

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

This report details the findings from the triennial system review of the **Mono 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

Report Contents

RESULTS SUMMARY: SYSTEM REVIEW	2
FINDINGS.....	3
<i>SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES</i>	3
<i>SECTION B: ACCESS</i>	3
<i>SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE</i>	7
<i>SECTION H: PROGRAM INTEGRITY</i>	8
<i>SECTION I: QUALITY IMPROVEMENT</i>	10

**System Review Findings Report
Mono County Mental Health Plan
Fiscal Year 2017/2018**

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	IN COMPLIANCE PERCENTAGE FOR SECTION
ATTESTATION	5	0	0/5		100%
SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES	25	3	2/25	A2c & A5a(2)	92%
SECTION B: ACCESS	54	0	2/54	B5f, B9a(c)	97%
SECTION C: AUTHORIZATION	33	3	0/33		100%
SECTION D: BENEFICIARY PROTECTION	29	0	0/29		100%
SECTION E: FUNDING, REPORTING & CONTRACTING REQUIREMENTS	1	0	0/1		100%
SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	2/6	F2c & F2d	67%
SECTION G: PROVIDER RELATIONS	11	0	0/11		100%
SECTION H: PROGRAM INTEGRITY	26	1	8/26	H2d, H3a, H3b, H5a(1), H5a (2), H5a (3), H5a (4)& H5a (5)	70%

**System Review Findings Report
Mono County Mental Health Plan
Fiscal Year 2017/2018**

SECTION I: QUALITY IMPROVEMENT	34	0	4/34	I3a, I6e(1), I6e(3) & I6e(4)	89%
SECTION J: MENTAL HEALTH SERVICES ACT	21	0	0/21		100%
TOTAL ITEMS REVIEWED	245	7	18		

Overall System Review Compliance

Total Number of Requirements Reviewed	245 (with 5 Attestation items)			
Total Number of SURVEY ONLY Requirements	7 (NOT INCLUDED IN CALCULATIONS)			
Total Number of Requirements Partial or OOC	18	OUT OF 245		
OVERALL PERCENTAGE OF COMPLIANCE	IN	93%	OOO/Partial	7%
	(# IN/245)		(# OOO/245)	

FINDINGS

SECTION B: ACCESS

PROTOCOL REQUIREMENTS	
B5f.	Does the MHP have a mechanism for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and/or culturally appropriate field testing)?
	<ul style="list-style-type: none"> • CFR, title 42, section 438.10(d)(i),(ii) • CCR, title 9, chapter 11, sections 1810.110(a) and 1810.410(e)(4) • CFR, title 42, section 438.10(d)(2) • MHP Contract, Exhibit A, Attachment I

FINDINGS

The MHP did not furnish evidence it has a mechanism for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and/or culturally appropriate field testing). DHCS reviewed the MHP's Cultural Competence Plan (FYs 17/18 and 18/19). However, it did not include evidence that the MHP has a mechanism for ensuring the accuracy of translated materials in terms of both language and culture. Protocol question B5f 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

**System Review Findings Report
Mono County Mental Health Plan
Fiscal Year 2017/2018**

a mechanism for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and/or culturally appropriate field testing).

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?
	<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> • <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>

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 March 27, 2018, at 10:21 a.m. The call was answered after three (3) rings by a live operator. The caller requested information about accessing mental health services in the county. The operator inquired if the caller was in crisis. The caller replied in the negative. The operator then provided an overview of the services available, intake process, and the physical address for walk-in services. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria is met. The caller was provided with 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 #2 was placed on April 23, 2018, at 7:31 a.m. It was answered after four (4) rings via an operator. The caller requested information about accessing mental health services in the county. The operator asked what type of health insurance the caller had, the caller stated Medi-Cal. The operator explained the intake process. The caller was provided with information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The call is deemed in compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

**System Review Findings Report
Mono County Mental Health Plan
Fiscal Year 2017/2018**

Test Call #3 was placed on April 27, 2018, at 2:35 p.m. The call was answered after two (2) rings via a live operator. The caller requested information about how to make a complaint about the services in the county. The operator asked the caller's name and explained how to file a grievance. The operator provided the address of the MHP. The caller was provided with information on how to use the beneficiary problem resolution process. The call is deemed in compliance with the regulatory requirements for protocol questions B9a4.

Test Call #4 was placed on April 27, 2018, at 2:50 p.m. The call was answered after two (2) rings via a live operator. The caller requested information about accessing mental health services for their child. The operator provided information about the availability of school-based services. The operator explained the intake process, as well as information about services. The operator provided hours of operations for the clinic, and advised the caller to call back to schedule an appointment. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The call is deemed in compliance with the regulatory requirements for protocol questions B9a2.

Test Call #5 was placed on May 1, 2018, at 7:55 a. m. The call was answered after three (3) rings via a live operator. The operator asked for the caller's name and confirmed the caller lived in the county. The caller requested information about services for their son who was having issues at school and at home. The caller indicated they were worried about their child's behavior and that they were referred to mental health services by the son's doctor. The operator advised the caller to call back after the office opened. The operator provided the hours of operations, but did not provided the clinic location. The caller asked if there was an option to walk-in for services and the operator indicated that it would be best to call back before coming into the clinic. The operator advised the caller to dial 911 if there is a crisis. The operator asked if the son was showing any signs of aggression, and the caller said he was angry but not aggressive. The operator indicated caller could contact the county 24/7 if needed, and provided the phone number and hours of operation for the MHP. The test call was OOC for protocol section B9a2 as the operator did not provide all of the information (Address) about how to access SMHS and was referred to call another number. The test call is in compliance with protocol section B9a3.

Test Call #6 was placed on May 1, 2018, at 2:06 p.m. The call was answered after one (1) ring via a live operator. The caller requested information about accessing mental health services in the county. The operator requested the caller's name, DOB, address, and phone number. The caller provided the information, but declined to provide a phone number. The operator asked if caller was in crisis, had feelings of suicide, or hurting self/others. The caller responded in the negative. The operator asked if the caller wanted to be set up for an appointment and the caller responded in the affirmative. The operator provided the caller with information about the next available appointment and explained the intake process. The caller was also 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 in-compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

Test Call #7 was placed on Wednesday June 6, 2018, at 4:35 p.m. An operator answered the call after one (1) ring. The caller asked how they could file a grievance. The operator stated they could email or fax the caller a grievance form, the caller could talk with the grievance

**System Review Findings Report
Mono County Mental Health Plan
Fiscal Year 2017/2018**

coordinator, or they could pick up the grievance forms at the clinic. The operator provided the clinic address. This call is deemed in with regulatory requirements for protocol question 9a4.

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	N/A	IN	OOC	IN	N/A	80%
9a-3	IN	IN	N/A	N/A	IN	IN	N/A	100%
9a-4	N/A	N/A	IN	N/A	N/A	N/A	IN	100%

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.

**System Review Findings Report
Mono County Mental Health Plan
Fiscal Year 2017/2018**

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. The MHP does not have an MOU with California Health and Wellness (CHW), nor did the MHP provide evidence it has made a good faith effort to enter into an MOU with CHW.

DHCS reviewed the MHP’s MOU with Anthem (since 2014); however, the MHP did not furnish evidence it has a mechanism for monitoring and assessing the effectiveness of the MHP’s MOU with Anthem. In addition, the MHP does not have a formal processes (e.g., referral protocol, coordination meetings) in place to coordinate care between the MHP and MCP.

Protocol questions F2a, F2c, and F2d 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 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.

**System Review Findings Report
Mono County Mental Health Plan
Fiscal Year 2017/2018**

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. DHCS reviewed the following documentation presented by the MHP as evidence of compliance:

- PowerPoint training related to Compliance, Fraud, Waste, and Abuse;
- Training sign in sheets; and,
- A spreadsheet of additional trainings provided to all employees.

However, the MHP did not provide evidence the Compliance Officer received effective training and education regarding the role and responsibilities of the Compliance Officer. The training provided by the MHP are the trainings required of all individuals employed by the MHP. Protocol question H2d 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	
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)?

**System Review Findings Report
Mono County Mental Health Plan
Fiscal Year 2017/2018**

	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.	<p>When an excluded provider/contractor is identified by the MHP, does the MHP have a mechanism in place to take appropriate corrective action?</p> <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

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 databases. DHCS reviewed the following documentation presented by the MHP as evidence of compliance:

- Results of OIG LEIE exclusion searches (completed on May 25, 2017, October 3, 2017, January 9, 2018 and April 8, 2018).

However, the MHP did not have a Policy and Procedure that outlined their practices related to this requirement. In addition, the evidence did not reflect the MHP is checking all the required databases in accordance with the required verification timeframes. Protocol questions H5a(1), H5a(2), H5a(3), H5a(4) and H5a(5) 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.

**System Review Findings Report
Mono County Mental Health Plan
Fiscal Year 2017/2018**

SECTION I: QUALITY IMPROVEMENT

PROTOCOL REQUIREMENTS	
I3.	Regarding monitoring of medication practices:
I3a.	Does the MHP have mechanisms to monitor the safety and effectiveness of medication practices at least annually?
<ul style="list-style-type: none">• <i>MHP Contract, Exhibit A, Attachment I</i>	

FINDING

The MHP did not furnish evidence it has mechanisms to monitor the safety and effectiveness of medication practices at least annually. DHCS reviewed the following documentation presented by the MHP as evidence of compliance:

- Kingsview Informed Consent, Psychotropic Medications, and Guidelines Psychotropic Medication Practices.

The MHP delegates medication monitoring activities to its subcontractor, Kingsview; however, the MHP does not have a formal process and procedure to oversee its subcontractor's medication monitoring activities. Protocol question I3a 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 mechanisms to monitor the safety and effectiveness of medication practices at least annually.