FISCAL YEAR (FY) 2017/2018 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES
MODOC COUNTY MENTAL HEALTH PLAN REVIEW
June 4, 2018
FINDINGS REPORT

This report details the findings from the triennial system review of the **Modoc 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

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RESULTS SUMMARY: SYSTEM REVIEW

SYSTEM REVIEW SECTION	TOTAL ITEMS REVIEWED	SURVEY ONLY ITEMS	TOTAL FINDINGS PARTIAL or OOC	PROTOCOL QUESTIONS OUT-OF-COMPLIANCE (OOC) OR PARTIAL COMPLIANCE	IN COMPLIANCE PERCENTAGE FOR SECTION
ATTESTATION	5	0	0/5		100%
SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES	25	3	0/25		100%
SECTION B: ACCESS	54	0	5/54	B2b8, B5e1, B9a2, B9a3, B10a	91%
SECTION C: AUTHORIZATION	33	3	6/33	C1a, C1b, C2c, C2d, C3a1, C6b4	82%
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	0/11		100%
SECTION H: PROGRAM INTEGRITY	24	1	0/24		100%
SECTION I: QUALITY IMPROVEMENT	34	0	0/34		100%
SECTION J: MENTAL HEALTH SERVICES ACT	21	0	0/21		100%

TOTAL ITEMS REVIEWED	**243**	**7**	**11**	

Overall System Review Compliance

Total Number of Requirements Reviewed	243 (with 5 Attestation items)			
Total Number of SURVEY ONLY Requirements	7 (NOT INCLUDED IN CALCULATIONS)			
Total Number of Requirements Partial or OOC	**11**		**OUT OF 243**	
OVERALL PERCENTAGE OF COMPLIANCE	**IN** (# IN/245)	95%	**OOC/Partial** (# OOC/245)	2%

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	
B2b.	Does the MHP provider directory contain the following required elements: 1) Names of provider(s), as well as any group affiliation?
	2) Street address(es)?
	3) Telephone number(s)?
	4) Website URL, as appropriate?
	5) Specialty, as appropriate?
	6) Whether the provider will accept new beneficiaries?
	7) The provider's cultural and linguistic capabilities, including languages (including ASL) offered by the provider or a skilled interpreter?
	8) Whether the provider has completed cultural competence training?
	9) Whether the provider's office/facility has accommodations for people with physical disabilities, including offices, exam rooms, and equipment?
• *CFR, title 42, section 438.10(f)(6)(i)and 438.206(a)* • *CCR, title 9, chapter 11, section 1810.410* • *CMS/DHCS, section 1915(b) Waiver*	• *DMH Information Notice Nos. 10-02 and 10-17* • *MHP Contract*

FINDINGS

The MHP did not furnish evidence the MHP's provider directory contain whether the provider has completed cultural competence training. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Provider Directory. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the provider directory did not indicate whether the provider completed cultural competence training. Protocol question B2b8 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 the MHP's provider directory must contain whether the provider has completed cultural competence training.

PROTOCOL REQUIREMENTS	
B5e.	Does the MHP ensure its written materials comply with the following: 1) Use easily understood language and format (i.e., 6th grade reading level)?
	2) Use a font size no small than 12 point?
• *CFR, title 42, section 438.10(d)(i),(ii)* • *CCR, title 9, chapter 11, sections 1810.110(a) and 1810.410(e)(4)*	• *CFR, title 42, section 438.10(d)(2)* • *MHP Contract, Exhibit A, Attachment I*

FINDINGS

The MHP did not furnish evidence it ensures its written materials comply with easily understood language and format (i.e., 6th grade reading level). DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy 001-Availability of Written Materials in English and Spanish, Policy 074-Information for Visual or Hearing Imparied. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, Idea Consulting rated its informing materials at a 9th grade level. Protocol question B5e1 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 ensure its written materials comply with easily understood language and format (i.e., 6th grade reading level).

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 (7) test calls are summarized below:

Test Call #1 was placed on Tuesday, March 27, 2018, at 10:28 p.m. The call was answered after three (3) rings via a live operator. The caller requested information about accessing mental health services in the county. The operator asked the caller to provide his/her name. The operator advised the intake and assessment process and availability of appointment and crisis services without specific address/phone number/or non-crisis walk-in service information. No additional information about SMHS was provided to the caller. The caller was not provided enough information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about how to treat an urgent condition. The call is deemed **OOC** with the regulatory requirements for protocol question B9a2 and the call is deemed **In compliance** with the regulatory requirements for protocol question B9a3.

Test Call #2 was placed on Friday, April 13, 2018, at 7:27 am. The call was answered after two (2) rings via live operator. The operator stated that he/she was a trained counselor and asked the caller's name, DOB, and phone number. The caller provided a name, DOB and a number. The operator asked how he/she could assist the caller. The caller stated his/her situation. The operator responded that he/she was sorry that the caller was feeling depressed. The operator stated that he/she could take a message for the daytime staff and they would call the caller back and then do an assessment. The operator then asked if the caller would mind if they called him/her back. The caller responded that since he/she was using a friend's phone it would be better that he/she called the office back. The operator responded that the office was closed today but the caller could call back on Monday at 8 a.m. The caller thanked the operator and responded that he/she would call back on Monday. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, the caller was provided information about services needed to treat a beneficiary's urgent condition. The call is deemed **OOC** with the regulatory requirements for protocol questions B9a2 and B9a3.

Test Call #3 was placed on Tuesday, May 7, 2018, at 12:09 pm. The call was answered after one (1) ring via a live operator. The caller asked what are the steps are to fill a prescription being new to the County. The caller mentioned that he/she just moved to Modoc from Trinity County and has yet to see a doctor. The operator stated that the caller needs to come in for an assessment and to schedule an appointment with a clinician. The operator stated that the

soonest an appointment could be made is a month out. The operator then mentioned that he/she could take down the caller's name and number and he/she would have a nurse call the caller back. The operator mentioned that all clinicians were in a meeting. The operator mentioned that the MHP wouldn't be able to refill a prescription since caller is not in their system and they wouldn't be able to accept a prescription from another County. The operator informed the caller that he/she would have to come in and see a TeleMed doctor to find out what treatment would be best. The operator then asked the caller if he/she has contacted their old doctor to see about the refill. The caller informed the operator that he/she is new to the county and has not yet reached out to his/her old doctor about the refill. The caller asked if the MHP had multiple locations, maybe to be seen a little sooner. The operator answered no, just one location located in Alturas. The operator recommended that the caller contact his/her old doctor first about refill and if nothing happens then to come on in, but in the meanwhile the operator mentioned he/she will talk to nurse about options. The caller agreed to call his/her old doctor and that he/she would call the MHP back if he/she wouldn't be able to obtain a prescription. The operator then closed with call back if you have any further questions or need help. The call is deemed **In Compliance** with regulatory requirements for protocol questions B9a2 and **OOC** with protocol question B9a3.

Test Call #4 was placed on Thursday, May 10, 2018, at 8:16 am. The call was answered after two (2) rings via a live operator. The caller indicated that they were calling regarding their son who was having issues at school and at home. The caller indicated they were worried about son's behavior and was referred to mental health services by the son's doctor. The operator asked for son's age, called replied 13 years of old. The operator asked the caller if he would like to make an appointment to see a clinician. The caller indicated he would rather just bring son in to see someone instead of making an appointment. The operator indicated the caller could bring son in for services and then asked the caller to hold for one moment. The call was placed on hold. Upon the operator returning to the call, it appeared to be a different operator; The operator asked the caller how he/she could be assisted. The caller repeated the original request for services and the operator indicated they could schedule an appointment to bring son in and informed the caller that appointments to see a clinician were several weeks out. The caller indicated that he wanted to bring in son. The operator confirmed they could bring son in for a mental health assessment or bring him in if we felt he was in a crisis. The operator indicated we could bring him for an assessment and then they would schedule an appointment. The caller confirmed that bringing their son in would be the best method for them. The operator said "ok" and the call was disconnected. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met and the caller was not provided information about how to treat an urgent condition. The call is deemed **OOC** with the regulatory requirements for protocol questions B9a2 and B9a3.

Test Call #5 was placed on Monday, May 21, 2018 at 12:30 pm. The call was answered after one (1) ring via a live operator. The operator asked the caller for his/her name and asked where the caller lived, the caller stated her name and he/she lives in Alturas by Main Street. The Operator asked if the caller needed to speak with someone right away. The caller stated yes she was feeling depressed and overwhelmed and would like to speak with someone in person right away. The operator asked the caller to go to 441 North Main Street, where the

clinic is to talk with a live person who will schedule an appointment as needed. The operator explained that the clinic is open until 6 pm tonight. The caller thanked the operator and hung up. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met and the caller was provided information about how to treat an urgent condition. The call is deemed **In Compliance** with the regulatory requirements for protocol questions B9a2 and B9a3.

Test Call #6 was placed on Tuesday, March 27, 2018, at 10:55 p.m. The call was answered immediately via a live operator. The DHCS test caller requested information about filing a complaint in the county. The caller advised the operator that the complaint was a sensitive issue and that he/she wanted to remain anonymous. The operator explained the complaint process to the caller including information regarding the grievance advocate. The operator advised the caller that complaint forms are available in the lobby of the clinic and can be completed and submitted without the MHP's assistance. The operator also advised the caller that remaining anonymous may not be always be applicable depending on complaint. The operator verified that the caller was aware of location and hours of operation of the MHP. The caller was provided information about how to use the beneficiary resolution and fair hearing process. The call is deemed **In Compliance** with the regulatory requirements for protocol question B9a4.

Test Call #7 was placed on Friday, May 4, 2018, at 7:17 am. The call was answered after one (1) ring via live operator. The caller requested information about how to file a complaint. The operator asked the caller for his/her name, DOB, and if he/she had Medi-Cal. The caller provided the requested information. The operator then asked if the caller was feeling suicidal. The caller replied in the negative. The operator provided several options on how to file a grievance. The operator asked if the caller would like someone from the QI team call the caller back. The caller replied in the negative and informed the operator that he/she will make a decision on a later time. The caller thanked the operator and ceased the call. The caller was provided information about how to use the beneficiary problem resolution process. The call is deemed **In 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	
9a-1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**
9a-2	OOC	OOC	IN	OOC	IN	N/A	N/A	**40%**
9a-3	IN	OOC	OOC	OOC	IN	N/A	N/A	**40%**
9a-4	N/A	N/A	N/A	N/A	N/A	IN	IN	**100%**

In addition to conducting the seven (7) test calls, DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy 163-Access Line and Log and Beneficiary Booklet. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, three of the five

calls did not provide information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met and three of the five calls did not provide information about services needed to treat an urgent condition. Protocol question(s) B9a2 and B9a3 are deemed in partial compliance.

PLAN OF CORRECTION

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

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 163-Access Line and Log the MHP written log. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, there is insufficient evidence the MHP logs requests made as two of the five test calls were not logged.

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	3/27/18	10:28 am	IN	IN	IN
2	4/13/18	7::27 am	IN	IN	IN
3	5/7/18	12:09 pm	OOC	OOC	OOC
4	5/10/18	8:16 am	OOC	OOC	OOC
5	5/21/18	12:38 pm	IN	IN	IN
Compliance Percentage			**%**	**%**	**%**

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: COVERAGE AND 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.	Does the MHP approve or deny TARs within 14 calendar days of the receipt of the TAR and in accordance with title 9 regulations?
C1c.	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?
• *CCR, title 9, chapter 11, sections 1810.242, 1820.220(c),(d), 1820.220 (f), 1820.220 (h), and 1820.215.*	• *CFR, title 42, section 438.210(d)*

FINDINGS
The MHP did not furnish evidence it complies with regulatory requirements regarding Treatment Authorization Requests (TARs) for hospital services. DHCS inspected a sample of 33 TARs to verify compliance with regulatory requirements. The TAR sample review findings are detailed below:

PROTOCOL REQUIREMENT		# TARS IN COMPLIANCE	# TARs OOC	COMPLIANCE PERCENTAGE
C1 a	TARs approved or denied by licensed mental health or waivered/registered professionals	33	1	97%
C1 b	TARs approved or denied within 14 calendar days	33	1	97%

Protocol question(s) C1a and C1b 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 complies with regulatory requirements regarding Treatment Authorization Requests (TARs) for hospital services.

PROTOCOL REQUIREMENTS	
C2.	Regarding Standard Authorization Requests for non-hospital SMHS:
C2a.	Does the MHP have written policies and procedures for initial and continuing authorizations of SMHS as a condition of reimbursement?
C2b.	Are payment authorization requests being approved or denied by licensed mental health professionals or waivered/registered professionals of the beneficiary's MHP?
C2c.	For standard authorization decisions, does the MHP make an authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and within 14 calendar days following receipt of the request for service with a possible extension of up to 14 additional days?
C2d.	For expedited authorization decisions, does the MHP make an expedited authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and within 72 hours following receipt of the request for service or, when applicable, within 14 calendar days of an extension?
• *CFR, title 42, section 438.210(b)(3)* • *CFR, title 42, section 438.210(d)(1),(2)*	• *CCR, title 9, chapter 11, sections 1810.253, 1830.220, 1810.365, and 1830.215 (a-g)*

FINDINGS

The MHP did not furnish evidence it complies with regulatory requirements regarding standard authorization requests (SARs) for non-hospital SMHS services. DHCS reviewed the MHP's authorization policy and procedure: Policy 110-Therapeutic Behavioral Services (TBS). However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the policy did not document expedited authorization decisions are to be made within 72 hours following receipt of the SAR or, when applicable within 14 calendar days of an extension. In addition, DHCS inspected a sample of 20 SARs to verify compliance with regulatory requirements. The SAR sample review findings are detailed below:

PROTOCOL REQUIREMENT		# SARS IN COMPLIANCE	# SARs OOC	COMPLIANCE PERCENTAGE
C2 b	SARs approved or denied by licensed mental health professionals or waivered/registered professionals	20	0	100%
C2c	MHP makes authorization decisions and provides notice within 14 calendar days	20	1	95%

C2 d	MHP makes expedited authorization decisions and provide notice within 72 hours following receipt of the request for service or, when applicable within 14 calendar days of an extension.	N/A	N/A	N/A

Protocol question C2c is deemed in partial compliance and C5d 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 complies with regulatory requirements regarding SARs for non-hospital SMHS services.

PROTOCOL REQUIREMENTS	
C3.	Regarding payment authorization for Day Treatment Intensive and Day Rehabilitation Services:
C3a.	The MHP requires providers to request advance payment authorization for Day Treatment Authorization and Day Rehabilitation in accordance with MHP Contract:
	1) In advance of service delivery when services will be provided for more than 5 days per week.
	2) At least every 3 months for continuation of Day Treatment Intensive.
	3) At least every 6 months for continuation of Day Rehabilitation.
	4) The MHP requires providers to request authorization for mental health services provided concurrently with day treatment intensive and day rehabilitation, excluding services to treat emergency and urgent conditions.
• *CCR, title 9, chapter 11, sections 1830.215 (e) and 1840.318.* • *DMH Information Notice 02-06, Enclosures, Pages 1-5* • *DMH Letter No. 03-03*	

FINDINGS

The MHP did not furnish evidence it requires providers to request advance payment authorization for Day Treatment Authorization (DTI) and Day Rehabilitation (DR). DHCS reviewed the MHP's authorization policy and procedure: Policy 144-Mental Health Day Treatment Intensive and Policy 145 Mental Health Day Rehabilitation. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the policy did not document "In advance of service delivery when services will be provided for more than 5 days per week".

Protocol question C3a1 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

requires providers to request advance payment authorization for DTI and DR. Specifically, In advance of service delivery when services will be provided for more than 5 days per week.

PROTOCOL REQUIREMENTS	
C6b.	Does the MHP provide a beneficiary with a NOABD under the following circumstances: 1) The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit?
	2) The reduction, suspension, or termination of a previously authorized service?
	3) The denial, in whole or in part, of a payment for service?
	4) The failure to provide services in a timely manner?
	5) The failure to act within timeframes provided in 42 C.F.R. §438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals?
	6) The denial of a beneficiary's request to dispute financial liability, including cost sharing and other beneficiary financial liabilities.

- *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)*

FINDINGS

The MHP did not furnish evidence it provides a written NOABD (NOABD-7) to the beneficiary when failure to provide services in a timely manner. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy 106-Notice of Adverse Benefit Determination (NOABD) and 33 TAR samples. The MHP could not provide a NOABD (NOABD-7) for the one sample TAR that services was not provided in a timely manner. Protocol question C6b4 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 provides a written NOABD to the beneficiary when services are not provided in a timely manner.

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: Memorandum of Understanding between Modoc Foster Family Agency and Modoc County Behavioral Health, CFT Attendance sheet, Meeting Minutes, Sign-In sheets.

SUGGESTED ACTIONS
No further action required at this time.

PROTOCOL REQUIREMENTS	
A7. A7a.	Regarding Continuum of Care Reform (CCR**):** **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: Report/Recommendation to the Board of Supervisors, and SARs.

SUGGESTED ACTIONS
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: Report/Recommendation to the Board of Supervisors.

SUGGESTED ACTIONS
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 155-Standards for Risk Areas and Potential Violations, and Policy 152 Compliance Auditing and Monitoring Activities, and Compliance Plan.

SUGGESTED ACTIONS
No further action required at this time.