

**FISCAL YEAR (FY) 2017/2018 ANNUAL REVIEW OF SPECIALTY MENTAL HEALTH SERVICES
AND OTHER FUNDED SERVICES
MONTEREY COUNTY MENTAL HEALTH PLAN REVIEW
October 30 – November 2 2017
FINDINGS REPORT**

This report details the findings from the triennial system review of the Monterey 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. 17-040), 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 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

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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	1/25	A1	96%
SECTION B: ACCESS	54	1	10/54	B2b8, B9a2, B9a4, B10b1, B10b2, B10b3, B11, B12c, B13a1, B13a2	82%
SECTION C: AUTHORIZATION	33	3	6/33	C1a, C1b, C1c, C2b, C2c, C3a2	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	1	1/11	G3b	91%
SECTION H: PROGRAM INTEGRITY	26	0	0/26		100%
SECTION I: QUALITY IMPROVEMENT	34	0	0/34		100%
SECTION J: MENTAL HEALTH SERVICES ACT	21	0	1/21	J4b3	96%

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TOTAL ITEMS REVIEWED	245	8	19	
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Overall System Review Compliance

Total Number of Requirements Reviewed	245 (with 5 Attestation items)			
Total Number of SURVEY ONLY Requirements	8 (NOT INCLUDED IN CALCULATIONS)			
Total Number of Requirements Partial or OOC	19		OUT OF 244	
OVERALL PERCENTAGE OF COMPLIANCE	IN	93%	OOO/Partial	7%
	(# IN/246)		(# OOO/246)	

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 A: NETWORK ADEQUACY AND ARRAY OF SERVICES

PROTOCOL REQUIREMENTS	
A1.	Does the MHP have a current Implementation Plan which meets title 9 requirements?
	<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.310

FINDING

The MHP did not furnish evidence it has a current Implementation Plan which meets title 9 requirements. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Phase 2 Mental Health Implementation Plan changes dated 6-9-97. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP does not have a current Implementation Plan. Protocol question A1 is deemed OOC.

PLAN OF CORRECTION

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

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SECTION B: ACCESS

PROTOCOL REQUIREMENTS	
B2.	Regarding the provider directory:
B2a.	Does the MHP provide beneficiaries with a current provider directory upon request and when first receiving a SMHS?
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 (s)?
	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?
	<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.10(f)(6)(i) and 438.206(a)</i> • <i>CCR, title 9, chapter 11, section 1810.410</i> • <i>CMS/DHCS, section 1915(b) Waiver</i> • <i>DMH Information Notice Nos. 10-02 and 10-17</i> • <i>MHP Contract</i>

FINDINGS

The MHP's provider directory did not indicate whether the provider has completed cultural competence training. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Provider Directory dated 9-3-17. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the Provider Directory did not identify whether the providers had completed cultural competence training. Protocol question B2b 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 includes whether the provider has completed cultural competence training,

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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?
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1) • CFR, title 42, section 438.406 (a)(1) 	<ul style="list-style-type: none"> • DMH Information Notice No. 10-02, Enclosure, Page 21, and DMH Information Notice No. 10-17, Enclosure, Page 16 • MHP Contract, Exhibit A, Attachment I

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

Test Call #1 was placed on September 14, 2017, at 10:50 p.m. The call was answered after one (1) ring via a live operator. The caller requested information about accessing SMHS in the county. The operator offered the caller the option of initiating the screening process and having a clinician call him/her back or go to the MHP for walk-in services. The caller opted to use the walk-in services. The operator requested information regarding caller's residency. The operator provided the caller with the address and telephone number of the MHP. The operator explained the screening process including walk-in services. The operator assessed the caller for urgent condition by asking if he/she was suicidal. The operator advised the caller of the 24/7 access line. The operator additionally offered the caller information regarding grief services. 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 #2 was placed on September 18, 2017, at 7:33 a.m. The call was answered after one (1) ring via a live operator. The operator provided his/her name and requested the caller's name and DOB. The caller provided his/her name and DOB. The operator asked the caller if he/she was feeling suicidal or in crisis. The caller replied in the negative. The caller then stated that he/she wanted to file a complaint regarding his/her counselor. The operator responded that the county has a formal grievance process and would like to provide the steps to the caller. The operator stated that the caller could walk in and file the grievance or could call back after 8 a.m. and additional assistance would be provided. If the caller decided to call back he/she could speak with a Quality Improvement team member. All the grievance forms are located in the lobby of the clinics. The operator provided the address of the clinic located at 200 Broadway

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suite 88 in Kings City 93930. The operator also asked if the caller would like to provide his/her phone number and the operator could have the daytime staff call the caller back. The caller declined to provide his/her number. The caller thanked the operator and ended the call. The caller was provided information about services needed to treat a beneficiary's urgent condition. 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 questions B9a3 and B9a4.

Test Call #3 was placed on September 29, 2017, at 7:27a.m. The call was answered immediately with, "One minute please," then immediately answered by an operator. The caller requested information to file a complaint with the MHP. The operator requested the caller's name, a description of the complaint, and a call back number. The caller declined to provide the nature of the complaint or a call back number. After consultation with colleagues, the operator acknowledged the caller's right to file a complaint but asked for information in order to log the reason for the complaint for the day staff. The caller declined to provide the information. The operator asked about the caller's current needs and if he/she had any suicidal ideations. The caller replied in the negative. The operator stated he/she would leave a message for the day staff about the call. No further information about how to file a grievance with the MHP was provided. The caller was provided information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with regulatory requirements for protocol question B9a3. The caller was not provided information about how to use the beneficiary problem resolution process. The call is deemed out of compliance with the regulatory requirements for protocol questions B9a4.

Test Call #4 was placed on October 9, 2017, at 7:28 a.m. The call was answered after one (1) ring via a live operator. The caller requested information about accessing services in the county. The operator asked the caller if he/she needed to speak to a therapist. The caller replied in the negative. The operator informed the caller that the office is closed and asked the caller for some information to have someone call back to arrange for services or intake. The caller stated that he/she is just wanting some information on how to obtain services. The operator informed the caller that he/she could call back or walk into any of the clinics located in Salinas and King City. The operator asked if the caller was "doing ok". The caller replied "yes, I'm doing ok". The caller thanked the operator and ceased the call. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, however 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 question B9a2 and out of compliance with protocol question B9a3.

Test Call #5 was placed on October 10, 2017, at 8:50 a.m. The call was answered after one (1) ring via a phone tree directing the caller to select a language option, which included the MHP's threshold language. After selecting the option for English by pressing 1 and then pressing 2 for New to Service, the call was answered by a live operator. The caller requested information about accessing mental health services in the county regarding feelings of depression due to the current events in Las Vegas, the fires in California and not having an appetite. The operator asked the caller to provide his/her name and contact information. The operator informed the caller about the walk-in clinic located at 200 Broadway in King City. The

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operator provided the walk-in clinic hours of 10:00 a.m. to 2:00 p.m. The office is opened from 8:00 a.m. to 5:00 p.m. Monday through Friday. The operator asked the caller if he/she wanting to harm him/herself and if the caller was using drugs or alcohol. The caller responded in the negative. The operator asked if the caller was working and asked for a phone number, and the caller responded that he/she was not working and was borrowing a phone from a friend. The operator explained that at the walk-in clinic, there would be an assessment done which would link to services such as therapy, psychiatry, or group therapy. The operator provided the phone number to the clinic, 831-386-6868. The operator also explained that the caller could go to the clinic outside of walk-in hours to speak with the Officer of the Day if the caller could not make the 10:00 a.m. to 2:00 p.m. timeframe. No additional information about SMHS was provided to the caller. The caller was provided language options and 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 B9a1, B9a2, and B9a3.

Test Call #6 was placed on October 13, 2017, at 1:25 p.m. The call was 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 caller was placed on hold for two (2) minutes while the call was transferred to a live operator. The caller requested information about accessing mental health services in the county. The operator provided that on Tuesday, Wednesday and Thursday, an orientation is provided starting at 9:30 a.m., located at 1441 Constitution Blvd 400, Suite 200, Salinas CA. The caller was informed that if he/she could not wait he/she could go to the ER. The caller was provided language options. The caller was not provided information about services needed to treat a beneficiary's urgent condition. 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 in compliance with the regulatory requirements for protocol question B9a1 and B9a3. The call is deemed out of compliance with the regulatory requirements for protocol questions B9a2.

Test Call #7 was answered placed on September 26, 2017, at 9:12 a.m. The call was answered after one (1) ring via a phone tree which provided the option to conduct the call in English or Spanish. The line requested that the caller indicate if he/she was a new or an existing claimant. The caller identified him/herself as a new caller and was then connected to the operator. The operator identified him/herself and asked how he/she could help the caller. The caller stated that he/she was worried about his/her son because he was having behavioral issues at school and at home. The operator asked the age of the child, address, and school he was attending. The caller provided the requested information. The operator informed the caller that there was a hospital nearby where the caller could obtain services. The operator asked if the caller had Medi-Cal. The caller confirmed that he/she had Medi-Cal. The operator asked if the caller wanted to bring the child in today as they have a wellness orientation. The operator provided the caller with the address of the provider. The operator indicated that the caller would need to bring him in before 3 p.m. so that he can obtain an assessment with a therapist. 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.

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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	IN	IN	N/A	100%
9a-2	IN	N/A	N/A	IN	IN	OOC	IN	80%
9a-3	IN	IN	N/A	IN	IN	IN	IN	100%
9a-4	N/A	IN	OOC	N/A	N/A	N/A	N/A	50%

In addition to conducting the seven (7) test calls, DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Call Center Script/protocol, Access to Treatment Call Center Protocols, MHP website - Access to treatment, and Patient Services Representative (PSR's) Telephone Script and Information. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Protocol question(s) 9a2 and 9a4 are deemed in partial compliance.

PLAN OF CORRECTION

The MHP will submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides a statewide, toll-free telephone number 24 hours a day, 7 days per week, with that 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: Call Log results from April-June 2017, Call Log example – Report 766, Call Log Guide, Call log training and sign in sheets of attendees. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, three (3) of the five test calls were not logged on the call log.

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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	09/14/17	10:50 p.m.	IN	IN	IN
4	10/19/17	7:28 a.m.	IN	IN	IN
5	10/10/17	8:50 a.m.	OOC	OOC	OOC
6	10/13/17	1:25 p.m.	OOC	OOC	OOC
7	09/26/17	9:12 a.m.	OOC	OOC	OOC
Compliance Percentage			40%	40%	40%

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

Protocol questions 10b1, 10b2, and 10b3 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 its written log of initial requests for SMHS (including requests made via telephone, in person or in writing) complies with all regulatory requirements.

PROTOCOL REQUIREMENTS	
B11.	Has the MHP updated its Cultural Competence Plan annually in accordance with regulations?
•	<i>CCR title 9, section 1810.410</i>
•	<i>DMH Information Notice 10-02 and 10-17</i>

FINDINGS

The MHP did not furnish evidence the MHP updates its Cultural Competence Plan annually in accordance with regulations. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Cultural Competence Plan 2016. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the Cultural Competence Plan should be updated annually. 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.

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PROTOCOL REQUIREMENTS	
B12.	Regarding the MHP's Cultural Competence Committee (CCC):
B12a.	Does the MHP have a CCC or other group that addresses cultural issues and has participation from cultural groups that is reflective of the community?
B12b.	Does the MHP have evidence of policies, procedures, and practices that demonstrate the CCC activities include the following:
	1) Participates in overall planning and implementation of services at the county?
	2) Provides reports to Quality Assurance/ Quality Improvement Program?
B12c.	Does the CCC complete its Annual Report of CCC activities as required in the CCPR?
<ul style="list-style-type: none"> • CCR title 9, section 1810.410 • DMH Information Notice 10-02 and 10-17 	

FINDINGS

The MHP did not furnish evidence that it completes an annual report of CCC activities. Protocol question B12c is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP must also provide evidence the CCC completes an annual report of CCC activities.

PROTOCOL REQUIREMENTS	
B13a.	Regarding the MHP's plan for annual cultural competence training necessary to ensure the provision of culturally competent services:
	1) Is there a plan for cultural competency training for the administrative and management staff of the MHP?
	2) Is there a plan for cultural competency training for persons providing SMHS employed by or contracting with the MHP?
	3) Is there a process that ensures that interpreters are trained and monitored for language competence (e.g., formal testing)?
B13b.	Does the MHP have evidence of the implementation of training programs to improve the cultural competence skills of staff and contract providers?
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.410 (a)-(e) • MHP Contract, Exhibit A, Attachment I • DMH Information Notice No. 10-02, Enclosure, Pages 16 & 22 and DMH Information Notice No. 10-17, Enclosure, Pages 13 & 17 	

FINDINGS

The MHP did not furnish evidence it has a plan for annual cultural competence training necessary to ensure the provision of culturally competent services. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Cultural Competency Plan 2016 which identified that 4 hours of cultural relevancy and humility training

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are required annually, Key Elements for LGBTQ Culturally Competent Organizations-Intake Systems training agenda dated 11-9-16 and list of attendees, Memo regarding New Employee training, Cultural Competence curriculum and list of attendees, flyer for the Equal Opportunity, Nondiscrimination and Diversity training, Training syllabus for Providing Equal Access and Medical Care for Trans and Gender Non-Conforming Populations dated 1-11-17 and list of attendees. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not have a plan for or evidence of implementation of cultural competency training for administrative and management staff and/or persons providing SMHS employed by or contracting with the MHP. Protocol questions B13a1 and B13a2 is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a plan for annual cultural competence training necessary to ensure the provision of culturally competent services. Specifically, the MHP must develop a plan for, and provide evidence of implementation of, cultural competency training for administrative and management staff as well as persons providing SMHS employed by or contracting with the MHP. MHP should develop a tracking system that clearly identifies hours completed distinguishing between administrative, management, and persons providing SMHS employed by or contracting with the MHP.

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 waived/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: <ul style="list-style-type: none"> 1) a physician, or 2) at the discretion of the MHP, by a psychologist for patients admitted by a psychologist and who received services under the psychologist's scope of practice?
<ul style="list-style-type: none"> • <i>CCR, title 9, chapter 11, sections 1810.242, 1820.220(c),(d), 1820.220 (f), 1820.220 (h), and 1820.215.</i> • <i>CFR, title 42, section 438.210(d)</i> 	

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The MHP did not furnish evidence it complies with regulatory requirements regarding Treatment Authorization Requests (TAR) for hospital services. DHCS reviewed the MHP's authorization policy and procedures: P&P #112 Treatment Authorization Request (TAR) and the Short Doyle Claim Authorization and Processing, dated 9/2014. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, DHCS found eight (8) of the 101 TAR decisions lacked an accompanying licensure in the signature. Seven (7) were not adjudicated within 14 calendar days. DHCS inspected a sample of 101 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 waived/registered professionals	93	8	92%
C1 b	TARs approves or denied within 14 calendar days	94	7	93%

Protocol questions C1a and C1b are deemed in partial compliance.

PROTOCOL REQUIREMENT		# TARS IN COMPLIANCE	# TARS OOC	COMPLIANCE PERCENTAGE
C1c	Adverse decisions based on criteria for medical necessity or emergency admission approved by a physician (or psychologist, per regulations)	100	1	99%

One (1) out of the 101 TARs did not include evidence that each 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 C1c 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.

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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 waived/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?
<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.210(b)(3)</i> • <i>CFR, title 42, section 438.210(d)(1),(2)</i> • <i>CCR, title 9, chapter 11, sections 1810.253, 1830.220, 1810.365, and 1830.215 (a-g)</i> 	

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: P&P #108 Medicaid Managed Care Plan, and P&P #112 Treatment Authorization Request (TAR) and Short Doyle Claim Authorization and Processing dated 9/2014. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, eight (8) of the fifty SARs reviewed onsite lacked a date stamp to ensure a timely response. Two (2) were missing the clinician's title in the signatures. The SAR sample review findings are detailed below:

	PROTOCOL REQUIREMENT	# SARs IN COMPLIANCE	# SARs OOC	COMPLIANCE PERCENTAGE
C2b	SARs approved or denied by licensed mental health professionals or waived/registered professionals	47	2	96%
C2c	MHP makes authorization decisions and provides notice within 14 calendar days	41	8	80%
C2d	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 questions C2b and C2c are deemed in partial compliance.

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PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it 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.
<ul style="list-style-type: none"> • <i>CCR, title 9, chapter 11, sections 1830.215 (e) and 1840.318.</i> • <i>DMH Information Notice 02-06, Enclosures, Pages 1-5</i> • <i>DMH Letter No. 03-03</i> 	

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: P&P #112 Treatment Authorization Request (TAR) and Short Doyle Claim Authorization and Processing dated 9/2014, and Section 1 of the Department of Healthcare Services Program Description Guidelines and Service Description (Day Treatment). However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, two (2) of the DTI authorizations were approved outside of the 3 month timeframe for continuation of services. In addition, DHCS inspected a sample of twenty-four (24) authorizations for DTI and DR to verify compliance with regulatory requirements. The DTI/DR authorization sample review findings are detailed below:

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PROTOCOL REQUIREMENT		# IN COMPLIANCE	# OOC	COMPLIANCE PERCENTAGE
C3a	1) Approved in advance of service delivery when services will be provided for more than 5 days per week	24	0	100%
	2) Approved at least every 3 months for continuation of Day Treatment Intensive	21	2	92%
	3) Approved at least every 6 months for continuation of Day Rehabilitation	1	0	100%

Protocol question C3a2 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.

SECTION G: PROVIDER RELATIONS

PROTOCOL REQUIREMENTS	
G3.	Regarding the MHP's ongoing monitoring of county-owned and operated and contracted organizational providers:
G3a.	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?
G3b.	Is there evidence the MHP's monitoring system is effective?
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.435 • MHP Contract, Exhibit A, Attachment I (d) 	

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 the following documentation presented by the MHP as evidence of compliance: P&P #125 Medi-Cal Site Certification. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, of the 73 Medi-Cal active providers in Monterey county five (5) were overdue for recertification at the time of the system review. Protocol question G3b is deemed in partial compliance

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:

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TOTAL ACTIVE PROVIDERS (per OPS)	NUMBER OF OVERDUE PROVIDERS (at the time of the Review)	COMPLIANCE PERCENTAGE
73	5	93%

Protocol question G3b 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.

SECTION J: MENTAL HEALTH SERVICES (MHSA)

PROTOCOL REQUIREMENTS	
J4. J4a .	Regarding the County's Capacity to Implement Mental Health Services Act (MHSA) Programs: Does the County conduct an assessment of its capacity to implement the proposed programs/services?
J4b .	Does the assessment include: 1) The strengths and limitations of the County and service providers that impact their ability to meet the needs of racially and ethnically diverse populations?
J4b .	2) Bilingual proficiency in threshold languages?
J4b .	3) Percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to the percentage of the total population needing services and the total population being served?
. CCR, title 9, chapter 14, section 3610	

FINDINGS

The County did not furnish evidence it has conducted an assessment of its capacity to implement the proposed programs/services which includes percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to the percentage of the total population needing services and the total population being served. Specifically, the county informed the DHCS they were not performing this task. Protocol question J4b3 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 conducts an assessment of its capacity to implement the proposed programs/services which

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includes percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to the percentage of the total population needing services and the total population being served.

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?
<ul style="list-style-type: none"> • <i>State Plan Amendment 09-004</i> • <i>MHSUDS Information Notice No. 17-009</i> • <i>MHSUDS Information Notice No. 17-021</i> 	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: P&P 499 Continuum Care. The policy outlines the core practice model (CPM) that will be utilized when providing ICC, IHBS, and TFC. The MHP staff shall use the practices and principles of the CPM approach when working with children and families involved with child welfare and mental health. The CPM approach requires collaboration between child welfare, mental health staff, service providers, and community partners working with children, youth and families. The MHP is currently conducting family team meetings and stated that they are currently working on a joint RFP.

SUGGESTED ACTIONS

No further action required at this time.

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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?
<ul style="list-style-type: none"> • <i>Welfare and Institutions Code 4096,5600.3(a)</i> 	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: The MHP stated that they currently have one STRTP provider, Casa Pacifica. Currently, the MHP has not placed anyone in this facility. The county is also negotiating with other facilities in other counties to become possible STRTP's. There are two residential facilities that the MHP has been in communication with but they have not submitted their applications. The MHP provided meeting information regarding the Monterey County Interagency AB1299 Coordination meeting that was on 9/20/17. As a follow up item the document identified that the MHP will begin draft work for STRTP contracting for Mental Health Program services. The agencies involved in the meeting included the Behavioral Health, Department of Social Services, and Probation dept.

SUGGESTED ACTIONS

No further action required at this time.

SECTION B: ACCESS

PROTOCOL REQUIREMENTS	
B5d.	Does the MHP ensure its written materials include taglines in the prevalent non-English languages in the state explaining the availability of written translation or oral interpretation to understand the information provided, as well as the toll-free and TTY/TDY telephone numbers for the MHP?
<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.10(d)(i),(ii)</i> • <i>CFR, title 42, section 438.10(d)(2)</i> • <i>CCR, title 9, chapter 11, sections 1810.110(a) and 1810.410(e)(4)</i> • <i>MHP Contract, Exhibit A, Attachment I</i> 	

SURVEY FINDINGS

DHCS reviewed the following documentation provided by the MHP for this survey item: MHP provided written materials such as the Problem Resolution Process brochure that included taglines which stated that the information was available in large print, CD, and oral interpretation at no cost to the beneficiary. The document also included the TTY/TDY phone number.

SUGGESTED ACTIONS

No further action required at this time

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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?
<ul style="list-style-type: none"> • <i>Welfare and Institutions Code 4096,5600.3(a)</i> 	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Monterey County Department of Social Services Waiver of Presumptive Transfer and the Monterey County Probation Department Waiver for Presumptive Transfer. Monterey County submitted two waivers regarding presumptive transfer and the MHP is working collaboratively with Child Welfare and Probation to implement 1299. The MHP notes it is serving 100% of children placed in their county and noted their commitment to provide SMHS to children from outside their jurisdiction with the same high quality services they provide their own beneficiaries. The MHP recently designated a children’s clinician as the single point of contact. Their web site posting is awaiting approval.

SUGGESTED ACTIONS

The MHP shall continue toward a waiver while moving forward with posting contract information to its public website.

SECTION H: PROGRAM INTEGRITY

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?
<ul style="list-style-type: none"> • <i>CFR, title 42, sections 438.10, 438.604, 438.606, 438.608 and 438.610</i> • <i>MHP Contract, Exhibit A, Attachment I</i> 	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Medi-Cal Rebilling Process, Replacement Claim, and Electronic Re-Billing Services Agreement. The

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documentation provides sufficient evidence of compliance with federal and State requirements. The process allows for identification of any claim number that is denied, the reason, and cost.

SUGGESTED ACTIONS

No further action required at this time.