



**El Dorado County
Health and Human Services Agency
Behavioral Health Division**

Plan of Correction
September 14, 2016

Resulting From:
Department of Health Care Services
System and Chart Review
Finding Report
October 19-22, 2015

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El Dorado County Health and Human Services Agency Behavioral Health Division Plan of Correction

INTRODUCTION

The El Dorado County Health and Human Services Agency (HHS), Behavioral Health Division (MHP) has prepared this Plan of Correction (POC) in response to the System and Chart Review Finding Report issued by the California Department of Health Care Services (DHCS) on July 14, 2016, and received by the MHP on July 19, 2016.

General Corrective Action

- 1. Updates to Policies and Procedures.** Many of the items in the System Review Finding Report identified the need for the MHP's policies and procedures to be updated to reflect current State and federal requirements, as well as current MHP procedures. The MHP has hired a Sr. Department Analyst to update existing policies and procedures and develop new policies and procedures that will comply with current State and federal requirements and will be reflective of current procedures. Included in this process is the development of a standard procedure for ongoing review of the policies and procedures to ensure they are monitored for compliance with the latest State and federal requirements and MHP procedures.

Timeframe for Completion: It is anticipated that the majority of the policies and procedures will be completed by the end of calendar year 2016, however this is a huge undertaking and it may take longer for all policies and procedures to be finalized. Review of the new policies and procedures will occur throughout the year on a scheduled basis.

Proof of Correction: Policies and procedures relating to the findings below will be provided to DHCS once they have been finalized. Where applicable, sample forms will also be provided.

- 2. Continuum of Care Reform (Children's Mental Health Services).** The State is in the process of developing guidance, requirements and regulations related to the rollout of the Continuum of Care Reform and implementation of Assembly Bill (AB) 403. Continuum of Care Reform / AB 403 will significantly change the manner in which Specialty Mental Health Services are provided to children in the Child Welfare System. Therefore, although the MHP will be taking corrective action to address the specific findings in the System Review Finding Report that relate to children's services for children in the Child Welfare System, those corrective actions may need to change based upon guidance issued by the State.

Timeframe for Completion: The timeline for completion of the Continuum of Care Reform policies and procedures, and implementation thereof, will largely depend upon the guidance issued by the State.

Proof of Correction: Policies and procedures relating to the findings below will be provided to DHCS once they have been finalized. Where applicable, sample forms will also be provided.

ATTESTATION

PROTOCOL REQUIREMENTS	
9.	The MHP must ensure access for foster care children outside its county of adjudication and ensure that it complies with the use of standardized contract, authorization procedure, documentation standards and forms issued by DMH, unless exempted by DHCS.
	<ul style="list-style-type: none">• CCR, title 9, chapter 11, sections 1810.220.5, 1830.220 (b)(3), and b(4)(A),• DMH Information Notices No. 09-06, Page 2, No. 08-24 and No. 97-06, D, 4,• WIC sections 14716, 14717, 11376, 14684, and 16125.

Plan of Correction

See General Corrective Action 1 and 2 above.

The MHP has been utilizing the State-issued form for Service Authorization Requests (SARs) for children placed outside their county of adjudication, either as the county of origin or as the host county (see SB 785 Service Authorization Request, MH 5125 (rev. 3/09)).

Additionally, the MHP has developed a tracking log to ensure that authorization for any SAR that is newly received/sent or previously received/sent, and expiring, will be processed in a timely manner.

The MHP will formalize its current procedures into a document, however intense development of policies and procedures surrounding this topic will be held until further direction is issued by the State regarding the implementation of Continuum of Care Reform / AB 403.

Timeframe for Completion: The timeline for completion of the policies and procedures incorporating the requirements of Continuum of Care Reform / AB 403, and implementation thereof, will largely depend upon the guidance issued by the State. Current procedures will be provided by the end of calendar year 2016.

Proof of Correction:

- SAR form and the SAR Log format.
- Policies and procedures relating to this finding will be provided to DHCS once they have been finalized.
- Where applicable, sample forms will also be provided.

SECTION A: ACCESS

PROTOCOL REQUIREMENTS	
1.	Regarding the beneficiary booklet:
1a.	Does the Mental Health Plan (MHP) provide beneficiaries with a booklet upon request and when first receiving a Specialty Mental Health Service (SMHS)?
	<ul style="list-style-type: none"> • CFR, title 42, section 438.10 • CCR, title 9, chapter 11, section 1810.360(d) • CMS/DHCS section 1915(b) Waiver • CFR, title 42, section 438.10(c)(2),(3) • CCR, title 9, chapter 11, section 1810.410(c)(3) • DMH Information Notice No. 10-17, Enclosure, Page 18 • DMH Information Notice No. 10-02, Enclosure, Page 23 • DHCS MHSD Information Notice No. 13-09, dated 4/30/2013

Plan of Correction

See General Corrective Action 1 above.

While it is believed that staff are providing new clients a copy of the beneficiary booklet and to other clients upon request, there is not a centralized point within the MHP's electronic medical record (Avatar) to easily record that the booklet has been provided and to pull that data into a report. Rather, staff document the provision of the booklet in the text of a progress note (e.g., "Provided NOPP, grievance info. and form, appeal info. and form, **Medi-Cal booklet**, copy of informed consent, psychiatric no show policy, specialty MH providers list.").

Plan of Correction 1: The MHP will explore how Avatar may be modified so that the documentation regarding the provision of the booklet can be isolated into a centralized location and reported out from the electronic medical record.

Timeframe for Completion: Exploration as to whether the electronic medical record can be modified will be complete by December 31, 2016. In the event that a feasible option for including this information in a centralized location within Avatar is identified and the MHP has the appropriate level of access within Avatar to make that change, the update to Avatar will be completed by June 30, 2017. If such a change must be made by NetSmart (Avatar developer), the timeline for completion is out of control of the MHP and is not known.

Proof of Correction: Meeting agendas from the Avatar Team Meeting will be provided reflecting the topic of discussion. An outcome document will be produced reflecting the final determination as to feasibility. If Avatar is modified to include a single location for recording this data, a screen shot of the field(s) will be provided to DHCS.

Plan of Correction 2: The MHP will provide training to its clinical staff regarding the requirement to provide beneficiaries with a booklet upon request and when first receiving a Specialty Mental Health Service. During this training the MHP will suggest standardized language to use if the documentation of the provision of the booklet remains within a progress note.

Timeframe for Completion: Training will be completed by February 28, 2017.

Proof of Correction:

- Training materials.
- Sign in sheets.

PROTOCOL REQUIREMENTS	
2.	Regarding the provider list:
2a.	Does the MHP provide beneficiaries with a current provider list upon request and when first receiving a SMHS?
<ul style="list-style-type: none">• CFR, title 42, section 438.10(f)(6)(i) and 438.206(a)• CCR, title 9, chapter 11, section 1810.410• DMH Information Notice No. 10-02, Enclosure, Page 24 and DMH Information Notice No. 10-17, Enclosure, Page 18• CMS/DHCS, section 1915(b) Waiver• MHP Contract Exhibit A, Attachment I	

While it is believed that staff are providing new clients a copy of the provider list and to other clients upon request, there is not a centralized point within the MHP's electronic medical record (Avatar) to easily record that the list has been provided and to pull that data into a report. Rather, staff document the provision of the booklet in the text of a progress note (e.g., "Provided NOPP, grievance info. and form, appeal info. and form, Medi-Cal booklet, copy of informed consent, psychiatric no show policy, **specialty MH providers list.**").

Plan of Correction 1: The MHP will explore how Avatar may be modified so that the documentation regarding the provision of the list can be isolated into a centralized location and reported out from the electronic medical record.

Timeframe for Completion: Exploration as to whether the electronic medical record can be modified will be complete by December 31, 2016. In the event that a feasible option for including this information in a centralized location within Avatar is identified and the MHP has the appropriate level of access within Avatar to make that change, the update to Avatar will be completed by June 30, 2017. If such a change must be made by NetSmart (Avatar developer), the timeline for completion is out of control of the MHP and is not known.

Proof of Correction:

- Meeting agendas from the Avatar Team Meeting will be provided reflecting the topic of discussion.
- An outcome document will be produced reflecting the final determination as to feasibility.
- If Avatar is modified to include a single location for recording this data, a screen shot of the field(s) will be provided to DHCS.

Plan of Correction 2: The MHP will provide training to its clinical staff regarding the requirement to provide beneficiaries with this list upon request and when first receiving a Specialty Mental Health Service. During this training the MHP will suggest standardized language to use if the documentation of the provision of the list remains within a progress note.

Timeframe for Completion: Training will be completed by February 28, 2017.

Proof of Correction:

- Training materials.
- Sign in sheets.

PROTOCOL REQUIREMENTS	
5c.	Do these written materials take into consideration persons with limited vision
5d.	Do these written materials take into consideration persons with limited reading proficiency (e.g., 6th grade reading level for general information)?
<ul style="list-style-type: none"> • CFR, title 42, section 438.10(d)(i),(ii) • CCR, title 9, chapter 11, sections 1810.110(a) and 1810.410(e)(4) • CFR, title 42, section 438.10(d)(2) • MHP Contract, Exhibit A, Attachment I 	

Plan of Correction

The MHP will revise its written materials to take into consideration persons with limited vision and reading proficiency.

See also General Corrective Action 1, above.

Timeframe for Completion: The timeline for completion depends upon what equipment may need to be purchased to accomplish this corrective action and the extent of training that staff may need. It is anticipated that these changes will be complete by June 30, 2017.

Proof of Correction:

- Copies of the published documents.
- Training sign in sheet(s), if any.
- Updated policies and procedures

PROTOCOL REQUIREMENTS	
9a.	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 SMHS, including SMHS 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"> • CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1) • CFR, title 42, section 438.406(a)(1) • DMH Information Notice No. 10-02, Enclosure, Page 21, and DMH Information Notice No. 10-17, Enclosure, Page 16 • MHP Contract, Exhibit A, Attachment I 	

Plan of Correction

The MHP has developed a form for use by the MHP staff to record the results of calls to the Access Line and to help guide the individual who answers the phone in providing the correct information to the callers. Staff are required to complete the form while they are on the phone with the individual. The form was distributed to the Clinical Support Team, which discussed the form in a unit meeting as they are the individuals with the primary responsibility for answering the Access Line during business hours, and email reminders and/or training will occur after each quarterly Test Call report is completed. Distribution of the form and training will be provided to the Psychiatric Emergency Services staff, who receive calls after hours from the answering service. Additionally, language regarding the proper method in which to answer calls was included in the new contract between El Dorado County and the after-hours telephone answering service (New Connections Communications, Inc.).

Timeframe for Completion: This will be an on-going effort. Training for the Psychiatric Emergency Services staff will occur by October 31, 2016.

Proof of Correction:

- Script to Record Calls.
- Form to Record Calls.
- Excerpts from Agreement #188-S1610 between El Dorado County and New Connections Communications, Inc.
- Quarterly Test Call Reports submitted to DHCS by the MHP.
- Training sign-in sheets.
- Reminder Email 08-09-16.
- Test Call Tracking Summary.

PROTOCOL REQUIREMENTS	
9b.	Does the MHP provide a statewide (24/7) toll-free telephone number that provides adequate TTY/TDD or Telecommunications Relay Services?
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1) • CFR, title 42, section 438.406 (a)(1) 	<ul style="list-style-type: none"> • DMH Information Notice No. 10-02, Enclosure, Page 21, and DMH Information Notice No. 10-17, Enclosure, Page 16 • MHP Contract, Exhibit A, Attachment I

Plan of Correction

The MHP will revise its written materials and web page to include either a TTY/TTD or Telecommunications Relay Service telephone contact. The Facilities Unit within HHSa has been asked to research both these methods of communication.

Timeframe for Completion: The timeline for completion depends upon what equipment may need to be purchased and the extent of training needed. If there is little equipment to be purchased and minimal training, it is anticipated that the implementation will be complete by December 31, 2016. However, if a contract or other agreement for service is necessary, or the equipment or training needs are extensive, then the implementation will not be complete until June 30, 2016, because technology purchases take considerably more time to implement.

Proof of Correction:

- Copies of the published documents.
- Training sign in sheet(s) will be provided to DHCS.

PROTOCOL REQUIREMENTS	
10.	Regarding the written log of initial requests for SMHS:
10a.	Does the MHP maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing?
10b.	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(f)	

Plan of Correction

The System Review Findings Report states the MHP is partially in compliance with Protocol questions A10a and A10b and out of compliance with Protocol question A10c. However, there is no question A10c in the Protocol document. The MHP is providing its Plan of Correction for Protocol questions A10a and A10b.

See General Corrective Action 1 and Corrective Action for Section A, Access, item 9a above.

The issues with this item are the policies and procedures discussing, and the standard practices of staff in using, the call log. The MHP provided DHCS with documentation that reflected the correct fields are present in the call log.

Current policies and procedures will be updated to reflect the California Code of Regulations (CCR) requirement. CCR, title 9, chapter 11, section 1810.405(f) states in part that “The MHP shall maintain a written log of the initial requests for specialty mental health services from beneficiaries of the MHP.” The log requirement as stated per CCR, title 9, chapter 11, section 1810.405(f) is that “The requests shall be recorded whether they are made via telephone, in writing, or in person.”; the CCR does not require the MHP to log the method in which the request for service was made. Although initial requests for Specialty Mental Health Services be logged, the CCR does not require general inquiry calls to be logged. Training will also be provided to staff regarding the updated policies and procedures.

Timeframe for Completion: Policies and procedures will be completed and training will be provided by January 31, 2016.

Proof of Correction:

- Updated policies and procedures.
- Training sign-in sheet(s).
- Where applicable, sample forms will also be provided.

PROTOCOL REQUIREMENTS	
12.	Regarding the MHP's Cultural Competence Committee (CCC):
12a.	Does the MHP have a CCC or other group that addresses cultural issues and has participation from cultural groups that is reflective of the community?
12b.	Does the MHP have evidence of policies, procedures, and practices that demonstrate the CCC activities include the following:
	1. Participates in overall planning and implementation of services at the county?
	2. Provides reports to the Quality Assurance and/or the Quality Improvement Program?
12c.	Does the CCC complete its Annual Report of CCC activities as required in the CCPR?
<ul style="list-style-type: none"> • CCR title 9, section 1810.410 • DMH Information Notice 10-02 and 10-17 	

Plan of Correction

The MHP will identify members for the CCC and begin regular meetings, with the input from the CCC being provided to the Deputy Director and Quality Assurance Manager(s), or other appropriate level management staff, within the MHP. Input from the CCC will be utilized to identify service and training needs within the County. The CCC will develop a Charter to identify its roles and responsibilities.

Timeframe for Completion: The CCC will be convened by the March 31, 2016.

Proof of Correction:

- CCC Charter.
- Meeting minutes.

PROTOCOL REQUIREMENTS	
13a.	Regarding the MHP's plan for annual cultural competence training necessary to ensure the provision of culturally competent services:
	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)?
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.410 (a)-(e) • DMH Information Notice No. 10-02, Enclosure, Pages 16 & 22 and DMH Information Notice No. 10-17, Enclosure, Pages 13 & 17 • MHP Contract, Exhibit A, Attachment I 	

Plan of Correction

Input from the CCC will be utilized to design the MHP's annual cultural competence training. The training will include clinical staff, administrative and management staff, as appropriate, contract providers and interpreters. The MHP will work with HHSA and the County to develop a method that ensures interpreters are trained and monitored for language competency.

Timeframe for Completion: There are factors beyond the control of the MHP in implementing its cultural competence training, such as the input from the CCC, the availability of training, and process changes for the County. Therefore, although a cultural competence training plan will be established by April 30, 2017, and training will be scheduled thereafter, some items within the

plan may not be able to be implemented quickly (e.g., method for monitoring interpreters) due to necessary changes in County policies and/or procedures.

Proof of Correction:

- Cultural Competency Training Plan.
- Sign-in sheets.
- Where applicable, sample forms will also be provided.

SECTION B: AUTHORIZATION

PROTOCOL REQUIREMENTS	
1.	Regarding the Treatment Authorization Requests (TARs) for hospital services:
1b.	Are all adverse decisions regarding hospital requests for payment authorization that were based on criteria for medical necessity or emergency admission being reviewed and approved in accordance with title 9 regulations by: 1) a physician, or 2) at the discretion of the MHP, by a psychologist for patients admitted by a psychologist and who received services under the psychologist's scope of practice?
1c.	Does the MHP approve or deny TARs within 14 calendar days of the receipt of the TAR and in accordance with title 9 regulations?
<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) 	

Plan of Correction

See General Corrective Action 1 above.

The MHP is revising its TAR procedures to address this finding. Each TAR now contains a cover sheet to help route the TAR for timely review. TARs that are denied are accompanied by a memo and routed to the Deputy Director and Medical Director, as appropriate, for signature (i.e., a TAR denied for any reason other than medical necessity does not go the medical director). Additionally, another individual is being trained on processing TARs so that vacations or other unexpected absences will not delay TAR processing time.

Timeframe for Completion: It is anticipated that the majority of the policies and procedures will be completed by the end of calendar year 2016, however this is a huge undertaking and it may take longer for all policies and procedures to be finalized. However, the processing of TARs is an ongoing activity that will continue under the requirements of the new policies and procedures.

Proof of Correction:

- Policies and procedures relating to this finding will be provided to DHCS once they have been finalized.

PROTOCOL REQUIREMENTS	
4.	Regarding consistency in the authorization process:
4a.	Does the MHP have a mechanism to ensure consistent application of review criteria for authorization decisions?
4b.	Is there evidence that the MHP is reviewing Utilization Management (UM) activities annually, including monitoring activities to ensure that the MHP meets the established standards for authorization decision making?
<ul style="list-style-type: none"> • MHP Contract, Exhibit A, Attachment 1 	

Plan of Correction

See General Corrective Action 1 above.

Timeframe for Completion: It is anticipated that the majority of the policies and procedures will be completed by the end of calendar year 2016, however this is a huge undertaking and it may take longer for all policies and procedures to be finalized.

Proof of Correction:

- Policies and procedures relating to this finding will be provided to DHCS once they have been finalized.
- Where applicable, sample forms will also be provided.

PROTOCOL REQUIREMENTS	
5.	Regarding Notices of Action (NOAs):
5a.	1) NOA-A: Is the MHP providing a written NOA-A to the beneficiary when the MHP or its providers determine that the beneficiary does not meet the medical necessity criteria to be eligible to any SMHS?
<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) 	

Plan of Correction

See General Corrective Action 1 above. Access Team staff have been directed to complete NOA-As when the MHP determines that the beneficiary does not meet medical necessity criteria to be eligible for SMHS. In El Dorado County, contracted providers do not determine initial medical necessity and only make recommendations regarding re-assessment of medical necessity. Therefore, the MHP is the entity that issues NOA-As.

Timeframe for Completion: It is anticipated that the majority of the policies and procedures will be completed by the end of calendar year 2016, however this is a huge undertaking and it may take longer for all policies and procedures to be finalized.

Proof of Correction:

- Policies and procedures relating to this finding will be provided to DHCS once they have been finalized.
- Where applicable, sample forms will also be provided.

PROTOCOL REQUIREMENTS	
5b.	NOA-B: Is the MHP providing a written NOA-B to the beneficiary when the MHP denies, modifies, or defers (beyond timeframes) a payment authorization request from a provider for SMHS?
<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) 	

Plan of Correction

See General Corrective Action 1 above.

Timeframe for Completion: It is anticipated that the majority of the policies and procedures will be completed by the end of calendar year 2016, however this is a huge undertaking and it may take longer for all policies and procedures to be finalized.

Proof of Correction:

- Policies and procedures relating to this finding will be provided to DHCS once they have been finalized.
- Where applicable, sample forms will also be provided.

PROTOCOL REQUIREMENTS	
5c.	NOA-C: Is the MHP providing a written NOA-C to the beneficiary when the MHP denies payment authorization of a service that has already been delivered to the beneficiary as a result of a retrospective payment determination?
<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) 	

Plan of Correction

See General Corrective Action 1 above.

Timeframe for Completion: It is anticipated that the majority of the policies and procedures will be completed by the end of calendar year 2016, however this is a huge undertaking and it may take longer for all policies and procedures to be finalized.

Proof of Correction:

- Policies and procedures relating to this finding will be provided to DHCS once they have been finalized.
- Where applicable, sample forms will also be provided.

PROTOCOL REQUIREMENTS	
5d.	NOA-D: Is the MHP providing a written NOA-D to the beneficiary when the MHP fails to act within the timeframes for disposition of standard grievances, the resolution of standard appeals, or the resolution of expedited appeals?
<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) 	

Plan of Correction

See General Corrective Action 1 above.

Timeframe for Completion: It is anticipated that the majority of the policies and procedures will be completed by the end of calendar year 2016, however this is a huge undertaking and it may take longer for all policies and procedures to be finalized.

Proof of Correction:

- Policies and procedures relating to this finding will be provided to DHCS once they have been finalized.
- Where applicable, sample forms will also be provided.

PROTOCOL REQUIREMENTS	
5e.	NOA-E: Is the MHP providing a written NOA-E to the beneficiary when the MHP fails to provide a service in a timely manner, as determined by the Contractor (MHP)? There have been none.
<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) 	

Plan of Correction

See General Corrective Action 1 above.

Timeframe for Completion: It is anticipated that the majority of the policies and procedures will be completed by the end of calendar year 2016, however this is a huge undertaking and it may take longer for all policies and procedures to be finalized.

Proof of Correction:

- Policies and procedures relating to this finding will be provided to DHCS once they have been finalized.
- Where applicable, sample forms will also be provided.

PROTOCOL REQUIREMENTS	
6.	Does the MHP have a policy and procedure in place which ensures that Forms JV-220 (Application Regarding Psychotropic Medication), JV-220(A) (Prescribing Physician's Statement—Attachment), JV-221 (Proof of Notice: Application Regarding Psychotropic Medication), JV-222 (Opposition to 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:
	1) 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: <ul style="list-style-type: none"> • 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	

Plan of Correction

See General Corrective Action 1 above. Additionally, the MHP has developed a JV-220 tracking worksheet to ensure that JV-220s that are expiring soon will be renewed in a timely manner. The fields on the tracking worksheet are:

- Client
- Date of Birth
- Social Worker (SW)
- SW Phone #
- SW Fax #
- County of Origin
- Contract Provider
- Current JV-220
- Date Signed by Doctor
- Active JV-223
- Date Signed by Judge
- Next JV-220 Due

Timeframe for Completion: It is anticipated that the majority of the policies and procedures will be completed by the end of calendar year 2016, however this is a huge undertaking and it may take longer for all policies and procedures to be finalized.

Proof of Correction:

- Policies and procedures relating to this finding will be provided to DHCS once they have been finalized.
- Where applicable, sample forms will also be provided.

SECTION C: BENEFICIARY PROTECTION

PROTOCOL REQUIREMENTS	
2.	The MHP is required to maintain a grievance, appeal, and expedited appeal log(s) that records the grievances, appeals, and expedited appeals within one working day of the date of receipt of the grievance, appeal, or expedited appeal.
2a.	The log must include:
	2) The date of receipt of the grievance, appeal, and expedited appeal.
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1850.205(d)(1) • CCR, title 9, chapter 11, section 1810.375(a) 	

Plan of Correction

See General Corrective Action 1 above.

Timeframe for Completion: It is anticipated that the majority of the policies and procedures will be completed by the end of calendar year 2016, however this is a huge undertaking and it may take longer for all policies and procedures to be finalized.

Proof of Correction:

- Policies and procedures relating to this finding will be provided to DHCS once they have been finalized.
- Where applicable, sample forms will also be provided.

PROTOCOL REQUIREMENTS	
2b.	Does the MHP's log match data reported in the Annual Beneficiary Grievance and Appeal report submitted to DHCS?
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1850.205(d)(1) • CCR, title 9, chapter 11, section 1810.375(a) 	

Plan of Correction

See General Corrective Action 1 above.

Additionally, with the Annual Beneficiary Grievance and Appeal Report (ABGAR) report due to the State by October 1, 2016, the MHP will include data from the contracted service providers.

Timeframe for Completion: It is anticipated that the majority of the policies and procedures will be completed by the end of calendar year 2016, however this is a huge undertaking and it may take longer for all policies and procedures to be finalized. The ABGAR will be submitted on or before October 1, 2016.

Proof of Correction:

- ABGAR submittal.
- Policies and procedures relating to this finding will be provided to DHCS once they have been finalized.
- Where applicable, sample forms will also be provided.

PROTOCOL REQUIREMENTS	
3.	Regarding established timeframes for grievances, appeals, and expedited appeals:
3a.	1) Does the MHP ensure that grievances are resolved within established timeframes?
	2) Does the MHP ensure that appeals are resolved within established timeframes?
	3) Does the MHP ensure that expedited appeals are resolved within established timeframes?
3b.	Does the MHP ensure required notice(s) of an extension are given to beneficiaries?
<ul style="list-style-type: none"> • CFR, title 42, section 438.408(a),(b)(1)(2)(3) • CCR, title 9, chapter 11, section 1850.206(b) • CCR, title 9, chapter 11, section 1850.207(c) • CCR, title 9, chapter 11, section 1850.208. 	

Plan of Correction

See General Corrective Action 1 above.

Timeframe for Completion: It is anticipated that the majority of the policies and procedures will be completed by the end of calendar year 2016, however this is a huge undertaking and it may take longer for all policies and procedures to be finalized.

Proof of Correction:

- Policies and procedures relating to this finding will be provided to DHCS once they have been finalized.
- Where applicable, sample forms will also be provided.

PROTOCOL REQUIREMENTS	
4.	Regarding notification to beneficiaries:
4b.	1) Does the MHP provide written acknowledgement of each appeal to the beneficiary in writing?
	2) Is the MHP notifying beneficiaries, or their representatives, of the appeal disposition, and is this being documented?
4c.	1) Does the MHP provide written acknowledgement of each expedited appeal to the beneficiary in writing?
<ul style="list-style-type: none"> • CFR, title 42, section 438.406(a)(2) • CCR, title 9, chapter 11, section 1850.205(d)(4) • CFR, title 42, section 438.408(d)(1)(2) • CCR, title 9, chapter 11, sections 1850.206(b),(c), 1850.207(c),(h), and 1850.208(d),(e) 	

Plan of Correction

See General Corrective Action 1 above.

The MHP will develop an Appeal Receipt Template.

Timeframe for Completion: It is anticipated that the majority of the policies and procedures will be completed by the end of calendar year 2016, however this is a huge undertaking and it may take longer for all policies and procedures to be finalized.

Proof of Correction:

- Policies and procedures relating to this finding will be provided to DHCS once they have been finalized.
- Appeal Receipt Template.
- Where applicable, sample forms will also be provided.

PROTOCOL REQUIREMENTS	
5.	Does the written notice of the appeal resolution include the following:
5a.	The results of the resolution process and the date it was completed?
<ul style="list-style-type: none">• CFR, title 42, section 438.408l(1),(2)(as modified by the waiver renewal request of August, 2002 and CMS letter, August 22, 2003)• CCR, title 9, chapter 11, section 1850.207(h)(3)• DMH Letter No. 05-03	

Plan of Correction

See General Corrective Action 1 above.

The MHP will develop an Appeal Outcome Template.

Timeframe for Completion: It is anticipated that the majority of the policies and procedures will be completed by the end of calendar year 2016, however this is a huge undertaking and it may take longer for all policies and procedures to be finalized.

Proof of Correction:

- Policies and procedures relating to this finding will be provided to DHCS once they have been finalized.
- Appeal Outcome Template.
- Where applicable, sample forms will also be provided.

PROTOCOL REQUIREMENTS	
8.	Regarding notice to the Quality Improvement Committee (QIC) and subsequent action:
8a	3) Does the MHP have procedures by which issues identified as a result of the expedited appeal process are transmitted to the MHP's QIC, the MHP's administration or another appropriate body within the MHP's organization?
<ul style="list-style-type: none">• CCR, title 9, chapter 11, sections 1850.205(c)(7), 1850.206, 1850.207 and 1850.208.	

Plan of Correction

The MHP started reporting outcomes about Grievances, Appeals and Expedited Appeals to the MHP's Managers and the Mental Health Commission in March 2016. Because the information is transmitted to the Mental Health Commission as part of its Monthly Report from the MHP, the information is also available to the general public once the agenda for each meeting is posted at <http://eldorado.legistar.com/Calendar.aspx>.

See also General Corrective Action 1 above.

Timeframe for Completion: For reporting to the MHP's Administration and the El Dorado County Mental Health Commission, this item was completed starting in March 2016. It is anticipated that the majority of the policies and procedures will be completed by the end of

calendar year 2016, however this is a huge undertaking and it may take longer for all policies and procedures to be finalized.

Proof of Correction:

- Policies and procedures relating to this finding will be provided to DHCS once they have been finalized.
- Monthly report from the MHP to the Mental Health Commission, page with Grievances, Appeals and Expedited Appeals only.
- Where applicable, sample forms will also be provided.

SECTION E: NETWORK ADEQUACY AND ARRAY OF SERVICES

PROTOCOL REQUIREMENTS	
1.	Does the MHP have a current Implementation Plan which meets title 9 requirements?
• CCR, title 9, chapter 11, sections 1810.247 and 1810.310	

Plan of Correction

The MHP will update its Implementation Plan to meet Title 9 requirements.

See also General Corrective Action 1 above.

Timeframe for Completion: The Implementation Plan will be updated by February 28, 2017.

Proof of Correction:

- The completed Implementation Plan will be submitted to DHCS.
- Policies and procedures relating to this finding will be provided to DHCS once they have been finalized.

PROTOCOL REQUIREMENTS	
4.	To the extent resources are available:
4b.	Are services planned and delivered so that persons in all ethnic groups are served with programs that meet their cultural needs?
• WIC, sections 5600.2 to 5600.9, 5600.35(a), and 5614	

Plan of Correction

See General Corrective Action 1 and Section A, Access, item 13a, above.

Timeframe for Completion: There are factors beyond the control of the MHP in implementing cultural competence training, such as the input from the CCC, the availability of training, and process changes for the County. Therefore, although a cultural competence training plan will be established by April 30, 2017, and training will be scheduled thereafter, some items within the plan may not be able to be implemented quickly (e.g., method for monitoring interpreters).

Proof of Correction:

- Cultural Competency Training plan.
- Sign-in sheets.

- Policies and procedures relating to this finding will be provided to DHCS once they have been finalized.

SECTION G: PROVIDER RELATIONS

PROTOCOL REQUIREMENTS	
2.	Regarding the MHP's ongoing monitoring of county-owned and operated and contracted organizational providers:
2b.	Is there evidence the MHP's monitoring system is effective?
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.435 (d) • MHP Contract, Exhibit A, Attachment I 	

Plan of Correction

See General Corrective Action 1, above.

Timeframe for Completion: It is anticipated that the majority of the policies and procedures will be completed by the end of calendar year 2016, however this is a huge undertaking and it may take longer for all policies and procedures to be finalized.

Proof of Correction:

- July 28, 2016 DHCS Overdue Provider Report
- El Dorado County Plan of Correction for July 28, 2016 DHCS Overdue Provider Report
- Policies and procedures relating to this finding will be provided to DHCS once they have been finalized.

SECTION H: PROGRAM INTEGRITY

PROTOCOL REQUIREMENTS	
1.	Does the MHP have a mandatory compliance plan that is designed to guard against fraud and abuse as required in CFR, title 42, subpart E, section 438.608?
<ul style="list-style-type: none"> • CFR, title 42, sections 438.10, 438.604, 438.606, 438.608 and 438.610 • MHP Contract, Exhibit A, Attachment I 	

Plan of Correction

The MHP will update its Compliance Plan to meet Title 42 and the MHP Contract requirements.

See also General Corrective Action 1, above.

Timeframe for Completion: The Compliance Plan will be updated by March 31, 2017.

Proof of Correction:

- The completed Compliance Plan will be submitted to DHCS.
- Policies and procedures relating to this finding will be provided to DHCS once they have been finalized.

PROTOCOL REQUIREMENTS	
2c.	Does the MHP have a compliance committee that is accountable to senior management?
	<ul style="list-style-type: none"> • CFR, title 42, sections 438.10, 438.604, 438.606, 438.608 and 438.610 • MHP Contract, Exhibit A, Attachment I

Plan of Correction

The MHP will identify members for the Compliance Committee and begin regular meetings, with the input from the CCC being provided to the Deputy Director and Quality Assurance Manager(s), or other appropriate level management staff, within the MHP.

Timeframe for Completion: The Compliance Committee will be convened by the March 31, 2017.

Proof of Correction:

- Compliance Committee Charter.
- Meeting minutes.

PROTOCOL REQUIREMENTS	
2d.	Is there evidence of effective training and education for the compliance officer?
	<ul style="list-style-type: none"> • CFR, title 42, sections 438.10, 438.604, 438.606, 438.608 and 438.610 • MHP Contract, Exhibit A, Attachment I

Plan of Correction

The MHP continues to research training for the Compliance Officer. While the County offers HIPAA compliance training annually or biennially, additional training is needed.

The MHP's Program Manager for Quality Improvement / Utilization Review attended Cal QIC in March 2016, and attendance at Cal QIC will continue to be a budgeted travel and training event for the MHP. Cal QIC provides some compliance training.

Timeframe for Completion: There are factors beyond the control of the MHP in implementing its compliance training, such as the availability of training. Therefore, although a compliance training plan will be initially established by January 31, 2017, and training will be scheduled as it becomes available, some items within the compliance plan may not be able to be implemented quickly.

Proof of Correction:

- Compliance training plan.
- Proof of training attendance.
- Policies and procedures relating to this finding will be provided to DHCS once they have been finalized.

PROTOCOL REQUIREMENTS	
2f.	Does the MHP ensure effective lines of communication between the compliance officer and the organization's employees and/or contract providers?
	<ul style="list-style-type: none"> • CFR, title 42, sections 438.10, 438.604, 438.606, 438.608 and 438.610 • MHP Contract, Exhibit A, Attachment I

Plan of Correction

See General Corrective Action 1 and Section H, Program Integrity, Item 1, above.

Timeframe for Completion: The Compliance Plan will be updated by March 31, 2017. It is anticipated that the majority of the policies and procedures will be completed by the end of calendar year 2016, however this is a huge undertaking and it may take longer for all policies and procedures to be finalized.

Proof of Correction:

- The completed Compliance Plan will be submitted to DHCS.
- Copies of or photos of identified means of communication will be provided to DHCS, as appropriate.
- Policies and procedures relating to this finding will be provided to DHCS once they have been finalized.

PROTOCOL REQUIREMENTS	
2g.	Does the MHP ensure enforcement of the standards through well publicized disciplinary guidelines?
<ul style="list-style-type: none">• CFR, title 42, sections 438.10, 438.604, 438.606, 438.608 and 438.610• MHP Contract, Exhibit A, Attachment I	

Plan of Correction

See General Corrective Action 1 and Section H, Program Integrity, Item 1, above. However, items dealing with disciplinary guidelines of employees are subject to County personnel rules and potentially collective bargaining agreements. Such items may need to be processed through legal procedures and may take a significant amount of time. There may also be some agreements for service updated to include these provisions.

Timeframe for Completion: The Compliance Plan will be updated by March 31, 2017. It is anticipated that the majority of the policies and procedures will be completed by the end of calendar year 2016, however this is a huge undertaking and it may take longer for all policies and procedures to be finalized. However, some items may not be able to be implemented quickly (e.g., disciplinary actions related to County personnel). Any agreements for service that must be updated to include these provisions will take a varied amount of time to execute due to County contracting policies and procedures.

Proof of Correction:

- The completed Compliance Plan.
- Updated agreements for service.
- Training sign-in sheet(s), if any.
- Policies and procedures relating to this finding will be provided to DHCS once they have been finalized.

PROTOCOL REQUIREMENTS	
2h.	Does the MHP have a provision for internal monitoring and auditing of fraud, waste, and abuse?
<ul style="list-style-type: none"> • CFR, title 42, sections 438.10, 438.604, 438.606, 438.608 and 438.610 • MHP Contract, Exhibit A, Attachment I 	

Plan of Correction

See General Corrective Action 1 and Section H, Program Integrity, Item 1, above.

Timeframe for Completion: The Compliance Plan will be updated by March 31, 2017. It is anticipated that the majority of the policies and procedures will be completed by the end of calendar year 2016, however this is a huge undertaking and it may take longer for all policies and procedures to be finalized.

Proof of Correction:

- The completed Compliance Plan will be submitted to DHCS.
- Where applicable, sample forms will also be provided.
- Policies and procedures relating to this finding will be provided to DHCS once they have been finalized.

PROTOCOL REQUIREMENTS	
3.	Regarding verification of services:
3a.	Does the MHP have a method to verify whether services reimbursed by Medicaid were actually furnished to the beneficiaries?
3b.	When unable to verify services were furnished to beneficiaries, does the MHP have a mechanism in place to ensure appropriate actions are taken?
<ul style="list-style-type: none"> • CFR, title 42, sections 455.1(a)(2) and 455.20 (a) • MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements • Social Security Act, Subpart A, Sections 1902(a)(4), 1903(i)(2) and 1909 	

Plan of Correction

See General Corrective Action 1 and Section H, Program Integrity, Item 1, above.

Timeframe for Completion: The Compliance Plan will be updated by March 31, 2017. It is anticipated that the majority of the policies and procedures will be completed by the end of calendar year 2016, however this is a huge undertaking and it may take longer for all policies and procedures to be finalized.

Proof of Correction:

- The completed Compliance Plan will be submitted to DHCS.
- Where applicable, sample forms will also be provided.
- Policies and procedures relating to this finding will be provided to DHCS once they have been finalized.

PROTOCOL REQUIREMENTS	
4.	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"> • CFR, title 42, sections 455.101 and 455.104 • MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements 	

Plan of Correction

See General Corrective Action 1 and Section H, Program Integrity, Item 1, above.

Timeframe for Completion: The Compliance Plan will be updated by March 31, 2017. It is anticipated that the majority of the policies and procedures will be completed by the end of calendar year 2016, however this is a huge undertaking and it may take longer for all policies and procedures to be finalized.

Proof of Correction:

- Completed Compliance Plan.
- Where applicable, sample forms will also be provided.
- Policies and procedures relating to this finding will be provided to DHCS once they have been finalized.

PROTOCOL REQUIREMENTS	
5.	Regarding monitoring and verification of provider eligibility:
5b.	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"> • CFR, title 42, sections 438.214(d), 438.610, 455.400-455.470, 455.436(b) • DMH Letter No. 10-05 • MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements 	

Plan of Correction

See General Corrective Action 1 and Section H, Program Integrity, Item 1, above. There may also be some agreements for service updated to include these provisions.

Timeframe for Completion: The Compliance Plan will be updated by March 31, 2017. It is anticipated that the majority of the policies and procedures will be completed by the end of calendar year 2016, however this is a huge undertaking and it may take longer for all policies and procedures to be finalized. Any agreements for service that must be updated to include these provisions will take a varied amount of time to execute due to County contracting policies and procedures.

Proof of Correction:

- Completed Compliance Plan.
- Updated agreements for service.
- Training sign-in sheet(s), if any.
- Policies and procedures relating to this finding will be provided to DHCS once they have been finalized.

SECTION I: QUALITY IMPROVEMENT

PROTOCOL REQUIREMENTS	
1.	Regarding the MHP's Quality Management (QM) Program:
1a.	Does the MHP have a written description of the QM Program which clearly defines the QM Program's structure and elements, assigns responsibility to appropriate individuals, and adopts or establishes quantitative measures to assess performance and to identify and prioritize area(s) for improvement?
<ul style="list-style-type: none"> • CCR, title 9, § 1810.440(a)(6) • 42 C.F.R. § 438.240(e) • MHP Contract, Exhibit A, Attachment I 	

Plan of Correction

See General Corrective Action 1, above. The policies and procedures relating to QM will also include a written description of the QM Program, which clearly defines the QM Program's structure and elements, assigns responsibility to appropriate individuals, and adopts or establishes quantitative measures to assess performance and to identify and prioritize area(s) for improvement.

Timeframe for Completion: It is anticipated that the majority of the policies and procedures will be completed by the end of calendar year 2016, however this is a huge undertaking and it may take longer for all policies and procedures to be finalized. The QM Program description will be completed by December 31, 2016.

Proof of Correction:

- The completed QM Program description will be submitted to DHCS.
- Policies and procedures relating to this finding will be provided to DHCS once they have been finalized.

PROTOCOL REQUIREMENTS	
2.	Regarding mechanisms to assess beneficiary/ family satisfaction:
2c.	Does the MHP evaluate requests to change persons providing services at least annually?
2d.	Does the MHP inform providers of the results of beneficiary/family satisfaction activities?
<ul style="list-style-type: none"> • MHP Contract, Exhibit A, Attachment I 	

Plan of Correction

See General Corrective Action 1, above. Additionally, the MHP has signed up to be a beta tester county of the database under development for analyzing the Consumer Perception Survey data, and will receive a demonstration of the database on September 29, 2016.

Timeframe for Completion: It is anticipated that the majority of the policies and procedures will be completed by the end of calendar year 2016, however this is a huge undertaking and it may take longer for all policies and procedures to be finalized. It is unknown when the final database for analyzing the Consumer Perception Survey data will be formally rolled out, but the MHP hopes to be able to use it to analyze the May 2016 and November 2016 data as soon as the data is available.

Proof of Correction:

- Policies and procedures relating to this finding will be provided to DHCS once they have been finalized.
- Where applicable, sample forms will also be provided.

PROTOCOL REQUIREMENTS	
6.	Regarding the QM Work Plan:
6e.	Does the QM 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:
	4) Access to after-hours care?
	<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.440(a)(5) • DMH Information Notice No. 10-17, Enclosures, Pages 18 & 19, and DMH Information Notice No. 10-02, Enclosure, Page 23 • CFR, title 42, Part 438-Managed Care, sections 438.204, 438.240 and 438.358. • MHP Contract, Exhibit A, Attachment I • CCR, tit. 9, § 1810.410

Plan of Correction

The MHP will update its QM Work Plan to include the above requirement.

See also General Corrective Action 1 above.

Timeframe for Completion: The QM Work Plan will be updated by December 31, 2016.

Proof of Correction:

- The updated QM Work Plan will be submitted to DHCS.
- Policies and procedures relating to this finding will be provided to DHCS once they have been finalized.

PROTOCOL REQUIREMENTS	
7.	Regarding the QI Program:
7a.	Is the QIC involved in or overseeing the following QI activities:
	1) Recommending policy decisions?
	2) Reviewing and evaluating the results of QI activities?
	3) Instituting needed QI actions?
	4) Ensuring follow-up of QI processes?
	5) Documenting QI committee meeting minutes?
7b.	Does the MHP QI program include active participation by the MHP's practitioners and providers, as well as beneficiaries and family members, in the planning, design and execution of the QI program?
	<ul style="list-style-type: none"> • MHP Contract, Exhibit A, Attachment I

Plan of Correction

The MHP identified members for the Quality Improvement Committee (QIC) and held a meeting on January 27, 2016. Attendance was poor and the MHP is developing another method to encourage participation. However, at the January 2016 meeting, the Charter was reviewed and updated. As we progress into the holiday season, it will be even more difficult to engage

participants and therefore it is anticipated that the next meeting may be in Quarter 3 of FY 2016-17.

See also General Corrective Action 1 above.

Timeframe for Completion: The QIC will be re-organized by the March 31, 2017.

Proof of Correction:

- Meeting handouts.
- Sign in sheets.
- Policies and procedures relating to this finding will be provided to DHCS once they have been finalized.

SECTION J: MENTAL HEALTH SERVICES ACT (MHSA)

PROTOCOL REQUIREMENTS	
3.	Regarding Community Services and Supports requirements:
3b.	Has the County conducted outreach to provide equal opportunities for peers who share the diverse racial/ethnic, cultural, and linguistic characteristics of the individuals/clients served?
• CCR, title 9, chapter 14, section 3610	

Plan of Correction

In El Dorado County, NAMI provides the majority of the family education support services. The County’s MHSA program had a PEI program which provided funding to NAMI, however NAMI requested that this contract not be pursued, therefore the project was discontinued effective July 1, 2014. Although, NAMI continues to provide community training through alternate funding, the MHP continues to seek opportunities for family members to be involved with the treatment of their family member and to identify how the MHP can provide additional education support services to families.

Additionally, the MHP currently has a Peer Volunteer Program from which there have been 16 graduates.

- Eight of the graduates are Peer Volunteers at the West Slope Wellness Center in positions of culinary arts, greeters, activity leaders, co-facilitators of groups, librarian, clothing donation coordinator and gardeners. In their roles, they interact with other peers on a regular basis.
- Two graduates obtained employment, either directly or by first volunteering for a community-based organization serving mental health consumers in the county.
- Three graduates determined they wanted to further their education to obtain their employment goals and have returned to school.
- One graduate is volunteering at a local historic theater.

See also General Corrective Action 1 above.

Timeframe for Completion: The FY 2017-18 MHSA Three-Year Plan is anticipated to be brought to the Board of Supervisors for approval by June 30, 2017, however it may go beyond June 30, 2017 in the event the Board of Supervisors is unable to hear the agenda item on or before June 30, 2017.

Proof of Correction:

- The applicable program descriptions from the approved FY 2017-18 MHSA Three-Year Plan will be provided to DHCS.
- Copies of program materials, to the extent allowed by law, will be provided to DHCS.

PROTOCOL REQUIREMENTS	
4c.	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?
• CCR, title 9, chapter 14, section 3620	

Plan of Correction

See Section A, Access, item 13a, above.

Timeframe for Completion: There are factors beyond the control of the MHP in implementing cultural competence training, such as the input from the CCC, the availability of training, and process changes for the County. Therefore, although a cultural competence training plan will be established by April 30, 2017, and training will be scheduled thereafter, some items within the plan may not be able to be implemented quickly (e.g., method for monitoring interpreters).

Proof of Correction:

- Cultural Competency Training plan.
- Sign-in sheets.

SECTION K: CHART REVIEW - NON-HOSPITAL SERVICES MEDICAL NECESSITY

Chart Review Corrective Action

See General Corrective Action 1 above.

Additionally:

- 1. Training.** The MHP will provide case workers with additional service and documentation training. Additionally, contracted providers will receive the same or similar training, trained by the MHP or through the contracted providers staff.

Timeframe for Completion: It is anticipated that the initial round of training will be complete by June 30, 2017. Training will continue thereafter throughout the year on a scheduled and as-needed basis.

Proof of Correction:

- Copies of training materials related to the findings below, to the extent allowed by law.
- Sign-in sheets.

- 2. Chart Reviews.** The MHP will develop and implement a procedure for performing chart reviews of both children and adult services, including auditing contracted service providers' charts.

Timeframe for Completion: One of the challenges faced by the MHP is maintaining adequate staffing levels in its Quality Assurance/Utilization Review unit. It is hoped that the unit will be fully staffed by December 31, 2016, at which time a higher number of cases can be subject to case review.

Proof of Correction: Policies and procedures relating to the findings below will be provided to DHCS once they have been finalized. Where applicable, sample forms will also be provided.

PROTOCOL REQUIREMENTS	
1c.	<p>Do the proposed and actual intervention(s) meet the intervention criteria listed below:</p> <p>1) The focus of the proposed and actual intervention(s) is to address the condition identified in No. 1b. (1-3) above, or for full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that SMHS can correct or ameliorate per No. 1b(4).</p>
	<p>2) The expectation is that the proposed and actual intervention(s) will do at least one (1) of the following (A, B, C, or D):</p> <p>A. Significantly diminish the impairment.</p> <p>B. Prevent significant deterioration in an important area of life functioning.</p> <p>C. Allow the child to progress developmentally as individually appropriate.</p> <p>D. For full-scope MC beneficiaries under the age of 21 years, correct or ameliorate the condition.</p>

- CCR, title 9, chapter 11, section 1830.205 (b)(c)
- CCR, title 9, chapter 11, section 1830.210
- CCR, title 9, chapter 11, section 1810.345(c)
- CCR, title 9, chapter 11, section 1840.112(b)(1-4)
- CCR, title 9, chapter 11, section 1840.314(d)
- CCR, title 22, chapter 3, section 51303(a)
- Credentialing Boards for MH Disciplines

Plan of Correction

See General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.

Timeframe for Completion: As identified under General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.

Proof of Correction: As identified under General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.

ASSESSMENT

PROTOCOL REQUIREMENTS	
2.	Regarding the Assessment, are the following conditions met:
2a.	1) Has the Assessment been completed in accordance with the MHP's established written documentation standards for timeliness?
<ul style="list-style-type: none"> • 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(d)(e) • CCR, title 9, chapter 4, section 851- Lanterman-Petris Act • MHP Contract, Exhibit A, Attachment I 	

Plan of Correction

See General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.

Timeframe for Completion: As identified under General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.

Proof of Correction: As identified under General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.

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 factors affecting the beneficiary's physical health and mental health including, as applicable; living situation, daily activities, social support, cultural and linguistic factors, and history of trauma or exposure to trauma;
	3) 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;
	4) 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
	5) 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;
	6) 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;
	7) 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;
	8) Risks. Situations that present a risk to the beneficiary and/or others, including past or current trauma;
	9) A mental status examination;
	10) 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.
	<ul style="list-style-type: none"> • 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(d)(e) • CCR, title 9, chapter 4, section 851- Lanterman-Petris Act • MHP Contract, Exhibit A, Attachment I

Plan of Correction

See General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.

Timeframe for Completion: As identified under General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.

Proof of Correction: As identified under General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.

MEDICATION CONSENT

PROTOCOL REQUIREMENTS	
3	Regarding medication consent forms:
3a.	Did the provider obtain and retain a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication?
	<ul style="list-style-type: none"> • 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(d)(e) • CCR, title 9, chapter 4, section 851- Lanterman-Petris Act • MHP Contract, Exhibit A, Attachment I

Plan of Correction

See General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.

Timeframe for Completion: As identified under General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.

Proof of Correction: As identified under General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.

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?
	<ul style="list-style-type: none"> • 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(d)(e) • CCR, title 9, chapter 4, section 851- Lanterman-Petris Act • MHP Contract, Exhibit A, Attachment I

Plan of Correction

See General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.

Timeframe for Completion: As identified under General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.

Proof of Correction: As identified under General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.

PROTOCOL REQUIREMENTS	
4a.	Has the client plan been updated at least annually and/or when there are significant changes in the beneficiary's condition?
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.205.2 • CCR, title 9, chapter 11, section 1810.254 • CCR, title 9, chapter 11, section 1810.440(c)(1)(2) • 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 • WIC, section 5751.2 • MHP Contract, Exhibit A, Attachment I • CCR, title 16, Section 1820.5 • California Business and Profession Code, Section 4999.20 	

Plan of Correction 1: See General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.

Timeframe for Completion: As identified under General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.

Proof of Correction: As identified under General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.

Plan of Correction 2: The MHP will review all services and claims outside of the audit review period during which there was no client plan in effect and disallow those claims.

Timeframe for Completion: The chart review of ¹ will be complete by February 28, 2017, and the results will be forwarded to the HHSA Fiscal Unit for processing. It is anticipated that the Fiscal Unit will complete its processing of the outcome by June 30, 2017.

Proof of Correction: Results of chart review.

¹ Line number removed for confidentiality

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.
	<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.205.2 • CCR, title 9, chapter 11, section 1810.254 • CCR, title 9, chapter 11, section 1810.440(c)(1)(2) • 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 • WIC, section 5751.2 • MHP Contract, Exhibit A, Attachment I • CCR, title 16, Section 1820.5 • California Business and Profession Code, Section 4999.20

Plan of Correction

See General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.

Timeframe for Completion: As identified under General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.

Proof of Correction: As identified under General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.

PROTOCOL REQUIREMENTS	
4e.	Is there documentation that the contractor offered a copy of the client plan to the beneficiary?
	<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.205.2 • CCR, title 9, chapter 11, section 1810.254 • CCR, title 9, chapter 11, section 1810.440(c)(1)(2) • 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 • WIC, section 5751.2 • MHP Contract, Exhibit A, Attachment I • CCR, title 16, Section 1820.5 • California Business and Profession Code, Section 4999.20

Plan of Correction

See General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.

Timeframe for Completion: As identified under General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.

Proof of Correction: As identified under General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.

PROTOCOL REQUIREMENTS	
4f.	Does the client plan include:
	1) The date of service;
	2) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, and licensure or job title; AND
	3) The date the documentation was entered in the medical record?
<ul style="list-style-type: none">• CCR, title 9, chapter 11, section 1810.205.2• CCR, title 9, chapter 11, section 1810.254• CCR, title 9, chapter 11, section 1810.440(c)(1)(2)• 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• WIC, section 5751.2• MHP Contract, Exhibit A, Attachment I• CCR, title 16, Section 1820.5• California Business and Profession Code, Section 4999.20	

Plan of Correction

See General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.

Timeframe for Completion: As identified under General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.

Proof of Correction: As identified under General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.

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?
	5) Documentation of referrals to community resources and other agencies, when appropriate?
	6) Documentation of follow-up care or, as appropriate, a discharge summary?
	7) The amount of time taken to provide services?
	8) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, and licensure or job title?
	<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.254 • CCR, title 9, chapter 11, section 1810.440(c) • CCR, title 9, chapter 11, section 1840.112(b)(2-6) • CCR, title 9, chapter 11, section 1840.314 • CCR, title 9, chapter 11, sections 1840.316 - 1840.322 • CCR, title 22, chapter 3, section 51458.1 • CCR, title 22, chapter 3, section 51470 • MHP Contract, Exhibit A, Attachment I

Plan of Correction

See General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.

Timeframe for Completion: As identified under General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.

Proof of Correction: As identified under General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.

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?
	<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.254 • CCR, title 9, chapter 11, section 1810.440(c) • CCR, title 9, chapter 11, section 1840.112(b)(2-6) • CCR, title 9, chapter 11, section 1840.314 • CCR, title 9, chapter 11, sections 1840.316 - 1840.322

Plan of Correction

See General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.

Timeframe for Completion: As identified under General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.

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PROTOCOL REQUIREMENTS	
5c.	<p>Timeliness/frequency as follows:</p> <ol style="list-style-type: none"> 1) Every service contact for: <ol style="list-style-type: none"> A. Mental health services B. Medication support services C. Crisis intervention D. Targeted Case Management 2) Daily for: <ol style="list-style-type: none"> A. Crisis residential B. Crisis stabilization (one per 23/hour period) C. Day treatment intensive 3) Weekly for <ol style="list-style-type: none"> A. Day treatment intensive (clinical summary) B. Day rehabilitation C. Adult residential
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.254 • CCR, title 9, chapter 11, section 1810.440(c) • CCR, title 9, chapter 11, section 1840.112(b)(2-6) • CCR, title 9, chapter 11, section 1840.314 • CCR, title 9, chapter 11, sections 1840.316 - 1840.322 • CCR, title 22, chapter 3, section 51458.1 • CCR, title 22, chapter 3, section 51470 • MHP Contract, Exhibit A, Attachment I 	

Plan of Correction

See General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.

Timeframe for Completion: As identified under General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.

Proof of Correction: As identified under General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.

PROTOCOL REQUIREMENTS	
5d.	Do all entries in the beneficiary's medical record include:
	1) The date of service?
	2) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, and licensure or job title?
	3) The date the documentation was entered in the medical record?
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.254 • CCR, title 9, chapter 11, section 1810.440(c) • CCR, title 9, chapter 11, section 1840.112(b)(2-6) • CCR, title 9, chapter 11, section 1840.314 • CCR, title 9, chapter 11, sections 1840.316 - 1840.322 • CCR, title 22, chapter 3, section 51458.1 • CCR, title 22, chapter 3, section 51470 • MHP Contract, Exhibit A, Attachment I 	

Plan of Correction

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Proof of Correction: As identified under General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.

SERVICE COMPONENTS FOR DAY TREATMENT INTENSIVE AND DAY REHABILITATION PROGRAMS

PROTOCOL REQUIREMENTS	
7f.	Regarding the Written Program Description:
	1) Is there a Written Program Description for Day Treatment Intensive and Day Rehabilitation? A. Does the Written Program Description describe the specific activities of each service and reflect each of the required components of the services as described in the MHP Contract.
	2) Is there a Mental Health Crisis Protocol?
	3) Is there a Written Weekly Schedule? A. Does the Written Weekly Schedule: a) Identify when and where the service components will be provided and by whom; and b) Specify the program staff, their qualifications, and the scope of their services?
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.212 • CCR, title 9, chapter 11, section 1810.213 • CCR, title 9, chapter 11, section 1840.112(b) • CCR, title 9, chapter 11, section 1840.314(d)(e) • CCR, title 9, chapter 11, section 1840.318 • CCR, title 9, chapter 11, section 1840.360 	

- MHP Contract, Exhibit A, Attachment I
- DMH Letter No. 03-03

Plan of Correction

See General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.

Timeframe for Completion: As identified under General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.

Proof of Correction: As identified under General Corrective Action 1, Chart Review Corrective Action 1, and Chart Review Corrective Action 2, above.