

**FISCAL YEAR (FY) 2017/2018 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY
 MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES
 SACRAMENTO COUNTY MENTAL HEALTH PLAN REVIEW
 April 9, 2018
FINDINGS REPORT**

This report details the findings from the triennial system review of the Sacramento 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	3
FINDINGS.....	4
SECTION A:..... <i>NETWORK ADEQUACY AND ARRAY OF SERVICES</i>	4
SECTION B: <i>ACCESS</i>	8
SECTION C: <i>COVERAGE AND AUTHORIZATION</i>	14
SECTION D:..... <i>BENEFICIARY PROTECTION</i>	22

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

SECTION H: PROGRAM INTEGRITY24
SECTION J: MENTAL HEALTH SERVICES (MHSA)27

**System Review Findings Report
Sacramento 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 (OOO) OR PARTIAL COMPLIANCE	IN COMPLIANCE PERCENTAGE FOR SECTION
ATTESTATION	5	0	0/5		100%
SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES	25	3	6/25	A1, A4a, A4d1, A4d3, A5a2, & A5b	76%
SECTION B: ACCESS	54	0	6/54	B2b8, B9a2, B9a3, B9a4, B10a, & B13b	89%
SECTION C: AUTHORIZATION	33	3	9/33	C1b, C1c, C2c, C2d, C3a2, C4e, C6a1, C6a4, & C6c,	73%
SECTION D: BENEFICIARY PROTECTION	29	0	2/29	D4a1, D4a2	94%
SECTION E: FUNDING, REPORTING & CONTRACTING REQUIREMENTS	1	0	0/1		100%
SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	0/6		100%
SECTION G: PROVIDER RELATIONS	11	0	0/11		100%
SECTION H: PROGRAM INTEGRITY	26	1	0/26		100%

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

SECTION I: QUALITY IMPROVEMENT	34	0	0/34		100%
SECTION J: MENTAL HEALTH SERVICES ACT	21	0	4/21	J4a, J4b1, J4b2, & J4b3	81%
TOTAL ITEMS REVIEWED	245	7	27		

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	27	OUT OF 245		
OVERALL PERCENTAGE OF COMPLIANCE	IN (# IN/245)	89%	OOO/Partial (# OOO/245)	11%

FINDINGS

SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES

PROTOCOL REQUIREMENTS	
A1.	Does the MHP have a current Implementation Plan which meets title 9 requirements?
	<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.310

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: Sacramento County Phase II Outpatient Consolidation Implementation Plan (dated September 1, 2007). The MHP's Implementation Plan does not reflect its current operational structure and procedures. Protocol question A1 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 current Implementation Plan which meets title 9 requirements.

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

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?
	<ul style="list-style-type: none"> • CFR, title 42, section 438.206(b)(1) • CCR, title 9, chapter 11, section 1810.310 (a)(5)(B) • MHP Contract, Exhibit A, Attachment I • CMS/DHCS, section 1915(b) waiver

FINDINGS

PLEASE NOTE: DHCS implemented new procedures for monitoring network adequacy in FY17/18. The network certification results were not available at the time of the review. The MHP will be notified of any required corrective actions through a separate process.

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?
A4d.	<ol style="list-style-type: none"> 1) Has the MHP established mechanisms to ensure compliance by network providers? 2) Does the MHP monitor network providers regularly to determine compliance?

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

3) Does the MHP take corrective action if there is a failure to comply by a network provider?
<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>

FINDING

The MHP did not furnish evidence it meets and requires its network providers to meet State standards for timely access to care and services, taking into account the urgency for the need of services. DHCS reviewed the following documentation presented by the MHP as evidence of compliance:

- Service Request Report (service request dates: 9/18/17-10/6/17)
- FY 16/17 Annual Beneficiary Grievance and Appeal Report
- Annual External Quality Review Organization Report (August 8-10, 2017)
- Sampling of grievances

During the onsite interview, the MHP acknowledged that timeliness of services, for both access to an initial Assessment and for psychiatry services, is an issue in Sacramento County. This is reflected in both the MHP's EQRO report and in the number (50) of timeliness related beneficiary grievances received by the MHP during FY16/17.

In addition, DHCS reviewed a report querying beneficiary service requests made during a three-week period. The report included four hundred and fifty two (452) requests for services. Of these, one-hundred and forty (140) of the beneficiaries authorized for services did not receive timely access to assessment.

The MHP does have a mechanism (i.e., monthly monitoring) for monitoring its network providers for timeliness of services. However, timeliness appears to be an issue throughout the MHP's network. In addition, the MHP indicated it is in the process of developing, but does not currently have, a mechanism to take corrective action of there is a failure to comply by a network provider.

Of note, at the time of the onsite review, the MHP had recently entered into a new contract with UC Davis for tele-psychiatry services in an effort to improve timeliness of psychiatry appointments.

Protocol questions A4a, A4d (1) and A4d (3) are deemed OOC.

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.

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

PROTOCOL REQUIREMENTS	
A5.	Regarding the MHP's implementation of Pathways to Wellbeing (Katie A Settlement Agreement):
A5a	<p>1) Does the MHP have a mechanism in place to ensure appropriate identification of Katie A subclass members?</p> <p>2) Does the MHP have a mechanism in place to identify children who are eligible for ICC and IHBS services?</p>
A5b.	Does the MHP maintain and monitor an appropriate network of providers to meet the anticipated need of children/youth eligible for ICC and IHBS services?
<ul style="list-style-type: none"> • <i>Katie A Settlement Agreement</i> • <i>Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care for Medi-Cal Beneficiaries</i> 	

FINDING

The MHP did not furnish evidence it maintains and monitors an appropriate network of providers to meet the anticipated need of children/youth eligible for Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) services. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: the MHP's FY 16/17 Performance Outcomes System Report, provider contracts, and the MHP's Katie A. Quarterly Progress Report. It was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, per the FY 16/17 Performance Outcomes System Report, Sacramento MHP served 8,710 children/youth who received 5 or more SMHS during Fy15/16. However, only 4% of children/youth served received ICC services and 2.7% of children/youth received IHBS services. ICC and IHBS must be made available to all children/youth eligible for full-scope Medi-Cal who meet criteria for SMHS. The MHP's screening process for ICC and IHBS services does not adequately identify children/youth eligible for the services.

The MHP's lack of provision of ICC and IHBS services to children/youth indicates the MHP's network of ICC and IHBS providers is insufficient to meet the needs of its beneficiaries. However, DHCS notes that the MHP released a Request for Proposal seeking to add children/youth services providers to the MHP's network. The outcome of the RFP process is not available to DHCS for this report.

Protocol questions A5a (2) and A5b 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 has a mechanism to identify children and youth eligible to receive ICC and IHBS services and that the MHP maintains and monitors an appropriate network of providers to meet the anticipated need of children/youth eligible for ICC and IHBS services.

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

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?
	<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.10(f)(6)(i) and 438.206(a)</i> • <i>CCR, title 9, chapter 11, section 1810.410</i> • <i>CMS/DHCS, section 1915(b) Waiver</i> • <i>DMH Information Notice Nos. 10-02 and 10-17</i> • <i>MHP Contract</i>

FINDINGS

DHCS reviewed the MHP's current Provider Directory. It does not contain all required elements. Specifically, it does not indicate whether the providers have completed cultural competence training. Protocol questions B2b (8) 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 or whether the provider has completed cultural competence training,

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

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> 	<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>

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 Monday, November 6, 2017, at 11:59 p.m. The call was answered after two (2) rings via a live operator. The caller requested information about accessing SMHS in the county. The operator asked the caller if he/she was in crisis and the caller responded in the negative. The operator provided the caller with an additional crisis hotline number as well as advising the caller to call 911 for emergency services. The operator asked the caller if he/she were seeking inpatient or outpatient services. The caller advised he/she seeking outpatient services and the operator advised the caller of the assessment process. The operator advised the caller to call or walk into the clinic during business hours and provided the caller with the clinic's address and hours of operation. The caller was provided information about how to access SMHS and the caller 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 #2 was placed on Thursday, November 16, 2017 at 4:02 p.m. The call was answered after three (3) rings via a phone tree directing the caller to select a language option, which included the MHP's threshold languages. Upon selecting the options, the caller requested information about accessing mental health services in the county. The operator asked if he/she had an immediate need to be seen and the caller responded in the negative. The operator asked if the caller wanted a referral to a psychiatrist and the caller responded yes. The operator asked for the caller's name, DOB, and phone number, but the caller stated that the phone was borrowed. The operator transferred the call to a clinician. The caller was placed on hold, then was answered by a clinician who asked the caller if he/she had suicidal thoughts and the caller replied in the negative. The caller explained to the clinician with how he/she was feeling. The

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

clinician informed the caller about how services work and informed the caller that he/she did not meet the criteria. The clinician asked for the Medi-Cal number and SSN, which the caller could not provide. The clinician provided information on other health insurance companies until the caller locates his/her Medi-Cal card. The clinician provided the MHP's business hours and information about after hour calls. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, as well as information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions B9a1, B9a2 and B9a3.

Please note: If this were a real Medi-Cal beneficiary, the MHP would be required to send a Notice of Adverse Benefit Determination (NOABD) to this beneficiary since the clinician made a determination that the beneficiary does not meet medical necessity criteria.

The MHP regularly conducts telephone screenings whereby the Access team clinicians make determinations about medical necessity and referrals. If it is determined via such a screening that the beneficiary does not meet medical necessity criteria for SMHS, the MHP must send a NOABD to the beneficiary. The MHP must implement a mechanism to monitor the provision of NOABDs required as a result of screening. This should be included in the MHP's POC.

Test Call #3 was placed on Monday, December 18, 2017 at 8:18 a.m. The call was answered after one (1) ring via a phone tree directing the caller to select a language option, which included the MHP's threshold languages. Upon selecting the option for English, the caller was transferred to a live operator. The operator asked the reason for the call. The caller indicated that he/she was calling regarding services for his/her son. The caller indicated he/she was referred to mental health services by the son's doctor. The operator asked the caller to provide son's name and DOB. The operator asked if caller had Medi-Cal and the caller confirmed. The operator indicated that they could not find the information in the system and could not move forward with assigning a clinician to conduct a screening. The caller asked if he/she could just bring his/her son in for services. The operator indicated he/she could not do this without a phone screening and asked for social security number or Medi-Cal number. The caller indicated that he/she did not have this information with them. The operator indicated that they would have to call back with all the information in order to be assigned to a clinician. The caller asked if they should call back and speak to the same operator. The operator indicated they would just need to call the general phone line. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, nor was the caller provided information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol question B9a1 and is deemed OOC with questions B9a2 and B9a3.

Test Call #4 was placed on Thursday, February 1, 2018 at 11:00 am. The call was answered after one (1) ring via a phone tree directing the caller to select a language option, which included the MHP's threshold languages. Upon selecting the option for English, the caller then heard a recorded greeting, which instructed the caller to call 911 in an emergency. The caller was placed on hold for two (2) minutes while the call was transferred to a live operator. A live operator answered the call. The caller requested information about accessing mental health services in

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

the county. The operator asked the caller to provide his/her name and contact information. The caller provided his/her name but not his/her telephone number. The operator asked the caller if he/she has Medi-Cal. The operator asked how he/she could help the caller. The caller described how he/she was feeling. The operator asked if the caller if he/she was interested in seeing someone for medication for depression or counseling. The caller asked to talk with someone. The operator placed the caller on hold to transfer the call to a counselor. The caller was placed on hold and a counselor answered the call. The counselor provided information on how to access SMHS in Sacramento. The counselor wanted to assess the caller on the phone, but the caller said he/she would rather have an assessment in person. The counselor explained how the assessment processed worked and told the caller he/she could walk in for urgent care and provided the location of the urgent care. The counselor asked the caller if she was feeling suicidal or in danger or hurting someone else. The caller responded in the negative. The counselor asked if the caller had ever experienced these types of feeling, the caller responded in the negative. The counselor asked what health plan the caller has and the caller responded that he/she has Medi-Cal. The counselor then provided the telephone numbers to seek counseling services through Kaiser. The caller thanked the counselor and the call ended the call. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met and the caller was provided information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

Test Call #5 was placed on Thursday, February 8, 2018 at 7:34 am. The call was answered after one (1) ring via a live operator. The operator asked if caller needed an interpreter, the caller replied in the negative. The operator asked for the caller's name and the caller provided the name to the operator. The operator asked the caller if he/she was in crisis, the caller replied in the negative. The operator asked for the caller's phone number and the caller stated he/she did not have a phone and that the phone was borrowed. The operator informed the caller that he/she could go to receive outpatient services at the Wellness Recovery Center and provided the location and its telephone number. The operator described the service array available to beneficiaries who meet medical necessity criteria. The caller stated that he/she was only interested in one to one counseling. The operator asked about the caller's insurance status and the caller replied he/she had Medi-Cal. The operator informed the caller that he/she could call the same number after 8 am to request individual adult counseling services. The caller was provided information about how to access SMHS and the caller 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 B 9a1, B9a2 and B9a3.

Test Call #6 was placed on Monday, January 29, 2018 at 2:45 pm. The call was answered after one (1) ring via a phone tree directing the caller to hang up and dial 911 if this was life-threatening emergency. The phone tree continued instructions in English, Spanish and other languages. The caller selected the option for English. Upon then selecting the option for problem resolution, the call was answered immediately via a live operator who introduced his/herself as QM. The caller requested information about how to file a complaint. The operator said he/she could take the information. The caller said he/she did not want to get into it. The operator informed the caller that you could submit the complaint in writing. The caller asked where he/she could pick up a complaint form. The operator said you could pick up a form at the

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

“doctor’s office” or I can mail one to you. The caller asked where the complaint forms were located and the operator responded that forms are available in the clinic’s reception area. The caller was offered access to an interpreter and provided with information about how to use the problem resolution and fair hearing processes. The call is deemed in compliance with the regulatory requirements for protocol questions B9a1 and B9a4.

Test Call #7 was placed on Wednesday, January 31, 2018 at 12:14. The call was answered after two (2) rings via an answering machine. The answering machine provided several options to select, including an option for lodging a complaint about services. Upon selecting the problem resolution option, the caller heard another recorded greeting that instructed to caller to leave a message. The caller did not leave a message and terminated the call. The caller was not provided with information about how to use the beneficiary problem resolution and fair hearing processes. The call is deemed OOC with the regulatory requirements for protocol question B9a4.

FINDINGS

Test Call Results Summary

Protocol Question	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
9a-1	N/A	IN	IN	N/A	N/A	IN	N/A	100%
9a-2	IN	IN	OOC	IN	IN	N/A	N/A	80%
9a-3	IN	IN	OOC	IN	IN	IN	N/A	83%
9a-4	N/A	N/A	N/A	N/A	N/A	IN	OOC	50%

DHCS conducted seven (7) test calls. Specifically protocol questions 9a2, 9a3, and 9a4 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, 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	
B10.	Regarding the written log of initial requests for SMHS:
B10a.	Does the MHP maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing?
B10b.	Does the written log(s) contain the following required elements:
	1) Name of the beneficiary?
	2) Date of the request?
	3) Initial disposition of the request?

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

- | |
|--|
| <ul style="list-style-type: none"> • <i>CCR, title 9, chapter 11, section 1810.405(f)</i> |
|--|

FINDINGS

The MHP did not furnish evidence its written log(s) of initial requests for SMHS includes requests made by phone, in person, or in writing. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P Mental health Plan's After-Hours Response Service Request screen shot, Access Team Call search detail sheet, blank Access Rollover log, and the MHP call logs. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, one of the calls made by the DHCS team was not documented on the MHP call log.

Protocol questions B10a(1), B10a(2), and B10a(3) 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 its written log of initial requests for SMHS (including requests made via telephone, in person or in writing) complies with all regulatory requirements.

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: Health Equity and Multicultural Diversity Foundation CBMCS Training (FY2016/2017) materials and a list of training events with the number of attendees and presenters. However, the MHP does not have

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

a mechanism for tracking the provision of cultural competence training to ensure that everyone who is required to take the mandatory training receives the training. The Protocol question B13 (b) 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 plan for annual cultural competence training necessary to ensure the provision of 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.

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: <ul style="list-style-type: none"> 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"> • <i>CCR, title 9, chapter 11, sections 1810.242, 1820.220(c),(d), 1820.220 (f), 1820.220 (h), and 1820.215.</i> • <i>CFR, title 42, section 438.210(d)</i> 	

FINDINGS

DHCS inspected a sample of 81 TARs to verify compliance with regulatory requirements. The TAR sample review findings are detailed below:

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

PROTOCOL REQUIREMENT		# TARS IN COMPLIANCE	# TARS OOC	COMPLIANCE PERCENTAGE
C1a	TARs approved or denied by licensed mental health or waived/registered professionals	81	0	100%
C1b	TARs approves or denied within 14 calendar days	47	34	58%

Please note: For 27 TARs in the review sample, DHCS was not able to determine whether the TAR was adjudicated by the MHP in a timely manner because the receipt date was not documented on the TAR. The receipt date was also not documented on an additional 36 TARs; however, for these 36 TARs, the MHP made the authorization decision within 14 calendar days of the beneficiary's discharge from the hospital.

Protocol question C1b are deemed in partial compliance.

The TAR sample included 16 TARs, which were denied based on based on criteria for medical necessity or emergency admission.

PROTOCOL REQUIREMENT		# TARS IN COMPLIANCE	# TARS OOC	COMPLIANCE PERCENTAGE
C1c	Adverse decisions based on criteria for medical necessity or emergency admission approved by a physician (or psychologist, per regulations)	16	8	50%

These TARs did not include evidence that adverse decisions based on criteria for medical necessity or emergency admission were reviewed and approved by a physician (or by a psychologist, per regulations). Protocol question C1c is deemed in partial compliance.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it complies with regulatory requirements regarding Treatment Authorization Requests (TARs) for hospital services.

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?

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

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

DHCS inspected a sample of 67 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	67	0	100%
C2c	MHP makes authorization decisions and provides notice within 14 calendar days	15	3	83%
C2d	MHP makes expedited authorization decisions and provide notice within 72 hours following receipt of the request for service or, when applicable within 14 calendar days of an extension.	17	16	48%

In addition, the MHP's policy and procedure does not address the requirement regarding the 14-day extension.

Protocol questions C2c and C2d are deemed in partial compliance.

PLAN OF CORRECTION

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

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

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

DHCS inspected a sample of 25 authorizations for DTI to verify compliance with regulatory requirements. The DTI/DR authorization sample review findings are detailed below:

PROTOCOL REQUIREMENT		# IN COMPLIANCE	# OOC	COMPLIANCE PERCENTAGE
C3a	1) Approved in advance of service delivery when services will be provided for more than 5 days per week	N/A	N/A	N/A
	2) Approved at least every 3 months for continuation of Day Treatment Intensive	24	1	96%
	3) Approved at least every 6 months for continuation of Day Rehabilitation	N/A	N/A	N/A

In addition, all 25 DTI authorizations were marked for expedited review; however, for 7 of the 25 requests for expedited authorization, the MHP did not meet the required timeline not to exceed 72 hours from receipt of the request.

Protocol question C3a (2) are deemed in partial compliance.

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

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.

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

PROTOCOL REQUIREMENTS	
C4e.	If an exception to presumptive transfer exists, does the MHP ensure access for foster care children outside its county of adjudication?
	<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 ensure access for foster care children outside its county of adjudication when an exception to presumptive transfer exists. The MHP did not submit a policy and procedure addressing this requirement. Protocol questions C4e 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 ensure access for foster care children outside its county of adjudication.

PROTOCOL REQUIREMENTS	
C6.	Regarding Notices of Adverse Benefit Determination (NOABDs):
C6a.	Does the MHP provide a beneficiary with a NOABD under the following circumstances:
	1) The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit?
	2) The reduction, suspension, or termination of a previously authorized service?
	3) The denial, in whole or in part, of a payment for service?
	4) The failure to provide services in a timely manner?
	5) The failure to act within timeframes provided in 42 C.F.R. §438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals?
	6) The denial of a beneficiary's request to dispute financial liability, including cost sharing and other beneficiary financial liabilities?
	<ul style="list-style-type: none"> • CFR, title 42, sections 438.10(c), 438.400(b) and 438.404(c)(2) • CCR, title 9, chapter 11, sections 1830.205(a),(b)(1),(2),(3), 1850.210 (a)-(j) and 1850.212 • DMH Letter No. 05-03 • MHP Contract, Exhibit A, Attachment I • CFR, title 42, section 438.206(b)(3) • CCR, title 9, chapter 11, section 1810.405(e)

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

FINDINGS

The MHP did not furnish evidence it provides a written NOABD to the beneficiary when a denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting or effectiveness of a covered benefit or failure to provide services in a timely manner. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Report of beneficiary referrals from MCP to MHP from 9/15/17 to 11/28/17. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, MHP indicated that have not been sending NOABDs related to timeliness to their beneficiaries. Additionally, the MHP did not furnish evidence it issues NOABDs to beneficiaries when it makes referrals to the MCP/GMC. Protocol questions C6a (1) and (4) 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 a written NOABD to the beneficiary when a denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit, or failure to provide services in a timely manner.

PROTOCOL REQUIREMENTS	
C6c.	Does the MHP provide for a second opinion from a qualified health care professional within the MHP network or arrange for the beneficiary to obtain a second opinion outside the MHP network, at no cost to the beneficiary?
<ul style="list-style-type: none"> • <i>CFR, title 42, sections 438.10(c), 438.400(b) and 438.404(c)(2)</i> • <i>CCR, title 9, chapter 11, sections 1830.205(a),(b)(1),(2),(3), 1850.210 (a)-(j) and 1850.212</i> • <i>DMH Letter No. 05-03</i> 	<ul style="list-style-type: none"> • <i>MHP Contract, Exhibit A, Attachment I</i> • <i>CFR, title 42, section 438.206(b)(3)</i> • <i>CCR, title 9, chapter 11, section 1810.405(e)</i>

FINDING

The MHP did not furnish evidence it provides a second opinion from a qualified health care professional within the MHP network or arrange for the beneficiary to obtain a second opinion outside the MHP network, at no cost to the beneficiary. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Second Opinions policy and procedure. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP's policy and procedure does not identify that the request for a second opinion will be provided at no cost to the beneficiary. Protocol question C6c 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 provides a second opinion from a qualified health care professional within the MHP network or

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

arrange for the beneficiary to obtain a second opinion outside the MHP network, at no cost to the beneficiary.

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

SECTION D: BENEFICIARY PROTECTION

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?
	<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> • <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>

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 a sample of 59 grievances. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP does not maintain a record of the acknowledgement letters sent to beneficiaries. In addition, 4 out of 59 grievances were missing the required disposition letter.

In addition, below is a summary of sample of grievances, appeals, and expedited appeals:

	# REVIEWED	ACKNOWLEDGEMENT		COMPLIANCE PERCENTAGE	DISPOSITION		COMPLIANCE PERCENTAGE
		# IN	# OOC		# IN	# OOC	
Grievances	59	0	56	0%	55	4	93%
Appeals	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Expedited Appeals	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Protocol question D4a (1) is deemed OOC and D4a (2) is deemed in partial compliance.

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

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.

**System Review Findings Report
Sacramento 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 and for the MHP's employees and contract providers. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Specifically, the MHP did not provide evidence that its compliance officer participated in the mandatory compliance trainings. In addition, the MHP did not provide evidence to demonstrate that they are tracking compliance trainings for their contract providers. Protocol questions H2d and H2e 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 for effective training and education for the compliance officer and for the MHP's employees and contract providers.

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. Specifically, the MHP did not provide evidence that it collects disclosure of ownership information and did not demonstrate it has a mechanism to track this required information is received from providers. Protocol question H4a is deemed OOC.

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

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.

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

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

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: MHP did not provide evidence it is checking its employees and contracted providers against the Social Security Administrations Death Master File. In addition, the MHP's policy and procedure does not address this requirement. Protocol question H5a (3) 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 monitors and verifies provider eligibility (prior to contracting and monthly) to ensure providers, including contractors, are not on the EPLS/SAM database.

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

SECTION J: MENTAL HEALTH SERVICES (MHSA)

PROTOCOL REQUIREMENTS	
J4. J4a	Regarding the County's Capacity to Implement Mental Health Services Act (MHSA) Programs: Does the County conduct an assessment of its capacity to implement the proposed programs/services?
J4b	Does the assessment include:
	1) The strengths and limitations of the County and service providers that impact their ability to meet the needs of racially and ethnically diverse populations?
	2) Bilingual proficiency in threshold languages?
	3) Percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to the percentage of the total population needing services and the total population being served?
<ul style="list-style-type: none"> • CCR, title 9, chapter 14, section 3610 	

FINDINGS

The County did not furnish evidence it has conduct an assessment of its capacity to implement the proposed programs/services which includes strengths and limitations of the County and service providers that impact their ability to meet the needs of racially and ethnically diverse populations, bilingual proficiency in threshold languages, and percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to the percentage of the total population needing services and the total population being served. Protocol question(s) J4a, J4b(1), J4b(2), and J4b(3) are deemed OOC.

PLAN OF CORRECTION

The County must submit a POC addressing the OOC findings for these requirements. The County is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has conduct an assessment of its capacity to implement the proposed programs/services which includes strengths and limitations of the County and service providers that impact their ability to meet the needs of racially and ethnically diverse populations, bilingual proficiency in threshold languages, and percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to the percentage of the total population needing services and the total population being served.

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

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. Specifically, during the facilitated dialogue with the MHP indicated it has not implemented TFC services. The MHP released a Letter of Intent in October; one provider is currently in the contracting process.

SUGGESTED ACTIONS

Implement TFC services, as required.

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?
<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: Specifically, during the facilitated dialogue with the MHP they identified they have a two (2)

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

pending STRTP providers and two that are currently contracted. As of the date of the review, the MHP does not have any licensed STRTP providers in the county but six (6) are close to being licensed.

SUGGESTED ACTIONS

No further action required at this time.

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: the MHP identified that if they get a request from another county for a MHP beneficiary, they are in close contact with the placing agency. MHP tracks children who are placed elsewhere, also received presumptive transfer to Sacramento from another counties in their inbox that they used for notifications. Email and fax number is posted on their website. The MHP identified the point of contact. The MHP tracks the number of days from placement to the date of the authorization.

SUGGESTED ACTIONS

The MHP should develop procedures related to presumptive transfer. The MHP indicated its does not currently have a policy and procedure in place.

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

DHCS did not review evidence related to this requirement.