

**FISCAL YEAR (FY) 2015/2016 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL
HEALTH SERVICES AND OTHER FUNDED SERVICES
LOS ANGELES COUNTY MENTAL HEALTH PLAN REVIEW
February 8, 2016-February 11, 2016
FINAL SYSTEM REVIEW FINDINGS REPORT**

This report details the findings from the triennial system review of the Los Angeles 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 B: AUTHORIZATION.....7
 SECTION G: PROVIDER RELATIONS.....9
 SECTION H: PROGRAM INTEGRITY 10
 SURVEY ONLY FINDINGS 11

**System Review Findings Report
Los Angeles County 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 (OO) OR PARTIAL COMPLIANCE | IN COMPLIANCE PERCENTAGE FOR SECTION |
|--|----------------------|-------------------|-------------------------------|---|--------------------------------------|
| ATTESTATION | 5 | 0 | 0 | | 100% |
| SECTION A: ACCESS | 48 | 2 | 7 | 9a2; 9a3; 9a4; 10b2;10b3;13a2 & 13b | 85% |
| SECTION B: AUTHORIZATION | 22 | 0 | 4 | 1a; 3a1; 5a1 & 5e | 82% |
| SECTION C: BENEFICIARY PROTECTION | 25 | 0 | 0 | | 100% |
| SECTION D: FUNDING, REPORTING & CONTRACTING REQUIREMENTS | NOT APPLICABLE | | | | |
| SECTION E: NETWORK ADEQUACY AND ARRAY OF SERVICES | 20 | 4 | 0 | | 100% |
| SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE | 6 | 0 | 0 | | 100% |
| SECTION G: PROVIDER RELATIONS | 5 | 0 | 1 | 2b | 80% |
| SECTION H: PROGRAM INTEGRITY | 20 | 4 | 2 | 2e & 4 | 87% |
| SECTION I: QUALITY IMPROVEMENT | 31 | 2 | 0 | | 100% |
| SECTION J: MENTAL HEALTH SERVICES ACT | 17 | 0 | 0 | | 100% |
| TOTAL ITEMS REVIEWED | 199 | 12 | 14 | | |

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 | 14 | | OUT OF 187 | |
| OVERALL PERCENTAGE OF COMPLIANCE | IN | 93% | OO/Partial | 7% |
| | (173 /187) | | (14/187) | |

**System Review Findings Report
Los Angeles County 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 (POC) is not required.

SECTION: ACCESS

| CRITERIA | |
|--|---|
| 9a. | Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number: |
| | 2) Does the toll-free telephone number provide information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met? |
| | 3) Does the toll-free telephone number provide information to beneficiaries about services needed to treat a beneficiary's urgent condition? |
| | 4) Does the toll-free telephone number provide information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes? |
| <ul style="list-style-type: none"> • 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 1/8/2016 at 7:27am. The call was initially answered immediately via recorded message and phone tree. The DHCS test caller selected the option to obtain information about SMHS. The call was then answered by a live operator. The caller requested information about SMHS. The operator asked if the caller was having thoughts of hurting him/her self or others and the caller responded in the negative. The operator requested identifying information from the caller (e.g., name, address, DOB, etc.) and searched for a clinic near the caller's stated residence. The caller was provided with information including addresses and phone numbers for two nearby clinics. The caller was provided information about how to access SMHS and information about 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 1/10/2016 at 6:13pm. The call was initially answered immediately via phone tree directing the caller to select a language option, which included the MHP's threshold languages. After selecting the option for English, the caller then heard a recorded greeting and instructions to dial 911 in an emergency. The caller was given additional options including the following: Information about SMHS; Mental Health Crisis; Emergency Crisis; Patients' Rights and Gate Keeping. The caller selected the option for patient rights and was transferred to a live operator. The caller requested information about filing a complaint against

**System Review Findings Report
Los Angeles County Mental Health Plan
Fiscal Year 2015/2016**

a provider. The operator provided the caller with the phone number and hours of operation of the patients' rights office. The caller asked the operator if he/she could walk in and pick forms and the operator stated the grievance process was performed over the phone and there were no forms to pick up. The caller was not provided with appropriate information about how to use the beneficiary problem resolution and fair hearing processes. The call is deemed OOC with the regulatory requirements for protocol question A9a4.

Test Call #3 was placed on 1/16/2016 at 10:01pm. The call was initially answered immediately via a phone tree directing the DHCS test caller to select a language option, which included the MHP's threshold languages. After selecting the option for English, the caller received instructions to call 911 in an emergency. The caller was given additional options including the following: Information about SMHS; Mental Health Crisis; Emergency Crisis; Patients' Rights and Gate Keeping. The caller pressed the option for Information about SMHS and was transferred to a live operator. The caller requested information about accessing SMHS. The operator requested the caller's name, date of birth, social security number, phone number, and area of residence. The caller declined to give personal and contact information. The operator inquired if the caller was having any suicidal or homicidal thoughts and the caller responded in the negative. The operator provided the caller with the name, phone number and hours of operation of a community center near the caller's residence. The operator also advised the caller of a mental health urgent care facility if there is an urgent situation as well as the availability of the 24/7 access line and mental health clinic. The caller was provided information about how to access SMHS as well as information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions A9a1, A9a2, and A9a3.

Test Call #4 was placed on 1/18/16 at 7:20pm. The call was immediately answered by a recorded message that stated county's name and information for an emergency or urgent condition. This message was followed by a phone tree directing the DHCS test caller to select a language option, which included the MHP's threshold languages. After selecting the option for English, the caller was given additional options including the following: General Information; Mental Health or Emergency Crisis; Patients' Rights and Gate Keeping. The caller pressed option for general information and was transferred to a live operator. The caller requested information on how to access SMHS. The operator requested the caller's name, date of birth, social security number, race, phone number, address and Medi-Cal eligibility information. The caller declined to give personal and contact information. The operator inquired if the caller was having any suicidal or homicidal thoughts and the caller responded in the negative. The operator provided the caller names, addresses and phone numbers of several community centers near the caller's residence. The operator advised the caller of hours of operations, walk-in policies and average time to receive an appointment. The caller was provided information about how to access SMHS as well as information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions A9a1, A9a2, and A9a3.

Test Call #5 was placed on 1/19/2016 at 9:05 am. The call was initially answered after one (1) ring via a phone tree directing the caller to select a language option, which included the MHP's threshold languages. After selecting the option for English, the DHCS test caller then heard a recorded greeting and instructions to call 911 in a life threatening emergency. The

**System Review Findings Report
Los Angeles County Mental Health Plan
Fiscal Year 2015/2016**

caller then selected option for general information and was then placed on hold for ten (10) minutes. The caller did not know how long he/she would be on hold and decided to terminate the call. The caller was not provided information about how to access SMHS and the caller was not provided information about services needed to treat a beneficiary's urgent condition. The call is deemed OOC with the regulatory requirements for protocol questions A9a2 and A9a3.

Test Call #6 was placed on 1/22/16 at 7:07 a.m. The call was answered after two (2) rings via a recorded message that stated county's name and information for an emergency or urgent condition. This message was followed by a phone tree directing the DHCS test caller to select a language option, which included the MHP's threshold languages. After selecting the option for English, the caller was given additional options including the following: General Information; Mental Health or Emergency Crisis; Patients' Rights and Gate Keeping. The caller pressed option for general information and was transferred to a live person who immediately asked if caller was in crisis. The caller responded in the negative and requested information on how to access SMHS. The operator requested the caller's name, insurance information, social security number, phone number and area of residence. The caller declined to give personal and contact information. The operator provided the address, phone number, hours of operation and the screening process for a clinic near caller's residence. The caller was provided information about how to access SMHS and information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions A9a1, A9a2, and A9a3.

Test Call #7 was placed on 1/21/16 at 7:05 a.m. The call was answered after two (2) rings by a recorded message that stated county's name and information for an emergency or urgent condition. This message was followed by a phone tree directing the DHCS test caller to select a language option, which included the MHP's threshold languages. After selecting the option for English, the caller was given additional options including the following: General Information; Mental Health or Emergency Crisis; Patients' Rights and Gate Keeping. The caller pressed option for general information and was transferred to a live operator who asked if the caller was in crisis and the caller responded in the negative. The caller requested information about how to file a complaint. The operator provided the phone number for which the caller could call to file a complaint; no additional information was provided to the caller about how to use the beneficiary problem resolution and fair hearing processes. The call is deemed OOC with the regulatory requirements for protocol question A9a4.

FINDINGS

| Protocol Question | Test Call Findings | | | | | | | Compliance Percentage |
|-------------------|--------------------|-----|-----|-----|-----|-----|-----|-----------------------|
| | #1 | #2 | #3 | #4 | #5 | #6 | #7 | |
| 9a-1 | IN | IN | IN | IN | IN | IN | IN | 100% |
| 9a-2 | IN | N/A | IN | IN | OOO | IN | N/A | 80% |
| 9a-3 | IN | N/A | IN | IN | OOO | IN | N/A | 80% |
| 9a-4 | N/A | OOO | N/A | N/A | N/A | N/A | OOO | 0% |

**System Review Findings Report
Los Angeles County Mental Health Plan
Fiscal Year 2015/2016**

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides a 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.

| CRITERIA | |
|---|--|
| 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? |
| 13b. | Does the MHP have evidence of the implementation of training programs to improve the cultural competence skills of staff and contract providers? |
| <ul style="list-style-type: none"> • <i>CCR, title 9, chapter 11, section 1810.410 (a)-(e)</i> • <i>MHP Contract, Exhibit A, Attachment I</i> • <i>DMH Information Notice No. 10-02, Enclosure, Pages 16 & 22 and DMH Information Notice No. 10-17, Enclosure, Pages 13 & 17</i> | |

FINDING

The MHP did not furnish evidence its plan for annual cultural competence training necessary to ensure the provision of culturally competent services includes a plan to train all persons providing SMHS employed by or contracting with the MHP. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P #614.02 In-Service Training; Cultural Competence Plan; and Cultural Competence Training Plan. LACDMH provides extensive cultural competence training opportunities. Staff and contractors are encouraged to attend the trainings. However, the MHP did not have evidence of, or a mechanism in the contract to ensure, implementation of cultural competency training for persons contracting with the MHP. In addition, the MHP did not have a mechanism to ensure all staff and contractors actually received the required annual cultural competence training. Protocol question(s) A13a2 and A13b 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 plan for annual cultural competence training necessary to ensure the provision of culturally competent services

**System Review Findings Report
Los Angeles County Mental Health Plan
Fiscal Year 2015/2016**

SECTION B: AUTHORIZATION

| CRITERIA | |
|--|---|
| 1. | Regarding the Treatment Authorization Requests (TARs) for hospital services: |
| 1a. | Are the TARs being approved or denied by licensed mental health or waived/registered professionals of the beneficiary's MHP in accordance with title 9 regulations? |
| <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) | |

FINDING

The MHP did not furnish evidence it complies with regulatory requirements regarding Treatment Authorization Requests (TARs) for hospital services. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy and Procedures regarding the TAR process (that are all in the process of being authorized). However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. In addition DHCS inspected a sample of two hundred and eight (208) TARs to verify compliance with regulatory requirements.

The TAR sample review findings are detailed below:

| PROTOCOL REQUIREMENT | | # TARs IN COMPLIANCE | # TARs OOC | COMPLIANCE PERCENTAGE |
|-----------------------------|--|-----------------------------|-------------------|------------------------------|
| 1a | TARs approved or denied by licensed mental health or waived/registered professionals | 208 | 1 | 99.5% |
| 1c | TARs approves or denied within 14 calendar days | 208 | 0 | 100% |

Protocol question(s) B1a is deemed in partial compliance.

PLAN OF CORRECTION

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

| CRITERIA | |
|--|---|
| 3. | Regarding payment authorization for Day Treatment Intensive and Day Rehabilitation Services: |
| 3a. | The MHP requires providers to request advance payment authorization for Day Treatment Authorization and Day Rehabilitation in accordance with MHP Contract: |
| | 1) In advance of service delivery when services will be provided for more than 5 days per week. |
| <ul style="list-style-type: none"> • CCR, title 9, chapter 11, sections 1830.215 (e) and 1840.318. • DMH Information Notice 02-06, Enclosures, Pages 1-5 • DMH Letter No. 03-03 | |

FINDING

**System Review Findings Report
Los Angeles County Mental Health Plan
Fiscal Year 2015/2016**

The MHP did not furnish evidence it requires providers to request advance payment authorization for Day Treatment Authorization and Day Rehabilitation. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P #CA1-Payment Authorization for DTI Providers and mental health services delivered concurrently with day treatment. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the policy needs to be updated to reflect the verbiage “in advance of service delivery” when the treatment is provided for five (5) or more days per week”. In addition, DHCS inspected a sample of sixteen (16) DTI/DR advanced payment authorizations. There was one authorization for day treatment for seven (7) day that was approved for authorization after the start date. Protocol question(s) B3a is deemed in partial compliance (94%).

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it complies with regulatory requirements regarding payment authorization for Day Treatment Intensive and Day Rehabilitation Services.

**System Review Findings Report
Los Angeles County Mental Health Plan
Fiscal Year 2015/2016**

| CRITERIA | |
|---|---|
| 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? |
| 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)? |
| <ul style="list-style-type: none"> • <i>CFR, title 42, sections 438.10(c), 438.400(b) and 438.404(c)(2)</i> • <i>CCR, title 9, chapter 11, sections 1830.205(a),(b)(1),(2),(3), 1850.210 (a)-(j) and 1850.212</i> • <i>DMH Letter No. 05-03</i> • <i>MHP Contract, Exhibit A, Attachment I</i> • <i>CFR, title 42, section 438.206(b)(3)</i> • <i>CCR, title 9, chapter 11, section 1810.405(e)</i> | |

FINDING

The MHP did not furnish evidence it provides a 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. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P #200.04 Beneficiary Problem Resolution Process; P&P #302.07 Scheduling Initial Clinical Appointments; and, the MHP’s policy regarding NOAs A-E. DHCS also reviewed the MHP’s intake and assessment log to determine if NOA-As and NOA-Es were sent to beneficiaries in all instances where it was required during the specified time period. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP does not have a standard process to verify that NOAs are sent to beneficiaries and to monitor compliance with this requirement. In the review of the intake and assessment logs, DHCS determined the MHP did not comply with this requirement in all instances. Protocol question(s) B5a1 and B5e are deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides a written 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. The MHP must also demonstrate that it provides a written NOA-E to the beneficiary when the MHP fails to provide a service in a timely manner.

SECTION G PROVIDER RELATIONS

| CRITERIA | |
|---|--|
| 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"> • <i>CCR, title 9, chapter 11, section 1810.435 (d)</i> • <i>MHP Contract, Exhibit A, Attachment I</i> | |

FINDING

The MHP did not furnish evidence it has an ongoing and effective monitoring system in place that ensures contracted organizational providers and county owned and operated providers

**System Review Findings Report
Los Angeles County Mental Health Plan
Fiscal Year 2015/2016**

are certified and re-certified per title 9 regulations. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Provider monitoring logs for certifying and re-certifying providers. The MHP detailed its process including showing documentation of the process-provider file adjustment request (PFAR) process. MHP provided a bulletin regarding the lock out of single provider numbers that should never include modes/services functions which are locked out from one another. MHP provided protocols, transmittals and forms; acknowledgement and approval letters and acknowledgement receipts. The MHP has a process for ongoing monitoring of providers. However, DHCS also reviewed its Online Provider System (OPS) and generated an Overdue Provider Report (dated January 16, 2016) which indicated the MHP has providers overdue for certification and re-certification. The table below summarizes the report findings.

| TOTAL ACTIVE PROVIDERS (per OPS) | NUMBER OF OVERDUE PROVIDERS (at the time of the Review) | COMPLIANCE PERCENTAGE |
|-------------------------------------|---|-----------------------|
| 558 | 5 | 99% |

Protocol question(s) G2b is deemed in partial compliance.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has an ongoing and effective monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and re-certified per title 9 regulations.

Please note: In the previous triennial review on February 11-14, 2013, this protocol item was found OOC.

SECTION H PROGRAM INTEGRITY

| CRITERIA | |
|--|---|
| 2. | Regarding the MHP's procedures designed to guard against fraud, waste, and abuse: |
| 2e. | Is there evidence of effective training and education for the MHP's employees and 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 | |

FINDING

The MHP did not furnish evidence it has procedures designed to guard against fraud, waste and abuse regarding the effective training and education for the MHP's employees and contract providers. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P #'s: 614.01 Continuing Education; 614.02 In-service Training and 106.10 Compliance Training. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, there is no mechanism to ensure mandatory annual training is completed for all staff and contract providers. Protocol question(s) H2e is deemed OOC.

**System Review Findings Report
Los Angeles County Mental Health Plan
Fiscal Year 2015/2016**

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 procedures designed to guard against fraud, waste and abuse regarding the effective training and education for the MHP’s employees and contract providers.

| CRITERIA | |
|--|---|
| 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> | |

FINDING

The MHP did not furnish evidence it collects the disclosure of ownership, control, and relationship information from its providers, managing employees, including agents and managing agents as required in regulations and the MHP contract. The County collects Form 700 for its employees. However, the MHP does not collect disclosure of ownership, control and relations information from its contracted providers. Protocol question(s) H4 is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it 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.

SURVEY ONLY FINDING

SECTION : 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"> • <i>CFR, title 42, section 438.10(d)(i),(ii)</i> • <i>CFR, title 42, section 438.10(d)(2)</i> • <i>CCR, title 9, chapter 11, sections 1810.110(a) and 1810.410(e)(4)</i> • <i>MHP Contract, Exhibit A, Attachment I</i> | |

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Samples of translated materials tested for accuracy. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

**System Review Findings Report
Los Angeles County Mental Health Plan
Fiscal Year 2015/2016**

| CRITERIA | |
|---|---|
| 11. | <u>SURVEY ONLY:</u> Has the MHP updated its Cultural Competence Plan 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

DHCS reviewed the following documentation provided by the MHP for this survey item: Culture Competence Plan (January 2014; 2015 & 2016). The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

SECTION E TARGET POPULATIONS AND ARRAY OF SERVICES

| CRITERIA | |
|---|--|
| 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: Documentation detailing the Katie A process including how the MHP data matches its clients with DCFS on a weekly basis. Subclass verification forms completed for all initial clients during intake process. MHP sends data files to contracted providers based on legal entity that also identifies Katie A clients. DHCS reviewed the Family Engagement Process; Specialized Foster Care Program and other documentation regarding the Katie A process. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

**System Review Findings Report
Los Angeles County Mental Health Plan
Fiscal Year 2015/2016**

SECTION I QUALITY IMPROVEMENT

| CRITERIA | |
|-----------------|--|
| 3. | Regarding monitoring of medication practices? |
| 3b. | Does the MHP have a policy and procedure in place regarding 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 that the MHP took appropriate action to address the concern? |

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: P&P #103.01 Standard for prescribing and managing medication. P&P #306.03 Storing, Administering, Disposing and Accountability of medication. The MHP presented the 2013 Psychiatric peer review medication monitoring report. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.