

**FISCAL YEAR (FY) 2015/2016 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL
HEALTH SERVICES AND OTHER FUNDED SERVICES
SISKIYOU COUNTY MENTAL HEALTH PLAN REVIEW
May 13, 2016 – May 16, 2016
FINAL SYSTEM REVIEW FINDINGS REPORT**

This report details the findings from the triennial system review of the Siskiyou 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 (OOC) OR PARTIAL COMPLIANCE	IN COMPLIANCE PERCENTAGE FOR SECTION
ATTESTATION	5	0	0/5	N/A	100
SECTION A: ACCESS	48	2	12/46	2c7;5d;6c;8a;9a2; 9a3;10b1;10b2; 10b3; 12c; 13a2; 13b	74
SECTION B: AUTHORIZATION	22	0	5/22	1c;4b; 5a1; 5b; 5d;	77
SECTION C: BENEFICIARY PROTECTION	25	0	2/25	3a1;3b	92
SECTION D: FUNDING, REPORTING & CONTRACTING REQUIREMENTS	NOT APPLICABLE				
SECTION E: NETWORK ADEQUACY AND ARRAY OF SERVICES	20	4	1/16	1	94
SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	0/6	N/A	100
SECTION G: PROVIDER RELATIONS	5	0	0/5	N/A	100
SECTION H: PROGRAM INTEGRITY	20	4	2/16	2e;2f	87
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	22		

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	22		OUT OF 187		
OVERALL PERCENTAGE OF COMPLIANCE	IN	88%	OOC/Partial	12%	
	(# IN/187)		(# OOC/187)		

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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	
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?
	<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.10(f)(6)(i) and 438.206(a)</i> • <i>CCR, title 9, chapter 11, section 1810.410</i> • <i>CMS/DHCS, section 1915(b) Waiver</i> • <i>DMH Information Notice Nos. 10-02 and 10-17</i> • <i>MHP Contract Exhibit A, Attachment I</i>

FINDINGS

The MHP did not furnish evidence that its provider list contains all of the required components. The MHP maintains two provider lists: a listing of MHP clinical staff and contractors and a listing of community based organizations. DHCS reviewed both lists; however, the internal provider list of clinical staff and contractors did not include all of the required components. Specifically, it did not include a means to inform beneficiaries of providers that are not accepting new beneficiaries. Protocol question A2c7 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 provider list contains all of the required components; specifically, MHP must inform beneficiaries of providers that are not accepting new beneficiaries.

PROTOCOL REQUIREMENTS	
5c.	Do these written materials take into consideration persons with limited vision?
5d.	Do these written materials take into consideration persons with limited reading proficiency (e.g., 6 th grade reading level for general information)?
	<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.10(d)(i), (ii)</i> • <i>CCR, title 9, chapter 11, sections 1810.110(a) and 1810.410(e)(4)</i> • <i>CFR, title 42, section 438.10(d)(2)</i> • <i>MHP Contract, Exhibit A, Attachment I</i>

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The MHP did not furnish evidence its written materials take into consideration persons with limited reading proficiency (e.g., 6th grade reading level). DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P Admin 14-06 Visually and or Hearing Impaired Clients, and the MHP’s beneficiary booklet in large print. It was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. The P&P did not specify the reading grade level of its written materials. The MHP indicated staff are available to provide assistance to beneficiaries; however, the MHP did not have written P&Ps which specify its process for ensuring assistance is provided. Protocol question A5d 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 materials take into consideration persons with limited vision and/or persons with limited reading proficiency (e.g., 6th grade reading level).

PROTOCOL REQUIREMENTS	
8.	Regarding mental health services available to persons who are homeless and hard-to-reach individuals:
8a.	Is there evidence of assertive outreach to persons who are homeless with mental disabilities?
8b.	Is there evidence of assertive outreach to hard-to-reach individuals with mental disabilities?
<ul style="list-style-type: none"> • <i>W&IC, section 5600.2(d)</i> 	

FINDINGS

The MHP did not furnish evidence of assertive outreach to persons who are homeless with mental disabilities and/or hard-to-reach individuals with mental disabilities. The MHP participates in monthly Quality of Life Steering Committee meetings which focus on improving the quality of life for homeless and hard to reach populations. The MHP also provided evidence it works with the Beacon of Hope Shelter (a seasonal shelter); however, the MHP indicated its outreach to the homeless population has been limited. It was determined the documentation and outreach efforts lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Protocol question A8a 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 conducts assertive outreach to persons who are homeless with mental disabilities.

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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 4/6/2016 at 10:10 pm. The call was answered after two (2) rings by a live operator. The DHCS test caller requested information about how to file a grievance or complaint in the county. The operator asked the caller to provide his/her name and address. The operator provided a clinic near the caller's residence where he/she could come and pick up a complaint form. The operator advised the caller of the clinic's hours of operation and an explanation of the grievance, appeal and state fair hearing process. The operator also provided information regarding the patient's rights advocate. The operator asked the caller if he/she felt suicidal and if the caller's basic needs were met. The operator advised the caller of the availability of the 24/7 crisis line. The caller was provided information on services to treat a beneficiary's urgent condition and how to use the beneficiary problem resolution process. The call was in compliance with the regulatory requirements for protocol questions A9a3 and A9a4.

Test Call #2 was placed on 4/22/2016 at 7:35 am. The call was answered after two (2) rings by a live operator. The DHCS test caller stated they just moved to the county. The operator requested the caller's name. The caller requested information about SMHS. The operator informed the caller of services the county provides: Individual and Group Therapy, Case Management, Medication Services, Psychiatric Services. The operator then stated they could start an application and forward the information to their Day Staff, and informed the caller of the information required on the form. The caller asked if there was someplace to walk in. The operator provided information on the walk-in clinics, their locations, and office hours. The operator asked if the caller needed any more information, and added that the caller reached the crisis center. The caller was provided information about how to access SMHS and how to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for questions A9a2 and A9a3.

Test Call #3 was placed on 4/18/2016 at 7:38 am. The call was answered after one (1) ring via a live operator. The caller requested information about accessing mental health services in the county. The operator asked the caller to hold and returned to the call after approximately ten (10) seconds. The operator informed the caller that the office was closed and that the caller reached the after-hours line. The operator asked the caller if he/she can take a message. The caller said no and informed the operator that he/she will call back when the office opens. The caller paused for a few seconds to see if the operator would provide any additional information. The operator did not, and the caller thanked the

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operator and ceased the call. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, 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 #4 was placed on 4/10/2016 at 4:00 pm. The call was answered after one (1) ring via a live operator. The caller requested information about how to access SMHS. The operator explained that the caller reached the afterhours crisis line, and could take caller's name and phone number and someone would call back during office hours, Monday through Friday 8-5. The caller explained that he/she was using a neighbor's phone and couldn't leave a number. The operator then stated that he/she should call the same number back during office hours. The operator took the caller's name and address. The operator asked if the caller was in crisis now, the caller stated no. The call ended. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary's urgent condition. The call is deemed OOC with regulatory requirements for protocol question A9a2, and in compliance with regulatory requirements for protocol question A9a3.

Test Call #5 was placed on 5/2/2016 at 7:33 a.m. The call was answered after two (2) rings via a live operator. The operator asked the caller's name, and if the caller was receiving services from Siskiyou Behavioral health, the caller replied he/she was. The caller then stated he/she wanted to file a complaint. The operator replied that the caller could come into the office, and provided the office hours, and address, and phone number. The operator informed the caller they could go to the clinic during business hours, and inquire at the front desk where they would provide the caller with a compliant/grievance form to complete. The operator added that the caller had called the crisis line and if there was anything else the caller would like to talk about, such as how the caller was feeling. The caller was informed about how to use the beneficiary problem resolution and fair hearing processes. The call is deemed in compliance with the regulatory requirements for protocol question A9a4.

Test Call #6 was placed on 5/4/2016 at 1:56 pm. The operator identified that he/she was with After-Hours and to call the 530-841-4100 number since there were problems with the phone lines, and that the caller would be able to speak to someone directly.

The second call was to the referred number and was placed at 1:57 pm. The operator asked if the caller was in crisis, the caller replied in the negative. The caller inquired how to access SMHS. The operator explained that there would be a basic assessment, followed up with an assessment appointment. The operator put the caller on a brief hold. The operator asked the following questions: name, DOB, SSN, address, Medi-Cal, has the caller been seen before, whether the caller was seeking counseling and/or medication services, and phone number. The caller explained that he/she wasn't sure what kind of services would be needed and was borrowing a phone number from a friend. The operator explained that MHP staff would contact the caller and perform a phone assessment, and then the another assessment would take place in the office. The operator provided the office address. The operator reminded the caller to callback with a contact phone number. The caller was provided information about how to access SMHS and services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions A9a2 and A9a3.

Test Call #7 was placed on 5/2/2016 at 12:12 pm. The call was answered after one (1) via a live operator. The caller requested information about how to access SMHS. The operator stated they were filling in for someone and if the caller called back in the afternoon they could talk with someone. The operator advised the caller to call back, or he/she could transfer the caller to the Children's System Of Care where someone from the county would contact the caller later that week to schedule an assessment. The operator asked the caller if he/she needed to speak to a crisis worker, the caller

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responded no and the operator connected the caller to the Children’s System of Care. After 4 rings a recorded message asked the caller to leave a message. The caller was not provided information about how to access SMHS, and was provided information about services needed to treat a beneficiary’s urgent condition. The call is deemed OOC with the regulatory requirements for protocol question A9a2, and in compliance with regulatory requirements for protocol question 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	100%
9a-2	N/A	IN	OOC	OOC	N/A	IN	OOC	40%
9a-3	IN	IN	OOC	IN	N/A	IN	IN	83%
9a-4	IN	N/A	N/A	N/A	IN	N/A	N/A	100%

Protocol questions A9a2 and A9a3 are deemed in partial compliance.

PLAN OF CORRECTION

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

PROTOCOL REQUIREMENTS	
10.	Regarding the written log of initial requests for SMHS:
10b.	Does the written log(s) contain the following required elements:
	1) Name of the beneficiary?
	2) Date of the request?
	3) Initial disposition of the request?
• CCR, title 9, chapter 11, section 1810.405(f)	

FINDINGS

The logs made available by the MHP did not include all required elements for the seven (7) test calls conducted by DHCS. The MHP did not furnish evidence its written log 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 MHPs written log of initial requests for SMHS. Specifically, the log did not include all required elements for the test calls made by DHCS. See the table below.

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Test Call #	Date of Call	Time of Call	Log Results		
			Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
1	4/6/16	10:10 p.m.	n/a	n/a	n/a
2	4/22/16	7:35 a.m.	In	In	In
3	4/18/16	7:35 a.m.	In	In	In
4	4/10/16	4:00 p.m.	In	In	In
5	5/2/16	7:33 a.m.	n/a	n/a	n/a
6	5/4/16	1:56 & 1:57 p.m.	In	In	In
7	5/6/16	12:12 p.m.	OCC	OCC	OCC
Compliance Percentage			80%	80%	80%

Protocol questions A10b1, A10b2 and A10b3 are deemed in partial compliance.

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.

PROTOCOL REQUIREMENTS	
12.	Regarding the MHP's Cultural Competence Committee (CCC):
12a.	Does the MHP have a CCC or other group that addresses cultural issues and has participation from cultural groups that is reflective of the community?
12b.	Does the MHP have evidence of policies, procedures, and practices that demonstrate the CCC activities include the following:
	1) Participates in overall planning and implementation of services at the county?
	2) Provides reports to Quality Assurance/ Quality Improvement Program?
12c.	Does the CCC complete an Annual Report of CCC activities as required in the CCPR?
<ul style="list-style-type: none"> • CCR title 9, section 1810.410 • DMH Information Notice 10-02 and 10-17 	

FINDINGS

The MHP did not demonstrate that it completes an annual report of CCC activities. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Implementation Plan, Cultural and Linguistic Competency Committee Meeting minutes for September 9th, 2015, and January 13, 2016. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP does not complete its Annual Report of CCC activities as required in the CCPR. Protocol question A12c is deemed OOC.

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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 completes an annual report of CCC activities.

PROTOCOL REQUIREMENTS	
13a.	Regarding the MHP's plan for annual cultural competence training necessary to ensure the provision of culturally competent services:
	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)?

FINDINGS

The MHP did not furnish evidence it has a plan for cultural competence training for persons providing SMHS employed by or contracting with the MHP. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Cultural Competence Plan, and the Siskiyou County Behavioral Health Training Program. 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 contracted providers providing SMHS. Protocol question A13a3 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 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 persons contracting with the MHP.

PROTOCOL REQUIREMENTS	
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 that they are meeting the mandatory requirement for the implementation of training programs to improve the cultural competency skills of staff and contracted providers. Specifically, the MHP does not have a mechanism to ensure they are meeting the mandatory requirement. In addition, the MHPs contracts do not contain contract language requiring contractors to provide cultural competency training to their staff. Protocol question A13b 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 has a plan for the implementation of training programs to improve cultural competence skills of both their staff and the staff of their contracted providers.

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: P&P CLIN 16-05 Inpatient Treatment Authorizations. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, DHCS inspected a sample of 73 TARs to verify compliance with regulatory requirements, eight (8) TARS were not approved within the 14 calendar days of the receipt of the TAR. 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	73	0	100%
1c	TARs approves or denied within 14 calendar days	65	8	11%

Protocol question 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) approval or denial within 14 calendars of receipt for hospital services.

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PROTOCOL REQUIREMENTS	
4.	Regarding consistency in the authorization process:
4a.	Does the MHP have a mechanism to ensure consistent application of review criteria for authorization decisions?
4b.	Is there evidence that the MHP is reviewing Utilization Management (UM) activities annually, including monitoring activities to ensure that the MHP meets the established standards for authorization decision making?
<ul style="list-style-type: none"> • <i>MHP Contract, Exhibit A, Attachment 1</i> 	

FINDINGS

The MHP did not furnish evidence it has a mechanism to ensure consistent application of review criteria for authorization decisions and/or that it is reviewing Utilization Management (UM) activities annually. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Chart Review worksheet for TARS, Utilization Review Checklist, and a letter titled Documentation Disallowance with reasons for Recoupment. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not provide evidence of annual Utilization Management review activities. There is no inter-rater reliability or intra-rater reliability. Protocol question B4b 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 has a mechanism to ensure consistent application of review criteria for authorization decisions and/or that it is reviewing Utilization Management (UM) activities annually.

PROTOCOL REQUIREMENTS	
5.	Regarding Notices of Action (NOAs):
5a.	1) NOA-A: Is the MHP providing a written NOA-A to the beneficiary when the MHP or its providers determine that the beneficiary does not meet the medical necessity criteria to be eligible to any SMHS?
<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 1</i> • <i>CFR, title 42, section 438.206(b)(3)</i> • <i>CCR, title 9, chapter 11, section 1810.405(e)</i> 	

FINDINGS

The MHP did not furnish evidence it provides a written NOA-A to the beneficiary when the MHP or its providers determine that the beneficiary does not meet the medical necessity criteria to be eligible to any SMHS. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P Admin 15-01 Notice of Action. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, it was identified that seven (7) out of the 20 assessments that were reviewed should have been issued a NOA-A. Protocol question B5a1 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

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provides a written NOA-A to the beneficiary when the MHP or its providers determine that the beneficiary does not meet the medical necessity criteria to be eligible to any SMHS. The MHP must demonstrate it provides for a second opinion from a qualified health care professional within the MHP network or arrange for the beneficiary to obtain a second opinion outside the MHP network, at no cost to the beneficiary.

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"> • <i>CFR, title 42, sections 438.10(c), 438.400(b) and 438.404(c)(2)</i> • <i>CFR, title 42, section 438.206(b)(3)</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>CCR, title 9, chapter 11, section 1810.405(e)</i>

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: Policy Admin 15-01: Notice of Action. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP disclosed they were not issuing NOA-B's. 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>CFR, title 42, section 438.206(b)(3)</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>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: P&P Policy Admin 15-01 Notice of Action. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, there was one (1) grievance that was not resolved within the required timeframes and a NOA-D was not issued. Protocol question B5d 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 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?
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 1850.207(c) • CCR, title 9, chapter 11, section 1850.206(b) • 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: P&P 13-17 Beneficiary Problem Resolution Process, and a sample of 12 grievances. One (1) out of the 12 grievances that were reviewed was not resolved within the required timeframes and the required notice of an extension was not provided to the beneficiary. Protocol questions C3a1 and C3b are deemed OOC.

	# REVIEWED	RESOLVED WITHIN TIMEFRAMES		REQUIRED NOTICE OF EXTENSION EVIDENT	COMPLIANCE PERCENTAGE
		# IN COMPLIANCE	# OOC		
GRIEVANCES	12	11	1	NO	92%
APPEALS	0	N/A	N/A	N/A	N/A
EXPEDITED APPEALS	0	N/A	N/A	N/A	N/A

Protocol question(s) C3b 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 ensures grievances, appeals, and expedited appeals are resolved within established timeframes.

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SECTION E: NETWORK ADEQUACY AND ARRAY OF SERVICES

PROTOCOL REQUIREMENTS	
1.	Does the MHP have a current Implementation Plan which meets title 9 requirements?
<ul style="list-style-type: none"> • <i>CCR, title 9, chapter 11, section 1810.310</i> 	

FINDING

The MHP did not furnish evidence it has a current Implementation Plan which meets title 9 requirements. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: 1997 MHP Implementation Plan. The MHP's Implementation Plan has not been updated and does not reflect its current policies and procedures. Protocol question E1 is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a current Implementation Plan which meets title 9 requirements.

SECTION H: PROGRAM INTEGRITY

PROTOCOL REQUIREMENTS	
2e.	Is there evidence of effective training and education for the MHP's employees and contract providers?
<ul style="list-style-type: none"> • <i>CFR, title 42, sections 438.10, 438.604, 438.606, 438.608 and 438.610</i> • <i>MHP Contract, Exhibit A, Attachment I</i> 	

FINDINGS

The MHP did not furnish evidence of effective training and education for contract providers. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Compliance and Privacy and Security training, NOA and Grievance training, Appeals Policies training, Law of Ethics training 2014 and 2015, Documentation training for Clinicians sign in sheet, and the sign in sheet for the DSM-5 training conducted on 8/20/15. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not furnish evidence of effective training and education for staff of its contracted providers. Protocol question H2e 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 provides for effective training and education for its contracted providers.

PROTOCOL REQUIREMENTS	
2f.	Does the MHP ensure effective lines of communication between the compliance officer and the organization's employees and/or contract providers?
<ul style="list-style-type: none"> • <i>CFR, title 42, sections 438.10, 438.604, 438.606, 438.608 and 438.610</i> • <i>MHP Contract, Exhibit A, Attachment I</i> 	

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FINDING

The MHP did not furnish evidence it ensures effective lines of communication between the compliance officer and their contract providers. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy 14-03 Compliance Training, Compliance Hotline Information Sheet, Employee Affirmation of the Compliance Program Code of Conduct and Ethics, and the Compliance Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not provide evidence off effective lines of communication between the Compliance Officer and its contracted providers. Protocol question H2f 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 ensures effective lines of communication between the compliance officer and its contract providers.

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: Access log for February 2016, Client Intake checklist in English and Spanish, Interpreter Services sign, and the notice stating the Mental Health Services Booklet is available in English and Spanish, large print, and audio versions. 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>

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SURVEY FINDING

The MHP furnished evidence it has updated its CCP annually in accordance with regulations. The MHP's most recent CCP was dated FY 2015/2016.

SUGGESTED ACTIONS

No further action required at this time.

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 updated, 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?
<ul style="list-style-type: none"> • <i>Katie A Settlement Agreement</i> • <i>Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care for Katie A Subclass Members</i> 	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: P&P CLIN 16-01 Katie A. Services-Intake and Assessment, CLIN 160-02 Kate A Services-Service Delivery, CLIN 16-00 Katie A Services and Referral, and the Katie A Semi-Annual Progress Report. 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

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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: Verification of Medi-Cal suspended & Ineligible Provider List Search (dated 4/15/15), NPI search including individuals showing licenses due to expire, a letter to a provider in regard to completed checks of the OIG and SAM with attached results, Organizational Representative Certification Screening (for 4/15/15), and a document which identified the websites used and the date of the screenings. The documentation lacks specific elements to demonstrate compliance with federal and/or State requirements. Specifically, the MHP does not have a process in place to verify new and current MHP staff and contractors are not screened prior to contract and periodically, also that current MHP staff and contractors are not screened in the Social Security Administrations' Death Master File or the Excluded Parties List System (EPLS).

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: Expand the existing monitoring and verification process to include the following databases: Social Security Administration Death Master File and the Excluded Parties List System (EPLS).

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: Verification of Medi-Cal Suspended and Ineligible Provider List Search/results, a list of all south/north county site employees containing license issue and expiration dates, completed checks of the OIG and SAM websites for all Remi Vista covered individuals, and Organizational Representative Certifications. 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: Policy HID 13-27 Medications Monitoring, Policy HID 16-01 Medication Consent, Quality Improvement Committee Minutes QI work plan goal 5.4 Medication Monitoring, Medication Monitoring log, Medication Monitoring Worksheet, Quality of Care log, Memorandums on Quality of Care, and documentation of case JH #1014100. The documentation provides sufficient evidence of compliance with federal and/or State requirements.

SUGGESTED ACTIONS

No further action required at this time.