

**FISCAL YEAR (FY) 2015/2016 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL
HEALTH SERVICES AND OTHER FUNDED SERVICES
ALPINE COUNTY MENTAL HEALTH PLAN REVIEW
May 9, 2016
FINAL FINDINGS REPORT**

This report details the findings from the triennial system review of the **Alpine County** Mental Health Plan (MHP). The report is organized according to the findings from each section of the FY2015/2016 Annual Review Protocol for Consolidated Specialty Mental Health Services (SMHS) and Other Funded Services (Mental Health and Substance Use Disorder Services Information Notice No. 15-042), specifically Sections A-J and the Attestation. This report details the requirements deemed out of compliance (OOC), or in partial compliance, with regulations and/or the terms of the contract between the MHP and DHCS. The corresponding protocol language, as well as the regulatory and/or contractual authority, will be followed by the specific findings and required Plan of Correction (POC).

For informational purposes, this draft report also includes additional information that may be useful for the MHP, including a description of calls testing compliance of the MHP’s 24/7 toll-free telephone access line and a section detailing information gathered for the 12 “SURVEY ONLY” questions in the protocol.

The MHP will have thirty (30) days from receipt to review the draft report. If the MHP wishes to contest the findings of the system review and/or the chart review, it may do so, in writing, before the 30-day period concludes. If the MHP does not respond within 30 days, DHCS will then issue its Final Report. The MHP is required to submit a Plan of Correction (POC) to DHCS within sixty (60) days after receipt of the final report for all system and chart review items deemed out of compliance. The POC should include the following information:

- (1) Description of corrective actions, including milestones
- (2) Timeline for implementation and/or completion of corrective actions
- (3) Proposed (or actual) evidence of correction that will be submitted to DHCS

If the MHP chooses to appeal any of the out of compliance items, the MHP should submit an appeal in writing within 15 working days after receipt of the final report. A POC will still be required pending the outcome of the appeal.

Report Contents

RESULTS SUMMARY: SYSTEM REVIEW.....2
 FINDINGS3
 ATTESTATION.....3
 SECTION A: ACCESS.....3
 SECTION H: PROGRAM INTEGRITY.....7
 SECTION I: QUALITY IMPROVEMENT8
 SURVEY ONLY FINDINGS8

**System Review Findings Report
Alpine Mental Health Plan
Fiscal Year 2015/2016**

RESULTS SUMMARY: SYSTEM REVIEW

SYSTEM REVIEW SECTION	TOTAL ITEMS REVIEWED	SURVEY ONLY ITEMS	TOTAL FINDINGS PARTIAL or OOC	PROTOCOL QUESTIONS OUT-OF-COMPLIANCE (OOC) OR PARTIAL COMPLIANCE	IN COMPLIANCE PERCENTAGE FOR SECTION
ATTESTATION	5	0	0/5	0	100%
SECTION A: ACCESS	48	2	5/46	6d3, 9a2, 10b1, 10b2, 10b3	89%
SECTION B: AUTHORIZATION	22	0	0/22	0	100%
SECTION C: BENEFICIARY PROTECTION	25	0	0/25	0	100%
SECTION D: FUNDING, REPORTING & CONTRACTING REQUIREMENTS	NOT APPLICABLE				
SECTION E: NETWORK ADEQUACY AND ARRAY OF SERVICES	20	4	0/16	0	100%
SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	0/6	0	100%
SECTION G: PROVIDER RELATIONS	5	0	0/5	0	100%
SECTION H: PROGRAM INTEGRITY	20	4	3/16	3a, 3b, 4	81%
SECTION I: QUALITY IMPROVEMENT	31	2	1/29	3a	97%
SECTION J: MENTAL HEALTH SERVICES ACT	17	0	0/17	0	100%
TOTAL ITEMS REVIEWED	199	12	9		

Overall System Review Compliance

Total Number of Requirements Reviewed	199 (with 5 Attestation items)			
Total Number of SURVEY ONLY Requirements	12 (NOT INCLUDED IN CALCULATIONS)			
Total Number of Requirements Partial or OOC	9		OUT OF 187	
OVERALL PERCENTAGE OF COMPLIANCE	IN	95%	OOO/Partial	5%
	(# IN/187)		(# OOC/187)	

**System Review Findings Report
Alpine Mental Health Plan
Fiscal Year 2015/2016**

FINDINGS

ATTESTATION

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

SECTION A: ACCESS

PROTOCOL REQUIREMENTS	
6d.	Does the MHP have policies, procedures, and practices that comply with the following requirements of title VI of the Civil Rights Act of 1964:
	1) Prohibiting the expectation that family members provide interpreter services?
	2) A client may choose to use a family member or friend as an interpreter after being informed of the availability of free interpreter services?
	3) Minor children should not be used as interpreters?
<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.10 (c)(4) , 438.6(f)(1), 438.100(d), CFR, title 28, Part 35, 35.160(b)(1), CFR, title 28, Part 36, 36.303(c)</i> • <i>CCR, title 9, chapter 11, section 1810.410(a)-(e)</i> • <i>DMH Information Notice 10-02 and 10-17</i> 	<ul style="list-style-type: none"> • <i>Title VI, Civil Rights Act of 1964 (U.S. Code 42, section 2000d; CFR, title 45, Part 80)</i> • <i>MHP Contract, Exhibit A, Attachment I</i> • <i>CMS/DHCS, section 1915(b) waiver</i>

FINDINGS

The MHP did not furnish evidence it has policies, procedures, and practices, in compliance with title VI of the Civil Rights Act of 1964, prohibiting the expectation that family members provide interpreter services, ensuring clients are informed of the availability of free interpreter services before choosing to use a family member or friend as an interpreter, and ensuring minor children are not used as interpreters. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy AC-160 Meeting Consumer Cultural and Linguistic Needs, and the “Free Language Assistance Services” flyer which is posted at each provider site. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, both the policy and flyer did not state that minor children should not be used as interpreters. Protocol question A6d3 is deemed OOC.

PLAN OF CORRECTION

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

**System Review Findings Report
Alpine Mental Health Plan
Fiscal Year 2015/2016**

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 specialty mental health services, including specialty mental health services required to assess whether medical necessity PROTOCOL REQUIREMENTS 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) 	<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

The DHCS review team made seven (7) calls to test the MHP's 24/7 toll-free line. The seven (7) test calls are summarized below:

Test Call #1 was placed on Friday, 4/22/2016 at 2:15pm. The call was answered after three (3) rings via a live operator. The DHCS test caller requested information about accessing SMHS. The operator asked if the caller was currently in crisis, or in danger of hurting self or others. The operator provided the business hours and an address for the walk-in clinic. The operator also stated that for crisis the caller could call the same number anytime. The caller was provided information about how to access SMHS and services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions A9a2 and A9a3.

Test Call #2 was placed on Thursday, 4/14/2016 at 7:17am. The call was answered after one (1) ring via a live operator. The DHCS test caller requested information about accessing SMHS. The operator asked if the caller was having any suicidal thoughts or was currently in crisis. The operator provided the clinic's address and advised the caller that he/she could walk into the clinic during business hours. The operator also advised the caller that he/she could get an assessment and insurance determination during walk-in visit. The caller was provided information about how to access SMHS and services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions A9a2 and A9a3.

Test Call #3 was placed on Sunday, 3/13/2016 at 8:35am. The call was immediately answered via a live operator. The DHCS test caller requested information about accessing SMHS. The operator asked if the caller was in crisis and the caller's area of residence. The caller replied in the negative regarding being in crisis and provided the operator with residence information. The operator then provided the caller with a clinic address near the caller's residence, including the phone number and hours of operation. The operator advised the caller of the walk-in and assessment process. The operator also informed the caller that they could call the 24/7 Access line in an emergency situation. The caller was provided information about how to access SMHS and services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions A9a2 and A9a3.

**System Review Findings Report
Alpine Mental Health Plan
Fiscal Year 2015/2016**

Test Call #4 was placed on Tuesday, 3/29/2016 at 2:41pm. The call was answered after one (1) ring via a live operator. The DHCS test caller requested information about accessing SMHS. The operator stated that the access line was having technical difficulties and the call had been routed to the after-hours line. The operator offered to take the caller's information and have someone call him/her back the following day. The caller declined to provide a callback telephone number and requested information on how to access SMHS. The operator advised the caller of the clinics business hours without further instructions on how to obtain SMHS. The operator asked if the caller was having suicidal thoughts and he/she replied in the negative. The caller was not provided information about how to access SMHS, but was provided information about services needed to treat a beneficiary's urgent condition. The call is deemed OOC with the regulatory requirements for protocol question A9a2, and in compliance for protocol question A9a3.

Test Call #5 was placed on Tuesday, 3/22/2016 at 1:52pm. The call was answered after two (2) rings via a live operator. The DHCS test caller requested information about accessing SMHS. The operator asked the caller if he/she was in crisis. After hearing the caller's request for SMHS, the operator offered to connect the caller to a therapist. The operator also gave the caller an option to come into the clinic to see a clinician. The operator asked the caller's area of residence and provided the caller with an address and business hours. The caller was provided information about how to access SMHS and services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions A9a2 and A9a3.

Test Call #6 was placed on Sunday, 4/10/2016 at 3:40pm. The call was answered after three (3) rings via a live operator. The DHCS test caller requested information about filing a complaint. The operator stated the caller could file a complaint by either calling or coming into the clinic. The operator advised the caller could fill out the grievance forms which are located in the lobby. The operator also advised that the form could be mailed to the caller. The operator explained the Appeal and Fair Hearing process. The operator inquired into the status of the caller's well-being. The caller was provided information about services needed to treat an urgent condition and information about how to use the beneficiary problem resolution process. The call is deemed in compliance with the regulatory requirements for protocol questions A9a3 and A9a4.

Test Call #7 was placed on Friday, 4/22/2016 at 10:27am. The call was answered after three (3) rings via a live operator. The DHCS test caller requested information about filing a complaint. The operator asked if the caller was in crisis and he/she replied in the negative. The operator advised that the grievance forms were available in the clinic's lobby or forms could be mailed to caller. The operator provided the address and business hours of clinic. The caller was provided information needed to treat an urgent condition and information about how to use the beneficiary problem resolution process. The call is deemed in compliance with the regulatory requirements for protocol questions A9a3 and A9a4.

**System Review Findings Report
Alpine Mental Health Plan
Fiscal Year 2015/2016**

FINDINGS

Test Call Results Summary

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

Protocol question A9a2 is deemed in partial compliance.

PLAN OF CORRECTION

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

PROTOCOL REQUIREMENTS	
10.	Regarding the written log of initial requests for SMHS:
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?
<ul style="list-style-type: none"> CCR, title 9, chapter 11, section 1810.405(f) 	

FINDINGS

The MHP did not furnish evidence its written logs of initial requests for SMHS includes requests made by phone, in person, or in writing. Specifically, the logs made available by the MHP did not include all required elements for the test calls made by DHCS. See the table below.

Protocol Question	Test Calls Logged by Name (10b1), Date (10b2), and Initial Disposition (10b3)							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
10b-1	IN	OUT	IN	OUT	IN	N/A	N/A	60%
10b-2	IN	IN	IN	OUT	IN	N/A	N/A	80%
10b-3	IN	IN	IN	OUT	IN	N/A	N/A	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 A10b1, A10b2, and A10b3 are deemed in partial compliance.

**System Review Findings Report
Alpine Mental Health Plan
Fiscal Year 2015/2016**

PLAN OF CORRECTION:

The MHP will submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that its written log of initial requests for SMHS (including requests made via telephone, in person or in writing) complies with all regulatory requirements.

SECTION H: PROGRAM INTEGRITY

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"> • <i>CFR, title 42, sections 455.1(a)(2) and 455.20 (a)</i> • <i>MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements</i> • <i>Social Security Act, Subpart A, Sections 1902(a)(4), 1903(i)(2) and 1909</i>

FINDINGS

The MHP did not furnish evidence it has a method to verify whether services reimbursed by Medicaid were actually furnished to the beneficiaries and, if unable to verify services, a mechanism to ensure appropriate actions are taken. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: AC-348 Medi-Cal Service Verification. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the policy was not expected to be implemented until after the triennial System Review, in June 2016. Protocol questions H3a and H3b are deemed OOC.

PLAN OF CORRECTION

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

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

FINDINGS

The MHP did not furnish evidence it collects the disclosure of ownership, control, and relationship information from its providers, managing employees, including agents and managing agents as required in regulations and the MHP Contract. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy AC-405 Ownership disclosure of providers. However, it was determined the documentation lacked

**System Review Findings Report
Alpine Mental Health Plan
Fiscal Year 2015/2016**

sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the policy addressed only contracted provider disclosures. There was no evidence related to the county disclosure requirements. Protocol question H4 is deemed OOC.

PLAN OF CORRECTION

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

SECTION I: QUALITY IMPROVEMENT

PROTOCOL REQUIREMENTS	
3a.	Regarding monitoring of medication practices: Does the MHP have mechanisms to monitor the safety and effectiveness of medication practices at least annually?
<ul style="list-style-type: none"> MHP Contract, Exhibit A, Attachment I 	

FINDINGS

The MHP did not furnish evidence it has mechanisms to monitor the safety and effectiveness of medication practices at least annually. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: AC-815 Prescribing and Monitoring the Use of Psychotropic Medications; AC-816 Prescribing Psychotropic Medication to Children In Out-of-Home Placements; QI meeting minutes that include medication monitoring comments/notes. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, beneficiary charts are not monitored or reviewed by a qualified staff for medication practices at least annually. Protocol question I3a is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has mechanisms to monitor the safety and effectiveness of medication practices at least annually.

SURVEY ONLY FINDINGS

SECTION A: ACCESS

PROTOCOL REQUIREMENTS	
5.	Regarding written materials:
5e.	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 1810.410(e)(4) MHP Contract, Exhibit A, Attachment I 	

**System Review Findings Report
Alpine Mental Health Plan
Fiscal Year 2015/2016**

SURVEY FINDING

The MHP provided no policies or written materials as evidence of compliance. The MHP stated that they contract with IDL Consulting for translation services. IDL Consulting explained that they contract with individuals for translation services, and then ask MHP certified bi-lingual staff to review the translated documents.

SUGGESTED ACTIONS

DHCS recommends the MHP work with the contractor to document in a procedure their process for ensuring accuracy of translated materials in terms of both language and culture in an effort to meet regulatory and/or contractual requirements.

PROTOCOL REQUIREMENTS	
11.	Has the MHP updated its Cultural Competence Plan (CCP) annually in accordance with regulations?
<ul style="list-style-type: none"> • <i>CCR title 9, section 1810.410</i> • <i>DMH Information Notice 10-02 and 10-17</i> 	

SURVEY FINDING

The MHP furnished evidence it has updated its CCP annually in accordance with regulations.

SUGGESTED ACTIONS

No further action required at this time.

SECTION E: NETWORK ADEQUACY AND ARRAY OF SERVICES

PROTOCOL REQUIREMENTS	
9.	Regarding the MHP's implementation of the Katie A Settlement Agreement:
9a.	Does the MHP have a mechanism in place to ensure appropriate identification of Katie A subclass members?
9b.	How does the MHP ensure active participation of children/youth and their families in Child and Family Team (CFT) meetings?
9c.	Does the MHP have a mechanism to assess its capacity to serve subclass members currently in the system?
9d.	Does the MHP have a mechanism to ensure Katie A eligibility screening is incorporated into screening, referral and assessment processes?
<ul style="list-style-type: none"> • <i>Katie A Settlement Agreement</i> • <i>Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care for Katie A Subclass Members</i> 	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Policy AC-520 Katie A Services - Overview. The documentation provides sufficient evidence of compliance with State requirements. The local tribe executed a MOU with the states of California and Nevada, and Alpine county, which addresses all relationships between child welfare cases and the tribe. All tribal cases will be handled by the tribe.

SUGGESTED ACTIONS

No further action required at this time.

**System Review Findings Report
Alpine Mental Health Plan
Fiscal Year 2015/2016**

SECTION H: PROGRAM INTEGRITY

PROTOCOL REQUIREMENTS	
5a.	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 with and periodically) providers and contractors are not in the Social Security Administration's Death Master File?
	2) Is there evidence that the MHP has a process in place to verify the accuracy of new and current (prior to contracting with and periodically) providers and contractors in the National Plan and Provider Enumeration System (NPPES)?
	3) Is there evidence the MHP has a process in place to verify new and current (prior to contracting with and periodically) providers and contractors are not in the Excluded Parties List System (EPLS)?
	<ul style="list-style-type: none"> • <i>CFR, title 42, sections 438.214(d), 438.610, 455.400-455.470, 455.436(b)</i> • <i>DMH Letter No. 10-05</i> • <i>MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements</i>

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Policy AC-403 Verification of Contract Provider's, Staff and Applicant's - Exclusion and Status Lists. The documentation provides sufficient evidence of compliance with federal and/or State requirements.

SUGGESTED ACTIONS

No further action required at this time.

PROTOCOL REQUIREMENTS	
6.	Does the MHP confirm that providers' licenses have not expired and there are no current limitations on the providers' licenses?
	<ul style="list-style-type: none"> • <i>CFR, title 42, section 455.412</i>

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Policy AC-403 Verification of Contract Provider's, Staff and Applicant's - Exclusion and Status Lists. The documentation provides sufficient evidence of compliance with federal and/or State requirements.

SUGGESTED ACTIONS

No further action required at this time.

SECTION I: QUALITY IMPROVEMENT

PROTOCOL REQUIREMENTS	
3b.	Does the MHP have a policy and procedure in place regarding the monitoring of psychotropic medication use, including monitoring psychotropic medication use for children/youth?
3c.	If a quality of care concern or an outlier is identified related to psychotropic medication use, is there evidence the MHP took appropriate action to address the concern?

**System Review Findings Report
Alpine Mental Health Plan
Fiscal Year 2015/2016**

- | |
|--|
| <ul style="list-style-type: none">• <i>MHP Contract, Exhibit A, Attachment I</i> |
|--|

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Policy AC-815 Prescribing and Monitoring the Use of Psychotropic Medications, and Policy AC-816 Prescribing Psychotropic Medication to Children in Out-of-Home Placements, and a narrative on the how the policies are implemented and monitored between the Tele-psychiatrist and the MHP staff. The documentation provides sufficient evidence of compliance with federal and/or State requirements.

SUGGESTED ACTIONS

No further action required at this time.