FISCAL YEAR (FY) 2015/2016 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES
SAN LUIS OBISPO COUNTY MENTAL HEALTH PLAN REVIEW
January 4, 2016-January 7, 2016
FINAL SYSTEM REVIEW FINDINGS REPORT

This report details the findings from the triennial system review of the San Luis Obispo 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

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		100%
SECTION A: ACCESS	48	2	8/46	(2c6, 9a2, 9a3, 9a4, 10b1, 10b2, 10b3, 12c)	83%
SECTION B: AUTHORIZATION	22	0	0/22		100%
SECTION C: BENEFICIARY PROTECTION	25	0	1/25	(2a3)	96%
SECTION D: FUNDING, REPORTING & CONTRACTING REQUIREMENTS	NOT APPLICABLE				
SECTION E: NETWORK ADEQUACY AND ARRAY OF SERVICES	20	4	0/16		100%
SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	0/6		100%
SECTION G: PROVIDER RELATIONS	5	0	2/5	(3a, 3b)	60%
SECTION H: PROGRAM INTEGRITY	20	4	0/16		100%
SECTION I: QUALITY IMPROVEMENT	31	2	0/29		100%
SECTION J: MENTAL HEALTH SERVICES ACT	17	0	1/17	(5b2)	94%
TOTAL ITEMS REVIEWED	199	12	12		

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	**12**		**OUT OF 187**	
OVERALL PERCENTAGE OF COMPLIANCE	**IN** (# IN/187)	**94%**	**OOC/Partial** (# OOC/187)	**7%**

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		
2c.	Regarding the provider list, does it contain the following:	
	1. Names of Providers?	
	2. Locations?	
	3. Telephone numbers?	
	4. Alternatives and options for linguistic services including non-English languages (including ASL) spoken by providers?	
	5. Does the list show providers by category?	
	6. Alternatives and options for cultural services?	
	7. A means to inform beneficiaries of providers that are not accepting new beneficiaries?	
• *CFR, title 42, section 438.10(f)(6)(i)and 438.206(a)* • *CCR, title 9, chapter 11, section 1810.410* • *CMS/DHCS, section 1915(b) Waiver* • *MHP Contract Exhibit A, Attachment I*		• *DMH Information Notice No. 10-02, Enclosure, Page 24 and DMH Information Notice No. 10-17, Enclosure, Page 18*

FINDING

The MHP did not furnish evidence its provider list contain alternatives and options for cultural services. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: the MHP provider list; Policy and Procedure (P&P) 2.00: Culturally Competent and Multilingual Services, and the MHP's Provider List However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the provider list did not include more specific alternatives and options for cultural services (e.g., veteran, LGBTQ, etc.). Protocol question A2c6 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's Provider List contains alternatives and options for cultural services.

CRITERIA	
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 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?

- *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: Test call #1 was placed on, Tuesday, November 17, 2015, at 2:28 pm. The call was initially answered after one (1) ring via a phone tree. The call was answered after three (3) rings via a live operator. The caller requested information about how to access SMHS and the operator responded by asking the caller for insurance information. The caller replied that he/she has Medi-Cal. The operator provided the caller with a number to call for clients with less severe cases. The operator advised that upon calling the number given, he/she would be interviewed and assessed to determine severity level. The operator stated that if it was determined to be a severe case, the caller would be referred back to the county for SMHS. The caller thanked the operator and terminated the call. The caller was 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 in compliance with the regulatory requirements for protocol questions A9a1 and A9a2. The call is deemed OOC with the regulatory requirements for protocol questions A9a3.

Test Call #2: Test call #2 was placed on, Thursday, November 19, 2015, at 9:52 pm. The call was initially answered after one (1) ring via a phone tree directing the DHCS test caller to select a language option, which included the MHP's threshold language. After selecting the option for English, the caller then heard a recorded greeting and instructions to call 911 in an emergency. The phone tree presented various options including Alternative language in threshold language; Option for urgent condition/crisis; Problem resolution and access to SMHS. For verification purposes, the caller pressed the crisis option and a live operator immediately answered the call. The caller immediately disconnected the call. The caller pressed the option to receive information on how to access SMHS. The operator provided information on how to access care from multiple mental health locations and clinics (adults/children); hours of operation; walk-in process, website information and how to obtain

beneficiary handbooks. There was also an option for Psychiatric hospital admits. The caller was provided information about how to access SMHS and the caller received 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; A9a-2; and A9a3.

Test Call #3: Test call #3 was placed on, Thursday, November 19, 2015, at 1:30 pm. The call was initially answered after two (2) rings via a live operator. The DHCS test caller requested information about how to file a grievance. The operator provided the caller with the Patient Rights Advocate's name and phone number. The operator presented to transfer the call. The caller declined and explained that he/she would place the call later. The caller was not provided information about how to use the beneficiary problem resolution and fair hearing process. The call is deemed OOC with the regulatory requirements for protocol question A9a4.

Test Call #4: Test call #4 was placed on, Wednesday, December 23, 2015, at 8:08 am. The call was initially answered after one (1) ring via a live operator. The DHCS test caller requested information on SMHS. The operator asked the caller for his/her son's first and last name, date of birth, Medi-Cal number, Social Security Number, address, and zip code. The caller provided the son's name (Eric Craig), DOB and address, however the caller did not provide the son's Medi-Cal ID or SSN. The operator informed the caller that he/she could not locate his/her son in the Medi-Cal database and that he/she would need the Medi-Cal ID or SSN in order to set up an appointment. The caller informed the operator that he/she would call back with the information. The operator responded in the affirmative and the caller terminated the call. The caller was not provided information about how to access SMHS. The call is deemed OOC with the regulatory requirements for protocol question A9a2.

Test Call #5: Test call #5 was placed on, Tuesday, December 22, 2015, at 11:00 am. The call was initially answered after two (2) rings via a live operator. The DHCS test caller requested information on SMHS. The operator asked the caller if he/she had previously used Medi-Cal with the county and the caller replied in the negative. The operator gathered information from the caller to schedule an appointment and advised the caller that a counselor would be calling him/her around noon. The caller terminated the call. The caller was not provided information about how to access SMHS nor was the caller 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: Test call #6 was placed on, Wednesday, December 16, 2015, at 7:26 am. The call was initially answered after one (1) ring via phone tree directing the DHCS test caller to select a language option, which included the MHP's threshold languages. After the caller selected the option for English, the caller heard a recorded greeting and instructions to call 911 in an emergency. The phone tree provided options to select various services including the following: (1) Crisis or have an urgent matter; (2) Access Mental Health Services; (3) Patients Right Advocate (5) Admission to San Luis Obispo Psychiatric Hospital. The caller selected option two (2) to receive information on how to access SMHS. The recording provided information on how to obtain a beneficiary handbook that is available in English, Spanish and Alternative language and could be mailed to the beneficiary. The recording also provided hours of operation and MHP locations/addresses. The caller was provided information about

how to access SMHS and 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: Test call #7 was placed on, Thursday, December 17, 2015, at 7:35 am. The call was initially answered after one (1) ring via phone tree directing the DHCS test caller to select a language option, which included the MHP's threshold languages. After the caller selected the option for English, the caller heard a recorded greeting and instructions to call 911 in an emergency. The phone tree provided options to select various services including the following: (1) Crisis or have an urgent matter; (2) Access Mental Health Services; (3) Patients Right Advocate (5) Admission to San Luis Obispo Psychiatric Hospital. The caller selected option 3 to obtain information regarding the grievance process. The caller was informed to leave a message for Patients' Rights Advocate and that he/she would return the call in one business day. 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	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**Not Applicable**
9a-2	IN	IN	N/A	OOC	OOC	IN	N/A	**60%**
9a-3	OOC	IN	N/A	N/A	OOC	IN	N/A	**50%**
9a-4	N/A	N/A	OOC	N/A	N/A	N/A	OOC	**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 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.

Please note: In the previous triennial review on FY 12/13, this protocol item was found OOC.

CRITERIA	
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)*	

FINDING:

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: P&P 3.00: Access to Services and the MHP call log. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, there is insufficient evidence the MHP logs all requests made by phone, in person and in writing. Protocol question 10a is deemed OOC.
In addition, the log(s) made available by the MHP did not include all required elements for the test calls made by DHCS. See the table below.

Protocol Question	Test Calls Logged by Name (10b1), Date (10b2), and Initial Disposition (10b3)							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
10b-1	OOC	OOC	N/A	OOC	IN	OOC	N/A	**20%**
10b-2	OOC	OOC	N/A	OOC	IN	OOC	N/A	**20%**
10b-3	OOC	OOC	N/A	OOC	IN	OOC	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 its written log of initial requests for SMHS (including requests made via telephone, in person or in writing) complies with all regulatory requirements.

Please note: In the previous triennial review on FY 12/13, this protocol item was found OOC.

CRITERIA	
12.	Regarding the MHP's Cultural Competence Committee (CCC):
12c.	Does the CCC complete an Annual Report of CCC activities as required in the CCPR?

- *CCR title 9, section 1810.410*
- *DMH Information Notice 10-02 and 10-17*

FINDINGS
The MHP did not furnish evidence that its Cultural Competence Committee (CCC) completes Annual Report of CCC activities as required by the CCPR (Cultural Competency Program Requirements). DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P 2.00: Culturally Competent, Multilingual Services, CCC Agendas, Meeting Notes, CCP, 2014 Cultural Competence Training, Learning Objectives and CC Newsletter. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, there is insufficient evidence that the CCC completes Annual Report of CCC activities as required in the CCPR. Protocol question(s) A12c 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 completes Annual Report of CCC activities as required in the CCPR.

SECTION C BENEFICIARY PROTECTION

CRITERIA	
2.	The MHP is required to maintain a grievance, appeal, and expedited appeal log(s) that records the grievances, appeals, and expedited appeals within one working day of the date of receipt of the grievance, appeal, or expedited appeal.
2a.	The log must include:
	1) The name or identifier of the beneficiary.
	2) The date of receipt of the grievance, appeal, and expedited appeal.
	3) The nature of the problem.
• *CCR, title 9, chapter 11, section 1850.205(d)(1)* • *CCR, title 9, chapter 11, section 1810.375(a)*	

FINDINGS

The MHP did not furnish evidence it contains the nature of the problem on the grievance, appeal, and expedited appeal log. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P 4.07: Beneficiary Grievances, Appeals and Expedited appeals, and the Grievances, Appeals, and Expedited Appeals Log for FY 15/16. However, it was determined the documentation lacked insufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the grievances, appeals, and expedited appeals log did not contain the nature of the problem. Protocol question(s) C2a3 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 contains the nature of the problem in its grievances, appeals, and expedited appeals log.

****

SECTION G PROVIDER RELATIONS

CRITERIA	
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?
• *CFR, title 42, section 438.206(b)(1)* • *CCR, title 9, chapter 11, section 1810.310 (a)(5)(B)* • *MHP Contract, Exhibit A, Attachment I* • *CMS/DHCS, section 1915(b) waiver*	

FINDING:

The MHP did not furnish evidence that it does not have a mechanism established to ensure that network providers comply with timely access requirements and corrective action is taken if there is a failure to comply with timely access requirements. DHCS reviewed the following

documentation presented by the MHP as evidence of compliance: MWP handbook, Atwill Peggy contract and Behavioral referral form. Specifically, it does not have mechanisms established to ensure that network providers comply with timely access requirements and there are no corrective action taken if there is a failure to comply with timely access requirements. Protocol question(s) G3a and G3b 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 it has an establish mechanism to ensure that network providers comply with timely access requirements and corrective action is taken if there is a failure to comply with timely access requirements.

SECTION J MENTAL HEALTH SERVICES (MHSA)

CRITERIA	
5.	Regarding the County's MHSA Issue Resolution Process:
5b.	Does the County have in place an Issue Resolution Process to resolve issues related to MHSA community planning process, consistency between approved MHSA plans and program implementation, and the provision of MHSA funded mental health services?
	1) Dates the issues were received?
	2) A brief description of the issues?
	3) Final resolution outcomes of those issues?
	4) The date the final issue resolution was reached?
• *W&IC 5650* • *W&IC 5651* • *County Performance Contract*	

FINDING:
The MHP did not furnish evidence that it provides a brief description of the issue on its grievance log. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P 04.01: MHSA Issue Resolution Process and Grievance Log. Specifically, it does not have a brief description of the issue(s) on the Grievance Log. Protocol question(s) J5b2 is 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 it a process in place to contain a brief description of the issue(s) in the Grievance Log.

SURVEY ONLY FINDINGS

SECTION E TARGET POPULATIONS AND ARRAY OF SERVICES

CRITERIA	
9.	SURVEY ONLY: Regarding the MHP's implementation of the Katie A Settlement Agreement:
9b.	How does the MHP ensure active participation of children/youth and their families in Child and Family Team (CFT) meetings?
• *Katie A Settlement Agreement* • *Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care for Katie A Subclass Members*	

FINDING:
The MHP did not furnish evidence that it ensures active participation of children/youth and their families and Child and Family Team (CFT) meetings. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Procedures for screening for Sub-Class, Katie A decision tree, EQRO Katie A FY 15/16, Katie A meeting minutes, Katie A eligibility report, Current subclass report and Katie A question youth assessment. Specifically, the MHP does not ensure active participation of children/youth and their families and Child and Family Team (CFT) meetings.

SUGGESTED ACTIONS
No further action required at this time.

SECTION H PROGRAM INTEGRITY

CRITERIA	
5.	Regarding monitoring and verification of provider eligibility:
5a.	Does the MHP ensure the following requirements are met:
	SURVEY ONLY: 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?
	SURVEY ONLY: 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)?
	SURVEY ONLY: 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)?
• *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*	

FINDING:
The MHP did not furnish evidence that it have 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 and Excluded Parties List System (EPLS). DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P 12.08: Verification of Excluded List Status and Code of Conduct. Specifically, it does not have 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 and EPLS.

SUGGESTED ACTIONS
No further action required at this time.