FISCAL YEAR (FY) 2015/2016 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES
RIVERSIDE COUNTY MENTAL HEALTH PLAN REVIEW
April 25-28, 2016
FINAL FINDINGS REPORT

This report details the findings from the triennial system review of the **Riverside County** Mental Health Plan (MHP). The report is organized according to the findings from each section of the FY 2015/2016 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

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	A9a2; A9a4; A10b1; A10b2; A10b3	89%
SECTION B: AUTHORIZATION	22	0	2/22	B2b; B2c	91%
SECTION C: BENEFICIARY PROTECTION	25	0	3/25	C2b; C5a; C5b	88%
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	0/16	0	100%
SECTION I: QUALITY IMPROVEMENT	31	2	0/29	0	100%
SECTION J: MENTAL HEALTH SERVICES ACT	17	0	0/17	0	100%
TOTAL ITEMS REVIEWED	199	12	10		

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	10		**OUT OF 187**	
OVERALL PERCENTAGE OF COMPLIANCE	**IN** (# IN/187)	95%	**OOC/Partial** (# OOC/187)	5%

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

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, 2/26/2016 at 7:30am and answered immediately by a phone message tree that offered English and Spanish language options, as well as instructions for crisis or emergency situations. The message tree included the option to speak to someone, the caller selected that option. After five (5) rings the call was answered by a live operator who stated they were an answering service. The caller requested information on how to file a grievance. The operator stated they couldn't answer any questions, but that they could transfer the call, or the caller could call back after 8am. The caller requested to be transferred. The operator attempted the transfer but after two minutes stated that both counselors were busy, and recommended the caller try again later. The caller was provided options for language capability and services needed to treat a beneficiary's urgent condition. The caller was not provided information on how to access specialty mental health services. The call is deemed in compliance with the regulatory requirements for protocol questions A9a1 and A9a3. This call is deemed OOC with regulatory requirements for protocol question A9a4.

Test Call #2 was placed on Wednesday, 3/9/2016 at 8:38am. The call was initially answered after one (1) ring via a phone message tree that offered English and Spanish language options, as well as instructions for crisis or emergency situations. The message tree included the option to speak to someone, the caller selected that option, and another recording asked the caller to select #1 for mental health services, the caller selected #1. The caller was then connected to another phone tree and was prompted to select zero to speak with a mental health operator.

The phone was answered by a live operator, and the caller requested information about accessing SMHS for his/her son. The operator requested the caller's name, the son's name, and the son's Social Security Number and date of birth. The operator provided information about the intake process: there is a 15-minute phone interview, the case would be referred to a therapist which would get back to the caller within a day, the information would be entered into the computer to obtain an authorization, and then the caller would be referred to a provider near the caller's location. The operator also provided the county's website. The caller was provided options for language capability, information about how to access SMHS, and services needed to treat a beneficiary's urgent condition. This call was deemed in compliance with the regulatory requirements for protocol questions A9a1, A9a2, and A9a3.

Test Call #3 was placed on Tuesday, 3/8/2016 at 3:26pm. The call was initially answered via a phone message tree that offered English and Spanish language options, as well as instructions for crisis or emergency situations. The message tree included the option to speak to someone, the caller selected that option, and another recording prompted the caller to select #1 for mental health services. The caller selected #1. The caller was then connected to another phone tree and was prompted to select zero to speak with a mental health operator. The caller requested information about how to access SMHS. The operator asked if the caller was on medication, explained the authorization and referral process, that there is a short intake process, and asked if the caller had Medi-Cal for Riverside County. The operator asked for the caller's Medi-Cal ID number or Social Security number, and explained that everything is done over the phone to authorize services. The operator explained that if the caller could provide their Medi-Cal number or Social Security number before 5:00 pm that day, the operator could authorize the caller so they could set up an appointment by the following day. The operator asked if the caller was requesting therapy or medication, and said after the verification process the caller would make their own appointment by calling the therapist directly. The operator asked what street the caller lived on, and if they preferred a female or male therapist. The operator then provided the names, address, and phone numbers for three (3) female therapists close to the caller's residence. The caller asked if there was a walk-in clinic. The operator responded that their walk-in clinic was designed for emergency, crisis, or for those individuals who have run out of medication. The caller was provided options for language capability, information about how to access SMHS, and services to treat a beneficiary's urgent condition. This call was deemed in compliance with the regulatory requirements for protocol questions A9a1, A9a2, and A9a3.

Test Call #4 was placed on Sunday, 3/13/2016 at 9:21am. The call was immediately answered via a phone message tree that offered English and Spanish language options, as well as instructions for crisis or emergency situations. The message tree included the option to speak to someone, the caller selected that option, and another recording prompted the caller to select #1 for mental health services. The caller selected #1. The caller was then connected to another phone tree and was prompted to select zero to speak with a mental health operator. The operator asked if the caller was in crisis and needed to speak with a clinician. The caller requested information about accessing SMHS. The operator was not able to provide the caller with the requested information and stated they would transfer the call. The caller was placed on hold for two (2) minutes and then the call was disconnected. The caller was provided options for language capability and services to treat a beneficiary's urgent condition. The caller was not provided information about how to access SMHS. The call was deemed in compliance with the

regulatory requirements for protocol questions A9a1 and A9a3. The call was deemed OOC with regulatory requirements for protocol question A9a2.

Test Call #5 was placed on Tuesday, 3/15/2016 at 7:28am. The call was immediately answered via a phone message tree that offered English and Spanish language options, as well as instructions for crisis or emergency situations. The message tree included the option to speak to someone, the caller selected that option, and another recording prompted the caller to select #1 for mental health services. The caller selected #1. The caller was then connected to another phone tree and was prompted to select zero to speak with a mental health operator. The operator answered and asked if the caller would you like to speak to a counselor. The operator put the caller on hold, and then a Crisis Counselor answered. The caller requested information on how to file a grievance. The Counselor asked the caller's name, age, if they were suicidal, the city of residence, and their nationality/ethnicity. The operator stated that the caller needed the patients' rights advocate, and asked if the caller had seen a therapist, psychiatrist, or psychologist. The operator asked if the caller was on Medi-Cal, and provided the State of California Mental Health Ombudsman's numbers 1-800-896-4042, and 916-654-3890. The operator stated staff might not be available until 8:00am. The caller was provided options for language capability and services to treat a beneficiary's urgent condition. The caller was not provided information about the grievance process. This call was deemed in compliance with the regulatory requirements for protocols questions A9a1 and A9a3. This call was deemed OOC for protocol question A9a4.

Test Call #6 was placed on Sunday, 4/10/2016 at 3:20pm. The phone rang three (3) times and was answered via a phone message tree that offered English and Spanish language options, as well as instructions for crisis or emergency situations. The message tree included the option to speak to someone, the caller selected that option, and another recording prompted the caller to select #1 for mental health services. The caller selected #1. The caller was then connected to another phone tree and was prompted to select zero to speak with a mental health operator. The caller stated that they wanted to find out about starting SMHS. The operator asked if the caller wanted to speak with a counselor. The operator transferred the call, putting the caller on hold for about two minutes. The operator came back online and stated no counselors were available, and asked for the caller's name and phone number so someone could call them back. The caller was provided options for language capability and services to treat a beneficiary's urgent condition. The caller was not provided information on how to access SMHS. This call was deemed in compliance with the regulatory requirements for protocol questions A9a1 and A9a3. This call was OOC with regulatory requirements for protocol question A9a2.

Test Call #7 was placed on Tuesday, 3/29/2016 at 12:10pm. The call was initially answered after two (2) rings via a phone message tree that offered English and Spanish language options, as well as instructions for crisis or emergency situations. The message tree included the option to speak to someone, the caller selected that option, and another recording prompted the caller to select #1 for mental health services. The caller selected #1. The caller was then connected to another phone tree and was prompted to select zero to speak with a mental health operator. The caller was placed on hold for two (2) minutes while the call was transferred to a live operator. The caller requested information about accessing SMHS. The operator asked the caller's son's name, Medi-Cal ID#, and social security number. The operator stated that the ID#

and social security number were needed to register the caller's name in the system, and then the operator could provide the list of the providers closest to the caller, perform intake, and make an appointment. The operator provided an address and phone number of a provider close to the caller's residence, along with the location of a walk-in clinic. The operator also provided the afterhours address for emergencies. The caller was provided options for language capability, information on how to access SMHS, and services to treat a beneficiary's urgent condition. This call was deemed in compliance with the regulatory requirements for protocol questions A9a1, A9a2, and A9a3.

FINDINGS

Test Call Results Summary

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	N/A	IN	IN	OOC	N/A	OOC	IN	**60%**
9a-3	IN	IN	IN	IN	IN	IN	IN	**100%**
9a-4	OCC	N/A	N/A	N/A	OOC	N/A	N/A	**0%**

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?
• *CCR, title 9, chapter 11, section 1810.405(f)*	

FINDINGS

DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Contact log Report Example (ELMR), Contact log Report Example (211), Contact Log Training Manual, Contact Log Procedures, and Where to Record Client Contact. The logs provided as evidence by the MHP did not include all the required elements. Specifically, the name of the beneficiary, date of the request, and the initial disposition was logged for only two (2) out of the five (5) required test calls. It was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Protocol questions A10b1, A10b2, and A10b3 are deemed partially OOC.

The table below details the findings:

Test Call #	Date of Call	Time of Call	Log Results		
			Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
1	2/26/16	7:30 am	N/A	N/A	N/A
2	3/9/16	8:38 am	IN	IN	IN
3	3/8/16	3:26 pm	OOC	OOC	OOC
4	3/13/16	9:21 am	OOC	OOC	OOC
5	3/15/16	7:28 am	N/A	N/A	N/A
6	4/10/16	3:20 pm	OOC	OOC	OOC
7	3/29/16	12:10 pm	IN	IN	IN
Compliance Percentage			**40%**	**40%**	**40%**

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

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 B: AUTHORIZATION

PROTOCOL REQUIREMENTS	
2.	Regarding Standard Authorization Requests for non-hospital SMHS:
2b.	Are payment authorization requests being approved or denied by licensed mental health professionals or waivered/registered professionals of the beneficiary's MHP?
2c.	For standard authorization decisions, does the MHP make an authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and within 14 calendar days following receipt of the request for service with a possible extension of up to 14 additional days?
• *CFR, title 42, section 438.210(b)(3)* • *CFR, title 42, section 438.210(d)(1),(2)*	• *CCR, title 9, chapter 11, sections 1810.253, 1830.220, 1810.365, and 1830.215 (a-g)*

FINDINGS
The MHP did not furnish evidence it complies with regulatory requirements regarding standard authorization requests (SARs) for non-hospital SMHS services. DHCS reviewed the following documents: Cares Licenses and Exhibit #15 – CARES TARS within 14 days. DHCS also inspected a sample of 20 SARs to verify compliance with regulatory requirements. It was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the SAR sample included one (1) SAR which was not approved or denied by a licensed mental health professional or waivered registered

professional. In addition, there were three (3) SARs for which the MHP did not make the authorization decisions within 14 calendar days. The SAR sample review findings are detailed below:

PROTOCOL REQUIREMENT		# SARS IN COMPLIANCE	# SARs OOC	COMPLIANCE PERCENTAGE
2b	SARs approved or denied by licensed mental health professionals or waivered/registered professionals	19	1	95%
2c	MHP makes authorization decisions and provides notice within 14 calendar days	20	3	85%

Protocol questions B2b and B2c are 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 SARs for non-hospital SMHS services.

****

SECTION C: BENEFICIARY PROTECTION

PROTOCOL REQUIREMENTS	
2b.	Does the MHP's log match data reported in the Annual Beneficiary Grievance and Appeal report submitted to DHCS?
• *CCR, title 9, chapter 11, section 1850.205(d)(1)*	• *CCR, title 9, chapter 11, section 1810.375(a)*

FINDING

The MHP's grievance and appeal log(s) did not match data reported to DHCS in the Annual Beneficiary Grievance and Appeal Report for fiscal year 2014/2015.The ABGAR report provided to DHCS for FY 2014/15 dated September 25, 2015, did not match the report provided by the MHP. Specifically, there were differences in the two reports in terms of the total numbers of grievances, appeals, and total number of resolved grievances and appeals. Protocol question C2b 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 maintains a grievance, appeal, and expedited appeal log(s) which matches data reported to DHCS in the Annual Beneficiary Grievance and Appeal report.

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?
• *CFR, title 42, section 438.408I(1),(2)(as modified by the waiver renewal request of August, 2002 and CMS letter, August 22, 2003)*	• *DMH Letter No. 05-03* • *CCR, title 9, chapter 11, section 1850.207(h)(3)*

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: a sample of ten (10) appeal files were reviewed. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, one of the files reviewed did not contain the disposition of the appeal and notification of the right and how to request a State fair hearing. Protocol questions C5a and C5b are deemed partially OOC (B2b 95% in compliance, B2c 85% in 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 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.

****

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)?
• *CFR, title 42, section 438.10(d)(i),(ii)* • *CCR, title 9, chapter 11, sections 1810.110(a) and 1810.410(e)(4)*	• *CFR, title 42, section 438.10(d)(2)* • *MHP Contract, Exhibit A, Attachment I*

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Policy 123-0 Translation Documents and PEI Transition. The staff doing the first and second level translations are the bilingual staff currently receiving bilingual pay level 2. The policy states the translation includes three (3) descriptive steps. The third step is that the documents are reviewed by the Consumer/family member committee. The documentation provides sufficient evidence of compliance with federal and State requirements.

No further action required at this time.

PROTOCOL REQUIREMENTS	
11.	Has the MHP updated its Cultural Competence Plan (CCP) annually in accordance with regulations?
• *CCR title 9, section 1810.410*	• *DMH Information Notice 10-02 and 10-17*

SURVEY FINDING

The MHP did not furnish evidence it has updated its CCP annually in accordance with regulations. The MHP's most recent CCP was dated 2010. Additional evidence included CCP Requirement Goals and Objectives FY 14/15, Cultural Competency Training Plan FY 15/16, Cultural Competency Program Update FY 15/16, CBMS Training Evaluation 5-2015, and RLC Lessons Learned FY 14/15.

SUGGESTED ACTIONS

DHCS recommends the MHP updates its CCP annually.

Please Note: DHCS intends to issue an Information Notice to provide MHPs with guidance for developing an updated CCP. In the meantime, MHPs are required to update the existing version of the plan on an annual basis. For technical assistance in completing your annual updates, please contact your County Support Liaison.

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?
• *Katie A Settlement Agreement* • *Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care for Katie A Subclass Members*	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Pathways to Wellness Flowchart, MHST (0-5, 5+), Katie A Service Codes, Pathway to Wellness Framework, Pathways to Wellness goals 2016, ACT Communication Process, CFT meetings–MH and DPSS (3), Preschool 0-5 Programs Support to Regional Clinics, Katie A PIP, Guarantor ranking for Katie A, Demographics Report for DPSS Youth, Pathways to Wellness Cumulative Summary Report, Penetration Rate Maps by DPSS(2), Katie A assessment outcomes, MHST Desk Aid procedures, Medical Necessity Criteria, and Katie A Provider training. The documentation provides sufficient evidence of compliance with State requirements.

SUGGESTED ACTIONS

No further action required at this time.

Please Note: For technical assistance related to Katie A implementation, please contact your assigned Katie A Liaison at DHCS: Kathleen Carter Nishimura at Kathleen.Carter@dhcs.ca.gov

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

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Policy 120-0 National Provider Identifier (NPI), Contract language, CMT Administrative Monitoring Tool, OIG/Medi-Cal List Instructions on Checking for Excluded Providers, OIG example, Medi-Cal list example. 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?
• *CFR, title 42, section 455.412*	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Policy 323 – Professional Licensure and Certification, Contract Language, CMT Administrative Tool, County Performance Manager Licensure Record Screenshot, and Performance Evaluation with Licensure Information. 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?
• *MHP Contract, Exhibit A, Attachment I*	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Policy 548 Psychotropic Medication-Prescribing and Monitoring, Clinical Care Review vs. Psychiatric Consultation Request. The documentation provides sufficient evidence of compliance with federal and/or State requirements.

SUGGESTED ACTIONS

No further action required at this time.