FISCAL YEAR (FY) 2017/2018 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES
COLUSA COUNTY MENTAL HEALTH PLAN REVIEW
January 8, 2018
FINDINGS REPORT

This report details the findings from the triennial system review of the **Colusa County** Mental Health Plan (MHP). The report is organized according to the findings from each section of the FY 2017/2018 Annual Review Protocol for Consolidated Specialty Mental Health Services (SMHS) and Other Funded Services (Mental Health and Substance Use Disorder Services Information Notice No. 17-050), 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 7 "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 and, if appropriate, send an amended 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	PROTOCOL QUESTIONS OUT-OF-COMPLIANCE (OOC) OR PARTIAL COMPLIANCE	IN COMPLIANCE PERCENTAGE FOR SECTION
ATTESTATION	5	0	0/5		100%
SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES	25	3	0/25		100%
SECTION B: ACCESS	54	0	6/54	9a2, 9a3, 9a4, 10b1, 10b2, 10b3	97%
SECTION C: AUTHORIZATION	33	3	0/33		100%
SECTION D: BENEFICIARY PROTECTION	29	0	0/29		100%
SECTION E: FUNDING, REPORTING & CONTRACTING REQUIREMENTS	1	0	0/1		100%
SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	0/6		100%
SECTION G: PROVIDER RELATIONS	11	0	1/11	G2b	100%
SECTION H: PROGRAM INTEGRITY	26	1	0/26		100%
SECTION I: QUALITY IMPROVEMENT	34	0	0/34		100%
SECTION J: MENTAL HEALTH SERVICES ACT	21	0	0/21		100%
TOTAL ITEMS REVIEWED	**245**	**7**	**6**	98%	

Overall System Review Compliance

Total Number of Requirements Reviewed	245 (with 5 Attestation items)			
Total Number of SURVEY ONLY Requirements	7 (NOT INCLUDED IN CALCULATIONS)			
Total Number of Requirements Partial or OOC	**7**		**OUT OF 245**	
OVERALL PERCENTAGE OF COMPLIANCE	**IN** (# IN/245)	100%	**OOC/Partial** (# OOC/245)	98%

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

The DHCS review team made seven (7) calls to test the MHP's 24/7 toll-free line. The seven (6) test calls are summarized below:

Test Call #1 was placed on November 21, 2017, at 2:53 p.m. The call was initially answered after two (2) rings via a live operator. The caller requested information about accessing mental health services in the county. The operator asked the caller what type of services are needed and if the caller lived in the County. The caller responded that they live in the County and they

do not know what type of services they needed, but explained how they were feeling. The operator asked the caller what type of insurance they had, then placed the caller on hold; after returning the operator again asked the caller for their insurance. The caller stated Medi-Cal. The operator asked for the number in order to make an appointment. The caller informed the operator they did not want to make an appointment but were requesting information on how to access services. This process was repeated several times where the operator informed the caller to look for their insurance number. The caller ceased the call. No additional information about SMHS was provided to the caller. 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 out of compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

Test Call #2 was placed on November 28, 2017, at 7:46 a.m. The call was initially answered after one (1) ring via a phone tree directing the caller to select a language option, which included the MHP's threshold languages. After selecting the option for English, the DHCS test caller heard a live voice state: Behavioral health access line, this is Jack. The caller requested information about accessing mental health services in the county. The operator then asked if the caller if they were in crisis or danger to oneself? The caller stated in the negative. The operator then provided information on accessing services, hours of operations, and walk-in services for same day treatment, in addition to what to bring. The caller was 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 in compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

Test Call #3 was placed on December 5, 2017, at 2:59 p.m. The call was initially answered after one (1) ring by a live operator. The caller requested information about accessing mental health services for depression. The operator asked the caller to provide their name and contact information and advised the caller they were not in the county system. The operator referred the caller to contact the Health and Human Services Welfare Department at 530-458-0250 to determine Medi-Cal eligibility. The operator also advised the caller to call back to schedule an appointment for intake and informed the caller that this is a 24/7 crisis line and to call back if needed, but did not ask the caller if they were in crisis, nor did the operator provide any additional information. 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 out of compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

Test call #4 was placed on Sunday, December 10, 2017, at 9:07 p.m. The call was immediately answered via a phone tree. The phone tree provided options to conduct call in a language other than English obtain information about how to access SMHS, treat urgent condition and obtain information about the MHP's Problem Resolution Process. The DHCS test caller pressed option "0" and was connected with an operator after two (2) rings. The

caller requested information about accessing SMHS in the county. The operator requested the caller's name and asked the caller if he/she felt suicidal. The caller replied in the negative. The operator suggested the caller attend grief counseling and provided caller with information regarding the Intake and Assessment Processes. The operator provided the caller with the address and hours of operation. The operator advised the caller of the walk-in process but advised if possible to call first to expedite intake process. The MHP provided a statewide, toll-free telephone number 24/7 with language option other than English. The caller was provided information about how to access SMHS and the caller 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 B9a1, B9a2 and B9a3.

Test call #5 was placed on December 18, 2017, at 10:23 a.m. The call was initially answered after two (2) rings via a live operator. The caller requested information about filing a grievance in the county. The operator instructed the caller that the grievance forms are in the lobby for pickup. No additional information about SMHS was provided to the caller. The call is deemed out of compliance with the regulatory requirements for protocol questions B9a4.

Test Call #6 was placed on November 28, 2017, at 7:38 a.m. The call was answered after two (2) rings via a phone tree informing the caller that they had reached the afterhours access line and if the caller needed to speak with someone immediately; needed information about how to access SMHS services; services needed to treat an urgent condition, or if the caller needed information about the problem resolution/fair hearing process to press 0. If the caller did not need any of these services, they could press 1 for English or 2 for Spanish. The caller waited and the information was repeated in Spanish. The caller then pressed 0 at which time another message stated that the caller had reached the afterhours office, no operator was on duty, and that the caller could leave a message by answering the following questions. Whom is the caller trying to reach, name of caller, number for call back, nature of call, and leave any additional information necessary? The message was then ended by stating: Thank you and I will make sure the message is delivered. No additional information about SMHS was provided to the caller. 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 out of compliance with the regulatory requirements for protocol question B9a4.

Test Call #7 was placed on December 19, 2017, at 8:46 a.m. The call was initially answered after two (2) rings via a live operator. The caller requested information about accessing mental health services in the county regarding their son who was having issues at school and home; and was referred by their son's doctor. The operator asked the caller to provide son's age and if the child had Medi-Cal insurance. The caller provided the age of ten and stated yes for Medi-Cal insurance. Operator informed the caller that they could bring their son in anytime for walk-in services and schedule an appointment at that time. In addition, that primarily, services for youth are on Tuesdays from 1-3 p.m. The operator indicated the caller should bring their son's Medi-Cal I.D. The operator also provided information regarding the 24/7 crisis line and indicated that if the caller needed immediate assistance for their son they could call the toll free number at any time. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, the caller was

also 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	
9a-1	IN	IN	IN	IN	IN	IN	IN	**100%**
9a-2	OUT	IN	OUT	IN	N/A	N/A	IN	**60%**
9a-3	OUT	IN	OUT	IN	N/A	N/A	IN	**60%**
9a-4	N/A	N/A	N/A	N/A	OUT	OUT	N/A	**0%**

In addition to conducting the seven (7) test calls, DHCS reviewed the following documentation presented by the MHP as evidence of compliance: 24/7 Access line Policy and Procedure, Policy 353.01P Responding to the statewide, toll-free telephone number during non-business hours and days, Contract C13-087 between Colusa County and Auburn Counseling Services, test call scenarios, Written Log of Initial Request 596, Dated 4/2016, Test Call Guidelines, Initial Access, Urgent Services, Grievances & Appeals, Night Watch Script, Test Call Results Worksheet, Test Call Quarterly Update Report Form, and Test Call 24/7/ July – Sept 2017. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the access line regarding the 24/7 line provision of information on how to access SMHS and how a beneficiary may file a grievance with the MHP or how to receive the grievance forms, i.e., location, mail or internet was not provided.

Protocol question(s) B9a2 and B9a3 is deemed in partial compliance and B94a 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 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 file a grievance and how to receive the grievance forms, i.e., location, mail, or internet.

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 596, Written log of Initial Requests and two (2) samples of the log dated October and November 2017. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, for two (2) of the five (5) test calls the date, name of beneficiary, and disposition were not documented.

In addition, 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
1	11/21/17	2:53 p.m.	OOC	OOC	OOC
2	11/28/17	7:46 a.m.	IN	IN	IN
3	12/5/17	2:49 p.m.	IN	IN	IN
4	12/10/17	9:07 p.m.	OOC	OOC	OOC
7	12/19/17	8:46 a.m.	IN	IN	IN
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(s) 10b1, 10b2, and 10b3 are deemed OOC.

PLAN OF CORRECTION:

The MHP will submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that 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 G: PROVIDER RELATIONS

PROTOCOL REQUIREMENTS	
G2.	Regarding the MHP's ongoing monitoring of county-owned and operated and contracted organizational providers:

G2a.	Does the MHP have an ongoing monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified as per title 9 regulations?
G2b.	Is there evidence the MHP's monitoring system is effective?
• *CCR, title 9, chapter 11, section 1810.435* • *MHP Contract, Exhibit A, Attachment I (d)I*	

FINDINGS

The MHP did not furnish evidence it has an ongoing and effective monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified per title 9 regulations. DHCS reviewed its Online Provider System (OPS) and generated an Overdue Provider Report which indicated the MHP has providers overdue for certification and/or re-certification. The table below summarizes the report findings:

TOTAL ACTIVE PROVIDERS (per OPS)	NUMBER OF OVERDUE PROVIDERS (at the time of the Review)	COMPLIANCE PERCENTAGE
3	1	67%

Protocol question G2b 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 has an ongoing and effective monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified per title 9 regulations.

SURVEY ONLY FINDINGS

SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES

PROTOCOL REQUIREMENTS	
A6. A6a.	Regarding therapeutic foster care service model services (referred to hereafter as "TFC"): **SURVEY ONLY** 1) Does the MHP have a mechanism in place for providing medically necessary TFC services, either by contracting with a TFC agency or establishing a county owned and operated TFC agency?

	2) If the MHP does not have a mechanism in place to provide TFC, has the MHP taken steps to ensure that TFC will be available to children/youth who require this service, either through contracting with a TFC agency or establishing a county owned and operated TFC Agency?
• *State Plan Amendment 09-004* • *MHSUDS Information Notice No. 17-009* • *MHSUDS Information Notice No. 17-021*	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Policy: Therapeutic Foster Care Services (TFC), dated 10/23/18. CCDBH goal is to work closely with the TFC agency and TFC families to place children and youth who are assessed as needing TFC into TFC homes within the County and TFC homes located outside of the County that the County may contract with. Currently, the TFC service model allows for the provision of short-term, intensive, highly coordinated, trauma-informed and individualized specialty mental health services activities (plan development, rehabilitation and collateral) to children and youth up to age 21 who have complex emotional behavioral needs and who are placed with trained, intensely supervised, and supported TFC parents.

No further action required at this time.

PROTOCOL REQUIREMENTS	
A7.	Regarding Continuum of Care Reform (CCR**):**
A7a.	**SURVEY ONLY** Does the MHP maintain an appropriate network of Short Term Residential Therapeutic Programs (STRTPs) for children/youth who have been determined to meet STRTP placement criteria?
• *Welfare and Institutions Code 4096,5600.3(a)*	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Policy: Short Term Residential Therapeutic Program (STRTP), dated 10/23/17. CCDBH goal is to work closely with the Child Protective Services and the Foster Family Agencies to identify children who meet STRTP placement criteria and are placed in STRTP. All children and youth who meet STRTP placement criteria who are residing in the County shall be placed in any STRTP that becomes available in the County or in an out-of-County STRTP that the County may contract with.

No further action required at this time.

SECTION C: COVERAGE AND AUTHORIZATION

PROTOCOL REQUIREMENTS	
C4d.	Regarding presumptive transfer: **SURVEY ONLY:** 1) Does the MHP have a mechanism to ensure timely provision of mental health services to foster children upon presumptive transfer to the MHP from the MHP in the county of original jurisdiction?
	SURVEY ONLY: 2) Has the MHP identified a single point of contact or unit with a dedicated phone number and/or email address for the purpose of presumptive transfer?
	SURVEY ONLY: 3) Has the MHP posted the contact information to its public website to ensure timely communication?
• *Welfare and Institutions Code 4096,5600.3(a)*	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Policy: Presumptive Transfer, Dated, 10/23/17. CCDBH shall provide SMHS to foster children upon presumptive transfer to the County from the Mental Health Provider in the County of original jurisdiction without any delay in timeliness. Upon presumptive transfer, the Mental Health Provider in the county in which the foster child resides shall assume responsibility for the authorization and provision of SMHS, and the payment of services based on the W&I Code 14717.1, subdivision (f).

No further action required at this time.

PROTOCOL REQUIREMENTS	
H2k.	Does the MHP have a provision for prompt reporting of all overpayments identified or recovered, specifying the overpayments due to potential fraud, waste and abuse?
• *CFR, title 42, sections 438.10, 438.604, 438.606, 438.608 and 438.610* • *MHP Contract, Exhibit A, Attachment I*	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Policy: Reporting Requirements for Medi-Cal Specialty Mental Health Services due to Overpayments, Beneficiary Eligibility and Provider Eligibility and the Client Services Report for Fiscal Years 16/17 & 17/18, dated 1/4/18. CCDBH procedure establishes reporting of all overpayments identified or recovered, specifying the overpayments due to potential fraud, waste and abuse; and procedure for notification to the State when it receives information about changes in a beneficiary's eligibility, or changes in a network provider's eligibility, including termination of the provider agreement with CCDBH.

No further action required at this time.