FISCAL YEAR (FY) 2017/2018 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES
CALAVERAS COUNTY MENTAL HEALTH PLAN REVIEW
October 2-5, 2017
FINDINGS REPORT AMENDED

This report details the findings from the triennial system review of the **Calaveras 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	N/A	100%
SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES	25	3	0/25	N/A	100%
SECTION B: ACCESS	54	0	5/54	**B9a2;B9a3;B9c; B10a;B12c**	91%
SECTION C: AUTHORIZATION	33	3	2/33	**C1b;C6a6**	94%
SECTION D: BENEFICIARY PROTECTION	29	0	1/29	**D6**	97%
SECTION E: FUNDING, REPORTING & CONTRACTING REQUIREMENTS	1	0	1/1	**E1**	0%
SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	0/6	N/A	100%
SECTION G: PROVIDER RELATIONS	11	0	1/11	**G3b**	91%
SECTION H: PROGRAM INTEGRITY	26	1	0/26	N/A	100%
SECTION I: QUALITY IMPROVEMENT	34	0	3/34	**I3a;I3b&I3c**	91%
SECTION J: MENTAL HEALTH SERVICES ACT	21	0	0/21	N/A	100%

TOTAL ITEMS REVIEWED	**245**	**7**	**13**	

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	**13**		**OUT OF 245**	
OVERALL PERCENTAGE OF COMPLIANCE	**IN** (# IN/245)	95%	**OOC/Partial** (# OOC/245)	5%

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.

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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 Tuesday, September 5, 2017, at 7:45 a.m. The call was answered after one (1) ring via a live operator. The DHCS test caller requested information about accessing SMHS in the county. The operator clarified the request, established the county of residency, and requested the caller's name and date of birth. The operator provided the address, phone number and hours of operation of the MHP for services including walk-in services. The operator assessed the caller's current condition and advised caller of the 24/7 crisis line. 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 B9a2 and B9a3.

Test Call #2 was placed on Friday, September 8, 2017 at 8:27a.m. The call was answered after one (1) ring via a pre-recorded message advising the call was being transferred to a live operator. The DHCS test caller requested information about accessing SMHS in the county. The operator asked the caller if he/she had Medi-Cal and the caller responded in the affirmative. The operator asked if the caller wanted to provide personal information for screening. The caller declined to provide information and indicated that he/she would prefer walk-in services. The operator provided caller with hours of operation including walk-in services. The operator did not offer information about services needed to treat beneficiary's urgent condition. Before concluding the call, the operator requested caller's name and telephone number and the caller provided requested information. The caller was provided information about how to access SMHS but was not 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 is deemed not in compliance with the regulatory requirements for protocol question B9a3.

Test Call #3 was placed on Tuesday, September 12, 2017, at 1:09 p.m. The call was answered after one (1) ring via a pre-recorded message advising the call was being transferred to a live operator. The DHCS test caller requested information about accessing SMHS in the county. The operator established the county of residency and requested the caller's name. The caller was instructed to have their Medi-cal transferred from their pervious county to Calaveras County. The caller was advised this process could take 2-4 weeks. The operator advised the caller of the intake and scheduling process that will occur once the transfer has taken place. No additional information about SMHS was provided to the caller. The caller was not provided information about how to access SMHS, nor was the caller provided information about services needed to treat a beneficiary's urgent condition. The call is deemed not in compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

Test Call #4 was placed on Tuesday, September 12, 2017, at 9:00 a.m. The call was answered after one (1) ring via a live operator and transferred to a Crisis Worker. The DHCS test caller requested information about accessing SMHS in the county. The operator assessed the caller's current condition inquiring if caller was experiencing feelings of

depression, recent lifestyle changes, seasonal changes, trauma or thoughts of suicide. The caller responded in the negative. The operator referred the caller to the MHP and provided address and hours of operation. The operator explained the screening process to the caller and advised additional resources are available as needed. 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 B9a2 and B9a3.

Test Call #5 was placed on Tuesday, September 12, 2017, at 7:44 a.m. The call was answered after one (1) ring via a live operator. The DHCS test caller requested information about accessing SMHS in the county. The operator asked the caller if he/she wanted to initiate services with the county and the caller replied in the affirmative. The operator obtained information regarding the caller's area of residence and provided the address and hours of operation of the MHP. The operator requested the caller's name and provided his/her name to the caller. The caller was provided information about how to access SMHS. The caller was not 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 is deemed not in compliance with the regulatory requirements for protocol question B9a3.

Test Call #6 was placed on Tuesday, September 12, 2017, at 10:23 p.m. The call was answered after one (1) ring via a live operator. The DHCS test caller requested information about filing a complaint in the county. The operator explained the complaint process to the caller including the appeal and state fair hearing process and timelines. The operator provided location and hours of operation of the MHP as well as names and telephone numbers of administrative staff that could assist in filing a complaint. The caller requested to remain anonymous and inquired about complaint forms in the lobby or online and the operator was unsure of location of forms but advised caller that the MHP staff could assist him/her regarding forms. The caller was provided information about how to use the beneficiary resolution and fair hearing process. The call is deemed In Compliance with the regulatory requirements for protocol question B9a4.

Test Call #7 was placed on Tuesday, September 12, 2017, at 7:30 a.m. The call was answered after one (1) ring via a live operator. The DHCS test caller requested information about how to file a complaint in the county. The operator explained the appeal and state fair hearing process. The operator provided the caller with the mailing address and telephone number of the MHP and to the county's Deputy Director, Quality Manager, and Quality Manager Specialist to file a complaint. The caller asked the operator about filling out a complaint form to submit to the county and the operator was unaware of the complaint form. The caller was provided information about how to use the beneficiary resolution and fair hearing process. The call is deemed In Compliance with the regulatory requirements for protocol question B9a4.

FINDINGS

Test Call Results Summary

Protocol Question	Test Call Findings								Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	#8	
9a-1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**Not Applicable**
9a-2	IN	IN	OOC	IN	IN	N/A	N/A	N/A	**80%**
9a-3	IN	OOC	OOC	IN	OOC	N/A	N/A	N/A	**40%**
9a-4	N/A	N/A	N/A	N/A	N/A	IN	IN	N/A	**100%**

In addition to conducting the seven (7) test calls, DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy regarding Statewide 24 hour Access Line dated 7/25/17. Protocol questions B9a2 & 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

B9c. Does the MHP provide training for staff responsible for the statewide toll-free 24-hour telephone line to ensure linguistic capabilities?

- *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*

FINDING

The MHP did not furnish evidence it provides training for all staff and contractors with responsibilities related to providing a statewide (24/7) toll-free telephone line. Protocol question B9c 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 provides training for all staff and contractors with responsibilities related to providing a statewide (24/7) toll-free telephone line.

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

Test Call #	Date of Call	Time of Call	Log Results Name of the Beneficiary	Log Results Date of the Request	Log Results Initial Disposition of the Request
1	9/5/17	7:45a.m.	IN	IN	IN
2	9/8/17	8:27 a.m.	IN	IN	IN
3	9/12/17	1:09 p.m.	IN	IN	IN
4	9/12/17	9:00 a.m.	**OOC**	**OOC**	**OOC**
5	9/12/17	7:43 a.m.	IN	IN	IN
Compliance Percentage			**80%**	**80%**	**80%**

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

Protocol question B10a 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	
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?**

- *CCR title 9, section 1810.410*
- *DMH Information Notice 10-02 and 10-17*

FINDINGS

The MHP did not furnish evidence 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 is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it completes an annual report of CCC activities.

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SECTION C: COVERAGE AND AUTHORIZATION

PROTOCOL REQUIREMENTS	
C1.	Regarding the Treatment Authorization Requests (TARs) for hospital services:
C1a.	Are the TARs being approved or denied by licensed mental health or waivered/registered professionals of the beneficiary's MHP in accordance with title 9 regulations?
C1b.	**Does the MHP approve or deny TARs within 14 calendar days of the receipt of the TAR and in accordance with title 9 regulations?**
C1c.	Are all adverse decisions regarding hospital requests for payment authorization that were based on criteria for medical necessity or emergency admission being reviewed and approved in accordance with title 9 regulations by: 1) a physician, or 2) at the discretion of the MHP, by a psychologist for patients admitted by a psychologist and who received services under the psychologist's scope of practice?

- *CCR, title 9, chapter 11, sections 1810.242, 1820.220(c),(d), 1820.220 (f), 1820.220 (h), and 1820.215.*
- *CFR, title 42, section 438.210(d)*

FINDINGS
DHCS inspected a sample of **47** TARs to verify compliance with regulatory requirements. The TAR sample review findings are detailed below:

	PROTOCOL REQUIREMENT	# TARS IN COMPLIANCE	# TARs OOC	COMPLIANCE PERCENTAGE
C1a	TARs approved or denied by licensed mental health or waivered/registered professionals	47	0	100%
C1b	TARs approved or denied within 14 calendar days	47	1	98%

Protocol question C1b 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.

PROTOCOL REQUIREMENTS

C6. Regarding Notices of Adverse Benefit Determination (NOABDs):

C6a. Does the MHP provide a beneficiary with a NOABD under the following circumstances:

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

- *CFR, title 42, sections 438.10(c), 438.400(b) and 438.404(c)(2)*
- *CCR, title 9, chapter 11, sections 1830.205(a),(b)(1),(2),(3), 1850.210 (a)-(j) and 1850.212*
- *DMH Letter No. 05-03*
- *MHP Contract, Exhibit A, Attachment I*
- *CFR, title 42, section 438.206(b)(3)*
- *CCR, title 9, chapter 11, section 1810.405(e)*

FINDINGS

The MHP did not furnish evidence it provides a written NOABD to the beneficiary when there is a denial of a beneficiary's request to dispute financial liability, including cost sharing and other beneficiary financial liabilities. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Notice of Action A-E Policy. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the policy did not reflect that the MHP provided a written NOABD to the beneficiary upon denial of a beneficiary's request to dispute financial liability, including cost sharing and other beneficiary financial liabilities. Protocol question C6a6 is deemed in partial compliance.

# Elements	# of Elements OOC	COMPLIANCE PERCENTAGE
6	**1**	**83%**

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides a written NOABD to the denial of a beneficiary's request to dispute financial liability, including cost sharing and other beneficiary financial liabilities.

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SECTION D: BENEFICIARY PROTECTION

PROTOCOL REQUIREMENTS
D6. Is the MHP notifying those providers cited by the beneficiary (or otherwise involved in the grievance, appeal, or expedited appeal) of the final disposition of the beneficiary's grievance, appeal or expedited appeal?
• *CCR, title 9, chapter 11, section 1850.205(d)(6)*

FINDING

The MHP did not furnish evidence it is notifying those providers cited by the beneficiary (or otherwise involved in the grievance, appeal, or expedited appeal) of the final disposition of the beneficiary's grievance, appeal or expedited appeal. Protocol question D6 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 notifies providers cited by a beneficiary (or otherwise involved in the grievance, appeal, or expedited appeal) of the final disposition of the beneficiary's grievance, appeal or expedited appeal.

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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?
• *Welfare and Institutions Code Sections 14705© and 14712(e)* • *MHSUDS IN No. 17-025*

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: Annual cost report submitted timely for cycles ending 2015 and 2016. The MHP provided an email explaining late submission of report due to staff change and future steps made to ensure timely submission of reports in the future. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, The MHP did not submit its most recent annual cost report timely. Protocol question E1 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 comply with timely submission of its annual cost reports.

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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?**

- *CCR, title 9, chapter 11, section 1810.435*
- *MHP Contract, Exhibit A, Attachment I (d)I*

FINDINGS

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
11	**3**	**73%**

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.

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SECTION I: QUALITY IMPROVEMENT

PROTOCOL REQUIREMENTS	
I3.	Regarding monitoring of medication practices:
I3a.	Does the MHP have mechanisms to monitor the safety and effectiveness of medication practices at least annually?

- *MHP Contract, Exhibit A, Attachment I*

FINDING
The MHP did not furnish evidence it has mechanisms to monitor the safety and effectiveness of medication practices at least annually. Protocol question I3a 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 mechanisms to monitor the safety and effectiveness of medication practices at least annually.

PROTOCOL REQUIREMENTS	
I3b.	Does the MHP have a policy and procedure in place regarding monitoring of psychotropic medication use, including monitoring psychotropic medication use for children/youth?

- *MHP Contract, Exhibit A, Attachment I*

FINDING
The MHP did not furnish evidence it has a policy and procedure in place regarding monitoring of psychotropic medication use, including monitoring psychotropic medication use for children/youth. Protocol question I3b 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 policy and procedure in place regarding monitoring of psychotropic medication use, including monitoring psychotropic medication use for children/youth.

PROTOCOL REQUIREMENTS	
I3c.	If a quality of care concern or an outlier is identified related to psychotropic medication use is there evidence that the MHP took appropriate action to address the concern?

- *MHP Contract, Exhibit A, Attachment I*

FINDING
The MHP did not furnish evidence that if a quality of care concern or an outlier is identified related to psychotropic medication use is there evidence that the MHP took appropriate action to address the concern. Protocol question I3c 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 If a quality of care concern or an outlier is identified related to psychotropic medication use is there evidence that the MHP took appropriate action to address the concern.

SURVEY ONLY FINDINGS

SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES

PROTOCOL REQUIREMENTS

A6. Regarding therapeutic foster care service model services (referred to hereafter as "TFC"):

A6a. **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 County Welfare and the local Foster Care Agencies to obtain homes as TFC providers. There was no evidence submitted to demonstrate the MHP has 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.

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
Although the MHP does not maintain an appropriate network of Short Term Residential Therapeutic Programs (STRTPs), The MHP is meeting with placement agencies and group homes in an effort to meet regulatory requirements. There was no evidence submitted to demonstrate the MHP maintains an appropriate network of Short Term Residential Therapeutic Programs (STRTPs) for children/Youth who have been determined to meet STRTP placement criteria.

SUGGESTED ACTIONS
DHCS recommends the MHP continue working towards developing and maintaining an appropriate network of Short Term Residential Therapeutic Programs (STRTPs) for children/youth who have been determined to meet STRTP placement criteria.

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: Presumptive Transfer draft policy that will include single point of contact; Request form; checklist; flowchart of timelines; Intake Assessment form and Treatment Plan template. The MHP will post the information to its public website upon approval of documentation.

SUGGESTED ACTIONS
No further action required at this time.

PROTOCOL REQUIREMENTS	
H2k.	**SURVEY ONLY:** 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
Although the MHP does not have a documented process for reporting identified overpayments, the MHP stated they have a process for identifying overpayments on a case-by-case basis. MHP also states fee-for-service entries are reviewed prior to entering Anasazi. There was no evidence submitted to demonstrate the MHP has a provision for prompt reporting of all overpayments identified or recovered, specifying the overpayments due to potential fraud, waste and abuse.

SUGGESTED ACTIONS
DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements or to strengthen current processes in this area to ensure compliance in future reviews: Develop Policies and Procedures detailing overpayment identification and recovery process. Develop monitoring tools and/or other evidence of tracking overpayments to providers.