROTOCOL REQUIREMENTS	
H2k	Does the MHP have a provision for prompt reporting of all overpayments identified or recovered, specifying the overpayments due to potential fraud, waste and abuse?
<ul style="list-style-type: none"> • <i>CFR, title 42, sections 438.10, 438.604, 438.606, 438.608 and 438.610</i> • <i>MHP Contract, Exhibit A, Attachment I</i> 	

SURVEY FINDING

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DHCS reviewed the following documentation provided by the MHP for this survey item:
Compliance Plan.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements or to strengthen current processes in this area to ensure compliance in future reviews: continue to work with fiscal department to establish a prompt reporting process any overpayments identified.