

**Inyo County Mental Health Plan
Fiscal Year 2017-2018
Triennial Review May 14-17, 2018
Items Out Of Compliance-Plan of Correction**

SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES

**PROTOCOL
REQUIREMENTS**

A3g. The ability of network providers to ensure the following:

2) reasonable accommodations

CFR, title **42**, section 438.206(b)(1) MHP Contract, Exhibit A, Attachment I

CCR, title 9, chapter 11, section 1810.310 (a)(S)(B)

CMS/OHCS, section 1915(b), waiver

FINDINGS

The MHP did not furnish evidence it maintains and monitors a network of appropriate providers that is supported by written agreements. Specifically, reasonable accommodations. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Provider Directory. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements.

Specifically, regarding network providers ensuring reasonable accommodations, Protocol question(s) A3g1 is deemed OOC.

PLAN OF CORRECTION

The MHP, here in after referred to as We, will establish a timeline for annual site visits to each of our network providers to verify ADA compliance including reasonable accommodation as well as conduct test calls to verify language line/ASL capacity. The tool to be utilized is currently under development and being vetted through the County approval process.

SECTION B: ACCESS

**PROTOCOL
REQUIREMENTS**

82b. 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?

- CFR, title 42, section 438.10(f)(6)(i) and 438.206(a)
- DMH Information Notice Nos. 10-02 and 10-17
- CCR, title 9, chapter 11, section 1810.410
- MHP Contract
- CMS/OHCS, section 1915(b) waiver

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. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements.

Specifically, the Website URL, the ASL information, accommodations for people with physical disabilities, Protocol question(s) 2b4, 2b7, 2b9 are deemed OOC.

PLAN OF CORRECTION

The above items deemed out of compliance have been added to the provider directory. See exhibit B2b4. These items will be verified during the annual site visit.

PROTOCOL REQUIREMENTS
B.5f. 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) • CFR, title 42, section 438.10(d)(2) • CCR, title 9, chapter 11, sections 1810.110(a) and • MHP Contract, Exhibit A, Attachment I 1810.410 e 4

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 following documentation presented by the MHP as evidence of compliance: Policy: Language, culture and other special communication needs, Language Line Contract. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements.

Specifically, no policy or mechanism for ensuring accuracy of translated materials. Protocol question(s) 5f is deemed OOC.

PLAN OF CORRECTION

We plan on entering into a contract with BizTranslate at our mid-year budget review time to be able to utilize them for translation of all client documents. Once translated, the docs will be vetted with bi-lingual staff.

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PROTOCOL REQUIREMENTS

- 89a. 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?

CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1)

DMH Information Notice No. 10-02, Enclosure, Page 21, and DMH Information Notice No. 10-17, Enclosure, Page 16

CFR, title 42, section 438.406 (a)(1)

MHP Contract, Exhibit A. Attachment I

FINDINGS

Protocol Question	Test Call Findings							Compliance Percentage
	# 1	#2	#3	#4	#5	#6	#7	
9a-1	n / a	n/a	ooc	n/a	n/a	IN	IN	67%
9a-2	IN	IN	ooc	IN	IN	n/a	n/a	80%
9a-3	IN	IN	ooc	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. Protocol question(s) 9a1, 9a2, 9a3 are deemed in partial compliance.

PLAN OF CORRECTION

We have made corrections to the 800# voicemail so that it now meets all of the requirements. See exhibit B9a. We will test this system quarterly as part of the regular 800# test calls to verify the system is working properly.

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PROTOCOL REQUIREMENTS

810. Regarding the written log of initial requests for SMHS:
- 810a Does the MHP maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing?
- 810b 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?
- CCR, title 9, chapter 11, section 1810.405()

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: MHP Call Log and After- Hours Call Log. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements.

The logs made available by the MHP did not include all required elements for calls. The table below details the findings:

Test Call#	Date of Call	Time of Call	Log Results		
			Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
1	04/12/18	10:52p m	IN	IN	IN
2	04/19/18	7:38am	IN	IN	IN
3	04/26/18	7:42am, 7:44am	ooc	ooc	ooc
4	04/19/18	12:10pm	IN	IN	IN
5	05/01/18	12:03pm	IN	IN	IN
Compliance Percentage			80%	80%	80%

Please note: Only calls requesting information about SMHS, including services needed to treat a beneficiary's urgent condition, are required to be logged.

Protocol questions 10b1, 10b2, 10b3 are deemed OOC.

PLAN OF CORRECTION:

Inquires made by phone are currently tracked in the Call Logging system and we will now add all requests made in person and writing in this log as well. The log currently captures the name of the beneficiary, date of the request and the initial disposition of the request so all of these elements will be captured for the in person and written requests also.

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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 (ea. 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?

CCR, title 9, chapter 11, section 1810.410 (a)-(e)

MHP Contract, Exhibit A, Attachment I

DMH Information Notice No. 10-02,
Enclosure, Pages 16 & 22 and
DMH Information Notice No. 10-17,
Enclosure, Pages 13 & 17

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: Cultural Competence 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 question(s) B13a2, B13a3, B13b is deemed OOC.

PLAN OF CORRECTION

We will add trainings specifically for supervisors and managers to the Cultural Competency Plan when the update to the plan is submitted by December 31, 2018. We are currently working with our DHCS analyst to identify a suitable training for interpreter certification. Once we have that established, all current bi-lingual staff will be asked to take the training and be certified. Those who are not certified will not be utilized for interpretation needs. All new bi-lingual employees will take the certification training as well. Language competence will be part of the certification training and an annual training will be given to interpreters on language competence.

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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: <ol 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"> • 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: Policy: Treatment Authorization Requests (TARs).

However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, 1 TAR not adjudicated within 14 calendar days. In addition, DHCS inspected a sample of 39 TARs to verify compliance with regulatory requirements. 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	39	0	100%
C1b	TARs approved or denied within 14 calendar days	38	1	97%

Protocol question(s) C1b is deemed in partial compliance.

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PLAN OF CORRECTION

See updated Policy & Procedure exhibit C1b.

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"> • CFR, title 42, section 438.210(b)(3) • CCR, title 9, chapter 11, sections 1810.253, • CFR, title 42, section 1830.220, 438.210(d)(1),(2) 1810.365, and 1830.215 (a-g) 	

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: Policy: Authorization Process for Outpatient Services. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, 3 SARs did not have authorization signatures, 9 SARs not adjudicated within 14 calendar days, policy indicated 3 working days instead of 72 hours. In addition, DHCS inspected a sample of 20 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	17	3	85%
C2c	MHP makes authorization decisions and provides notice within 14 calendar days	11	9	55%
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.	n/a	n/a	n/a

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Protocol question(s) 2b, 2c, 2d are deemed OOC.

PLAN OF CORRECTION

See updated tracking tool exhibit C2b, C2c, C2d.

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.

CCR, title 9, chapter 11, sections 1830.215 (e) and 1840.318. • DMH Letter No. 03-03

DMH Information Notice 02-06. Enclosures, Pages 1-5

FINDINGS

The MHP did not furnish evidence it requires providers to request advance payment authorization for Day Treatment Intensive (DTI) and Day Rehabilitation (DR). DHCS reviewed the MHP's authorization policy and procedure: Policy: Contract Provider Process Contracting/ Authorization/ Payment, Policy: Day Rehabilitation. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the policy does not require providers to require advance payment authorization, for Day Treatment Intensive services.

Protocol question(s) 3a1, 3a2, 3a4 are deemed OOC.

PLAN OF CORRECTION

See updated Policy & Procedures and protocols exhibits C3a1, C3a4, C3a4.

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?

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CCR, title 9, chapter 11, section 1830.220(b)(c) and (b)(4)(A), • DMH Information Notice No. 97-06
section 1810.220.5, 1830.220 (b)(3), and b(4)(A), • DMH Information Notice No. 08-24
• WIG sections, 11376, 16125, 14716, 14717, 14684, 14718, • Welfare and Institutions Code section 14717.1 and 16125. • MHSUDS Information Notice No. 17-032
DMH Information Notice No. 09-06.

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: Policy: Day Rehabilitation. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or. contractual requirements. Specifically, no mechanism provided to ensure the MHP complies with the standardized contract, authorized procedure, and documentation standards. Protocol question(s) C4c is deemed OOG.

PLAN OF CORRECTION

We are currently developing and out-of-county placement monitoring tool to address the above identified issues. Projected date of completion is 12/31/2018

PROTOCOL REQUIRMENTS

C7. Does the MHP have a policy and procedure in place which ensures that Forms JV-220 (Application Regarding Psychotropic Medication), JV-220(A) (Physician's Statement-Attachment), JV-221 (Proof of Notice: Application Regarding Psychotropic Medication), JV-222 (Input on Application Regarding Psychotropic Medication), and JV-223 (Order Regarding Application for Psychotropic Medication) will be completed and in the beneficiary's medical record when psychotropic medications are prescribed under the following circumstances:
When a child is under the jurisdiction of the juvenile court and living in an out-of-home placement and the child's physician is asking for an order:
Giving permission for the child to receive a psychotropic medication that is not currently authorized or
Renewing an order for a psychotropic medication that was previous authorized for the child
because the order is due to expire?·
2) For a child who is a ward of the juvenile court and living in a foster care placement, as defined in
Welfare and Institutions Code Section 727.4?
Judicial Council Forms, JV 219

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FINDINGS

The MHP did not furnish evidence it ensures JV220-JV223 forms (as applicable) will be completed and in the beneficiary's medical record when psychotropic medications are prescribed when a child is under the jurisdiction of the juvenile court and living in an out-of-home placement and the child's physician is asking for an order to give or renew a child's prescription for psychotropic medication or for a child who is a ward of the juvenile court and living in a foster care placement. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Court Order Process for Application for Psychotropic Medication flowchart, Policy: Presumptive Transfer. 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 and procedure in place for this process and the flowchart provided by the MHP did not match the process that was described by the MHP, no additional policy provided. Protocol question 7a1, 7a2 is deemed OOC.

PLAN OF CORRECTION

See updated Policy & Procedure exhibit C71, C72

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?

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)?

• CFR, title 42, section 438.408(a),(b)(1)(2)(3) • CCR, title 9, chapter 11, section 1850.207(c)

CCR, title 9, chapter 11, section 1850.206(b) • CCR, title 9, chapter 11, section 1850.208.

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: Policy: Beneficiary Problem Resolution Process. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not have a policy or procedure for notices of an extension to beneficiaries nor did the MHP have a template letter for notices of extension.

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In addition, DHCS inspected a sample of grievances, appeals, and expedited appeals to verify compliance with regulatory requirements.

	# REVIEWED	RESOLVED WITHIN TIMEFRAMES		REQUIRED NOTICE OF EXTENSION EVIDENT	COMPLIANCE PERCENTAGE
		#IN COMPLIANCE	#OOO		
GRIEVANCES	1	1	0	n/a	100%
APPEALS	n/a	n/a	n/a	n/a	n/a
EXPEDITED APPEALS	n/a	n/a	n/a	n/a	n/a

Protocol question(s) 3b is deemed OOC.

PLAN OF CORRECTION

See updated Policy & Procedure, log and template exhibit D3b.

PROTOCOL R QUIREMENTS

- D5. Does the written notice of the appeal resolution include the following:
- 1) The results of the resolution process and the date it was completed?
 - 2) Notification of the right and how to request a State fair hearing, if beneficiary is dissatisfied with the appeal decision?
 - 3) The right to request and receive benefits while the hearing is pending and how to make the request?

CFR, title 42, section 438.4081(1),(2)(as modified by the • DMH Letter No. 05-03
waiver renewal request of August, 2002 and CMS letter, • CCR, title 9, chapter 11,
section 1850.207(h)(3)
August 22, 2003)

FINDINGS

The MHP did not furnish evidence its written notice of appeal resolution includes the results and completion of the resolutions process and notification of the right to, how to request, a State fair hearing if the beneficiary is dissatisfied with the appeal decision and right to request and receive benefits while the hearing is pending and how to make the request. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Inyo County Behavioral Health - Grievance, Appeal, and Expedited Appeal Sample Form.

However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, no written letter/template indicating results of resolution and date completed, no information regarding state fair hearings, no information regarding rights to request and receive benefits while the hearing is pending.

Protocol question(s) D5a1, D5a2, D5a3 is deemed OOC.

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PLAN OF CORRECTION

See updated Policy & Procedure exhibit D5.

PROTOCOL REQUIREMENTS

D6. Is the MHP notifying those providers cited by the beneficiary (or otherwise involved in the grievance, appeal, or expedited appeal) of the final disposition of the beneficiary's grievance, appeal or expedited appeal?

CCR, title 9, chapter 11, section 1850.205(d)(6)

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FINDING

The MHP did not furnish evidence it is notifying those providers cited by the beneficiary (or otherwise involved in the grievance, appeal, or expedited appeal) of the final disposition of the beneficiary's grievance, appeal or expedited appeal. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Inyo County Behavioral Health - Grievance, Appeal, and Expedited Appeal Sample Form. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP was unable to provide evidence that the involved provider (The Wellness Center) was notified of the final disposition of the grievance. Protocol question D6 is deemed OOC.

PLAN OF CORRECTION

See updated Policy & Procedure and log exhibit D6

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?
- CCR. title 9. chapter 11. sections 1810.370 and 1810.415 • MHP Contract, Exhibit A, Attachment 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. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: MOU - Managed Care Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements.

Specifically, no referral protocol or tracking mechanism to ensure continuity of care between the MHP and Medi-Cal Managed Care Plan. Protocol question(s) F2d is deemed OOC.

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PLAN OF CORRECTION

See updated Policy & Procedure and tracking log exhibit F2d.

SECTION G: PROVIDER RELATIONS

PROTOCOL REQUIREMENTS	
G3.	Do all contracts or written agreements between the MHP and any subcontractor specify the following:
G3a.	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 date 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.
	CFR, title 42, section 438.206(b)(1) • MHP Contract, Exhibit A, Attachment I CCR, title 9, chapter 11, section 1810.310 (a)(5)(BJ) • CMS/DHCS, section 1915(b) waiver

FINDINGS

The MHP did not furnish evidence that all contracts or written agreements between the MHP and any subcontractor specify the requirements in G3a7 and G3a8 above. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Agreement between the MHP and Pahrump Valley Counselling/ Ramona Sanchez, LCSW. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, contract language regarding records and audits indicated that the "Contractor shall maintain records for a minimum of seven (7) years from the termination of the agreement." Additionally, the agreement did not mention the possibility of fraud and the right to

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inspect, evaluate, audit the subcontractor by the State, CMS, or HHS Inspector General. Protocol question(s) 3a7, 3a8 is deemed OOC.

PLAN OF CORRECTION

Currently updating the standard contract language and vetting the changes through the County Counsel process. Anticipated date of completion 12/31/2018.

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?

CFR, title 42, sections 438.10, 438.04, 438.06, 438.08 and 438.610 • MHP Contract, Exhibit A, Attachment 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: Compliance Plan, Relias Compliance Training PowerPoint, Sign-in sheets for staff compliance training. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, no certificates of completion for the compliance officer, Relias Compliance Training does not cover California law, no tracking mechanism to ensure contractors are completing compliance training. Protocol question(s) h2d, h2e is deemed OOC.

PLAN OF CORRECTION

The County is currently in the process of hiring a compliance officer and once a suitable candidate is found they will complete the necessary training course that includes a certificate of completion.

Contractors will complete the necessary training either through in-person training where attendance will be verified via sign-in sheets or through an online training site where completion will be verified through the system.

PROTOCOL REQUIREMENTS

H2f. Does the MHP ensure effective lines of communication between the compliance officer and the organization's employees and/or contract providers?

CFR, title 42, sections 438.10, 438.604, 438.606, 438.608 end • MHP Contract, Exhibit A, Attachment I
438.610

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FINDING

The MHP did not furnish evidence it ensures effective lines of communication between the compliance officer and the organization's employees and/or contract providers. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Compliance Plan, Compliance Hotline Flyers / Business Cards. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, MHP does not provide the contract providers with the hotline information, no effective lines of communication between the compliance officer and the contract providers. Protocol question h2f is deemed OOC.

PLAN OF CORRECTION

These elements will be added to the Provider Manual. The Compliance Officer (once hired) will conduct quarterly calls to check in with providers.

PROTOCOL REQUIREMENTS

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

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?

CFR, title 42, sections 438.10, 438.604, 438.606, 438.608 and • MHP Contract, Exhibit A, Attachment I 438.610

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: Compliance Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements: Specifically, there was no evidence there was no policy or mechanism in place, including timelines, for prompt response to issues identified through self-evaluations and audits.

Protocol question(s) h2i is deemed OOC.

PLAN OF CORRECTION

These elements will be added to the Provider Manual through the updated compliance plan. The completion of updates to the compliance plan will be dependent upon the hiring of a compliance officer.

PROTOCOL REQUIREMENTS

H2j. [Does the MHP have a provision for a prompt response to detected offenses and for development of corrective action initiatives relating to the MHP's Contract?

CFR, title 42, sections 438.10, 438.604, 438.606, 438.608 and • MHP Contract, Exhibit A, Attachment I 438.610

System Review Findings Report (Inyo County) Mental Health Plan

FINDINGS

The MHP did not furnish evidence it has 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: Compliance Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements.

Specifically, while evidence provided indicated that the Compliance Officer will immediately begin a preliminary investigation to be completed within 24 hours which may be extended to 48 hours with senior management approval, there was no provision for the development of corrective action initiatives relating to the MHPs contract. Protocol question(s) H2j is deemed ooc.

PLAN OF CORRECTION

These elements will be added to the Provider Manual through the updated compliance plan. The completion of updates to the compliance plan will be dependent upon the hiring of a compliance officer.

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?

CFR, title 42, sections 455.1(a)(2) and 455.20 (a) • Social Security Act, Subpart A, Sections 1902(a)(4), 1903(i)(2)

MHP Contract, Exhibit A, Attachment I, Program Integrity and 1909 Requirements

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: Compliance Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, no policy or process to verify services reimbursed by Medicaid were furnished to beneficiaries, no mechanism to ensure appropriate actions are taken when unable to verify services were furnished to beneficiaries. Protocol question(s) H3a, H3b is deemed OOC.

PLAN OF CORRECTION

A new Policy & Procedure has been created to address this issue and is currently being routed through the County approval process. For sample draft see exhibit H3a.

System Review Findings Report (Inyo County) Mental Health Plan

In regards to H3b, this mechanism has been added to Policy & Procedure see exhibit H3b.

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)?
- CFR, title 42, sections 455.101 and 455.104 • MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements

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, Provider Contracts, and Credentialing Application. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, there was no policy or information within the provider contract for providers to consent to a criminal background check, or that requires providers or any person with a 5% or more direct or indirect ownership interest in the provider to submit a set of fingerprints. Protocol question 4b, 4c is deemed OOC.

PLAN OF CORRECTION

We are currently adding this language to the current standard provider contract and moving it through the County approval process. Projected completion date 1/30/19.

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 (Inyo County) Mental Health Plan

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?

CFR, title 42, sections 438.214(d), 438.610, 455.400-455.470, • MHP Contract, Exhibit A, Attachment I, Program Integrity 455.436(b) Requirements DMH Letter No. 10-05

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: Policy: Individual and Group Provider Selection and Retention. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not provide evidence of verification for new and current providers on a monthly basis, including contractors, to ensure they are not on the Office of Inspector General List of Excluded Individuals/ Entities, no evidence of monthly monitoring of providers and contractors to ensure they are not on the DHCS Medi-Cal List of Suspended or Ineligible Providers, no evidence indicating providers and contractors are not in the Social Security Administration's Death Master File, no evidence to verify providers and contractors are in the National Plan and Provider Enumeration System, no evidence of monthly verification of providers and contractors to ensure they are not in the Excluded Parties List System / System Award Management database, and no tracking mechanism or action measures when an excluded provider/ contractor is identified by the MHP. Protocol question(s) 5a1, 5a2, 5a3, 5a4, 5a5, H5b is deemed OOC.

PLAN OF CORRECTION

See Policy & Procedure exhibit H5a1-5, b

SECTION I: QUALITY IMPROVEMENT

PROTOCOL REQUIREMENTS

13c. 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?

MHP Contract, Exhibit A, Attachment I

System Review Findings Report (Inyo County) Mental Health Plan

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: Policies on Administering, Dispensing and Disposal of Medications and a policy on Medication Monitoring, a Medication Monitoring Minutes "Template" (no completed minutes provided), and an email exchange between the MHP and Kingsview related to psychiatrists. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, while the Medication Monitoring Policy provides for a review of any deficiencies by the prescribing psychiatrist and states that any identified trends are reported to the QIC, there are no stated procedures regarding taking appropriate actions to address any identified concerns when needed and what those actions might include. Additionally, the email exchange did not provide enough information to determine if the issue was related to psychotropic medication use concerns, but rather appears to be concerns related to psychiatrist staffing or availability. Protocol question I3c is deemed OOC.

PLAN OF CORRECTION

These elements will be added to our QAPI plan at the next update.

PROTOCOL REQUIREMENTS

14. Does the MHP have mechanisms to address meaningful clinical issues affecting beneficiaries system- wide?
15. Does the MHP have mechanisms to monitor appropriate and timely intervention of occurrences that raise quality of care concerns and take appropriate follow-up action when such an occurrence is identified?

MHP Contract, Exhibit A, Attachment I

FINDINGS

The MHP did not furnish evidence it has mechanisms to address meaningful clinical issues affecting beneficiaries' system-wide and to monitor appropriate and timely intervention of occurrences that raise quality of care concerns and take appropriate follow-up action when such an occurrence is identified. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Quality Assurance Staff Meetings schedule with topic/focus and the Medication Monitoring policy. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, while the Medication Monitoring policy provides a mechanism to monitor 5% of all cases involving prescribed medications annually, there are no stated procedures regarding taking appropriate actions to address any identified concerns when needed and what those actions might include; and while the QA Staff Meeting calendar reflects various topics to be discussed or presentations to be made, there was no specific evidence provided showing what mechanisms the MHP has in place to address other types of meaningful clinical issues, including appropriate and timely intervention of occurrences that raise quality of care concerns. Protocol question(s) 15 is deemed OOC.

System Review Findings Report (Inyo County) Mental Health Plan

PLAN OF CORRECTION

The updated Policy & Procedure is in development. Once drafted it will move through the County approval process. Projected date of approval 12/31/2018.

PROTOCOL REQUIREMENTS

16. Regarding the QAPI Work Plan:

- 16a. Does the MHP have a QAPI Work Plan covering the current contract cycle with documented annual evaluations and documented revisions as needed?
- 16b. 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?
- 16c. 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?
- 16d. Does the QAPI work plan include a description of completed and in-process QAPI activities, including:
 - 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?
- 16e. 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:
 - 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?
- 16f. Does the QAPI work plan include evidence of compliance with the requirements for cultural competence and linguistic competence?
 - CCR, title 9, chapter 11, section 1810.440(a)(5) • MHP Contract, Exhibit A, Attachment I
 - DMH Information Notice No. 10-17, Enclosures, Pages 18 & • CCR, tit. 9, § 1810.410
 - 19, and DMH Information Notice No. 10-02, Enclosure, Page • CFR, title 42, Part 438-Managed Care, sections 438.204, 23 438.240 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: Annual Quality Improvement Work Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory

System Review Findings Report (Inyo County) Mental Health Plan

and/or contractual requirements. Specifically, the QI Work Plan did not include the scope of the work plan, objectives, or planned QAPI activities for each year. Additionally, the plan did not include a monitoring method for previously identified issues, targeted areas of improvement or change in service delivery, and there were no goals within the work plan for cultural and linguistic competence. Protocol question(s) I6d1, I6d2, I6d3, I6f is deemed OOC.

PLAN OF CORRECTION

These elements will be added to the QAPI plan in the next update.

PROTOCOL REQUIREMENTS

110. Regarding the adoption of practice guidelines:

- I10a. Does the MHP have practice guidelines, which meet the requirements of the MHP contract, in compliance with 42 CFR 438.236 and CCR title 9, section 1810.32?
- I10b. Does the MHP disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries?
- I10c. Does the MHP take steps to assure that decisions for utilization management, beneficiary education, coverage of services, and any other areas to which the guidelines apply are consistent with the guidelines adopted?

MHP Contract. Exhibit A. Attachment I • 42 CFR 438.236

FINDING

The MHP did not furnish evidence it has practice guidelines, which meet the requirements of the MHP contract, disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries and take steps to assure that decisions for utilization management, beneficiary education, coverage of services, and any other areas to which the guidelines apply are consistent with the guidelines adopted. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Provider Contract Boilerplate, Policy: General Principles for Managed Care Practice Guidelines. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, there was no evidence presented showing the actual

System Review Findings Report (Inyo County) Mental Health Plan

dissemination of guidelines or how guidelines are disseminated, and no evidence to show what steps the MHP takes to assure that decisions for utilization management, beneficiary education, coverage of services, and any other areas to which the guidelines apply are consistent with the guidelines adopted. Protocol question 10b, 10c is deemed OOC.

PLAN OF CORRECTION

We have added the necessary language to the contract and are currently routing it through the County approval process. Draft contract language is included in exhibit I10b. We will be utilizing a Contracts/Provider's Verification of Receipt Checklist that providers will initial when the contract packet is sent and returned.

In regards to I10c, Inyo County Mental Health Services fully endorses the development and utilization of practice guidelines, but has not yet adopted practice guidelines. We are in the process of examining mental health practice guidelines and Evidence Based practices that are available in the mental health community. By 12/31/2018 we anticipate to have our practice guidelines drafted and moving through the County adoption process.

SECTION J: MENTAL HEALTH SERVICES (MHSA)

PROTOCOL REQUIREMENTS

J4. Regarding the County's Capacity to Implement Mental Health Services Act (MHSA) Programs:

J4a.

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?

J4b.2) Bilingual proficiency in threshold languages?

J4b.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?

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. DHCS reviewed the following

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documentation presented by the County as evidence of compliance: MHSA Community Program Planning, Assessment Report, and Implementation Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements.

Specifically, the assessment provided by the MHP did not include strengths and limitations. Protocol question(s) J4b1 is deemed OOC.

PLAN OF CORRECTION

The strengths and limitations of the MHSA will be included in the MHSA Plan update to include a review of the providers and populations served under the plan. Attendance in training in cultural competency will be tracked and monitored for the PSC/Case Managers. Expected completion date is 12/21/2018.

PROTOCOL REQUIREMENTS

- J5b. Does the County ensure the PSC/Case Manager is responsible for developing an Individual Services and Supports Plan (ISSP) with the client and, when appropriate, the client's family?
- J5c. Does the County ensure the PSC/Case Manager is culturally and linguistically competent or, at a minimum, is educated and trained in linguistic and cultural competence and has knowledge of available resources within the client/family's racial/ethnic community?
- J5d. Does the County ensure that a PSC/Case Manager or other qualified individual known to the client/family is available to respond to the client/family 24 hours a day, 7 days a week to provide after- hours interventions?
 - CCR, title 9, chapter 14, section 3620

FINDINGS

The County did not furnish evidence its PSC/Case Managers are responsible for developing an ISSP with the client and, when appropriate, the client's family and available to respond to the client/family 24 hours a day, 7 days a week to provide after-hours interventions. The County does not ensure its PSC/Case Managers assigned to FSP clients are culturally and linguistically competent or, at a minimum, educated and trained in linguistic and cultural competence and have knowledge of available resources within the client/family's racial/ethnic community. DHCS reviewed the following documentation presented by the County as evidence of compliance: MHSA Call Log. Note that the MHP indicated that not all the calls were being tracked on the MHSA Call Log. It was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements.

Specifically, there was no evidence provided that the County ensures the PSC/Case Manager is culturally and linguistically competent, or at a minimum, educated and trained in linguistic and cultural competence and have knowledge of available resources within the client/family's racial/ethnic community, or that the County has a policy or procedure to ensure that PSC/Case Managers are available to respond to the client/family 24 hours a day, 7 days a week to provide after-hour interventions. Protocol question(s) J5c and J5d are deemed OOC.

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PLAN OF CORRECTION

The FSP will be given the name and contact number for the PSC/Case Manager. A brochure introducing the staff that provides after-hours support will be developed and there will be an invitation made to meet the provider of this service. A roster of FSPs will be kept with the staff that provides after-hours support.

**System Review Findings Report
(Inyo County) Mental Health Plan**

**FISCAL YEAR (FY) 2017/2018 ANNUAL REVIEW OF CONSOLIDATED
SPECIALTY MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES
INYO COUNTY MENTAL HEALTH PLAN
REVIEW May 14, 2018
FINDINGS REPORT**

Section K. "Chart Review - Non-Hospital Services"

The medical records of five (5) adult and five (5) child/adolescent Medi-Cal specialty mental health beneficiaries were reviewed for compliance with state and federal regulations; adherence to the terms of the contract between the Inyo County Mental Health Plan (MHP) and the California Department of Health Care Services (DHCS), and for consistency with the MHP's own documentation standards and policies and procedures regarding medical records documentation. The process included a review of **119** claims submitted for the months of July, August, and September 2017.

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System Review Findings Report (Inyo County) Mental Health Plan

Assessment

(Findings in this area do not result in disallowances. Plan of Correction only.)

PROTOCOL REQUIREMENTS

2. Regarding the Assessment, are the following conditions met:

1) Has the Assessment been completed in accordance with the MHP's established written documentation standards for timeliness?

2a. 2) Has the Assessment been completed in accordance with the MHP's established written documentation standards for frequency?

CCR, title 9, chapter 11, section 1810.204 *CCR, title 9, chapter 4, section 851-*

CCR, title 9, chapter 11, section 1840.112(b)(1-4)

Lanterman-Petris Act

MHP Contract, Exhibit A, Attachment I

CCR, title 9, chapter 11, section 1840.314(d)(e)

FINDINGS 2a:

Assessments were not completed in accordance with regulatory and contractual requirements, specifically:

One or more assessments were not completed within the timeliness and/or frequency requirements specified in the MHP's written documentation standards. The following are specific findings from the chart sample:

- **Line number ¹:** The initial assessment was completed late. The initial Assessment was completed on ², more the 60 days following the episode opening date on ³. Sixty days was the MHP standard used to determine timeliness of Initial Assessments, for the time of the review.
- **Line number(s) ⁴:** The updated assessment was completed late. The updated assessment was due annually per the MHP standard used to determine timeliness, for the time of the review.
 - Line number ⁵: The current/updated assessment was completed ⁶, and the prior assessment was completed ⁷.
 - Line number ⁸: The current/updated assessment was completed ⁹, and the prior assessment was completed ¹⁰.

¹ Line number(s) removed for confidentiality

² Date(s) removed for confidentiality

³ Date(s) removed for confidentiality

⁴ Line number(s) removed for confidentiality

⁵ Line number(s) removed for confidentiality

⁶ Date(s) removed for confidentiality

⁷ Date(s) removed for confidentiality

⁸ Line number(s) removed for confidentiality

⁹ Date(s) removed for confidentiality

¹⁰ Date(s) removed for confidentiality

System Review Findings Report (Inyo County) Mental Health Plan

PLAN OF CORRECTION 2a:

We will use our EHR notification system to comply with timeliness and staff training during quarterly chart review QII. Supervisors will monitor staff's charts for compliance.

PROTOCOL REQUIREMENTS

- 2b. Do the Assessments include the areas specified in the MHP Contract with the Department?
- 1) Presenting Problem. The beneficiary's chief complaint, history of presenting problem(s) including current level of functioning , relevant family history and current family information ;
 - 2) Relevant conditions and psychosocial I factors affecting the beneficiary's physical health and mental health including, as applicable; living situation, daily activities, social support, and cultural and linguistic factors;
 - 3) History of trauma or exposure to trauma;
 - 4) Mental Health History. Previous treatment, including providers, therapeutic modality (e.g., medications, psychosocial treatments) and response, and inpatient admissions. If possible, include information from other sources of clinical data such as previous mental health records and relevant psychological testing or consultation reports;
 - 5) Medical History. Relevant physical health conditions reported by the beneficiary or a significant support person. Include name and address of current source of medical treatment. For children and adolescents the history must include prenatal and perinatal events and relevant/significant developmental history. If possible, include other medical information from medical records or relevant consultation reports
 - 6) Medications. Information about medications the beneficiary has received, or is receiving, to treat mental health and medical conditions, including duration of medical treatment. The assessment must include documentation of the absence or presence of allergies or adverse reactions to medications and documentation of an informed consent for medications;
 - 7) Substance Exposure/Substance Use. Past and present use of tobacco, alcohol, caffeine, CAM (complementary and alternative medications) and over-the-counter drugs, and illicit drugs;
 - 8) Client Strengths. Documentation of the beneficiary's strengths in achieving client plan goals related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis;
 - 9) Risks. Situations that present a risk to the beneficiary and/or others, including past or current trauma;
 - 10) A mental status examination;

System Review Findings Report (Inyo County) Mental Health Plan

11) A Complete Diagnosis; A diagnosis from the current ICD-code must be documented, consistent with the presenting problems, history, mental status examination and/or other clinical data; including any current medical diagnoses.

CCR, title 9, chapter 11, section 1810.204

CCR, title 9, chapter 4, section 851-Lanterman-Petris Act

CCR, title 9, chapter 11, section 1840.112(b)(1-4)

MHP Contract, Exhibit **A**, Attachment I

CCR. title 9, chapter 11, section 1840.314(d)(e)

FINDING 2b:

One or more of the assessments reviewed did not include all of the elements specified in the MHP Contract with the Department. The following required elements were incomplete or missing:

- Mental Health History: **Line number(s)** ¹¹.
- Medical History: **Line number(s)** ¹².
- Medications: **Line number** ¹³.
- Substance Exposure/Substance Use: **Line number(s)** ¹⁴.
- Client Strengths: **Line number(s)** ¹⁵.
- **Risks**: **Line number(s)** ¹⁶.
- A mental status examination: **Line number** ¹⁷.

PLAN OF CORRECTION 2b:

While we are confident that our assessments contain all of the required elements there does see, to be an issue making sure that all areas are completed when filing out the assessment. Staff will be trained to indicate "NONE" or "N/A" as indicated rather than to leave a blank space. All ratio buttons will be marked and narrative boxes completed as applicable.

Medication Consent (Findings in this area do not result in disallowances. Plan of Correction only.)

¹¹ Line number(s) removed for confidentiality

¹² Line number(s) removed for confidentiality

¹³ Line number(s) removed for confidentiality

¹⁴ Line number(s) removed for confidentiality

¹⁵ Line number(s) removed for confidentiality

¹⁶ Line number(s) removed for confidentiality

¹⁷ Line number(s) removed for confidentiality

**System Review Findings Report
(Inyo County) Mental Health Plan**

PROTOCOL REQUIREMENTS

3b. Does the medication consent for psychiatric medications include the following required elements:

- 1) The reasons for taking such medications?
- 2) Reasonable alternative treatments available, if any?
- 3) Type of medication?
- 4) Range of frequency (of administration)?
- 5) Dosage?
- 6) Method of administration?
- 7) Duration of taking the medication?
- 8) Probable side effects?
- 9) Possible side effects if taken longer than 3 months?
- 10) Consent once given may be withdrawn at any time?

CCR, title 9, chapter 11, section 1810.204
CCR, title 9, chapter 11, section 1840.112(b)(1-4)
CCR, title 9, chapter 11, section 1840.314(dJfeJ

CCR, title 9, chapter 4, section 851-
Lanterman-Petris Act
MHP Contract, Exhibit A, Attachment I

FINDING 3b:

Written medication consents did not contain all of the required elements specified in the MHP Contract with the Department. The following required elements were not documented on the medication consent form, and/or documented to have been reviewed with the beneficiary, and/or provided in accompanying written materials to the beneficiary:

- 1) The reason for taking each medication: **Line number(s)** ¹⁸.
- 2) Reasonable alternative treatments available, if any: **Line number(s)** ¹⁹.
- 3) Range of Frequency: **Line number(s)** ²⁰.
- 4) Dosage: **Line number** ²¹.
- 5) Method of administration (oral or injection): **Line number(s)** ²².
- 6) Duration of taking each medication: **Line number(s)** ²³.
- 7) Possible side effects if taken longer than 3 months: **Line number(s)** ²⁴.
- 10) Consent once given may be withdrawn at any time: **Line number(s)** ²⁵.

PLAN OF CORRECTION 3b:

While all of the above information is reviewed with the client we cannot prove this

¹⁸ Line number(s) removed for confidentiality

¹⁹ Line number(s) removed for confidentiality

²⁰ Line number(s) removed for confidentiality

²¹ Line number(s) removed for confidentiality

²² Line number(s) removed for confidentiality

²³ Line number(s) removed for confidentiality

²⁴ Line number(s) removed for confidentiality

²⁵ Line number(s) removed for confidentiality

System Review Findings Report (Inyo County) Mental Health Plan

based on the form. There is a function on our EHR that allows the clinician to check a box at the time that the information is reviewed with the client. We will contact our EHR administrator to have this function enabled.

Client Plans

PROTOCOL REQUIREMENTS

4. Regarding the client plan, are the following conditions met:

4a. Has the client plan been updated at least annually and/or when there are significant changes in the beneficiary's condition?

CCR, title 9, chapter 11, section 1810.205.2 WIC, section 5751.2

CCR, title 9, chapter 11, section 1810.254 MHP Contract, Exhibit A, Attachment I

CCR, title 9, chapter 11, section
1810.440(c)(1)(2)

CCR, title 16, Section 1820.5
California Business and Profession Code,
Section 4999.20

CCR, title 9, chapter 11, section
1840.112(b)(2-5)

CCR, title 9, chapter 11, section
1840.314(d)(e)

DMH Letter 02-01. Enclosure A

Reasons for Recoupment (RR): Refer to the enclosed Recoupment Summary for additional details concerning disallowances

- RR5. Services that cannot be claimed without a Client Plan in place were claimed either:
- a) Prior to the initial Client Plan being in place; or
 - b) During the period where there was a gap or lapse between client plans; or
 - c) When there was no client plan in effect.

FINDING 4a:

The Client Plan was not completed prior to planned services being provided and not updated at least annually or reviewed and updated when there was a significant change in the beneficiary's condition (as required in the MHP Contract with the Department and/or as specified in the MHP's documentation standards):

- 1) **Line number(s)** ²⁶: There was a **lapse** between the prior and current client plans and therefore, there was no client plan in effect during a portion or all of the audit review period. **RR5b, refer to Recoupment Summary for details.**
- 2) **Line number(s)** ²⁷: There was a **lapse** between the prior and current client plans. However, no services were claimed.

²⁶ Line number(s) removed for confidentiality

²⁷ Line number(s) removed for confidentiality

**System Review Findings Report
(Inyo County) Mental Health Plan**

PLAN OF CORRECTION 4a:

This issue has been addressed. We have turned on the notification function through our EHR. Supervisors will monitor compliance and charts will be randomly reviewed quarterly to meet compliance and highlight trends that need to be addressed.

PROTOCOL REQUIREMENTS

- 4b. Does the client plan include the items specified in the MHP Contract with the Department?
- 1) Specific, observable, and/or specific quantifiable goals/treatment objectives related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis.
 - 2) The proposed type(s) of intervention/modality including a detailed description of the intervention to be provided.
 - 3) The proposed frequency of intervention(s).
 - 4) The proposed duration of intervention(s).
 - 5) Interventions that focus and address the identified functional impairments as a result of the mental disorder or emotional disturbance.
 - 6) Interventions are consistent with client plan goal(s)/treatment objective(s).
 - 7) Be consistent with the qualifying diagnoses.

CCR, title 9, chapter 11, section 1810.205.2 WIC, section 5751.2

CCR, title 9, chapter 11, section 1810.254 MHP Contract, Exhibit A, Attachment I

CCR, title 9, chapter 11, section CCR, title 16, Section 1820.5

1810.440(c)(1)(2) California Business and Profession Code, Section 4999.20

CCR, title 9, chapter 11, section

1840.112(b)(2-5)

CCR, title 9, chapter 11, section

1840.314(d)(e)

DMH Letter 02-01, Enclosure A

FINDING 4b:

The following Line number(s) had client plan(s) that did not include all of the items specified in the MHP Contract with the Department:

- 4b-1)** One or more of the goals/treatment objectives were not specific, observable, and/or quantifiable and related to the beneficiary's mental health needs and identified functional impairments as a result of the mental health diagnosis. **Line number(s)** ²⁸.

- 4b-2)** One or more of the proposed interventions did not include a detailed description. **Line number(s)** ²⁹.

- 4b-3)** One or more of the proposed interventions did not indicate an expected frequency. **Line number(s)** ³⁰.

- 4b-4)** One or more of the proposed interventions did not indicate an expected duration. **Line number(s)** ³¹.

- 4b-6)** One or more of the proposed interventions were not consistent with client plan goals/treatment objectives. **Line number(s)** ³².

²⁸ Line number(s) removed for confidentiality

²⁹ Line number(s) removed for confidentiality

³⁰ Line number(s) removed for confidentiality

³¹ Line number(s) removed for confidentiality

³² Line number(s) removed for confidentiality

PLAN OF CORRECTION 4b:

We will train staff on the content that is necessary in their notes to meet this requirement. After that this will be monitored by supervisors and via chart reviewers.

PROTOCOL REQUIREMENTS

4d. Regarding the beneficiary's participation and agreement with the client plan:

Is there documentation of the beneficiary's degree of participation and agreement with the client plan as evidenced by, but not limited to:

Reference to the beneficiary's participation in and agreement in the body of the client plan; or

The beneficiary signature on the client plan; or

C. A description of the beneficiary's participation and agreement in the medical record.

Does the client plan include the beneficiary's signature or the signature of the beneficiary's legal representative when:

The beneficiary is expected to be in long-term treatment, as determined by the MHP, and,

The client plan provides that the beneficiary will be receiving more than one (1) type of SMHS?

3) When the beneficiary's signature or the signature of the beneficiary's legal representative is required on the client plan and the beneficiary refuses or is unavailable for signature, does the client plan include a written explanation of the refusal or unavailability of the signature?

CCR, title 9, chapter 11, section 1810.205.2 WIC, section 5751.2

CCR, title 9, chapter 11, section 1810.254 MHP Contract, Exhibit A, Attachment I

CCR, title 9, chapter 11, section 1810.440(c)(1)(2)

CCR, title 16, Section 1820.5

California Business and Profession Code, Section 4999.20

CCR, title 9, chapter 11, section 1840.112(b)(2-5)

CCR, title 9, chapter 11, section 1840.314(d)(e)

DMH Letter 02-01, Enclosure A

Reasons for Recoupment (RR): Refer to the enclosed Recoupment Summary for additional details concerning disallowances

RR4. No documentation of beneficiary or legal guardian participation and agreement with the client plan or written explanation of the beneficiary's refusal or unavailability to sign as required in the Mental Health Plan (MHP) Contract with the Department.

FINDING 4d:

There was no documentation of the beneficiary's or legal representative's degree of participation in and agreement with the client plan, and there was no written explanation of the beneficiary's refusal or unavailability to sign the plan, if signature was required by the MHP Contract with the Department and/or by the MHP's written documentation standards:

- **Line number** ³³: There was no documentation of the beneficiary's or legal representative's participation in and agreement with the client plan for services provided during the review period. **RR4, refer to Recoupment Summary for details.**

PLAN OF CORRECTION 4d:

Staff will be trained in proper documentation to meet this requirement including adding quotes from the client and/or adding language from their own words.

PROTOCOL REQUIREMENTS

4e. Is there documentation that the provider offered a copy of the client plan to the beneficiary?

, CCR, title 9, chapter 11, section 1810.205.2 WIC, section 5751.2
 CCR, title 9, chapter 11, section 1810.254 MHP Contract, Exhibit A, Attachment I
 CCR, title 9, chapter 11, section 1810.440(c)(1)(2) California Business and Profession Code, Section 4999.20
 CCR, title 9, chapter 11, section 1840.112(b)(2-5)
 CCR, title 9, chapter 11, section 1840.314(d)(e)
 DMH Letter02-01, Enclosure A

FINDING 4e:

There was no documentation that the beneficiary or legal guardian was offered a copy of the client plan for the following: **Line number(s)** ³⁴.

PLAN OF CORRECTION 4e:

Please see updated Policy & Procedure exhibit 4e.

Progress Notes

PROTOCOL REQUIREMENTS

5a. Do the progress notes document the following:

- 1) Timely documentation of relevant aspects of client care, including documentation of medical necessity?
- 2) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions?
- 3) Interventions applied, beneficiary's response to the interventions, and the location of the interventions?
- 4) The date the services were provided?
- 2) Documentation of referrals to community resources and other agencies, when appropriate?
- 3) Documentation of follow-up care or, as appropriate, a discharge summary?
- 4) The amount of time taken to provide services?
- 5) The signature of the person providing the service (or electronic equivalent); the person's type of professional deQree, and licensure or job title?

³³ Line number(s) removed for confidentiality

³⁴ Line number(s) removed for confidentiality

CCR, title 9, chapter 11, section 1810.254 CCR, title 9, chapter 11, sections 1840.316-
CCR, title 9, chapter 11, section 1810.440(c) 1840.322
CCR, title 9, chapter 11, section CCR, title 22, chapter 3, section 51458.1
1840.112(b)(2-6) CCR, title 22, chapter 3, section 51470
CCR, title 9, chapter 11, section 1840.314 MHP Contract, Exhibit A. Attachment I

FINDING 5a:

Progress notes were not completed in accordance with regulatory and contractual requirements and/or with the MHP's written documentation standards:

5a-7ii) Line number ³⁵: The amount of time taken to provide the service was documented on a progress note with the date and type of service claimed. However, the time documented on the progress note was greater than the time claimed.

PLAN OF CORRECTION 5a:

Staff will be provided training during QII training periods to ensure progress notes accurately reflect the amount of time to provide the service. This will be monitored quarterly by chart reviews.

PROTOCOL REQUIREMENTS

5b. When services are being provided to, or on behalf of, a beneficiary by two or more persons at one point in time, do the progress notes include:

- 1) Documentation of each person's involvement in the context of the mental health needs of the beneficiary?
- 2) The exact number of minutes used by persons providing the service?
- 3) Signature(s) of person(s) providing the services?

CCR, title 9, chapter 11, section 1810.254 CCR, title 9, chapter 11, sections 1840.316 -
CCR, title 9, chapter 11, section 1810.440(c) 1840.322
CCR, title 9, chapter 11, section 1840.112(b)(2-6) CCR, title 22, chapter 3, section 51458.1
CCR, title 9, chapter 11, section 1840.314 CCR, title 22, chapter 3, section 51470
MHP Contract. Exhibit A. Attachment I

Reasons for Recoupment (RR): Refer to the enclosed Recoupment Summary for additional details concerning disallowances

RR11. Progress notes for group activities involving two (2) or more providers did not clearly document the following:

- a) The specific involvement of each provider in the context of the mental health needs of the beneficiary;
- b) The specific amount of time of involvement of each group provider in providing the service, including travel and documentation time if applicable; and
- c) The total number of group participants

FINDING 5b:

Documentation of services being provided to, or on behalf of, a beneficiary by two or more persons at one point in time did not include all required components. Specifically:

- **Line number(s)³⁶:** Progress note(s) did not document the specific involvement of each provider in the context of the mental health needs of the beneficiary. **RR11a, refer to Recoupment Summary for details.**

PLAN OF CORRECTION 5b:

Due to info 18-002, each group facilitator will be billing separately and documenting the specific

³⁵ Line number(s) removed for confidentiality

³⁶ Line number(s) removed for confidentiality

involvement and unique contribution they made. Staff will be trained on the proper way to document group notes. We will monitor this over the course of the year via quarterly chart review.

Documentation of Cultural and Linguistic Services

PROTOCOL REQUIREMENTS

6. Regarding cultural/linguistic services and availability in alternative formats:

6a. Is there any evidence that mental health interpreter services are offered and provided, when applicable?

CFR, title 42, section 438.10(c)(4),(5)

CCR, title 9, chapter 11, section 1810.410

CCR title 9, chapter 11. section 1810.405(d)

FINDING 6a:

There was no evidence that mental health interpreter services were offered and provided on every occasion to the following Line number(s)/parent(s)/legal guardian(s):

Line number(s) ³⁷.

PLAN OF CORRECTION 6a:

In request for service or "intake" form we will differentiate between guardian and/or client language preference. We will ensure that interpreting services are offered as needed, and that this is documented in assessment and progress notes. Services will be either provided by certified interpreter or the language line.

³⁷ Line number(s) removed for confidentiality