

**FISCAL YEAR (FY) 2015/2016 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL
HEALTH SERVICES AND OTHER FUNDED SERVICES
MADERA COUNTY MENTAL HEALTH PLAN REVIEW
November 16 – 19, 2015
FINAL SYSTEM REVIEW FINDINGS REPORT**

This report details the findings from the triennial system review of the **Madera 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.

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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	0/5	N/A	100%
SECTION A: ACCESS	48	2	8/46	A9a2, A9a3, A9a4, A10b1, A10b2, A10b3, A13a2, A13b	83%
SECTION B: AUTHORIZATION	22	0	4/22	B1c, B3a1, B5b, B5d	82%
SECTION C: BENEFICIARY PROTECTION	25	0	6/25	C3a1, C4a1, C4a2, C5b, C6, C7	76%
SECTION D: FUNDING, REPORTING & CONTRACTING REQUIREMENTS	NOT APPLICABLE				
SECTION E: NETWORK ADEQUACY AND ARRAY OF SERVICES	20	4	0/16	N/A	100%
SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	0/6	N/A	100%
SECTION G: PROVIDER RELATIONS	5	0	2/5	G3a, G3b	60%
SECTION H: PROGRAM INTEGRITY	20	4	1/16	H4	94%
SECTION I: QUALITY IMPROVEMENT	31	2	0/29	N/A	100%
SECTION J: MENTAL HEALTH SERVICES ACT	17	0	0/17	N/A	100%
TOTAL ITEMS REVIEWED	199	12	21		

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	21		OUT OF 187	
OVERALL PERCENTAGE OF COMPLIANCE	IN	89%	OO/Partial	11%
	(# IN/187)		(# OOC/187)	

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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	
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 October 15, 2015 at 7:34am. The call was immediately answered by a recorded message for Madera County Behavioral Health. The recorded message was stated in both English and Spanish. The message instructed the caller to dial 911 for an emergency or to push 1 to connect to a crisis worker. For inquiries about appointments or access, the message instructed the caller to call back between the hours of 8am and 5pm. The caller was not provided with information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, or information about how to use the beneficiary problem resolution and fair hearing processes. The caller was provided with an option to connect to a crisis worker by navigating the phone tree, so this element of the call is deemed in compliance. The call is deemed OOC with the regulatory requirements for protocol question(s) A9a2 and A9a4.

Test Call #2 was placed on October 21, 2015 at 7:34am. The call was initially answered by a recorded message for Madera County Behavioral Health. The recorded message was stated in both English and Spanish. The message instructed the caller to dial 911 for an emergency or to push 1 to connect to a crisis worker. For inquiries about appointments or access, the message instructed the caller to call back between the hours of 8am and 5pm. The caller was not provided with information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, or information about how to use the beneficiary problem resolution and fair hearing processes. The caller was provided with an option to

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connect to a crisis worker by navigating the phone tree, so this element of the call is deemed in compliance. The call is deemed OOC with the regulatory requirements for protocol question(s) A9a2 and A9a4.

Test Call #3 was placed on October 30, 2015 at 7:49am. The call was initially answered by a recorded message for Madera County Behavioral Health. The recorded message was stated in both English and Spanish. The message instructed the caller to dial 911 for an emergency or to push 1 to connect to a crisis worker. For inquiries about appointments or access, the message instructed the caller to call back between the hours of 8am and 5pm. The caller was not provided with information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, or information about how to use the beneficiary problem resolution and fair hearing processes. The caller was provided with an option to connect to a crisis worker by navigating the phone tree, so this element of the call is deemed in compliance. The call is deemed OOC with the regulatory requirements for protocol question(s) A9a2 and A9a4.

Test Call #4 was placed on October 31, 2015 at 3:25pm. The call was initially answered by a recorded message for Madera County Behavioral Health. The recorded message was stated in both English and Spanish. The message instructed the caller to dial 911 for an emergency or to push 1 to connect to a crisis worker. For inquiries about appointments or access, the message instructed the caller to call back between the hours of 8am and 5pm. The caller was not provided with information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, or information about how to use the beneficiary problem resolution and fair hearing processes. The caller was provided with an option to connect to a crisis worker by navigating the phone tree, so this element of the call is deemed in compliance. The call is deemed OOC with the regulatory requirements for protocol question(s) A9a2 and A9a4.

Test Call #5 was placed on November 2, 2015 at 10:25am. The call was answered after two (2) rings via live operator. The DHCS test caller stated that he/she had just signed up for Medi-Cal in the county and would like to receive help for depression. The operator inquired if the caller had previously received services with the MHP and the caller responded in the negative. The operator asked for the caller's residence information and subsequently provided the caller with telephone information for a clinic near the caller's residence. The operator did not provide the address, hours of operation or information about the availability of walk-in services. The operator provided minimal information about how to access SMHS. However, the operator did not provide any information to the caller about services needed to treat a beneficiary's urgent condition as no questions were asked of the caller about the current status of his/her condition. The call is deemed in compliance with regulatory requirements for protocol question A9a2 and OOC with requirements for protocol question A9a3.

Test Call #6 was placed on November 2, 2015 at 10:25am. The call was answered after two (2) rings via live operator. The DHCS test caller requested information about how to file a grievance concerning mental health services. The operator provided the caller with information about how to access grievance forms in the clinic lobby. The operator also attempted to transfer the caller to the Patient's Rights Advocate for further assistance. The caller was provided with information about how to use the beneficiary problem resolution and

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fair hearing processes. The call is deemed in compliance with regulatory requirements for protocol question(s) A9a4.

Test Call #7 was placed on November 9, 2015 at 2:23pm. The call was answered after one (1) ring via live operator. The DHCS test caller requested information about how to access mental health services in the county. The operator transferred the call to another MHP employee; however, the caller reached a voicemail message. The call did not re-connect to the live operator. The caller was not provided with information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, or information about services needed to treat a beneficiary's urgent condition. The call is deemed OOC with regulatory requirements for protocol question(s) A9a2 and A9a3.

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	N/A
9a-2	OOC	OOC	OOC	OOC	IN	N/A	OOC	17%
9a-3	IN	IN	IN	IN	OOC	N/A	OOC	66%
9a-4	OOC	OOC	OOC	OOC	N/A	IN	N/A	20%

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

FINDINGS

The MHP did not furnish evidence its written log(s) of initial requests for SMHS includes requests made by phone, in person, or in writing. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: the MHP's written log corresponding to the time period of the DHCS test calls. However, it was determined there is insufficient evidence the MHP logs requests made by phone, in person and in writing. The log

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did not include any of the DHCS test calls. Protocol question(s) A10b1, A10b2, and A10b3 are deemed OOC.

PLAN OF CORRECTION:

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

PROTOCOL REQUIREMENTS	
13a.	Regarding the MHP's plan for annual cultural competence training necessary to ensure the provision of culturally competent services: <ol style="list-style-type: none"> 1) Is there a plan for cultural competency training for the administrative and management staff of the MHP? 2) Is there a plan for cultural competency training for persons providing SMHS employed by or contracting with the MHP? 3) Is there a process that ensures that interpreters are trained and monitored for language competence (e.g., formal testing)?
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"> • 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 	

FINDINGS

The MHP did not furnish evidence it has a plan for annual cultural competence training necessary to ensure the provision of culturally competent services. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: the MHP's Cultural Competence Plan for FY15/16 and training materials for trainings offered during the triennial review period. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not have a plan for or evidence of implementation of cultural competency training for administrative and management staff and/or persons providing SMHS employed by or contracting with the MHP. The MHP does not have a mechanism to track participation in trainings to ensure all staff and contract providers receive the required 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. Specifically, the MHP must develop a plan for, and provide evidence of implementation of, cultural competency training for administrative and management staff as well as persons providing SMHS employed by or contracting with the MHP. The MHP must provide evidence of implementation of training providers (i.e., tracking mechanism to monitor attendance by staff and contract providers).

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SECTION B: AUTHORIZATION

PROTOCOL REQUIREMENTS	
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?
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: <ol style="list-style-type: none"> 1) a physician, or 2) at the discretion of the MHP, by a psychologist for patients admitted by a psychologist and who received services under the psychologist's scope of practice?
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) 	

FINDINGS

The MHP did not furnish evidence it complies with regulatory requirements regarding Treatment Authorization Requests (TARs) for hospital services. DHCS reviewed the MHP's authorization policy and procedure: MHP 53 (9/25/15) Contracted Hospital Emergency Admission and Payment. However, while the policy contained all of the required elements, DHCS also inspected a sample of 87 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	87	0	100%
1c	TARs approves or denied within 14 calendar days	75	12	86%

Protocol question(s) B1c is deemed in partial compliance.

PLAN OF CORRECTION

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

PROTOCOL REQUIREMENTS	
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: <ol style="list-style-type: none"> 1) In advance of service delivery when services will be provided for more than 5 days per week. 2) At least every 3 months for continuation of Day Treatment Intensive. 3) At least every 6 months for continuation of Day Rehabilitation. 4) The MHP requires providers to request authorization for mental health services provided concurrently with day treatment intensive and day rehabilitation, excluding services to treat emergency and urgent conditions.

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- | | |
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| <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 | <ul style="list-style-type: none"> • DMH Letter No. 03-03 |
|--|--|

FINDINGS

The MHP did not furnish evidence it requires providers to request advance payment authorization for Day Treatment Authorization (DTI) and Day Rehabilitation (DR). DHCS reviewed the MHP’s authorization policy and procedure: MHP 19: Authorization Requests for Ongoing Non-Hospital SMHS. In addition, DHCS inspected a sample of 25 authorizations for DTI and DR to verify compliance with regulatory requirements. The DTI/DR authorization sample review findings are detailed below:

	PROTOCOL REQUIREMENT	# IN COMPLIANCE	# OOC	COMPLIANCE PERCENTAGE
3a	1) Approved in advance of service delivery when services will be provided for more than 5 days per week	0	5	0%
	2) At least every 3 months for continuation of Day Treatment Intensive	25	0	100%
	3) At least every 6 months for continuation of Day Rehabilitation	25	0	100%
	4) The MHP requires providers to request authorization for mental health services provided concurrently with day treatment intensive and day rehabilitation, excluding services to treat emergency and urgent conditions.	25	0	100%

Five (5) of the 25 DTI/DR authorizations were authorized for more than 5 days of service. However the authorization was not approved in advance of service delivery. Protocol question(s) B3a1 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 requires providers to request advance payment authorization for DTI and DR when services will be provided for more than 5 days per week.

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)

FINDING

The MHP did not furnish evidence it provides 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. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: MHP 22: Notice of Action B and a sample of denied provider

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requests for payment authorization. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, in two cases where the MHP denied a provider’s request for payment authorization (2015) the MHP did not provide a written NOA-B to the beneficiaries. Protocol question B5b is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides a written NOA-B to the beneficiary when the MHP denies, modifies, or defers (beyond timeframes) a payment authorization request from a provider for SMHS.

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"> • <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-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. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: QMP 6: Notice of Action D – Delays in Grievance and Appeal Process and the MHP’s Grievance and Appeal Log for FY14/15. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, two entries on the grievance and appeal log indicated the MHP did not act within timeframes for the disposition of grievances and there was no evidence a written NOA-D was provided to the beneficiaries. Protocol question(s) B5d is deemed OOC.

PLAN OF CORRECTION

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

SECTION C: BENEFICIARY PROTECTION

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?

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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) 	<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1850.207(c) • CCR, title 9, chapter 11, section 1850.208.

FINDINGS

The MHP did not furnish evidence it ensures grievances, appeals, and expedited appeals are resolved within established timeframes and/or required notice(s) of an extension are given to beneficiaries. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: QMP 2: Problem Resolution of Grievances; FY14/15 Grievance and Appeal Log, and a sample of grievances corresponding with the log. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. The MHP received 12 grievances in FY14/15; however, 2 of the 12 grievances were not resolved within established timeframes. The log entries were incomplete and there was no record of a grievance disposition letter in the MHP's records.

The table below details DHCSs findings relative to the sample of grievances reviewed.

	# REVIEWED	RESOLVED WITHIN TIMEFRAMES		REQUIRED NOTICE OF EXTENSION EVIDENT	COMPLIANCE PERCENTAGE
		# IN COMPLIANCE	# OOC		
GRIEVANCES	12	10	0	NO	83%

Protocol question(s) C3a1 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 ensures grievances, appeals, and expedited appeals are resolved within established timeframes.

PROTOCOL REQUIREMENTS	
4.	Regarding notification to beneficiaries:
4a.	1) Does the MHP provide written acknowledgement of each grievance to the beneficiary in writing? 2) Is the MHP notifying beneficiaries, or their representatives, of the <u>grievance disposition</u> , and is this being documented?
	<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)

FINDINGS

The MHP did not furnish evidence it provides written acknowledgement and notifications of dispositions to beneficiaries for all grievances, appeals, and expedited appeals. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: QMP 2: Problem Resolution of Grievances; FY14/15 Grievance and Appeal Log, and a sample of grievances corresponding with the log. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the grievance samples did not have the required written acknowledgement or written grievance disposition for all of the grievances received.

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PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides written acknowledgement and notifications of dispositions to beneficiaries for all grievances, appeals, and expedited appeals.

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?
5b.	Notification of the right and how to request a State fair hearing, if beneficiary is dissatisfied with the appeal decision?
<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.408l(1),(2)(as modified by the waiver renewal request of August, 2002 and CMS letter, August 22, 2003)</i> • <i>DMH Letter No. 05-03</i> • <i>CCR, title 9, chapter 11, section 1850.207(h)(3)</i> 	

FINDINGS

The MHP did not furnish evidence its written notice of appeal resolution includes the results and completion of the resolutions process and notification of the right to, and how to request, a State fair hearing if the beneficiary is dissatisfied with the appeal decision. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: the MHP's appeal disposition letter template. However, the appeal disposition letter did not include language notifying the beneficiary of the right and how to request a State Fair Hearing if the beneficiary is dissatisfied with the appeal decision. Protocol question(s) C5b 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 its written notice of appeal resolution includes the results and completion of the resolutions process and notification of the right to, and how to request, a State fair hearing if the beneficiary is dissatisfied with the appeal decision.

PROTOCOL REQUIREMENTS	
6.	Is the MHP notifying those providers cited by the beneficiary (or otherwise involved in the grievance, appeal, or expedited appeal) of the final disposition of the beneficiary's grievance, appeal or expedited appeal?
<ul style="list-style-type: none"> • <i>CCR, title 9, chapter 11, section 1850.205(d)(6)</i> 	

FINDING

The MHP did not furnish evidence it is notifying those providers cited by the beneficiary (or otherwise involved in the grievance, appeal, or expedited appeal) of the final disposition of the beneficiary's grievance, appeal or expedited appeal. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: QMP 2: Problem Resolution of Grievances and QMP 3: Problem Resolution Appeal Requirements. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the P&P did not specify procedures for notifying providers of the grievance and/or appeal dispositions. Protocol question(s) C6 is deemed OOC.

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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 notifies providers cited by a beneficiary (or otherwise involved in the grievance, appeal, or expedited appeal) of the final disposition of the beneficiary’s grievance, appeal or expedited appeal.

PROTOCOL REQUIREMENTS	
7.	Does the MHP ensure services are continued while an appeal or State fair hearing is pending?
<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.420</i> • <i>CCR, title 9, chapter 11, section 1850.215</i> 	<ul style="list-style-type: none"> • <i>CCR, title 22, section 51014.2</i> • <i>DMH Letter No. 05-03</i>

FINDING

The MHP did not furnish evidence it ensures services are continued while an appeal or State fair hearing is pending. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: QMP 3: Problem Resolution Appeal Requirements and the Appeal Acknowledgement Letter. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the P&P does not include procedures for ensuring services are continued while an appeal or State fair hearing is pending nor does the MHP’s Appeal Acknowledgement Letter include information about Aid Paid Pending. Protocol question(s) C7 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 is ensuring services are continued while an appeal or State fair hearing is pending.

SECTION H: PROGRAM INTEGRITY

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> 	<ul style="list-style-type: none"> • <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. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: CMP 10: Excluded Individuals and Entities and CMP 14: Disclosure of 5% Interest. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP is not collecting disclosures from contract providers nor is the requirement included in the provider contract language. Protocol question H4 is deemed OOC.

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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 G: PROVIDER RELATIONS

PROTOCOL REQUIREMENTS	
3.	Regarding the MHP's network providers, does the MHP ensure the following:
3a.	Mechanisms have been established to ensure that network providers comply with timely access requirements?
3b.	Corrective action is taken if there is a failure to comply with timely access requirements?
	<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.206(b)(1)</i> • <i>CCR, title 9, chapter 11, section 1810.310 (a)(5)(B)</i> • <i>MHP Contract, Exhibit A, Attachment I</i> • <i>CMS/DHCS, section 1915(b) waiver</i>

FINDINGS

The MHP did not furnish evidence it has established mechanisms to ensure that network providers comply with timely access requirements and to take corrective action if providers fail to comply. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: MHP 24: NOA-E, FY14/15 EQRO Report, the Madera Managed Care Manual, and the QI Work Plan (FY14/15). However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP has established timeliness standards; however, it does not have a mechanism for monitoring its network providers to ensure they comply with those requirements. In addition, the MHP was not able to demonstrate corrective action is taken if a network provider fails to comply with timely access requirements. Protocol question(s) G3a and G3b 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 established mechanisms to ensure that network providers comply with timely access requirements and to take corrective action if providers fail to comply.

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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"> • <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: MHP 65: Mental Health Services for Individuals with Special Language Needs. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

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>

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SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: CLN 27: Katie A Services; CLN 26: Katie A Referral Process; and, the Katie A Sub-Class Eligibility Assessment. The documentation provides sufficient evidence of compliance with State requirements.

SUGGESTED ACTIONS

No further action required at this time.

SECTION H: PROGRAM INTEGRITY

PROTOCOL REQUIREMENTS	
5a.	Does the MHP ensure the following requirements are met:
	3) 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?
	4) 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)?
	5) 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: CMP 10: Excluded Individuals and Entities. The documentation lacks specific elements to demonstrate compliance with federal and/or State requirements. Specifically, the MHP has not yet begun screening employees and contract providers in the Social Security Administration's Death Master File, the NPPES, or EPLS system (please note: EPLS is now included in the federal SAM database).

SUGGESTED ACTIONS

DHCS recommends the MHP implement the screening of all providers and contractors in all required databases as described above and in regulations.

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: License Tracking Database. The documentation provides sufficient evidence of compliance with federal and/or State requirements.

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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?
<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: PHR 40: Medication Monitoring Committee and the MHP's QI Work Plan. The documentation provides sufficient evidence of compliance with federal and/or State requirements.

SUGGESTED ACTIONS

No further action required at this time.