FISCAL YEAR (FY) 2016/2017 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES
NEVADA COUNTY MENTAL HEALTH PLAN REVIEW
June 12-15, 2017
FINDINGS REPORT

This report details the findings from the triennial system review of the **Nevada County** 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 purpose an alternative corrective action plan to DHCS
(5) Description of corrective actions required of the MHP's contracted providers to address findings

Report Contents

RESULTS SUMMARY: SYSTEM REVIEW

SYSTEM REVIEW SECTION	TOTAL ITEMS REVIEWED	SURVEY ONLY ITEMS	TOTAL FINDINGS PARTIAL or OOC	PROTOCOL QUESTIONS OUT-OF-COMPLIANCE (OOC) OR PARTIAL COMPLIANCE	IN COMPLIANCE PERCENTAGE FOR SECTION
ATTESTATION	5	0	0/5	N/A	100%
SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES	14	2	0/14	N/A	100%
SECTION B: ACCESS	48	0	3/48	9a2;9a4;10a	94%
SECTION C: AUTHORIZATION	26	2	2/26	1b;6b	92%
SECTION D: BENEFICIARY PROTECTION	25	0	0/25	N/A	100%
SECTION E: FUNDING, REPORTING & CONTRACTING REQUIREMENTS	**NOT APPLICABLE**				
SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	0/6	N/A	100%
SECTION G: PROVIDER RELATIONS	6	0	0/6	N/A	100%
SECTION H: PROGRAM INTEGRITY	19	4	0/19	N/A	100%
SECTION I: QUALITY IMPROVEMENT	30	8	0/30	N/A	100%
SECTION J: MENTAL HEALTH SERVICES ACT	21	0	0/21	N/A	100%
TOTAL ITEMS REVIEWED	**200**	**16**	**6**		

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	**5**		**OUT OF 200**	
OVERALL PERCENTAGE OF COMPLIANCE	**IN** (# IN/200)	97.5%	**OOC/Partial** (# OOC/200)	2.5%

FINDINGS

ATTESTATION

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

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SECTION B: ACCESS

<table>
<tr><th colspan="3">PROTOCOL REQUIREMENTS</th></tr>
<tr><td>B9a.</td><td colspan="2">Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number:</td></tr>
<tr><td></td><td colspan="2">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?</td></tr>
<tr><td></td><td colspan="2">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?</td></tr>
<tr><td></td><td colspan="2">3) Does the toll-free telephone number provide information to beneficiaries about services needed to treat a beneficiary's urgent condition?</td></tr>
<tr><td></td><td colspan="2">4) Does the toll-free telephone number provide information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes?</td></tr>
<tr><td colspan="2">CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1)
CFR, title 42, section 438.406 (a)(1)</td><td>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</td></tr>
</table>

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 Wednesday, May 3, 2017, at 2:09 p.m. The call was answered after three (3) rings via a live operator. The DHCS test caller asked about how to file a complaint in the county. The operator advised the caller to contact the Patient's Right's Advocate. The caller was placed on hold for one (1) minute and was provided the advocate's telephone number. The caller was given the advocate's name and telephone number for assistance in filing a complaint. The caller asked if he/she could obtain a form to file a complaint at the clinic. The operator stated he/she was unaware of the availability of complaint forms in the clinics. The caller was provided the contact information to the Patients' Rights Advocate that could assist the caller by providing information regarding how to use the beneficiary problem resolution and fair hearing processes. The call is deemed in compliance with the regulatory requirements for protocol question B9a4.

Test Call #2 was placed on Tuesday, May 30, 2017, at 7:41 a.m. The call was answered after one (1) ring via a live operator. The DHCS test caller asked about how to file a complaint in the county. The operator informed the caller that he/she had reached the after-hours line and asked the caller if it was an emergency. The caller replied in the negative and again requested information regarding how to file a complaint. The operator requested that the caller call back during business hours and someone could direct the caller about how to file a complaint. The caller was not provided information about how to use the beneficiary problem resolution and fair process. The call is deemed out of compliance for B9a4.

Test Call #3 was placed on Monday, May 22, 2017 at 9:17 p.m. The call was answered after two (2) rings via a live operator. The DHCS test caller requested information about accessing SMHS in the county. The operator requested the caller's contact information and the caller declined to give contact information. The operator explained the referral process advising the caller that contact information is required to have a counselor call him/her back for screening. The caller advised that he/she would think about it and call back. The operator advised the caller of business hours. The caller also asked if he/she could be seen without a referral and the operator explained that walk-in services were not available. The operator asked if the caller was in crisis and the caller replied in the negative. The caller was not provided information about how to access SMHS and the caller was provided information about services needed to treat a beneficiary's urgent condition. The call is deemed out of compliance with the regulatory requirements for protocol question B9a2. The call is deemed in compliance with the regulatory requirements for protocol question B9a3.

Test Call #4 was placed on Thursday, May 25, 2017, at 7:42 a.m. The call was answered after one (1) ring via a live operator. The DHCS test caller requested information about accessing SMHS in the county. The operator asked the caller if he/she was in crisis and would hurt self or anyone. The caller replied in the negative. The operator asked the caller what medical insurance he/she had and the caller replied Medi-Cal. The operator asked the caller for the name, date of birth and telephone number so that an Access Worker could call the caller back for an assessment. The caller declined call back for assessment. The caller informed the operator that he/she was inquiring about how to access SMHS for future reference. The operator informed the caller that he/she could call the 24/7 toll free number anytime if he/she decides to request services or if he/she needs to talk to someone. The caller was not provided information about how to access SMHS. The caller was provided information about services needed to treat a beneficiary's urgent condition. The call is deemed out of compliance with the regulatory requirements for protocol question B9a2. The call is deemed in compliance with the regulatory requirements for protocol question B9a3.

Test Call #5 was placed on Monday, April 17, 2017 at 7:29 a.m. The call was answered after one (1) ring via a live operator. The DHCS test caller requested information about accessing SMHS in the county. The operator asked the caller if he/she was in crisis and thinking of hurting others or self. The caller replied in the negative. The operator requested contact information from the caller and the caller declined to provide information. The operator explained the referral process. The caller requested information on alternative options to access SMHS. The operator was not sure if calling back during business hours would be helpful to the caller but provided the location and hours of operation for a walk-in Crisis Stabilization Unit. The operator asked a second time about the caller's current condition. The caller was provided information about how to access SMHS and the caller was provided information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

Test Call #6 was placed on Thursday, May 18, 2017, at 10:55 a.m. The call was answered after one (1) ring via a live operator. The DHCS test caller requested information about accessing SMHS in the county. The operator requested the caller's name and contact information. The caller declined to provide contact information. The operator proceeded with the intake process and inquired whether the caller was suicidal and if this was urgent. The caller replied in the negative. The operator explained the intake/screening process and proceeded with the referral process of setting up an appointment. The caller declined the appointment. The operator encouraged the caller to callback with contact information. The caller was not provided information about how to access SMHS and the caller was provided information about services needed to treat a beneficiary's urgent condition. The call is deemed out of compliance with the regulatory requirements for protocol question B9a2. The call is deemed in compliance with the regulatory requirements for protocol question B9a3.

Test Call #7 was placed on Friday, May 26, 2017, at 12:30 p.m. The call was answered after two (2) rings via a live operator. The DHCS test caller requested information about accessing SMHS in the county. The operator asked the caller to provide his/her name and contact information. The operator advised the caller that he/she had reached the crisis line if assistance is needed. The operator explained the referral process per the caller's request. The operator could not provide detailed information for children services but provided the telephone number to children services. The caller was unable to reach children services with the telephone number provided. The caller called back regarding telephone number to children's services. The operator advised the caller to call back in ten minutes to allow the operator time to locate the correct telephone number. The caller was provided information about how to access SMHS and the caller was provided information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

FINDINGS

Test Call Results Summary

Protocol Question	Test Call Findings								Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	#8	
9a-1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**Not Applicable**
9a-2	N/A	N/A	**OOC**	**OOC**	IN	**OOC**	IN	N/A	**40%**
9a-3	N/A	N/A	IN	IN	IN	IN	IN	N/A	**100%**
9a-4	IN	**OOC**	N/A	N/A	N/A	N/A	N/A	N/A	**50%**

Protocol questions B9a-2; B9a-3; and B9a-4 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 will provide information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and how to use the beneficiary problem resolution and fair hearing processes.

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

FINDINGS

The MHP did not furnish evidence its written log(s) of initial requests for SMHS includes requests made by phone, in person, or in writing. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy # 501.1 Access Line and Log and completed Access Logs. The logs made available by the MHP did not include all required elements for calls. The table below details the findings:

Test Call #	Date of Call	Time of Call	Log Results		
			Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
3	5/22/17	9:17 p.m.	OOC	OOC	OOC
4	5/25/17	7:42 a.m.	IN	IN	IN
5	4/17/17	7:29 a.m.	IN	IN	IN
6	5/18/17	10:55 a.m.	IN	IN	IN
7	5/26/17	12:30 p.m.	OOC	OOC	OOC
Compliance Percentage			**60%**	**60%**	**60%**

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 B10a 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) complies with all regulatory requirements.

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SECTION C: AUTHORIZATION

PROTOCOL REQUIREMENTS	
C1.	Regarding the Treatment Authorization Requests (TARs) for hospital services:
C1a.	Are the TARs being approved or denied by licensed mental health or waivered/registered professionals of the beneficiary's MHP in accordance with title 9 regulations?
C1b.	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: 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?
C1c.	Does the MHP approve or deny TARs within 14 calendar days of the receipt of the TAR and in accordance with title 9 regulations?
• *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

DHCS inspected a sample of 128 TARs to verify compliance with regulatory requirements. The TAR sample review findings are detailed below:

PROTOCOL REQUIREMENT		# TARS IN COMPLIANCE	# TARs OOC	COMPLIANCE PERCENTAGE
C1a	TARs approved or denied by licensed mental health or waivered/registered professionals	128	0	100%
C1c	TARs approves or denied within 14 calendar days	128	0	100%

Protocol questions C1a and C1c are deemed in compliance.

The TAR sample included 2 TARs which were denied based on based on criteria for medical necessity or emergency admission.

PROTOCOL REQUIREMENT		# TARS IN COMPLIANCE	# TARs OOC	COMPLIANCE PERCENTAGE
C1b	Adverse decisions based on criteria for medical necessity or emergency admission approved by a physician (or psychologist, per regulations)	126	2	98.5%

These two TARs did not include evidence that adverse decisions based on criteria for medical necessity or emergency admission were reviewed and approved by a physician (or by a psychologist, per regulations). Protocol question C1b is deemed in partial compliance.

PLAN OF CORRECTION

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

PROTOCOL REQUIREMENTS	
C6b.	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?

- *CFR, title 42, sections 438.10(c), 438.400(b) and 438.404(c)(2)*
- *CCR, title 9, chapter 11, sections 1830.205(a),(b)(1),(2),(3), 1850.210 (a)-(j) and 1850.212*
- *DMH Letter No. 05-03*
- *MHP Contract, Exhibit A, Attachment I*
- *CFR, title 42, section 438.206(b)(3)*
- *CCR, title 9, chapter 11, section 1810.405(e)*

FINDING

The MHP did not furnish evidence it provides a written NOA-B to the beneficiary when the MHP denies, modifies, or defers (beyond timeframes) a payment authorization request from a provider for SMHS. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P# 640 - Notices of Action; NOA Templates; and TAR samples. There were two (2) denied TARS based on criteria for medical necessity that did not furnish a NOA-B to the beneficiary. Protocol question C6b 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.

SURVEY ONLY FINDINGS

SECTION A: NETWORK ADEQUACY

PROTOCOL REQUIREMENTS	
A4b.	**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?
• *Katie A Settlement Agreement* • *Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care for Katie A Subclass Members*	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: P&P# 293 – Katie A. Services Overview; P&P# 294 – Katie A. Services Screening and Referral; P&P# 295 – Katie A. Services Intake and Assessment; P&P# 296 – Service Delivery; Katie A. Screening forms; QIC Minutes – Katie A Services and other relevant documents. The MHP is demonstrating that is maintaining and monitoring an appropriate network of providers to meet anticipated needs of children/youth eligible for ICC and IHBS services. The MHP is working in collaboration with Health and Human Services and Child Protective Services to assist in meeting regulatory requirements. The documentation provides sufficient evidence of compliance with federal and State requirements. The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS

No further action required at this time.

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

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: P&P# 293 – Katie A. Services Overview; P&P# 294 – Katie A. Services Screening and Referral; P&P# 295 – Katie A. Services Intake and Assessment; P&P# 296 – Service Delivery; Katie A. Screening forms; and other relevant documents. The MHP utilizes Katie A. Referral and Eligibility Forms; Mental Health Screening Tool and other assessment tools as a mechanism to ensure all children and youth receive an assessment or referral. The documentation provides sufficient evidence of compliance with federal and State requirements.

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?
• *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: P&P# 510.1 – Outpatient Services Authorization Process and P&P# 510 – Outpatient Services Intake and Authorization Process. The MHP demonstrates a process to ensure timely transfer of SMHS for a child who will be placed "out of county" and a tracking mechanism to track the transfer of the authorization and provision of services to another MHP. However, the P&P#: 510.1 – Outpatient Services Authorization Process and P&P# 510 – Outpatient Services Intake and Authorization Process needs to be updated to reflect timely transfer within 48 hours of authorization and provision of SMHS for a child who will be placed "out of county".

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: MHP needs to update P&P# 510.1 – Outpatient Services Authorization Process and P&P# 510 – Outpatient Services Intake and Authorization Process. to reflect timely transfer within 48 hours of authorization and provision of SMHS for a child who will be placed "out of county".

PROTOCOL REQUIREMENTS	
C4e.	**SURVEY ONLY** 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? 2) Does the MHP have a mechanism to track referrals for assessments and authorizations of services for children placed in its county?
• *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: P&P# 510.1 – Outpatient Services Authorization Process and P&P# 510 – Outpatient Services Intake and Authorization Process. The documentation lacks specific elements to demonstrate compliance with federal and State requirements. Specifically, MHP needs to ensure an assessment has been conducted and authorized within four (4) business days of receipt of a referral. The MHP must also demonstrate a mechanism to track referrals for assessments and authorizations of services for children placed in its county.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: The MHP will update P&P# 510.1 – Outpatient Services Authorization Process and P&P# 510 – Outpatient Services Intake and Authorization Process to ensure an assessment has been conducted and authorized within four (4) business days of receipt of a referral. The MHP must also have a mechanism to track referrals for assessments and authorizations of services for children placed in its county.

SECTION H: PROGRAM INTEGRITY

PROTOCOL REQUIREMENTS	
H4b.	**SURVEY ONLY:** Does the MHP require its providers to consent to criminal background checks as a condition of enrollment per 42 CFR 455.434(a)?
• *CFR, title 42, sections 455.101,455.104, and 455.416*	• *MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements*

SURVEY FINDING

There was no evidence submitted to demonstrate the MHP has a process in place to ensure its providers consent to criminal background checks as a condition of enrollment

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: Implement a process that will ensure its providers, county staff and contract providers consent to criminal background checks as a condition of enrollment and add this requirement to its provider contract.

PROTOCOL REQUIREMENTS	
H4c.	**SURVEY ONLY:** Does the MHP require 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)?
• *CFR, title 42, sections 455.101,455.104, and 455.416*	• *MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements*

SURVEY FINDING

There was no evidence submitted to demonstrate the MHP has a process in place to ensure providers, or any person with a 5 percent or more direct or indirect ownership interest in the provider to submit a set of fingerprints.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: Implement a process that ensures providers, or any person with a 5 percent or more direct or indirect ownership interest in the provider to submit a set of fingerprints and add this requirement to the provider contract.

PROTOCOL REQUIREMENTS	
H5a3.	**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?
• 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: P&P# 142 – Verification of Providers and Staff – Exclusion and Status Lists and DHCS reviewed an online screen verification of Death Master File Check. The documentation provides sufficient evidence of compliance with federal and State requirements. The MHP demonstrates a process to verify new and current providers are not in the Social Security Administration's Death Master File.

SUGGESTED ACTIONS

No further action required at this time.

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

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: P&P# 142 – Verification of Providers and Staff – Exclusion and Status List; P&P# 704 – Individual and Org Provider Selection and Certification; and evidence of verification of providers against databases. The documentation provides sufficient evidence of compliance with federal and State requirements. The MHP has a mechanism to verify that all ordering, rendering, and referring providers have a current National Provider (NPI) number.

SUGGESTED ACTIONS

No further action required at this time.

SECTION I: QUALITY IMPROVEMENT

PROTOCOL REQUIREMENTS	
I3b.	**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?
CFR, title 42, sections 455.410, 455.412 and 455.440	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: P&P #240 – Prescribing Psychotropic Meds to children in placement; P&P# 192 – Quality Improvement Program; P&P# 246.1 – Medication Policy; Monitoring Tool; Clinical Chart Review Tool and other relevant documents. The documentation provides sufficient evidence of compliance with federal and State requirements. The MHP has a process to monitor psychotropic medication use, including monitoring psychotropic medication use for children/youth.

SUGGESTED ACTIONS

No further action required at this time.

PROTOCOL REQUIREMENTS	
I3c.	**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?
• *CFR, title 42, sections 455.410, 455.412 and 455.440*	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: P&P #240 – Prescribing Psychotropic Meds to children in placement; P&P# 192 – Quality Improvement Program; P&P# 246.1 – Medication Policy; Monitoring Tool; Clinical Chart Review Tool and other relevant documents. The documentation provides sufficient evidence of compliance with federal and State requirements. The MHP has a process to address a quality of care concern an identified outlier related to psychotropic medication use. MHP monitors charts of providers at greatest risk of misuse over a specific period. There has been 0% of inappropriate prescriptions as reviewed by peer psychiatrist.

SUGGESTED ACTIONS

No further action required at this time.

PROTOCOL REQUIREMENTS	
I10. I10a.	Regarding the adoption of practice guidelines: **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?
• *MHP Contract, Exhibit A, Attachment I* • *42 CFR 438.236*	

SURVEY FINDING

There was no evidence submitted to demonstrate the MHP has practice guidelines.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: Implement practice guidelines; disseminate guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries and ensure guidelines are consistent with Documentation Manual.

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

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: QI Work Plan and Timeliness Data Reports. The documentation provides sufficient evidence of compliance with federal and State requirements. The MHP presented reports demonstrating it has a mechanism for tracking and measuring timeliness of care, including wait times to assessments and wait time to providers.

SUGGESTED ACTIONS

No further action required at this time.