

**FISCAL YEAR (FY) 2017/2018 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY
 MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES
 YOLO COUNTY MENTAL HEALTH PLAN REVIEW
 March 5-8, 2018
FINDINGS REPORT**

This report details the findings from the triennial system review of the **Yolo 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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SURVEY ONLY FINDINGS 10

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		100%
SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES	25	3	0/25		100%
SECTION B: ACCESS	54	0	0/54	9a2, 9a3, 10b1, 10b2, 10b3	91%
SECTION C: AUTHORIZATION	33	3	0/33	2c	99%
SECTION D: BENEFICIARY PROTECTION	29	0	0/29		100%
SECTION E: FUNDING, REPORTING & CONTRACTING REQUIREMENTS	1	0	0/1	E1	0%
SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	0/6		100%
SECTION G: PROVIDER RELATIONS	11	0	0/11	2a, 2b	99%
SECTION H: PROGRAM INTEGRITY	26	1	0/26		100%
SECTION I: QUALITY IMPROVEMENT	34	0	0/34		100%
SECTION J: MENTAL HEALTH SERVICES ACT	21	0	0/21		100%
TOTAL ITEMS REVIEWED	245	7	0		

Overall System Review Compliance

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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	9		OUT OF 245	
OVERALL PERCENTAGE OF COMPLIANCE	IN	97%	OOO/Partial	3%
	97%		(# OOO/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

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

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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 February 12, 2018, at 8:36 a.m. The call was answered after two (2) rings via a live operator. The caller requested information on how to file a grievance in the county. The operator provided three (3) different options: 1) by phone, 2) mail, or 3) in person. The caller was provided information on how to file a grievance. The operator also provided information on the MHP process. 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 B9a4.

Test call #2 was placed on January 24, 2018, at 3:23 p.m. The call was initially answered after two (2) rings via a live operator who identified themselves as Sue. The caller requested information on how to file a grievance in the county. The operator informed the caller that the grievance forms are in the lobby for pickup. Operator informed caller they could be transferred to the Quality Manager, if preferred. The operator asked the caller to provide their name (Roy Batch) and contact information and advised the caller they were not in the county system. The caller was then placed on hold; therefore, the caller terminated the call.

The call is deemed in compliance with the regulatory requirements for protocol questions B9a4.

Test call #3 was placed on January 30, 2018, at 2:47 p.m. The call was answered after two (2) rings via a live operator. The caller requested information about accessing mental health services in the county. The operator informed the caller that they would take the callers information over the phone and pass it to their triage staff, which will screen for services. The operator asked if the caller had Medi-Cal in the county, so they could look up their information. The caller replied to the operator affirmative and informed the operator that they just wanted to obtain information about services. The operator informed the caller once they have decided they could call back with their information so the triage staff could provide an assessment for services and make an appointment. 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, nor was the caller provided information about services needed to treat a beneficiary's urgent condition.

The call is deemed OOO with the regulatory requirements for protocol questions B9a2 and B9a3.

Test call #4 was placed on January 31, 2018, at 8:49 a.m. The call was initially answered after one (1) ring via a live operator. The caller requested information about accessing mental health services in the county regarding depression. The operator asked the caller to provide their name and transferred the caller to the clinician. The clinician asked if the caller wanted to hurt self or hurt others. The caller responded in the negative. The clinician asked caller for their DOB and the caller stated 7/7/78. The clinician asked for the address and the caller

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provided 1245 Reed Drive in Davis. The clinician explained that their clinic only handles severely mental illness, but could refer caller to another agency. The clinician asked the caller if they had insurance and the caller replied Medi-Cal. The clinician asked the caller if they had received mental health services before and the caller replied in the negative. The clinician asked the caller for their symptoms and the caller explained that they have been feeling depressed for about two weeks, not feeling like themselves, and thought this might be weather related. The clinician then referred the caller to the Yolo Family Service Agency, located at 719 2nd Street, Suite 18, in Davis, CA and contact number: 530-753-8674. The clinician explained they have a walk-in clinic and they should call to make an appointment because it could take a couple weeks. The clinic provided days and hours of operations: Monday through Friday, 8:00 a.m. to 8:00 p.m., and occasionally on weekends by appointment. The clinician informed the caller to callback if they needed additional help. No additional information about SMHS was provided to the caller. 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 #5 was placed on February 8, 2018, at 3:05 p.m. The call was initially answered after four (4) rings via a live operator. The caller requested information about accessing mental health services in the county. The operator asked the caller to provide their name, social security number, and Medi-Cal number. The caller declined and asked if they could instead just get some basic information on how to get help for her son. The operator asked for the age of the child, to which the caller replied, "He is seven and in the second grade." Again, the operator repeated that she needed the personal identifying information before she could provide any information on how to access services. The caller said she did not feel comfortable giving out that information but wanted to know what types of services were available for her son. The operator was argumentative and stated that the caller could not get information unless she provided her social security number. The caller expressed to the operator that she felt like the operator was not hearing her - she explained that her son bit someone at school today and she wanted to know what kind-of-services were available. The caller asked if walk-in services were available to receive information but was interrupted by the operator who repeated her demand for personal identifying information. At this point, the caller was extremely frustrated and asked for the operator's name (because it was unintelligible at the beginning of the call, but sounded like Aurelia). The operator was silent so the caller asked if she was there. After a few seconds, the operator disconnected the call at 3:07 p.m. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, nor was the caller provided information about services needed to treat a beneficiary's urgent condition.

The call is deemed out of compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

Test call #6 was placed on February 9, 2018, at 7:42 a.m. The call was initially answered after one (1) ring via a live operator. The operator identified herself as Terry and asked how she

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could help. The caller requested information about accessing mental health services in the county because she was feeling depressed, overwhelmed and isolated, because of her sick mother. The operator asked for the caller's name, the caller stated her name was Mayra Rodriguez. The operator informed the caller they could go to the urgent care clinic from 12:00 p.m. to 9:00 p.m. and provided the location. The caller inquired about wanting to know what course of action she should take once she arrived at the clinic. The operator informed the caller to restate the same conversation as she provided using the Toll Free Number. The caller asked about receiving individual counseling, the operator stated they were not sure, but the clinic would be able to tell her what services were available. 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 #7 was placed on February 9, 2018, at 8:53 a.m. The call was initially answered after two (2) rings via a live operator by asking how may I help you. The caller informed the operator that he was calling regarding his son who was having issues at school and home. The caller informed the operator he was worried about his behavior and that his son's doctor had referred him to mental health services. The operator asked the caller to provide son's DOB and name. The caller provided DOB as (04/05/2006) and name as (Darren Gomez). The operator asked caller if they had Medi-Cal, and the caller stated in the affirmative. The operator indicated they would need to obtain some information before the caller would be routed to the Children's Division for a call back. The caller asked if they could bring his son in for services. The operator asked the following questions: 1) is your son suicidal, 2) do you believe your son will harm others. The caller stated in the negative and no further questions were asked. The operator attempted to look up caller's son in the system, but he could not be located. The operator informed the caller they would have to call back with the child's information before completing the process. The caller asked the operator if they could call them directly, or would they have to call the general number. The operator indicated they would have to call the general number and ask for the operator. The caller thanked the operator and ended the call. No additional information about SMHS was provided to the caller. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, nor was the caller provided information about services needed to treat a beneficiary's urgent condition.

The call is deemed out of compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

Test Call 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	N/A	N/A	OUT	IN	OUT	IN	OUT	40%
9a-3	N/A	N/A	OUT	IN	OUT	IN	OUT	40%

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9a-4	IN	IN	N/A	N/A	N/A	N/A	N/A	100%
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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: Access and Toll-Free Number Policy 5-10-002, dated 6/6/02, Access Log Policy 5-10-003, dated 1/5/2005, Access Line Test Call Guidelines Policy 5-10-004, dated 2/5/2018, Access Log, Access Training Log, dated 6/26/2017, Access Line Test Call, dated 5/9/2016, Access Test Call Log 24/7, dated Oct/Dec 2017, Test Call Q&A, and 24/7 Access Line Script. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, on how to access specialty mental health services and services needed to treat a beneficiary's urgent condition.

Protocol questions B9a2 and B9a3 are deemed in partial compliance.

PLAN OF CORRECTION

The MHP will submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides a statewide, toll-free telephone number 24 hours a day, 7 days per week, with language capability in all languages spoken by beneficiaries of the county that will provide information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, services needed to treat a beneficiary's urgent condition, and how to 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?
	• <i>CCR, title 9, chapter 11, section 1810.405(f)</i>

FINDINGS

The MHP did not furnish evidence its written logs 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: Access Test Call Log. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, for four (4) of the five (5) test calls the date, name of beneficiary, and disposition were not documented.

In addition, the logs made available by the MHP did not include all required elements for calls. The table below details the findings:

			Log Results
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Test Call #	Date of Call	Time of Call	Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
3	1/30/18	2:57 p.m.	OOC	OOC	OOC
4	1/31/18	8:45 a.m.	IN	IN	IN
5	2/8/18	3:05 p.m.	OOC	OOC	OOC
6	2/9/18	7:42 a.m.	OOC	OOC	OOC
7	2/9/18	8:53 a.m.	OOC	OOC	OOC
Compliance Percentage			20%	20%	20%

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, 10b3 are deemed OOC.

PLAN OF CORRECTION:

The MHP will submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that its written log of initial requests for SMHS (including requests made via telephone, in person or in writing) complies with all regulatory requirements.

SECTION C: AUTHORIZATION

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

DHCS reviewed the MHP's authorization policy and procedure: Access and Authorization Process, 5-7-003, dated 2/16/18. In addition, DHCS inspected a sample of 25 SARs to verify compliance with regulatory requirements. The SAR sample review findings are detailed below:

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PROTOCOL REQUIREMENT		# SARS IN COMPLIANCE	# SARS OOC	COMPLIANCE PERCENTAGE
C2b	SARs approved or denied by licensed mental health professionals or waived/registered professionals	25	0	100%
C2c	MHP makes authorization decisions and provides notice within 14 calendar days	25	1	96%
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.	25	0	100%

Protocol question C2c 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 comply with timely submission of its annual cost reports.

SECTION E: FUNDING, REPORTING AND CONTRACTING REQUIREMENTS

PROTOCOL REQUIREMENTS	
E1.	Did the MHP comply with the requirements of W&I Code Sections 14705(c) and 14712(e) regarding timely submission of its annual cost reports?
•	<i>Welfare and Institutions Code Sections 14705© and 14712(e)</i> • <i>MHSUDS IN No. 17-025</i>

FINDINGS

The MHP did not furnish evidence it complies with timely submission of its annual cost reports.

DHCS reviewed the following documentation presented by the MHP as evidence of compliance: 5-1-001 Cost Report, dated 7/1/17. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the Cost Reports for Fiscal Year (FY) 14/15, 15/16, and 16/17 have not been finalized for submission to the Department of Health Care Services.

Protocol question E1 is deemed OOC.

PLAN OF CORRECTION

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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 comply with timely submission of its annual cost reports.

SECTION G: PROVIDER RELATIONS

PROTOCOL REQUIREMENTS	
G2.	Regarding the MHP’s ongoing monitoring of county-owned and operated and contracted organizational providers:
G2a.	Does the MHP have an ongoing monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified as per title 9 regulations?
G2b.	Is there evidence the MHP’s monitoring system is effective?
<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: Medi-Cal Site Certification 5-5-005, dated 7/1/17. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, Yolo Family Services Agency is listed on the Overdue Provider Report, dated 2/26/2018.

Protocol question G2a and G2b are deemed OOC.

In addition, DHCS reviewed its Online Provider System (OPS) and generated an Overdue Provider Report, which indicated the MHP has providers overdue for certification and/or re-certification. The table below summarizes the report findings:

TOTAL ACTIVE PROVIDERS (per OPS)	NUMBER OF OVERDUE PROVIDERS (at the time of the Review)	COMPLIANCE PERCENTAGE
44	1	99%

Protocol question G2a 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 an ongoing and effective monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified per title 9 regulations.

SURVEY ONLY FINDINGS

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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: County of Yolo Health and Human Services Agency Policy and Procedure Section 5, Chapter 12, Policy 013 Therapeutic Foster Care Services. The policy states Yolo County HHS will work with “Therapeutic Foster Care (TFC) agencies to identify children and youth who meet placement criteria for TFC homes” and “closely with the TFC agency and TFC families to place children and youth who are assessed as needing TFC into TFC homes” in and beyond Yolo County. The policy notes that the TFC parent serves as a key participant.

SUGGESTED ACTIONS

No further action required at this time.

PROTOCOL REQUIREMENTS	
A7. A7a.	Regarding Continuum of Care Reform (CCR): SURVEY ONLY Does the MHP maintain an appropriate network of Short Term Residential Therapeutic Programs (STRTPs) for children/youth who have been determined to meet STRTP placement criteria?
<ul style="list-style-type: none"> • <i>Welfare and Institutions Code 4096,5600.3(a)</i> 	

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SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: County of Yolo Health and Human Services Agency Policy and Procedure Section 5, Chapter 12, Policy 014 Short Term Residential Therapeutic Program and a February 18, 2018, an e-mail between the MHP and a potential STRTP provider. The policy notes the STRTP criteria and states, "If Yolo children or youth are assessed as meeting STRTP placement criteria, Yolo County HHSA will arrange for placement in STRTP that become available in Yolo County, or in STRTPs out of county that Yolo County HHSA may contract with." The e-mail documents Yolo MHP analysis of its network adequacy for STRTP placements and its intention to have Medi-Cal Certification and Program approval from Progress Ranch to fulfill these needs.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in order to strengthen current processes in this area to ensure compliance in future reviews: Enter into a contract with, or modify the existing contract with Progress Ranch and other providers to provide STRTPs for 16 Yolo County beneficiaries to receive STRTP services.

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: AB 1299 Presumptive Transfer 5-12-009, dated 7/1/17, with Notification Form, and Facsimile Cover Sheet.

SUGGESTED ACTIONS

No further action required at this time.

PROTOCOL REQUIREMENTS

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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: Behavioral Health Compliance Reporting and Notification Requirements 5-4-016, dated 2/1/18.

SUGGESTED ACTIONS

No further action required at this time.