

**FISCAL YEAR (FY) 2016/2017 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL
HEALTH SERVICES AND OTHER FUNDED SERVICES
VENTURA MENTAL HEALTH PLAN REVIEW
MARCH 27, 2017
FINDINGS REPORT AMENDED**

This report details the findings from the triennial system review of the **Ventura** Mental Health Plan (MHP). The report is organized according to the findings from each section of the FY 2016/2017 Annual Review Protocol for Consolidated Specialty Mental Health Services (SMHS) and Other Funded Services (Mental Health and Substance Use Disorder Services Information Notice No. 16-045), 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 findings 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 16 “SURVEY ONLY” questions in the protocol.

The MHP will have an opportunity to review the report for accuracy and appeal any of the findings of non-compliance (for both System Review and Chart Review). The appeal must be submitted to DHCS in writing within 15 business days of receipt of the findings report. DHCS will adjudicate any appeals and/or technical corrections (e.g., calculation errors, etc.) submitted by the MHP prior to issuing the final report.

A Plan of Correction (POC) is required for all items determined to be out of compliance. The MHP is required to submit a POC to DHCS within 60 days of receipt of the findings 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
- (4) Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should propose an alternative corrective action plan to DHCS
- (5) Description of corrective actions required of the MHP’s contracted providers to address findings

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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 (OOO) OR PARTIAL COMPLIANCE	IN COMPLIANCE PERCENTAGE FOR SECTION
ATTESTATION	5	0	0/5	0	100%
SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES	14	2	0/14	0	100%
SECTION B: ACCESS	48	0	4/48	9a2, 9a4, 10b1, 11	92%
SECTION C: AUTHORIZATION	26	2	1/26	6d	97%
SECTION D: BENEFICIARY PROTECTION	25	0	6/25	3a1, 3a2, 4a1, 4a2, 4b1, 4b2	76%
SECTION E: FUNDING, REPORTING & CONTRACTING REQUIREMENTS	NOT APPLICABLE				
SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	0/6	0	100%
SECTION G: PROVIDER RELATIONS	6	0	0/6	0	100%
SECTION H: PROGRAM INTEGRITY	19	4	0/19	0	100%
SECTION I: QUALITY IMPROVEMENT	30	8	1/30	6e4	97%
SECTION J: MENTAL HEALTH SERVICES ACT	21	0	1/21	J5e	95%
TOTAL ITEMS REVIEWED	200	16	13		

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Overall System Review Compliance

Total Number of Requirements Reviewed	216 (with 5 Attestation items)			
Total Number of SURVEY ONLY Requirements	16 (NOT INCLUDED IN CALCULATIONS)			
Total Number of Requirements Partial or OOC	13	OUT OF 200		
OVERALL PERCENTAGE OF COMPLIANCE	IN	93%	OOO/Partial	7%
	(# IN/200)		(# OOC/200)	

FINDINGS

ATTESTATION

DHCS randomly selected five Attestation items to verify compliance with regulatory and/or contractual requirements. All requirements were deemed in compliance. A Plan of Correction is not required.

SECTION B: ACCESS

PROTOCOL REQUIREMENTS	
B9a.	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?
<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

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The DHCS review team made eight (8) calls to test the MHP's 24/7 toll-free line. The eight (8) test calls are summarized below:

Test Call #1 was placed on February 22, 2017, at 2:17 pm and answered after one (1) ring via a live operator. The caller requested information to access initial SMHS. The operator inquired about the caller's Medi-Cal status, previous mental health issues, and current medications and directed the caller to Beacon Health Strategies, providing the address and phone number. The operator added that the caller had reached a clinic that only sees clients with severe and chronic mental health issues. The operator asked the caller if she/he was suicidal to which the caller replied in the negative. The operator advised the caller to call the number originally dialed anytime if crisis services were to become required. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

Test Call #2 was placed on March 2, 2017 at 1:44 pm and answered after two (2) rings via a live operator. Upon hearing a request for initial SMHS, the operator offered to provide a phone screening. The operator said Ventura County Behavioral Health System (VCBHS) had a 6-8 week enrollment process before clients could be seen, but the caller might receive help sooner at Beacon. The operator explained that VCBHS treats moderate to severe conditions, while Beacon treats mild to moderate conditions. The caller asked about the availability of a walk-in appointment to be seen the same day. The operator stated neither Beacon nor VCBHS offered walk-in services, but that if the caller wanted to be seen the same day, a "One Stop" was available at the Community Action Center for which the operator provided the address, phone number, and hours of operation. The caller was provided information on accessing SMHS, including assessment services and services needed to treat an urgent condition by providing information for same day service. The call is deemed in compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

Test call #3 was placed on March 3, 2017 at 7:24 am. Three unsuccessful attempts were made a minute apart starting at 7:21 am. Each call resulted in a message from Verizon to call back when circuits were freed. A fourth attempt was answered after nine (9) rings via a live operator. The caller requested information on how to file a grievance. The operator stated it was different for private or county-run providers and confirmed that the caller was currently being seen in a Ventura clinic. The operator advised the caller to call their clinic's administrator directly. The caller prompted the operator for further information on filing a grievance. No additional information was provided. The operator inquired as to the caller's current condition and advised the caller to call back for any mental health crisis. The caller was asked about their current condition but the caller was not provided information on how to file a grievance that reflected the regulatory requirements for a beneficiary grievance, including filing anonymously through a form in the lobby. The call is deemed in compliance to B9a3, but out of compliance with the regulatory requirements for protocol question B9a4.

Test Call #4 was placed on March 8, 2017, at 7:28 am and answered after two (2) rings via a live operator. Upon hearing a request for information about accessing mental health services in the county, the operator informed the caller that there would be a 20-minute telephone

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screening process and requested the caller's telephone number. The operator added, "This is for moderate to severe illnesses" and provided the caller with information and telephone number for Beacon Health Strategy for mild cases. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The call is deemed out of compliance with the regulatory requirements for protocol question B9a2.

Test Call #5 was placed on March 8, 2017, at 7:29 am and initially answered after nine (9) rings via a recorded message. The message provided information in Spanish and English, and stated that if the call was urgent, or if immediate medical attention or law enforcement was required, to call 911. The call was placed on hold. A second message stated that all clinicians were busy helping others, apologized for the inconvenience, and placed the call on hold. When an operator answered, the caller requested information on how to access initial SMHS. The operator asked the caller about prior mental health assessments and medical insurance coverage. The operator advised that the county conducts phone screenings, and that a clinician would return the call in about one (1) week to for an eligibility assessment. The operator asked for the caller's name and phone number. The caller provider a fictitious name and an excuse for not providing a phone number. The operator advised the caller to call back after 9:00 am for assistance. The caller was provided information through a message machine about how to treat a beneficiary's urgent condition, and offered linguistic options in the county's threshold languages and the

operator provided information on how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The call is deemed in compliance with the regulatory requirements for protocol questions B9a1, B9a2 and B9a3.

Test Call #6 was place on March 8, 2017 at 11:30 am and answered after two (2) rings by a live operator. Upon hearing a request for information about accessing SMHS for guardian's minor child, the operator requested the beneficiary's name and guardian's contact information. The operator advised the caller that someone from the county would return the call later in the week to schedule an assessment, and also offered to connect the caller to a therapist immediately. The operator explained that the caller could bring their child to Beacon Strategy and view a list of providers that the caller could then contact. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and provided immediate access to a clinician for urgent conditions. The call is deemed in compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

Test Call #7 was placed on March 13, 2017 at 9:48 am and answered after one (1) ring via a live operator. Upon hearing the caller request information about accessing initial mental health services, the operator advised the caller that someone from the county would contact them within a week to schedule an assessment. The operator then assessed eligibility and current status for urgent conditions through several questions: Date of birth, Medi-Cal number, Social Security Number, address, medication regimen, what issues the caller had, their doctor's name, any thoughts of hurting oneself or someone else, employment, legal issues, weapons, hallucinations, and cutting issues. The operator provided an address for a clinic and put the caller on hold to transfer the call to schedule an appointment. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical

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necessity criteria are met, and information about services needed to treat a beneficiary's urgent condition through an assessment of the caller's current state. The call is deemed in compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

Test Call #8 was placed on March 16, 2017 at 2:30 pm and answered after one (1) ring via a live operator. Upon hearing the caller request information on how to file a grievance, the operator advised the caller to go to the clinic of attendance to ask the manager or clinician for help. The caller prompted the operator for an anonymous method to file a grievance. The operator replied that the manager could take the call anonymously. The caller was not provided information on how to file a grievance. The operator's response did not reflect regulatory requirements or offer any of the required options, including anonymous filing, for beneficiary problem resolution. The call is deemed out of compliance with the regulatory requirements for protocol question B9a4.

FINDINGS

Test Call Results Summary

Protocol Question	Test Call Findings								Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	#8	
9a-1	NA	NA	NA	NA	IN	NA	NA	NA	100%
9a-2	IN	IN	NA	OUT	IN	IN	IN	NA	97%
9a-3	IN	IN	IN	NA	IN	IN	IN	NA	100%
9a-4	NA	NA	OOC	NA	NA	NA	NA	OOC	0%

In addition to conducting the eight (8) test calls, DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Accessing Specialty Mental Health Services (P&P CT-13) (1/2011); VCBH Crisis Team Telephone Triage; 24/7 Crisis Services Program Description; Draft Use of Interpretation (CA-48) (4/2014); 24/7 Test Call Quarterly Update Report form (2); Accessing Mental Health Services Flyer in English and Spanish (P&P CA-53); and Test Call Survey Reports. However, it was determined the test call results lacked sufficient evidence of compliance with regulatory and/or contractual requirements regarding the 24/7 line provision of information on how to access SMHS and how a beneficiary may file a grievance with the MHP. Protocol question B9a2 is deemed in partial compliance and B9a4 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 provides a statewide, toll-free number that provides information on how to access SMHS and how to use the beneficiary problem resolution and fair hearing processes.

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PROTOCOL REQUIREMENTS	
B10.	Regarding the written log of initial requests for SMHS:
B10a.	Does the MHP maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing?
B10b.	Does the written log(s) contain the following required elements:
	1) Name of the beneficiary?
	2) Date of the request?
	3) Initial disposition of the request?
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.405(f) 	

FINDINGS

The MHP did not furnish evidence its written logs of initial requests for SMHS includes requests made by phone. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Accessing Specialty Mental Health Services (P&P CA-53) (1/2011); Crisis Team Telephone Log; and Samples of Ventura's' Request for Services. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. The logs made available by the MHP did not include all required elements for the DHCS test calls. The table on the following page 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	2/22/17	2:17 pm	IN	IN	IN
2	3/2/17	1:44 pm	OOC	IN	IN
4	3/8/17	7:28 am	OOC	IN	IN
5	3/8/17	7:29 am	IN	IN	IN
6	3/8/17	11:30 am	IN	IN	IN
7	3/13/17	9:48 am	IN	IN	IN
Compliance Percentage			66%	100%	100%

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

Protocol question B10b1 is 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 its written log of initial requests for SMHS (including requests made via telephone, in person or in writing) includes the name of the beneficiary or documents an unsuccessful effort to obtain the name.

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PROTOCOL REQUIREMENTS	
B11.	Has the MHP updated its Cultural Competence Plan annually in accordance with regulations?
<ul style="list-style-type: none"> • CCR title 9, section 1810.410 	<ul style="list-style-type: none"> • DMH Information Notice 10-02 and 10-17

FINDINGS

DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Ventura County Behavioral Health Cultural and Linguistic Competence Update Plan 2015-2018; Cultural & Linguistic Competence Training Plan (7/2015-6/2018); the Cultural and Linguistic Competence Five Year Strategic Plan (2012-2019); and the Latino Equity in Behavioral Health Three Year Strategic Plan 2016-2019. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP’s Cultural Competence Plan (CCP) does not meet state regulations for annual updates or covering all required components. For example the CCP had no population assessment, the Cultural Competence Checklist Review (Section 4, Attachment) was an incomplete shell, and the current CCP does not include outreach toward hiring and retaining culturally and logistically competent staff or family and consumers participation in the Cultural Competence Committee. Protocol question B11 is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for this requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it updates its Cultural Competence Plan annually in accordance with regulations to include a response to each of the eight Criterion identified by the State.

SECTION C: AUTHORIZATION

PROTOCOL REQUIREMENTS	
C6d.	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"> • CFR, title 42, sections 438.10(c), 438.400(b) and 438.404(c)(2) • CCR, title 9, chapter 11, sections 1830.205(a),(b)(1),(2),(3), 1850.210 (a)-(j) and 1850.212 • DMH Letter No. 05-03 	<ul style="list-style-type: none"> • MHP Contract, Exhibit A, Attachment I • CFR, title 42, section 438.206(b)(3) • CCR, title 9, chapter 11, section 1810.405(e)

FINDING

The MHP did not furnish evidence it provides a written NOA-D to the beneficiary when the MHP fails to act within the timeframes for disposition of standard grievances or the resolution of standard appeals. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Notices of Action (P&P CA 39) (2/2009); and the Grievances Logged Report (2013 till 2017). It was determined the documentation lacked sufficient evidence of

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compliance with regulatory and/or contractual requirements. Specifically, though the P&P meets regulatory guidelines, DHCS reviewed a sample of 30 grievances and 6 appeals and found 17 late resolutions one of which was accompanied by a NOA-D for a compliance rate of 6%. Protocol question C6d is deemed in partial compliance.

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 D: BENEFICIARY PROTECTION

PROTOCOL REQUIREMENTS	
D3.	Regarding established timeframes for grievances, appeals, and expedited appeals:
D3a.	1) Does the MHP ensure that grievances are resolved within established timeframes?
	2) Does the MHP ensure that appeals are resolved within established timeframes?
	3) Does the MHP ensure that expedited appeals are resolved within established timeframes?
D3b.	Does the MHP ensure required notice(s) of an extension are given to beneficiaries?
	<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.408(a),(b)(1)(2)(3)</i> • <i>CCR, title 9, chapter 11, section 1850.206(b)</i> • <i>CCR, title 9, chapter 11, section 1850.207(c)</i> • <i>CCR, title 9, chapter 11, section 1850.208.</i>

FINDINGS

DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Beneficiary Problem Resolution Process (P&P QM 18); Grievance, Appeals and Expedited Appeals; Grievances Logged Report; MHP and the Appeals Logged Report. The policy meets regulatory timeframes. However, in addition to reviewing these documents, DHCS inspected a sample of grievances and appeals to verify compliance with regulatory timeframes. The sample findings are detailed below:

	# REVIEWED	RESOLVED WITHIN TIMEFRAMES		REQUIRED NOTICE OF EXTENSION EVIDENT	COMPLIANCE PERCENTAGE
		# IN COMPLIANCE	# OOC		
GRIEVANCES	30	19	11	yes	64%
APPEALS	6	0	6	yes	0%
EXPEDITED APPEALS	NA	NA	NA	NA	NA

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Protocol question D3a1 is deemed in partial compliance and D3a2 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 each grievance, appeal, and expedited appeal is resolved within established timeframes.

PROTOCOL REQUIREMENTS	
D4.	Regarding notification to beneficiaries:
D4a.	1) Does the MHP provide written acknowledgement of each grievance to the beneficiary in writing?
	2) Is the MHP notifying beneficiaries, or their representatives, of the <u>grievance disposition</u> , and is this being documented?
D4b.	1) Does the MHP provide written acknowledgement of each <u>appeal</u> to the beneficiary in writing?
	2) Is the MHP notifying beneficiaries, or their representatives, of the <u>appeal disposition</u> , and is this being documented?
D4c.	1) Does the MHP provide written acknowledgement of each <u>expedited appeal</u> to the beneficiary in writing?
	2) Is the MHP notifying beneficiaries, or their representatives, of the expedited appeal disposition, and is this being documented?
<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.406(a)(2)</i> • <i>CCR, title 9, chapter 11, section 1850.205(d)(4)</i> • <i>CFR, title 42, section 438.408(d)(1)(2)</i> • <i>CCR, title 9, chapter 11, sections 1850.206(b),(c), 1850.207(c),(h), and 1850.208(d),(e)</i> 	

FINDINGS

DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Beneficiary Problem Resolution Process for Grievances, Appeals, and Expedited Appeals (P&P # QM 18) (2/2016); Acknowledgment of Receipt templates; Notice of Decision/How to File for a State Fair Hearing; and the Appeals Log and Detail Report. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP’s written response noted the missing acknowledgement and disposition letters. DHCS provided the MHP the opportunity to locate further evidence, but the MHP did not provide sufficient evidence that all required acknowledgment and disposition letters were given to the beneficiary in writing.

In addition, DHCS inspected a sample of grievances, appeals to verify compliance with regulatory requirements and found acknowledgement and decision letters were missing and that some letters accompanying grievances and appeals were copies of letters to other beneficiaries. The sample from FY 2014/15 and 2015/16 findings are detailed below:

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	# REVIEWE D	ACKNOWLEDGEMENT		DISPOSITION	
		# IN	# OOC	# IN	# OOC
Grievances	33	24	9	25	8
Appeals	4	1	3	3	1
Expedited Appeals	0	NA	NA	NA	NA

Protocol questions D4a1, D4a2, D4a and D4b 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 provides written acknowledgement and notifications of dispositions to beneficiaries for each grievance and appeal.

SECTION I: QUALITY IMPROVEMENT

PROTOCOL REQUIREMENTS	
I6.	Regarding the QM Work Plan:
I6a	Does the MHP have a QM Work Plan covering the current contract cycle with documented annual evaluations and documented revisions as needed?
I6b	Does the QM Work Plan include evidence of the monitoring activities including, but not limited to, review of beneficiary grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, provider appeals, and clinical records review?
I6c	Does the QM Work Plan include evidence that QM activities, including performance improvement projects, have contributed to meaningful improvement in clinical care and beneficiary service?
I6d	Does the QM work plan include a description of completed and in-process QM activities, including:
	1) Monitoring efforts for previously identified issues, including tracking issues over time?
	2) Objectives, scope, and planned QM activities for each year?
	3) Targeted areas of improvement or change in service delivery or program design?
I6e	Does the QM work plan include a description of mechanisms the Contractor has implemented to assess the accessibility of services within its service delivery area, including goals for:
	1) Responsiveness for the Contractor's 24-hour toll-free telephone number?
	2) Timeliness for scheduling of routine appointments?
	3) Timeliness of services for urgent conditions?
	4) Access to after-hours care?

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I6f.	Does the QM work plan include evidence of compliance with the requirements for cultural competence and linguistic competence?
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.440(a)(5) • DMH Information Notice No. 10-17, Enclosures, Pages 18 & 19, and DMH Information Notice No. 10-02, Enclosure, Page 23 	<ul style="list-style-type: none"> • MHP Contract, Exhibit A, Attachment I • CCR, tit. 9, § 1810.410 • CFR, title 42, Part 438-Managed Care, sections 438.204, 438.240 and 438.358.

FINDINGS

DHCS reviewed the following documentation presented by the MHP as evidence of compliance: VCBH QI Performance Program Plan (2015/16); QI Workplan for 2015/2016 Results Evaluation; Cultural Competence Plan (2015-18); Sample Test Call Reports (12/2016); Current Provider Test Call procedure with report form and instructions; Timeliness Self-Assessment; Access to Services Workgroup Study including the Project Charter and sample metric analysis. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the QM work plan did not include a description of mechanisms to assess the accessibility of after-hours care. Protocol question I6e4 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 QM/QI work plan covering the current contract cycle with descriptions of mechanisms implemented to assess the accessibility of afterhours care.

SECTION J: MENTAL HEALTH SERVICES (MHSA)

PROTOCOL REQUIREMENTS	
J5e	Does the County provide FSP services to all age groups (i.e., older adults, adults, transition-age youth, and children/youth)?
.	<ul style="list-style-type: none"> • CCR, title 9, chapter 14, section 3620

FINDING

The County did not furnish evidence it provides FSP services to all age groups (i.e., older adults, adults, transition-age youth, and children/youth). DHCS reviewed the following documentation presented by the County as evidence of compliance: Safety Plan (P&P CA-59) (5/2011); and Full Service Partnerships (P&P CA-67) (10/2013). Though the documentation states the MHP’s Full Service Partnerships applies to the “Adult Services Division and the Youth and Family Services Division,” the MHP told us onsite that it has not

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yet begun these services for the youth in their system. For that reason, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, processes for youth FSP have not been instituted. Protocol question J5e is deemed OOC.

PLAN OF CORRECTION

The County must submit a POC addressing the OOC findings for this requirement. The County is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides FSP services to all age groups (i.e., older adults, adults, transition-age youth, and children/youth).

SURVEY ONLY FINDINGS

SECTION A: NETWORK ADEQUACY

PROTOCOL REQUIREMENTS	
A4b.	<p>SURVEY ONLY: Does the MHP maintain and monitor an appropriate network of providers to meet the anticipated need of children/youth eligible for ICC and IHBS services?</p>
<ul style="list-style-type: none"> • <i>Katie A Settlement Agreement</i> 	<ul style="list-style-type: none"> • <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: MHP/Aspiranet Contract; Aspiranet-IHBS/TBS brochure; MHP/Casa Pacifica Contract; the Casa Pacifica-TBS/IHBS Brochure; Wrap Around Brochure; Wraparound Review Committee Agenda (1/2016); and the Authorization of Intensive Home Based Services (P&P CA 69) (11/14). The documentation provides sufficient evidence of compliance with federal and State requirements. Specifically, the MHP noted that “TBS services will be provided to all clients referred to [the] contractor by the TBS Clinical Coordinator”; and the MHP contracts with multiple providers to meet the anticipated need for children eligible for ICC and IHBS services.

SUGGESTED ACTIONS

No further action required at this time.

PROTOCOL REQUIREMENTS

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A4d.	SURVEY ONLY: Does the MHP have a mechanism to ensure all children/youth referred and/or screened by the MHP's county partners (i.e., child welfare) receive an assessment, and/or referral to a MCP for non-specialty mental health services, by a licensed mental health professional or other professional designated by the MHP?	
	<ul style="list-style-type: none"> • <i>Katie A Settlement Agreement</i> 	<ul style="list-style-type: none"> • <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: Mental Health Screening Forms: 0-5 and 6-18 Years (2/2016); Avatar screen shot of the date a Medi-Cal client was assessed and assigned to a clinician (11/2012); Compliance & Utilization Review; and the Authorization of Services (P&P CA-55). In addition, the MHP stated that every child who received dependency services were screened using the tool reviewed by DHCS. The documentation provided sufficient evidence of compliance with federal and State requirements that a mechanism is in place to ensure all children/youth referred and/or screened, receive a MH assessment.

SUGGESTED ACTIONS

No further action required at this time.

SECTION C: AUTHORIZATION

PROTOCOL REQUIREMENTS	
C4d.	SURVEY ONLY
	1) Does the MHP ensure timely transfer within 48 hours of the authorization and provision of SMHS for a child who will be placed "out of county"?
	2) Does the MHP have a mechanism to track the transfer of the authorization and provision of services to another MHP?
	<ul style="list-style-type: none"> • <i>CCR, title 9, chapter 11, section 1830.220(b)(3) and (b)(4)(A); sections 1810.220.5, 1830.220 (b)(3), and b(4)(A),</i> • <i>DMH Information Notice No. 09-06,</i> • <i>DMH Information Notice No. 97-06</i> • <i>DMH Information Notice No. 08-24</i> • <i>WIC sections, 11376, 16125, 14716; 14717, 14684, 14718 and 16125</i>

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SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Authorization of Services (P&P CA-55); and the Regulation Processes Workgroup Presentation. The documentation lacks specific elements to demonstrate compliance with federal and State requirements. Specifically, the MHP noted a 14-day rather than the 48-hour requirement for authorization and provision of SMHS for a child placed out of county.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: Update authorization policies and procedures to reflect transfer for a child placed out of county within 48 hours of authorization and provision of service and carefully track the timeliness of that authorization and the first provision of service.

PROTOCOL REQUIREMENTS	
C4e.	<p>SURVEY ONLY</p> <p>1) Does the MHP ensure an assessment has been conducted and authorization of services occurs within 4 business days of receipt of a referral for SMHS for a child by another MHP?</p>
	<p>2) Does the MHP have a mechanism to track referrals for assessments and authorizations of services for children placed in its county?</p>
	<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1830.220(b)(3) and (b)(4)(A); sections 1810.220.5, 1830.220 (b)(3), and b(4)(A), • WIC sections, 11376, 16125, 14716; 14717, 14684, 14718 and 16125 • DMH Information Notice No. 09-06, • DMH Information Notice No. 97-06 • DMH Information Notice No. 08-24

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Authorization of Services (P&P CA-55) (2/2011); Authorization of Services (IHBS) (11/14); and the Regulation Processes Workgroup Presentation. The documentation lacks specific elements to demonstrate compliance with federal and State requirements. Specifically, a timeframe of four (4) business days from referral to assessment and authorization of services is lacking in the documentation.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: Update service authorization policies and procedures to reflect the required referral within four (4) business days from receipt of a referral for SMHS for a child by another MHP and track these referrals.

SECTION H: PROGRAM INTEGRITY

PROTOCOL REQUIREMENTS	
H4b.	<p>SURVEY ONLY:</p> <p>Does the MHP require its employees or contract providers to consent to criminal background checks as a condition of enrollment per 42 CFR 455.434(a)?</p>

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|---|--|
| <ul style="list-style-type: none"> • <i>CFR, title 42, sections 455.101,455.104, and 455.416</i> | <ul style="list-style-type: none"> • <i>MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements</i> |
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SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: The Kids and Families Together Live Scan Background and Fingerprint Check Instructions; and the Casa Pacifica Centers for Children and Families Background and Fingerprint Check Policy. The documentation lacks specific elements to demonstrate compliance with federal and State requirements. Specifically, the MHP provided evidence that, though some of its contractors require a criminal background check, the MHP does not require criminal background checks as a condition of enrollment. Additionally, the MHP’s written response to this question was, “No, we do not.”

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: Ensure providers are required to consent to criminal background checks as a condition of enrollment and add this requirement to provider contracts.

PROTOCOL REQUIREMENTS			
H4c.	<p>SURVEY ONLY: Does the MHP require employees and contract providers, or any person with a 5 percent or more direct or indirect ownership interest in the provider to submit a set of fingerprints per 42 CFR 455.434(b)(1)?</p>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> • <i>CFR, title 42, sections 455.101,455.104, and 455.416</i> </td> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> • <i>MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements</i> </td> </tr> </table>		<ul style="list-style-type: none"> • <i>CFR, title 42, sections 455.101,455.104, and 455.416</i> 	<ul style="list-style-type: none"> • <i>MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements</i>
<ul style="list-style-type: none"> • <i>CFR, title 42, sections 455.101,455.104, and 455.416</i> 	<ul style="list-style-type: none"> • <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: The Kids and Families Together Live Scan Background and Fingerprint Check Instructions; and the Casa Pacifica Centers for Children and Families Background and Fingerprint Check Policy. The documentation lacks specific elements to demonstrate compliance with federal and State requirements. Specifically, the MHP has not required persons with a 5 percent or more direct or indirect ownership interest in an MHP provider to submit a set of fingerprints. Additionally, the MHP’s written response to this question was, “No, we do not.”

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: Require any person with a 5 percent or more direct or indirect ownership interest in the provider to submit a set of fingerprints and add language regarding this requirement to their provider contracts.

PROTOCOL REQUIREMENTS

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H5a3.	<p>SURVEY ONLY: Is there evidence that the MHP has a process in place to verify new and current (prior to contracting/employing) providers and contractors are not in the Social Security Administration's Death Master File?</p>
	<ul style="list-style-type: none"> • 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: National Plan and Provider (AD-35); and the Managed Care Individual and Group Provider Credentialing and Re-credentialing. The MHP documented that they check the Inspector General Exclusion List and the Medi-Cal Suspended and Ineligible Providers List, but has not yet begun to check the Social Security Administrations' Death Master File. The documentation does not provide sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: Implement a process to verify new and current providers and contractors are not in the Social Security Administration's Death Master File.

PROTOCOL REQUIREMENTS	
H7.	<p>SURVEY ONLY: Does the MHP verify that all ordering, rendering, and referring providers have a current National Provider Identifier (NPI) number?</p>
	<p><i>CFR, title 42, sections 455.410, 455.412 and 455.440</i></p>

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Managed Care Individual and Group provider credentialing and re credentialing (P&P AD-35); Sample VCBH Billing Department Staff Code Request Forms which includes an NPI; Sample conditional offer that includes the instructions on how to obtain a NPI number the NIPPES Enumeration System; and the Supervision Checklist called the Unlicensed/Licensed Eligible Clinician. The documentation provides sufficient evidence of compliance with federal and State requirements. Specifically documentation shows that the MHP validates on the NPPES website to ensure they have accurate staff information, and VCBH requires an NPI number before hire.

SUGGESTED ACTIONS

No further action is required at this time.

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SECTION I: QUALITY IMPROVEMENT

PROTOCOL REQUIREMENTS	
I3b.	<p>SURVEY ONLY: Does the MHP have a policy and procedure in place regarding monitoring of psychotropic medication use, including monitoring psychotropic medication use for children/youth?</p>
<p><i>CFR, title 42, sections 455.410, 455.412 and 455.440</i></p>	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: , Psychotropic Medication for Foster Youth (2016); Medication Monitoring Work Group Monthly Meeting Minutes; Medication Monitoring (P&P PH-56); Clinical Practice Guidelines; QI Project Status Update; Foster Youth Psychotropic Medication Monitoring; Access for 0-5; Medication Treatment Agreement (PH-21); Safe Prescribing Handout; Correspondence regarding their Quarterly Report Card; Quality of Care Committee-Incident Report tracking form samples; QM-Adverse Incident Reporting via Notification Form; QA Reviews-Tracking spreadsheet; Peer Review Psychiatrists sample; Psychiatry Outpatient Quality Audit form sample; and the Foster Youth Cases Referred for Medication Director Review. The documentation provided sufficient evidence of compliance with federal and State requirements. Specifically, policies and procedures for monitoring psychotropic medication for adults and children were abundant and detailed.

SUGGESTED ACTIONS

No further action required at this time.

PROTOCOL REQUIREMENTS	
I3c.	<p>SURVEY ONLY: If a quality of care concern or an outlier is identified related to psychotropic medication use is there evidence that the MHP took appropriate action to address the concern?</p>
<ul style="list-style-type: none"> • <i>CFR, title 42, sections 455.410, 455.412 and 455.440</i> 	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Medication Monitoring (P&P PH-56); Medication Monitoring Work Group Monthly Meeting Minutes; Clinical Practice Guidelines; VCBH QIPP; QI Project Status Update; Foster Youth Psychotropic Medication Monitoring; Access for 0-5; Medication Treatment Agreement; Safe Prescribing handout; Quarterly Report Card correspondence; VCBH Psychotropic Monitoring Youth in Foster Care; QI Project Status Update, Psychotropic Medication for Foster Youth (2016); Quality of Care Committee-Incident Report tracking form samples; QM-Adverse

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Incident Reporting Notification Form; QA Reviews-Tracking spreadsheet; Peer Review and QA for Psychiatrists sample; Psychiatry Outpatient Quality Audit Form sample; and the Foster Youth Cases Referred for Medication Director Review. The documentation provided sufficient evidence of compliance with federal and State requirements. Specifically, these documents were specifically written to address previously identified problems with psychotropic medication prescriptions state and county wide.

SUGGESTED ACTIONS

No further action required at this time.

PROTOCOL REQUIREMENTS	
I10.	Regarding the adoption of practice guidelines:
I10a.	SURVEY ONLY Does the MHP have practice guidelines, which meet the requirements of the MHP contract, in compliance with 42 CFR 438.236 and CCR title 9, section 1810.326 ?
I10b.	SURVEY ONLY Does the MHP disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries?
I10c.	SURVEY ONLY Does the MHP take steps to assure that decisions for utilization management, beneficiary education, coverage of services, and any other areas to which the guidelines apply are consistent with the guidelines adopted?
<ul style="list-style-type: none"> • <i>MHP Contract, Exhibit A, Attachment I</i> • <i>42 CFR 438.236</i> 	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Documentation Training; MHP/Children and Family Services Contract; Safe Prescribing; Sample report card on alprazolam Performance Improvement Project; Clinical Practice Guidelines (Metabolic Monitoring, Benzodiazepine and Z-Drugs, and Clozapine); Provider Manual; Audit forms and meeting minutes; and practice for various medications disseminated to providers and contractors. The documentation provided sufficient evidence of compliance with federal and State requirements. Specifically, the documentation meets requirements of CCR title 9, section 1810.326, the guidelines are dispersed widely, and the MHP assures decision are applied consistent to these guidelines.

SUGGESTED ACTIONS

No further action required at this time.

PROTOCOL REQUIREMENTS	
I11.	Regarding the 1915(b) Special Terms and Conditions (STC)
I11a1	SURVEY ONLY Has the MHP submitted data required for the performance dashboard per the STC requirements of the 1915(b) SMHS waiver?

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I11a3.	SURVEY ONLY Does the MHP's performance data include the performance data of its contracted providers?
I11b.	SURVEY ONLY Does the MHP have a system in place for tracking and measuring timeliness of care, including wait times to assessments and wait time to providers?
<ul style="list-style-type: none">• <i>1915(B) Waiver Special Terms and Conditions</i>	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Access to Services Workgroup Project Charter; Timeliness Self-Assessment (2013/14, 2014/15, & 2015/16); Implementation Plan (page 10); Provider Test Call Procedure Report form and a sample report; Medi-Cal Contractor Manual; Screening, Triage, Assessment and Referral (STAR); and communication with DHCS liaison. The documentation provided sufficient evidence of compliance with federal and State requirements. Specifically the MHP dashboard with performance data has been posted on their web page, the Ventura Self-Assessment of Timely Access (2014/15) is posted including contracted providers and highlights how the county is tracking timeliness, and the MHP has a system in place for tracking timeliness that is reviewed annually.

SUGGESTED ACTIONS

No further action required at this time.