

**FISCAL YEAR (FY) 2017/2018 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY  
 MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES  
 SANTA CLARA COUNTY MENTAL HEALTH PLAN REVIEW  
 April 23-26, 2018  
FINDINGS REPORT**

This report details the findings from the triennial system review of the **Santa Clara 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 propose an alternative corrective action plan to DHCS
- (5) Description of corrective actions required of the MHP’s contracted providers to address findings

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**RESULTS SUMMARY: SYSTEM REVIEW**

SYSTEM REVIEW SECTION	TOTAL ITEMS REVIEWED	SURVEY ONLY ITEMS	TOTAL FINDINGS PARTIAL or OOC	PROTOCOL QUESTIONS OUT-OF-COMPLIANCE (OOO) OR PARTIAL COMPLIANCE	IN COMPLIANCE PERCENTAGE FOR SECTION
ATTESTATION	5	0	0/5	N/A	100%
SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES	25	3	0/25	N/A	100%
SECTION B: ACCESS	54	0	2/54	<b>B9a2 &amp; B9a4</b>	96%
SECTION C: AUTHORIZATION	33	3	1/33	<b>C1b</b>	97%
SECTION D: BENEFICIARY PROTECTION	29	0	0/29	N/A	100%
SECTION E: FUNDING, REPORTING & CONTRACTING REQUIREMENTS	1	0	0/1	N/A	100%
SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	0/6	N/A	100%
SECTION G: PROVIDER RELATIONS	11	0	0/11	N/A	100%
SECTION H: PROGRAM INTEGRITY	26	1	0/26	N/A	100%
SECTION I: QUALITY IMPROVEMENT	34	0	0/34	N/A	100%
SECTION J: MENTAL HEALTH SERVICES ACT	21	0	0/21	N/A	100%
<b>TOTAL ITEMS REVIEWED</b>	<b>245</b>	<b>7</b>	<b>3</b>		

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**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	<b>3</b>		<b>OUT OF 245</b>	
<b>OVERALL PERCENTAGE OF COMPLIANCE</b>	<b>IN</b>	98%	<b>OOO/Partial</b>	2%
	(# IN/245)		(# OOC/245)	

**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**

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

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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 Friday, February 23, 2018, at 7:49 a.m. The call was initially answered after six (6) rings via a phone tree directing the caller to select a language option, which included the MHP's threshold languages. The phone tree also provided the following options: adult or children services, SMHS or Substance Services, suicide services, referrals, general information, urgent services and complaints. There was also a message advising the caller to call 911 if this call was an emergency. The DHCS test caller requested SMHS in the county. The operator assessed the caller's current condition and then advised the caller to leave contact information for a return call during business hours. After caller requested additional information, the operator explained the assessment process in detail and advised caller on items he/she would need to provide during his/her assessment. The operator also provided caller with an address for the clinic to be seen as a walk-in client. The operator reiterated the 24/7 access line for urgent or crisis services. The MHP has a statewide, toll-free number 24/7 with language capability. The caller was provided information about how to access SMHS and the caller was provided information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions B9a1, B9a2 and B9a3.

**Test Call #2** was placed on Wednesday, February 21, 2018, at 8:54 p.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. The phone tree also provided the following options: adult or children services, SMHS or Substance Services, suicide services, referrals, general information, urgent services and complaints. There was also a message advising the caller to call 911 if this call was an emergency. After selecting the option for English and SMHS referrals, the DHCS test caller was transferred to a live operator. The caller requested information about SMHS in the county. The operator referred the caller to several grief programs. The operator provided address and phone to the programs. The operator assessed the caller's urgent condition by asking if he/she felt suicidal or required urgent services. The operator also gave the caller information regarding the Talk Hotline and the 24/7 access line and assessment and screening process for psychiatrist services. The operator advised the caller that walk-ins were available for emergency services. The MHP has a statewide, toll-free number 24/7 with language capability. The caller was provided information about how to access SMHS and the caller was provided information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions B9a1, B9a2 and B9a3.

**Test Call #3** was placed on Monday, March 19, 2018, at 7:23 a.m. The call was initially answered immediately via a phone tree directing the caller to select a language option, which included the MHP's threshold languages. The phone tree also provided the following options: adult or children services, SMHS or Substance Services, suicide services, referrals, general information, urgent services and complaints. There was also a message advising the caller to call 911 if this call was an emergency. An operator answered the phone and the DHCS test caller inquired about receiving SMHS in the county. The caller was put on a brief hold and transferred to another operator. The second operator answered the line and the caller again requested information about SMHS in the county. The operator requested the caller's name

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and the caller responded accordingly. The operator informed the caller that he/she could call back during business hours. The operator then asked if the caller was in crisis or thinking about hurting himself/herself or others. The operator stated that they do have emergency mental health services and that the caller could be seen at the mental health plan's urgent care. The caller replied in the negative that he/she was not in crisis. The operator encouraged the caller to call back during business hours. The caller thanked the operator and concluded the call. The MHP has a statewide, toll-free number 24/7 with language capability and the caller was provided information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance for protocol questions B9a1 and B9a3. The caller was not provided information about how to access SMHS. The call is deemed out of compliance with the regulatory requirements for protocol question B9a2.

**Test Call #4** was placed on Friday, March 16, 2018, at 7:21 a.m. The call was initially answered immediately via a phone tree directing the caller to select a language option, which included the MHP's threshold languages. The phone tree also provided the following options: adult or children services, SMHS or Substance Services, suicide services, referrals, general information, urgent services and complaints. There was also a message advising the caller to call 911 if this call was an emergency. Upon selecting the option for general information, an operator immediately answered the call. The DHCS test caller requested information about SMHS in the county. The operator informed the caller to call back after 8:00 a.m. The caller hesitated to see if the operator would provide additional information and the operator did not provide additional information. The caller thanked the operator and concluded the call. The MHP has a statewide, toll-free number 24/7 with language capability and the caller was provided information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance for protocol questions B9a1 and B9a3. The caller was not provided information about how to access SMHS. The call is deemed out of compliance with the regulatory requirements for protocol question B9a2.

**Test Call #5** was placed on March 15, 2018, at 3:56 p.m. The call was initially answered after two (2) rings via a phone tree directing the caller to select a language option, which included the MHP's threshold languages. The phone tree also provided the following options: adult or children services, SMHS or Substance Services, suicide services, referrals, general information, urgent services and complaints. There was also a message advising the caller to call 911 if this call was an emergency. The DHCS test caller requested information about SMHS in the county. The operator asked for the caller's name, insurance, and DOB. The caller replied accordingly. The operator asked if the caller was feeling suicidal or in danger of harming himself/herself or others. The caller replied in the negative. The operator asked for the caller's Medi-Cal ID card number and SSN. The caller declined to give requested information. The operator explained that he/she needed to confirm Medi-Cal benefits to be eligible for services. The operator explained the intake process. The operator explained that they do not make appointments at the Behavioral Health Call Center and that they screen over the phone. The operator asked the caller to call back when he/she had the Medi-Cal ID card number or SSN. The MHP has a statewide, toll-free number 24/7 with language capability and the caller was provided information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance for protocol questions B9a1 and B9a3. The caller was not provided information about how to access SMHS. The call is deemed out of compliance with the regulatory requirements for protocol question B9a2.

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**Test Call #6** was placed on Thursday, March 1, 2018, at 11:34 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. The phone tree also provided the following options: adult or children services, SMHS or Substance Services, suicide services, referrals, general information, urgent services and complaints. There was also a message advising the caller to call 911 if this call was an emergency. Upon selection for complaint or grievance, the call was transferred and answered after four (4) rings via a live operator. The DHCS test caller requested information on how to file a complaint in the county. The operator replied that he/she could go to the receptionist to obtain complaint papers to complete and submit to MHP via mail with a prepaid envelope. The MHP has a statewide, toll-free number 24/7 with language capability and 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 B9a1 and B9a4.

**Test Call #7** was placed on Friday, March 23, 2018, at 12:02 p.m. The call was initially answered after two (2) rings via a phone tree directing the caller to select a language option, which included the MHP’s threshold languages. The phone tree also provided the following options: adult or children services, SMHS or Substance Services, suicide services, referrals, general information, urgent services and complaints. There was also a message advising the caller to call 911 if this call was an emergency. After selecting the option for English, the DHCS test caller chose option for general information and the call was transferred to a live operator. The caller requested information on how to file a complaint in the county. The operator instructed the caller to choose an additional option to obtain information about the grievance process. The caller requested to be transferred to the recommended option. After waiting for 3 minutes, the call was answered by an answering machine. The message advised that no one was available to answer the call and advised the caller to leave a message regarding complaint. The MHP has a statewide, toll-free number 24/7 with language capability. The call is deemed in compliance with the regulatory requirements for protocol question B9a1. The caller was not provided information about how to use the beneficiary problem resolution process. The call is deemed not 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	
<b>9a-1</b>	IN	IN	IN	IN	IN	IN	IN	<b>100%</b>
<b>9a-2</b>	IN	IN	<b>OOC</b>	<b>OOC</b>	<b>OOC</b>	N/A	N/A	<b>40%</b>
<b>9a-3</b>	IN	IN	IN	IN	IN	N/A	N/A	<b>100%</b>

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<b>9a-4</b>	N/A	N/A	N/A	N/A	N/A	IN	<b>OOO</b>	<b>50%</b>
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In addition to conducting the seven (7) test calls, DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy: 24/7 Access Line. Protocol questions B9a2 & B9a4 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 and how to use the beneficiary problem resolution and fair hearing processes.

**SECTION C: COVERAGE AND AUTHORIZATION**

<b>PROTOCOL REQUIREMENTS</b>	
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"> <li>• <i>CFR, title 42, section 438.210(b)(3)</i></li> <li>• <i>CFR, title 42, section 438.210(d)(1),(2)</i></li> <li>• <i>CCR, title 9, chapter 11, sections 1810.253, 1830.220, 1810.365, and 1830.215 (a-g)</i></li> </ul>

**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 412-356: Authorization of MHS for out of county Medi-Cal Youth in Foster Care, Aid TO Adoptive Parents, Kin-GAP, or Other Aid Codes,

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Placed in Santa Clara County. In addition, DHCS inspected a sample of 21 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 waived/registered professionals	<b>21</b>	<b>0</b>	<b>100%</b>
C2c	MHP makes authorization decisions and provides notice within 14 calendar days	<b>20</b>	<b>1</b>	<b>95%</b>
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.	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

Protocol question 2C2c 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 SARs for non-hospital SMHS services.

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**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"):  <b>SURVEY ONLY</b> 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?



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	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"> <li>• <i>State Plan Amendment 09-004</i></li> <li>• <i>MHSUDS Information Notice No. 17-009</i></li> <li>• <i>MHSUDS Information Notice No. 17-021</i></li> </ul>	

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Contract March 1, 2018 – June 30, 2018: Seneca Family of Agencies (F&C & TFC) and Meeting Minutes (3/8/18): Seneca-TFC Readiness Assessment. Minutes included discussion of home locations regarding identified TFC Foster Parents; Foster Parent Training; Identified Clinical Director; Timeline to start accepting referrals and TFC transition plan.

**SUGGESTED ACTIONS**

No further action required at this time.

<b>PROTOCOL REQUIREMENTS</b>	
A7.	Regarding Continuum of Care Reform (CCR):
A7a.	<b>SURVEY ONLY</b> 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"> <li>• <i>Welfare and Institutions Code 4096,5600.3(a)</i></li> </ul>	

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Contract March 1, 2018 – June 30, 2018: Uplift Family Services (F&C & STRTP) and Meeting Minutes (3/7/18): Victor Treatment Center-STRTP Readiness Assessment. Minutes included discussion of STRTP licensing for both locations: Redding and Santa Rosa; Staffing and Training for both locations and the referral process.

**SUGGESTED ACTIONS**

No further action required at this time.

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**SECTION C: COVERAGE AND AUTHORIZATION**

<b>PROTOCOL REQUIREMENTS</b>	
C4d.	Regarding presumptive transfer:  <b>SURVEY ONLY:</b> 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?
	<b>SURVEY ONLY:</b> 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?
	<b>SURVEY ONLY:</b> 3) Has the MHP posted the contact information to its public website to ensure timely communication?
<ul style="list-style-type: none"> <li>• <i>Welfare and Institutions Code 4096,5600.3(a)</i></li> </ul>	

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Notification of placement letter outside of county; DFCS Presumptive Transfer Request & JPD Presumptive Transfer Request and MHP's website demonstrating single point of contact for presumptive transfer.

**SUGGESTED ACTIONS**

No further action required at this time.

<b>PROTOCOL REQUIREMENTS</b>	
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"> <li>• <i>CFR, title 42, sections 438.10, 438.604, 438.606, 438.608 and 438.610</i></li> <li>• <i>MHP Contract, Exhibit A, Attachment I</i></li> </ul>	

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: P&P 585.0: False Claims Act – Fraud, Waste and Abuse and Code of conduct (Section IV. Reporting and Communication & Section X. Reporting and Prompt Response to Compliance Issues).

**SUGGESTED ACTIONS**

No further action required at this time.