FISCAL YEAR (FY) 2017/2018 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES
TULARE COUNTY MENTAL HEALTH PLAN REVIEW
April 27, 2018
FINDINGS REPORT

This report details the findings from the triennial system review of the **Tulare County** Mental Health Plan (MHP). The report is organized according to the findings from each section of the FY 2017/2018 Annual Review Protocol for Consolidated Specialty Mental Health Services (SMHS) and Other Funded Services (Mental Health and Substance Use Disorder Services Information Notice No. 17-050), specifically Sections A-J and the Attestation. This report details the requirements deemed out of compliance (OOC), or in partial compliance, with regulations and/or the terms of the contract between the MHP and DHCS. The corresponding protocol language, as well as the regulatory and/or contractual authority, will be followed by the specific findings and required Plan of Correction (POC).

For informational purposes, this findings report also includes additional information that may be useful for the MHP, including a description of calls testing compliance of the MHP's 24/7 toll-free telephone access line and a section detailing information gathered for the 7 "SURVEY ONLY" questions in the protocol.

The MHP will have an opportunity to review the report for accuracy and appeal any of the findings of non-compliance (for both System Review and Chart Review). The appeal must be submitted to DHCS in writing within 15 business days of receipt of the findings report. DHCS will adjudicate any appeals and/or technical corrections (e.g., calculation errors, etc.) submitted by the MHP and, if appropriate, send an amended report.

A Plan of Correction (POC) is required for all items determined to be out of compliance. The MHP is required to submit a POC to DHCS within 60 days of receipt of the findings report for all system and chart review items deemed out of compliance. The POC should include the following information:

(1) Description of corrective actions, including milestones
(2) Timeline for implementation and/or completion of corrective actions
(3) Proposed (or actual) evidence of correction that will be submitted to DHCS
(4) Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should purpose an alternative corrective action plan to DHCS
(5) Description of corrective actions required of the MHP's contracted providers to address findings

Report Contents

RESULTS SUMMARY: SYSTEM REVIEW

SYSTEM REVIEW SECTION	TOTAL ITEMS REVIEWED	SURVEY ONLY ITEMS	TOTAL FINDINGS PARTIAL or	PROTOCOL QUESTIONS OUT-OF-COMPLIANCE (OOC) OR PARTIAL COMPLIANCE	IN COMPLIANCE PERCENTAGE FOR SECTION
ATTESTATION	5	0	0/5		100%
SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES	25	3	0/25		100%
SECTION B: ACCESS	54	0	4/54	B9a2, B9a3, B9a4, B10a	93%
SECTION C: AUTHORIZATION	33	3	0/33		100%
SECTION D: BENEFICIARY PROTECTION	29	0	0/29		100%
SECTION E: FUNDING, REPORTING & CONTRACTING REQUIREMENTS	1	0	0/1		100%
SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	0/6		100%
SECTION G: PROVIDER RELATIONS	11	0	2/11	G3a7,G3a8	82%
SECTION H: PROGRAM INTEGRITY	26	1	1/26	H5a3	96%
SECTION I: QUALITY IMPROVEMENT	34	0	0/34		100%
SECTION J: MENTAL HEALTH SERVICES ACT	21	0	0/21		100%
TOTAL ITEMS REVIEWED	**245**	**7**	**7**		

Overall System Review Compliance

Total Number of Requirements Reviewed	245 (with 5 Attestation items)			
Total Number of SURVEY ONLY Requirements	7 (NOT INCLUDED IN CALCULATIONS)			
Total Number of Requirements Partial or OOC	**7**		**OUT OF 245**	
OVERALL PERCENTAGE OF COMPLIANCE	**IN** (# IN/245)	97%	**OOC/Partial** (# OOC/245)	3%

FINDINGS

SECTION B: ACCESS

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 Monday, February 12, 2018, at 09:29 AM. The call was answered after one (1) ring via a live operator. The operator transferred the caller to another department. The next department that answered was a Visalia Mental Health Service Center and the call was answered after one (1) ring. The operator asked the caller for the location of his/her residence. The caller answered "Porterville", and then the operator transferred the call to the Porterville service center. The call was answered after one (1) ring via a live operator at

the Porterville service center. The caller requested information about accessing mental health services in the county. The operator asked the caller to provide his/her name and the date of birth but the caller declined to answer the date of birth. The operator provided detailed information about the walk in clinic including the day and time of the operation, address and available services. The operator also provided a crisis phone telephone number and encouraged the caller to call whenever the caller may need help. The call is deemed **In Compliance** with the regulatory requirements for protocol questions B9a2 and B9a3.

Test Call #2 was placed on Thursday, February 22, 2018, at 7:40 am. The call was answered after one (1) ring via a live operator. Upon hearing a request for initial SMHS, the operator transferred the call. The call was answered by a second operator after three (3) rings. The second operator asked a series of questions, some personal. The operator provided information on two MH clinics in the county. The operator was certain about the Visalia clinic's hours but was not certain of the clinic hours at the Porterville center. The operator did provide the address and phone number and tentative hours of operation for the Porterville clinic. The operator added the timeframes of a typical initial visit and assessed the caller's current condition. The operator asked the caller if he/she was in crisis or if he/she could hurt yourself or somebody else. The caller replied in the negative. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and information about services needed to treat a beneficiary's urgent condition. The call is deemed **In Compliance** with the regulatory requirements for protocol questions B9a2 and B9a3.

Test Call #3 was placed on Tuesday, February 27, 2018, at 2:59 pm. The call was answered after one (1) ring by a live operator. The caller was placed on hold for less than 30 seconds while the call was transferred to another department. The caller ended up being transferred twice until he/she reached the Mental Health Administration department. The caller requested information about accessing information regarding SMHS and to determine what his/her diagnosis is. The operator provided the caller with information where he/she could get information and also provided two (2) clinic locations with an address and telephone number to the closest location to the caller. The operator advised the caller that he/she could come in and someone from the county would be able to conduct a screening to find out what his/her diagnosis is going to be and how that person could help. After a prompt from the caller, the operator provided information about their crisis and warm line. 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 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 #4 was placed on Tuesday, February 27, 2018, at 4:03 pm. The call was answered after two (2) rings via a live operator. The caller requested information about how to access services and described how he/she was feeling. The operator asked the caller if he/she was experiencing a psychiatric emergency and the caller replied in the negative. The operator provided two phone numbers, the Mental Health Warm Line and Crisis Line. The operator asked the caller if she/he had Medi-Cal and whether it was in Tulare County. The caller replied yes. The operator asked for the caller's name and DOB and the caller provided that information. The operator asked the caller if he/she wanted to receive services and the caller

asked the operator what kind of services. The operator replied services with mental health, case manager, therapist, and psychiatrist. The operator provided the hours/days for the walk-in clinic. The operator explained the intake process. 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 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 #5 was placed on Thursday, March 1, 2018, at 7:53 am. The call was answered after four (4) rings via a voice mail directing the caller to leave a message. The person's name was Jenny Roman, No additional information about SMHS was provided to the caller. The line did not connect the caller to additional support services. The caller was advised to leave a message and await a return phone call. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, nor was the caller provided information about services needed to treat a beneficiary's urgent condition. The call is deemed **OOC** with the regulatory requirements for protocol questions B9a2 and B9a3.

Test Call #6 was placed on Wednesday, February 21, 2018, at 9:21 pm. The call was answered by a voicemail message (possibly staff). The caller made two additional calls and both calls were answered by a voicemail message. The caller verified the telephone number for the access line by initiating a fourth call on Thursday, February 22, 2018 at 9:06 am. A live operator that advised the caller he/she had reached Tulare Mental Health, the caller disconnected the call because the caller was just testing if the toll free number was to the MHP access line. The caller was not provided information about how to use the beneficiary problem resolution and fair hearing processes. The call is deemed **OOC** with the regulatory requirements for protocol question B9a4.

Test Call #7 was placed on Monday, March 5, 2018, at 8:51 am. The call was answered after two (2) rings via a live operator. The caller requested information on how to file a complaint. The operator said to hold while he/she transferred the call. An operator answered the call after 11 rings. The caller requested information on how to file a complaint. The operator informed the caller how to file a complaint, including where to pick up a grievance from and offered to send the grievance form to the caller. 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	IN	IN	IN	IN	OOC	N/A	N/A	**80%**
9a-3	IN	IN	IN	IN	OOC	N/A	N/A	**80%**

9a-4	N/A	N/A	N/A	N/A	N/A	OOC	IN	**50%**

In addition to conducting the seven (7) test calls, DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Contract with ABC services. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, One (1) of the five (5) calls did was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, nor was the caller provided information about services needed to treat a beneficiary's urgent condition. For 9a-4, one (1) of the two (2) calls was not provided information about how to use the beneficiary problem resolution and fair hearing processes. Protocol question(s) B9a2, B9a3, and 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 will provide information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, services needed to treat a beneficiary's urgent condition, and how to 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: MHP Call log. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the logs made available by the MHP did not include all required elements for calls and three (3) of five (5) calls were not on the log. 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	2/12/2018	9:29 am	OOC	OOC	OOC
2	2/22/2018	7:40 am	IN	IN	IN
3	2/27/2018	2:59 pm	OOC	OOC	OOC
4	2/27/2018	4:03 pm	IN	IN	IN

5	3/1/2018	7:53 am	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 question(s) 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.

SECTION G: PROVIDER RELATIONS

PROTOCOL REQUIREMENTS	
G3. G3a.	Do all contracts or written agreements between the MHP and any subcontractor specify the following: 1) The delegated activities or obligations, and related reporting responsibilities?
	2) The subcontractor agrees to perform the delegated activities and reporting responsibilities in compliance with the MHP's contract obligations?
	3) Remedies in instances where the State or the MHP determine the subcontractor has not performed satisfactorily?
	4) The subcontractor agrees to comply with all applicable Medicaid laws, regulations, and contract provisions, including the terms of the 1915(b) Waiver and any Special Terms and Conditions?
	5) The subcontractor may be subject to audit, evaluation and inspection of any books, records, contracts, computer or electronic systems that pertain to any aspect of the services and activities performed, in accordance with 42 C.F.R. §§ 438.3(h) and 438.230(c)(3)?
	6) The subcontractor will make available, for purposes of an audit, evaluation or inspection, its premises, physical facilities, equipment, books, records, contracts, computer or other electronic systems relating to Medi-Cal beneficiaries?
	7) The right to audit will exist through 10 years from the final data of the contract period or from the date of completion of any audit, whichever is later?
	8) If the State, CMS, or the HHS Inspector General determines that there is a reasonable possibility of fraud or similar risk, the State, CMS, or the HHS Inspector General may inspect, evaluate, and audit the subcontractor at any time.
• *CFR, title 42, section 438.206(b)(1)* • *CCR, title 9, chapter 11, section 1810.310 (a)(5)(B)*	• *MHP Contract, Exhibit A, Attachment I* • *CMS/DHCS, section 1915(b) waiver*

FINDINGS

The MHP did not furnish evidence that all contracts or written agreements between the MHP and any subcontractor specify: the right to audit will exist through 10 years from the final data of the contract period or from the date of completion of any audit, whichever is later, and If the State, CMS, or the HHS Inspector General determines that there is a reasonable possibility of fraud or similar risk, the State, CMS, or the HHS Inspector General may inspect, evaluate, and audit the subcontractor at any time. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Turning Point contract. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the contract did not document the right to audit will exist through 10 years from the final data of the contract period or from the date of completion of any audit, whichever is later, and If the State, CMS, or the HHS Inspector General determines that there is a reasonable possibility of fraud or similar risk, the State, CMS, or the HHS Inspector General may inspect, evaluate, and audit the subcontractor at any time. Protocol question(s) G3a7 and G3a8 are 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 the contract documents the right to audit will exist through 10 years from the final data of the contract period or from the date of completion of any audit, whichever is later, and If the State, CMS, or the HHS Inspector General determines that there is a reasonable possibility of fraud or similar risk, the State, CMS, or the HHS Inspector General may inspect, evaluate, and audit the subcontractor at any time.

SECTION H: PROGRAM INTEGRITY

PROTOCOL REQUIREMENTS	
H5.	Regarding monitoring and verification of provider eligibility:
H5a.	Does the MHP ensure the following requirements are met: 1) Is there evidence that the MHP has a process in place to verify new and current (prior to contracting/employing and monthly thereafter) providers, including contractors, are not on the Office of Inspector General List of Excluded Individuals/Entities (LEIE)?
	2) Is there evidence that the MHP has a process in place to verify new and current (prior to contracting/employing and monthly thereafter) providers and contractors are not on the DHCS Medi-Cal List of Suspended or Ineligible Providers?
	3) Is there evidence that the MHP has a process in place to verify new and current (prior to contracting/employing) providers and contractors are not in the Social Security Administration's Death Master File?
	4) Is there evidence that the MHP has a process in place to verify the accuracy of new and current (upon enrollment and re-enrollment) providers and contractors in the National Plan and Provider Enumeration System (NPPES)?
	5) Is there evidence the MHP has a process in place to verify new and current (prior to contracting/employing and monthly thereafter) providers and contractors are not in the Excluded Parties List System/System Award Management (EPLS/SAM) database?

- *CFR, title 42, sections 438.214(d), 438.610, 455.400-455.470, 455.436(b)*
- *DMH Letter No. 10-05*
- *MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements*

FINDINGS

The MHP did not furnish evidence it monitors and verifies provider eligibility (prior to contracting and monthly) to ensure providers verify new and current (prior to contracting/employing) provides and contractors are not in the Social Security Administration's Death Master File. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: PP 45.10.15 and 45.10.14 email from National Technical Information Services and receipt of the Limited Access Death Master File Certification Attestation form and firewall form. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP received notice that it will be effective on 4/4/2018. Protocol question(s) H5a3 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 will verify new and current (prior to contracting/employing) provides and contractors are not in the Social Security Administration's Death Master File.

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

Although the MHP does not currently have a mechanism in place to provide medically necessary TFC services, the MHP is taking steps to ensure that TFC will be available to

children/youth who require this service. The MHP is working with local foster care agencies to provide TFC services and CWS spoke with the FFA at their quarterly meeting. DHCS reviewed the following documentation provided by the MHP for this survey item: Email correspondence and agenda related to TFC meetings.

SUGGESTED ACTIONS

DHCS recommends the MHP continue working towards developing a mechanism for providing medically necessary TFC services, either by contracting with a TFC agency or establishing a county owned and operated TFC agency.

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

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: PP 55-12 Resource Intensive Services for Children; Licenses for STRTP; Letter to Courage to Change regarding STRTP application; and Success in Recovery (SIR) Policy.

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: PP IA-06 Presumptive Transfer for Foster Youth Placed Out-of-County (draft); Presumptive Transfer Notification; Site Certification and Out-of-County SAR Contact Listing; and website posting of single point or contact and dedicated phone number, email address.

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: PP 43.07 and 42.08; Compliance Plan; and Utilization Review Overpayment/Disallowance log.

SUGGESTED ACTIONS

No further action required at this time.