

**FISCAL YEAR (FY) 2017/2018 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY
 MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES
 INYO COUNTY MENTAL HEALTH PLAN REVIEW
 May 14, 2018
FINDINGS REPORT**

This report details the findings from the triennial system review of the **Inyo 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 (OO) OR PARTIAL COMPLIANCE	IN COMPLIANCE PERCENTAGE FOR SECTION
ATTESTATION	5	0	0/5		100%
SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES	25	3	1/25	3g4	96%
SECTION B: ACCESS	54	0	13/54	2b4, 2b7, 2b9, 5f, 9a1, 9a2, 9a3, 10b1, 10b2, 10b3, 13a2, 13a3, 13b	76%
SECTION C: AUTHORIZATION	33	3	10/33	1b, 2b, 2c, 2d, 3a1, 3a2, 3a4, 4c, 7a1, 7a2	70%
SECTION D: BENEFICIARY PROTECTION	29	0	5/29	3b, 5a1, 5a2, 5a3, 6	83%
SECTION E: FUNDING, REPORTING & CONTRACTING REQUIREMENTS	1	0	0/1		100%
SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	1/6	2d	83%

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SECTION G: PROVIDER RELATIONS	11	0	2/11	3a7, 3a8	82%
SECTION H: PROGRAM INTEGRITY	26	1	13/26	2d, 2e, 2f, 2i, 2j, 4b, 4c, 5a1, 5a2, 5a3, 5a4, 5a5, 5b	59%
SECTION I: QUALITY IMPROVEMENT	34	0	10/34	3a, 3b, 3c, 5, 6d1, 6d2, 6d3, 6f, 10b, 10c	71%
SECTION J: MENTAL HEALTH SERVICES ACT	21	0	3/21	4b1, 5d, 5c	86%
TOTAL ITEMS REVIEWED	245	7	58		

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	58		OUT OF 245	
OVERALL PERCENTAGE OF COMPLIANCE	IN	76%	OOO/Partial	24%
	(# IN/245)		(# OOO/245)	

FINDINGS

SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES

PROTOCOL REQUIREMENTS	
A3g.	The ability of network providers to ensure the following:
	2) reasonable accommodations
	<ul style="list-style-type: none"> • CFR, title 42, section 438.206(b)(1) • CCR, title 9, chapter 11, section 1810.310 • MHP Contract, Exhibit A, Attachment I • CMS/DHCS, section 1915(b) waiver

FINDINGS

The MHP did not furnish evidence it maintains and monitors a network of appropriate providers that is supported by written agreements. Specifically, reasonable accommodations. DHCS reviewed the following documentation presented by the MHP as evidence of

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compliance: Provider Directory. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, regarding network providers ensuring reasonable accommodations, Protocol question(s) A3g1 is deemed OOC.

SECTION B: ACCESS

PROTOCOL REQUIREMENTS	
B2b.	Does the MHP provider directory contain the following required elements:
	1) Names of provider(s), as well as any group affiliation?
	2) Street address(es)?
	3) Telephone number(s)?
	4) Website URL, as appropriate?
	5) Specialty, as appropriate?
	6) Whether the provider will accept new beneficiaries?
	7) The provider's cultural and linguistic capabilities, including languages (including ASL) offered by the provider or a skilled interpreter?
	8) Whether the provider has completed cultural competence training?
	9) Whether the provider's office/facility has accommodations for people with physical disabilities, including offices, exam rooms, and equipment?
	<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.10(f)(6)(i) and 438.206(a)</i> • <i>CCR, title 9, chapter 11, section 1810.410</i> • <i>CMS/DHCS, section 1915(b) Waiver</i> • <i>DMH Information Notice Nos. 10-02 and 10-17</i> • <i>MHP Contract</i>

FINDINGS

The MHP did not furnish evidence it provides beneficiaries with a current provider directory upon request and when first receiving a SMHS and the MHP's provider directory did not contain Names of provider(s), as well as any group affiliation, Street address(es), Telephone number(s), Website URL, as appropriate, Specialty, as appropriate, Whether the provider will accept new beneficiaries, provider's cultural and linguistic capabilities, including languages (including ASL) offered by the provider or a skilled interpreter, Whether the provider has completed cultural competence training, Whether the provider's office/facility has accommodations for people with physical disabilities, including offices, exam rooms, and equipment. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Provider Directory. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the Website URL, the ASL information, accommodations for people with physical disabilities, Protocol question(s) 2b4, 2b7, 2b9 are deemed OOC.

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PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides beneficiaries with a current provider directory upon request and when first receiving a SMHS and the MHP's provider directory must contain Names of provider(s), as well as any group affiliation, Street address(es), Telephone number(s), Website URL, as appropriate, Specialty, as appropriate, Whether the provider will accept new beneficiaries, provider's cultural and linguistic capabilities, including languages (including ASL) offered by the provider or a skilled interpreter, Whether the provider has completed cultural competence training, Whether the provider's office/facility has accommodations for people with physical disabilities, including offices, exam rooms, and equipment.

PROTOCOL REQUIREMENTS	
B5f.	Does the MHP have a mechanism for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and/or culturally appropriate field testing)?
	<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.10(d)(i),(ii)</i> • <i>CCR, title 9, chapter 11, sections 1810.110(a) and 1810.410(e)(4)</i> • <i>CFR, title 42, section 438.10(d)(2)</i> • <i>MHP Contract, Exhibit A, Attachment I</i>

FINDINGS

The MHP did not furnish evidence it has a mechanism for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and/or culturally appropriate field testing). DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy: Language, culture and other special communication needs, Language Line Contract. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, no policy or mechanism for ensuring accuracy of translated materials. Protocol question(s) 5f is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a mechanism for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and/or culturally appropriate field testing).

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?

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<p>3) Does the toll-free telephone number provide information to beneficiaries about services needed to treat a beneficiary's urgent condition?</p>	
<p>4) Does the toll-free telephone number provide information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes?</p>	
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1) • CFR, title 42, section 438.406 (a)(1) 	<ul style="list-style-type: none"> • DMH Information Notice No. 10-02, Enclosure, Page 21, and DMH Information Notice No. 10-17, Enclosure, Page 16 • MHP Contract, Exhibit A, Attachment I

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

Test Call #1 was placed on Thursday, April 12, 2018, at 10:52 p.m. The call was answered after two (2) rings via a live operator. The DHCS test caller requested information about accessing SMHS in the county. The operator provided the caller with the location, telephone number and hours of operation of the MHP. The operator also provided the hours of operation for the Access Line named "Progress House". The operator asked the caller if he/she required immediate services and the caller replied in the negative. The operator advised the caller that there is no stigma attached to receiving SMHS services. The operator advised the caller of the intake and assessment process. The caller was advised that walk-in visits should be done in early morning to ensure an assessment and/or appointment. The operator reminded the caller of the Access line hours and reiterated to the caller to call anytime and if caller needed to call back later in the night that he/she would be on duty until 7:15 a.m. 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 #2 was placed on April 19, 2018, at 7:38am. The call was initially answered after two (2) rings via a live operator. The caller requested information about accessing initial mental health services in the county. The operator confirmed with the caller that he/she resided in Inyo and assessed that the caller was not in crisis. The operator initially provided two options: to have staff return the call after 8am, or to have the caller call back after 8:05. The operator reflected the caller's concerns and further suggested returning to the caller's primary physician for medication consultation or that behavioral health staff could assess the situation and assist. Upon caller's prompts, the operator provided the phone number and street of the Gross Street clinic and the crisis line number, adding that Progress House would answer the call afterhours. The caller was provided the minimal 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.

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

Test Call #3 was placed on April 26, 2018, at 7:42 and 7:44 a.m. The call was initially answered after six (6) rings via a voicemail message. The message identified that the caller had reached the Inyo County Behavioral Health hotline and that they could also be reached at (706) 873-8572. The voicemail requested that the caller after the tone leave a message and then press 1 for more options. The caller did not leave a message but pressed 1 for additional options and the call was disconnected. The caller attempted to make a second call at 7:44 a.m. and received the same voice message. The caller again pressed 1 to determine what the possible options were and the call again was disconnected. 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 line did not identify that it had language capabilities in all threshold languages of the county.

The call is deemed out of compliance with the regulatory requirements for protocol questions B9a1, B9a2, and B9a3.

Test Call #4 was placed on April 19, 2018, at 12:10pm. The call was initially answered after two (2) rings via a live operator. Caller informed operator that s/he was feeling down, lack of sleep, and change of behavior – scenario #2. Operator asked for the caller's name and address, in which the caller complied. Operator then asked if caller started asking probing questions like if s/he wanted to harm him/herself or anyone and if s/he was feeling depressed. Caller replied no, but didn't really know how s/he was feeling. Operator was very sincere and started provided caller with options on what to do next. Operator suggested that caller talk to a therapist and they can help find out what the caller needs. Operator provided the telephone number for Inyo County Behavioral hospital's main office 760-873-6533 which is located in Bishop and they are open M-F 8am-5pm. Operator also mentioned that caller could talk to their primary doctor and they could also provide some help or guidance as to what is bothering the caller. Operator stated that they are available 24/7 if caller needed someone to talk to and just be an ear. Operator recommended that caller does talk to someone so that they can find out what's going on and solve it. Operator provided a second location that was possibly closer, Lone Pine Wellness Center and they could also provide help and information. That Phone number is 760-876-4738 and is open M-F 8am-5pm. Caller stated that s/he would call the main number and see about a therapist. Operator ended the call by asked if there was anything that s/he could do and that s/he is there even is caller just wants to talk (Very sincere) and to call back any time. Caller thanked her/him for their time and information.

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

Test Call #5 was placed on 5/1/18 at 12:03 pm. The call was answered after 3 rings. An operator named Adam answered the call. Adam asked how he could help the caller. The caller stated she was depressed and wanted to talk with a therapist. The operator asked for the caller's first and last name the caller gave the name of Mayra Rodriguez. The operator

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asked the caller to provide additional information on how she was feeling. The caller stated that she was the only caregiver for her mom, she has a full time job and is feeling overwhelmed and isolated. The operator stated that the caller could walk in at 1pm to the main office in the county 162 Gross Street. The operator provided cross streets and landmarks of where the clinic is located. The caller asked if she would be talking with a therapist today and the operator stated that the caller needed to go and see it could be that an appointment would need to be scheduled. The operator offer to continue to talk with the caller about how she was feeling if it would help. The caller declined. The operator asked the caller to please call again if she needed to, the phone lines are open 24/7.

This test call is in compliance because the operator provided information on how to access mental health services and see a therapist or schedule and appointment to see a therapist.

Test Call #6 was placed on April 13, 2018, at 3:08 pm. The call was initially answered after two (2) rings via a live operator. The caller requested information about how to file a complaint with the county. The operator informed the caller that he/she had 2 options: 1 that the caller could come in and grab a written form located in the lobby and an envelope that is there and mail it in. 2 that the operator could transfer the caller to a supervisor and they could take the complaint verbally. The caller asked the operator if he/she could file the complaint anonymously. The operator informed the caller that s/he would be able to remain anonymous for both options. The operator then mentioned where the office was located and where to get the forms and also provided the caller with a second location, the Public Health Center. The caller thanked the operator and stated that s/he would come in and grab a form and fill out. The operator then concluded the call with “Feel free to call back if you have any questions.” The caller was provided information about how to use the beneficiary problem resolution and fair hearing processes.

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

Test Call #7 was placed on April 27, 2018, at 2:04 p.m. The call was initially answered after two (2) rings via a live operator. The caller requested information about filing a grievance. The operator asked caller if they were from the county and provided the following: 1) walk-in to pick up grievance form with envelope, or 2) be transferred to Ralph and leave a message regarding filing a grievance and he can call you back.

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

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FINDINGS

Protocol Question	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
9a-1	n/a	n/a	OOC	n/a	n/a	IN	IN	67%
9a-2	IN	IN	OOC	IN	IN	n/a	n/a	80%
9a-3	IN	IN	OOC	IN	IN	n/a	n/a	80%
9a-4	n/a	n/a	n/a	n/a	n/a	IN	IN	100%

In addition to conducting the seven (7) test calls, DHCS reviewed the following documentation presented by the MHP as evidence of compliance: MHP Call Log / After Hours Call Log. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Protocol question(s) 9a1, 9a2, 9a3 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?
• 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 and After-Hours Call Log. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements.

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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	Date of the Request	Initial Disposition of the Request
1	04/12/18	10:52pm	IN	IN	IN
2	04/19/18	7:38am	IN	IN	IN
3	04/26/18	7:42am, 7:44am	OOC	OOC	OOC
4	04/19/18	12:10pm	IN	IN	IN
5	05/01/18	12:03pm	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 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.

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

FINDINGS

The MHP did not furnish evidence it has a plan for annual cultural competence training necessary to ensure the provision of culturally competent services. DHCS reviewed the

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following documentation presented by the MHP as evidence of compliance: Cultural Competence Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not have a plan for or evidence of implementation of cultural competency training for administrative and management staff and/or persons providing SMHS employed by or contracting with the MHP. The MHP did not have a process to ensure interpreters are trained and monitored for language competence. Protocol question(s) B13a2, B13a3, B13b is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a plan for annual cultural competence training necessary to ensure the provision of culturally competent services. Specifically, the MHP must develop a plan for, and provide evidence of implementation of, cultural competency training for administrative and management staff as well as persons providing SMHS employed by or contracting with the MHP. The MHP must develop a process to ensure interpreters are trained and monitored for language competence.

SECTION C: COVERAGE AND AUTHORIZATION

PROTOCOL REQUIREMENTS	
C1.	Regarding the Treatment Authorization Requests (TARs) for hospital services:
C1a.	Are the TARs being approved or denied by licensed mental health or waived/registered professionals of the beneficiary's MHP in accordance with title 9 regulations?
C1b.	Does the MHP approve or deny TARs within 14 calendar days of the receipt of the TAR and in accordance with title 9 regulations?
C1c.	Are all adverse decisions regarding hospital requests for payment authorization that were based on criteria for medical necessity or emergency admission being reviewed and approved in accordance with title 9 regulations by: <ul style="list-style-type: none"> 1) a physician, or 2) at the discretion of the MHP, by a psychologist for patients admitted by a psychologist and who received services under the psychologist's scope of practice?
<ul style="list-style-type: none"> • 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

The MHP did not furnish evidence it complies with regulatory requirements regarding Treatment Authorization Requests (TARs) for hospital services. DHCS reviewed the MHP's authorization policy and procedure: Policy: Treatment Authorization Requests (TARs). However, it was determined the documentation lacked sufficient evidence of compliance with

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regulatory and/or contractual requirements. Specifically, 1 TAR not adjudicated within 14 calendar days. In addition, DHCS inspected a sample of 39 TARs to verify compliance with regulatory requirements. The TAR sample review findings are detailed below:

PROTOCOL REQUIREMENT		# TARs IN COMPLIANCE	# TARs OOC	COMPLIANCE PERCENTAGE
C1 a	TARs approved or denied by licensed mental health or waived/registered professionals	39	0	100%
C1 b	TARs approved or denied within 14 calendar days	38	1	97%

Protocol question(s) C1b is deemed in partial compliance.

The TAR sample included 39 TARs which were denied based on based on criteria for medical necessity or emergency admission.

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	
C2.	Regarding Standard Authorization Requests for non-hospital SMHS:
C2a.	Does the MHP have written policies and procedures for initial and continuing authorizations of SMHS as a condition of reimbursement?
C2b.	Are payment authorization requests being approved or denied by licensed mental health professionals or waived/registered professionals of the beneficiary's MHP?
C2c.	For standard authorization decisions, does the MHP make an authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and within 14 calendar days following receipt of the request for service with a possible extension of up to 14 additional days?
C2d.	For expedited authorization decisions, does the MHP make an expedited authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and within 72 hours following receipt of the request for service or, when applicable, within 14 calendar days of an extension?
<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.210(b)(3)</i> • <i>CFR, title 42, section 438.210(d)(1),(2)</i> • <i>CCR, title 9, chapter 11, sections 1810.253, 1830.220, 1810.365, and 1830.215 (a-g)</i> 	

FINDINGS

The MHP did not furnish evidence it complies with regulatory requirements regarding standard authorization requests (SARs) for non-hospital SMHS services. DHCS reviewed the MHP's authorization policy and procedure: Policy: Authorization Process for Outpatient Services. However, it was determined the documentation lacked sufficient evidence of compliance with

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regulatory and/or contractual requirements. Specifically, 3 SARs did not have authorization signatures, 9 SARs not adjudicated within 14 calendar days, policy indicated 3 working days instead of 72 hours. In addition, DHCS inspected a sample of 20 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	17	3	85%
C2c	MHP makes authorization decisions and provides notice within 14 calendar days	11	9	55%
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.	n/a	n/a	n/a

Protocol question(s) 2b, 2c, 2d 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 it complies with regulatory requirements regarding SARs for non-hospital SMHS services.

PROTOCOL REQUIREMENTS	
C3.	Regarding payment authorization for Day Treatment Intensive and Day Rehabilitation Services:
C3a.	The MHP requires providers to request advance payment authorization for Day Treatment Authorization and Day Rehabilitation in accordance with MHP Contract:
	1) In advance of service delivery when services will be provided for more than 5 days per week.
	2) At least every 3 months for continuation of Day Treatment Intensive.
	3) At least every 6 months for continuation of Day Rehabilitation.
	4) The MHP requires providers to request authorization for mental health services provided concurrently with day treatment intensive and day rehabilitation, excluding services to treat emergency and urgent conditions.
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, sections 1830.215 (e) and 1840.318. • DMH Information Notice 02-06, Enclosures, Pages 1-5 • DMH Letter No. 03-03 	

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FINDINGS

The MHP did not furnish evidence it requires providers to request advance payment authorization for Day Treatment Intensive (DTI) and Day Rehabilitation (DR). DHCS reviewed the MHP’s authorization policy and procedure: Policy: Contract Provider Process Contracting / Authorization / Payment, Policy: Day Rehabilitation. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the policy does not require providers to require advance payment authorization, for Day Treatment Intensive services.

Protocol question(s) 3a1, 3a2, 3a4 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 it requires providers to request advance payment authorization for DTI and DR.

PROTOCOL REQUIREMENTS	
C4.	Regarding out-of-plan services to beneficiaries placed out of county:
C4a.	Does the MHP provide out-of-plan services to beneficiaries placed out of county?
C4b.	Does the MHP ensure that it complies with the timelines for processing or submitting authorization requests for children in a foster care, AAP, or KinGAP aid code living outside his or her county of origin?
C4c.	Does the MHP have a mechanism to ensure it complies with the use of standardized contract, authorization procedure, documentation standards and forms issued by DHCS, unless exempted?
	<ul style="list-style-type: none"> • <i>CCR, title 9, chapter 11, section 1830.220(b)(c) and (b)(4)(A); section 1810.220.5, 1830.220 (b)(3), and b(4)(A),</i> • <i>WIC sections, 11376, 16125, 14716, 14717, 14684, 14718, and 16125</i> • <i>DMH Information Notice No. 09-06,</i> • <i>DMH Information Notice No. 97-06</i> • <i>DMH Information Notice No. 08-24</i> • <i>Welfare and Institutions Code section 14717.1</i> • <i>MHSUDS Information Notice No. 17-032</i>

FINDINGS

The MHP did not furnish evidence it provides out-of-plan services to beneficiaries placed out of county and it ensure that it complies with the timelines for processing or submitting authorization requests for children in a foster care, AAP, or KinGAP aid code living outside his or her county of origin and a mechanism to ensure it complies with the use of standardized contract, authorization procedure, documentation standards and forms issued by DHCS, unless exempted. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy: Day Rehabilitation. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, no mechanism provided to ensure the MHP complies with the standardized contract, authorized procedure, and documentation standards. Protocol question(s) C4c is deemed OOC.

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PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides out-of-plan services to beneficiaries placed out of county and it ensure that it complies with the timelines for processing or submitting authorization requests for children in a foster care, AAP, or KinGAP aid code living outside his or her county of origin and a mechanism to ensure it complies with the use of standardized contract, authorization procedure, documentation standards and forms issued by DHCS, unless exempted.

PROTOCOL REQUIREMENTS	
C7.	Does the MHP have a policy and procedure in place which ensures that Forms JV-220 (Application Regarding Psychotropic Medication), JV-220(A) (Physician’s Statement—Attachment), JV-221 (Proof of Notice: Application Regarding Psychotropic Medication), JV-222 (Input on Application Regarding Psychotropic Medication), and JV-223 (Order Regarding Application for Psychotropic Medication) will be completed and in the beneficiary’s medical record when psychotropic medications are prescribed under the following circumstances:
	1) When a child is under the jurisdiction of the juvenile court and living in an out-of-home placement and the child’s physician is asking for an order: <ul style="list-style-type: none"> • Giving permission for the child to receive a psychotropic medication that is not currently authorized <i>or</i> • Renewing an order for a psychotropic medication that was previous authorized for the child because the order is due to expire?
	2) For a child who is a ward of the juvenile court and living in a foster care placement, as defined in <i>Welfare and Institutions Code Section 727.4</i> ?
<ul style="list-style-type: none"> • <i>Judicial Council Forms, JV 219</i> 	

FINDINGS

The MHP did not furnish evidence it ensures JV220-JV223 forms (as applicable) will be completed and in the beneficiary’s medical record when psychotropic medications are prescribed when a child is under the jurisdiction of the juvenile court and living in an out-of-home placement and the child’s physician is asking for an order to give or renew a child’s prescription for psychotropic medication or for a child who is a ward of the juvenile court and living in a foster care placement. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Court Order Process for Application for Psychotropic Medication flowchart, Policy: Presumptive Transfer. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP does not have a policy and procedure in place for this process and the flowchart provided by the MHP did not match the process that was described by the MHP, no additional policy provided. Protocol question 7a1, 7a2 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 ensures JV220-JV223 forms (as applicable) will be completed and in the beneficiary’s medical

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record when psychotropic medications are prescribed when a child is under the jurisdiction of the juvenile court and living in an out-of-home placement and the child's physician is asking for an order to give or renew a child's prescription for psychotropic medication or for a child who is a ward of the juvenile court and living in a foster care placement..

SECTION D: BENEFICIARY PROTECTION

PROTOCOL REQUIREMENTS	
D3.	Regarding established timeframes for grievances, appeals, and expedited appeals:
D3a.	1) Does the MHP ensure that grievances are resolved within established timeframes?
D3.	2) Does the MHP ensure that appeals are resolved within established timeframes?
D3.	3) Does the MHP ensure that appeals are resolved within established timeframes?
D3b.	If the MHP extends the timeframe for resolution of a grievance or appeal, does the MHP ensure required notice(s) of an extension are given to beneficiaries in accordance with 42 C.F.R. §438.408(c)?
	<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.408(a),(b)(1)(2)(3)</i> • <i>CCR, title 9, chapter 11, section 1850.207(c)</i> • <i>CCR, title 9, chapter 11, section 1850.206(b)</i> • <i>CCR, title 9, chapter 11, section 1850.208.</i>

FINDINGS

The MHP did not furnish evidence it ensures grievances, appeals, and expedited appeals are resolved within established timeframes and/or required notice(s) of an extension are given to beneficiaries. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy: Beneficiary Problem Resolution Process. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not have a policy or procedure for notices of an extension to beneficiaries nor did the MHP have a template letter for notices of extension.

In addition, DHCS inspected a sample of grievances, appeals, and expedited appeals to verify compliance with regulatory requirements.

	# REVIEWED	RESOLVED WITHIN TIMEFRAMES		REQUIRED NOTICE OF EXTENSION EVIDENT	COMPLIANCE PERCENTAGE
		# IN COMPLIANCE	# OOC		
GRIEVANCES	1	1	0	n/a	100%
APPEALS	n/a	n/a	n/a	n/a	n/a
EXPEDITED APPEALS	n/a	n/a	n/a	n/a	n/a

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Protocol question(s) 3b 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 ensures grievances, appeals, and expedited appeals are resolved within established timeframes.

PROTOCOL REQUIREMENTS	
D5.	Does the written notice of the appeal resolution include the following:
	1) The results of the resolution process and the date it was completed?
	2) Notification of the right and how to request a State fair hearing, if beneficiary is dissatisfied with the <u>appeal</u> decision?
	3) The right to request and receive benefits while the hearing is pending and how to make the request?
	<ul style="list-style-type: none"> • <i>CFR, title 42, section 438.4081(1),(2)(as modified by the waiver renewal request of August, 2002 and CMS letter, August 22, 2003)</i> • <i>DMH Letter No. 05-03</i> • <i>CCR, title 9, chapter 11, section 1850.207(h)(3)</i>

FINDINGS

The MHP did not furnish evidence its written notice of appeal resolution includes the results and completion of the resolutions process and notification of the right to, how to request, a State fair hearing if the beneficiary is dissatisfied with the appeal decision and right to request and receive benefits while the hearing is pending and how to make the request. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Inyo County Behavioral Health – Grievance, Appeal, and Expedited Appeal Sample Form. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, no written letter/template indicating results of resolution and date completed, no information regarding state fair hearings, no information regarding rights to request and receive benefits while the hearing is pending. Protocol question(s) D5a1, D5a2, D5a3 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 its written notice of appeal resolution includes the results and completion of the resolutions process and notification of the right to, how to request, a State fair hearing if the beneficiary is dissatisfied with the appeal decision and right to request and receive benefits while the hearing is pending and how to make the request.

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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?
<ul style="list-style-type: none"> • <i>CCR, title 9, chapter 11, section 1850.205(d)(6)</i> 	

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. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Inyo County Behavioral Health – Grievance, Appeal, and Expedited Appeal Sample Form. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP was unable to provide evidence that the involved provider (The Wellness Center) was notified of the final disposition of the grievance. 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.

SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE

PROTOCOL REQUIREMENTS	
F2.	Regarding Memorandums of Understanding (MOUs) with Medi-Cal Managed Care Plans (MCPs):
F2a.	Does the MHP have MOUs in place with any Medi-Cal MCP that enrolls beneficiaries covered by the MHP? If not, does the MHP have documentation that a "good faith effort" was made to enter into an MOU?
F2b.	Does the MHP have a process for resolving disputes between the MHP and MCPs that include a means for beneficiaries to receive medically necessary services, including specialty mental health services and prescription drugs, while the dispute is being resolved?
F2c.	Does the MHP have a mechanism for monitoring and assessing the effectiveness of any MOU with a physical health care plan?
F2d.	Does the MHP have a referral protocol between MHP and Medi-Cal Managed Care Plan to ensure continuity of care?
<ul style="list-style-type: none"> • <i>CCR, title 9, chapter 11, sections 1810.370 and 1810.415</i> • <i>MHP Contract, Exhibit A, Attachment I</i> 	

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FINDINGS

The MHP did not furnish evidence it has entered into MOUs, or has documentation of a good faith effort to do so, with any Medi-Cal MCPs that enrolls beneficiaries covered by the MHP. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: MOU – Managed Care Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, no referral protocol or tracking mechanism to ensure continuity of care between the MHP and Medi-Cal Managed Care Plan. Protocol question(s) F2d 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 entered into MOUs, or has documentation of a good faith effort to do so, with any Medi-Cal MCPs that enrolls beneficiaries covered by the MHP. The MHP must also have processes in place for resolving disputes between the MHP and MCPs, mechanisms for monitoring and assessing the effectiveness of MOUs, and/or referral protocols between the MHP and MCPs to ensure continuity of care.

SECTION G: PROVIDER RELATIONS

PROTOCOL REQUIREMENTS	
G3.	Do all contracts or written agreements between the MHP and any subcontractor specify the following:
G3a.	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.

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| <ul style="list-style-type: none"> • <i>CFR, title 42, section 438.206(b)(1)</i> • <i>CCR, title 9, chapter 11, section 1810.310 (a)(5)(B)</i> | <ul style="list-style-type: none"> • <i>MHP Contract, Exhibit A, Attachment I</i> • <i>CMS/DHCS, section 1915(b) waiver</i> |
|--|---|

FINDINGS

The MHP did not furnish evidence that all contracts or written agreements between the MHP and any subcontractor specify the requirements in G3a7 and G3a8 above. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Agreement between the MHP and Pahrump Valley Counselling / Ramona Sanchez, LCSW. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, contract language regarding records and audits indicated that the “Contractor shall maintain records for a minimum of seven (7) years from the termination of the agreement.” Additionally, the agreement did not mention the possibility of fraud and the right to inspect, evaluate, audit the subcontractor by the State, CMS, or HHS Inspector General. Protocol question(s) 3a7, 3a8 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 that all contracts or written agreements between the MHP and any subcontractor specify the required elements, including the requirement to maintain records for a minimum of ten (10) years from the final date of the contract period or from the date of completion of any audit, whichever is later, and that 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	
H2d .	Is there evidence of effective training and education for the compliance officer?
H2e .	Is there evidence of effective training and education for the MHP’s employees and contract providers?
<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> 	

FINDINGS

The MHP did not furnish evidence of effective training and education for the compliance officer and for the MHP’s employees and contract providers. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Compliance Plan, Relias Compliance Training PowerPoint, Sign-in sheets for staff compliance training. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, no certificates of completion for the compliance officer, Relias Compliance Training does not cover California law, no tracking mechanism to ensure contractors are completing compliance training. Protocol question(s) h2d, h2e is deemed OOC.

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PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides for effective training and education for the compliance officer and for the MHP's employees and contract providers.

PROTOCOL REQUIREMENTS	
H2f.	Does the MHP ensure effective lines of communication between the compliance officer and the organization's employees and/or contract providers?
	<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>

FINDING

The MHP did not furnish evidence it ensures effective lines of communication between the compliance officer and the organization's employees and/or contract providers. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Compliance Plan, Compliance Hotline Flyers / Business Cards. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, MHP does not provide the contract providers with the hotline information, no effective lines of communication between the compliance officer and the contract providers. Protocol question h2f 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 ensures effective lines of communication between the compliance officer and the organization's employees and/or contract providers.

PROTOCOL REQUIREMENTS	
H2h.	Does the MHP have a system with dedicated staff for routine internal monitoring and auditing of compliance risks?
H2i.	Does the MHP have a mechanism for prompt response to compliance issues and investigation of potential compliance problems as identified in the course of self-evaluation and audits?
	<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>

FINDINGS

The MHP did not furnish evidence it has a provision for internal monitoring and auditing of fraud, waste, and abuse. The MHP does not have a provision for a prompt response to detected offenses and for development of corrective action initiatives relating to the MHP's Contract. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Compliance Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements.

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Specifically, there was no evidence there was no policy or mechanism in place, including timelines, for prompt response to issues identified through self-evaluations and audits. Protocol question(s) h2i is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a provision for internal monitoring and auditing of fraud, waste, and abuse. The MHP must also have a provision for a prompt response to detected offenses and for development of corrective action initiatives relating to the MHP's Contract.

PROTOCOL REQUIREMENTS	
H2j.	Does the MHP have a provision for a prompt response to detected offenses and for development of corrective action initiatives relating to the MHP's Contract?
<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> 	

FINDINGS

The MHP did not furnish evidence it has a provision for a prompt response to detected offenses and for development of corrective action initiatives relating to the MHP's Contract. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Compliance Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, while evidence provided indicated that the Compliance Officer will immediately begin a preliminary investigation to be completed within 24 hours which may be extended to 48 hours with senior management approval, there was no provision for the development of corrective action initiatives relating to the MHPs contract. Protocol question(s) H2j is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a provision for a prompt response to detected offenses and for development of corrective action initiatives relating to the MHP's Contract.

PROTOCOL REQUIREMENTS	
H3.	Regarding verification of services:
H3a.	Does the MHP have a method to verify whether services reimbursed by Medicaid were actually furnished to the beneficiaries?
H3b.	When unable to verify services were furnished to beneficiaries, does the MHP have a mechanism in place to ensure appropriate actions are taken?
<ul style="list-style-type: none"> • <i>CFR, title 42, sections 455.1(a)(2) and 455.20 (a)</i> • <i>MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements</i> • <i>Social Security Act, Subpart A, Sections 1902(a)(4), 1903(i)(2) and 1909</i> 	

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FINDINGS

The MHP did not furnish evidence it has a method to verify whether services reimbursed by Medicaid were actually furnished to the beneficiaries and, if unable to verify services, a mechanism to ensure appropriate actions are taken. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Compliance Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, no policy or process to verify services reimbursed by Medicaid were furnished to beneficiaries, no mechanism to ensure appropriate actions are taken when unable to verify services were furnished to beneficiaries. Protocol question(s) H3a, H3b is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a method to verify whether services reimbursed by Medicaid were actually furnished to the beneficiaries and, if unable to verify services, a mechanism to ensure appropriate actions are taken.

PROTOCOL REQUIREMENTS	
H4b	Does the MHP require its providers to consent to criminal background checks as a condition of enrollment per 42 CFR 455.434(a)?
H4c	Does the MHP require providers, or any person with a 5 percent or more direct or indirect ownership interest in the provider to submit a set of fingerprints per 42 CFR 455.434(b)(1)?
<ul style="list-style-type: none"> • <i>CFR, title 42, sections 455.101 and 455.104</i> • <i>MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements</i> 	

FINDING

The MHP did not furnish evidence it require its providers to consent to criminal background checks as a condition of enrollment and require providers, or any person with a 5 percent or more direct or indirect ownership interest in the provider to submit a set of fingerprints. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Compliance Plan, Provider Contracts, and Credentialing Application. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, there was no policy or information within the provider contract for providers to consent to a criminal background check, or that requires providers or any person with a 5% or more direct or indirect ownership interest in the provider to submit a set of fingerprints. Protocol question 4b, 4c 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 require its providers to consent to criminal background checks as a condition of enrollment

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and require providers, or any person with a 5 percent or more direct or indirect ownership interest in the provider to submit a set of fingerprints.

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?
H5b	When an excluded provider/contractor is identified by the MHP, does the MHP have a mechanism in place to take appropriate corrective action?
	<ul style="list-style-type: none"> • <i>CFR, title 42, sections 438.214(d), 438.610, 455.400-455.470, 455.436(b)</i> • <i>DMH Letter No. 10-05</i> • <i>MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements</i>

FINDINGS

The MHP did not furnish evidence it monitors and verifies provider eligibility (prior to contracting and monthly) to ensure providers, including contractors, are not on the OIG LEIE, Medi-Cal List of Suspended or Ineligible Providers, the NPPES, and the EPLS/SAM database. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy: Individual and Group Provider Selection and Retention. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not provide evidence of verification for new and current providers on a monthly basis, including contractors, to ensure they are not on the Office of Inspector General List of Excluded Individuals / Entities, no evidence of monthly monitoring of providers and contractors to ensure they are not on the DHCS Medi-Cal List of Suspended or Ineligible Providers, no evidence indicating providers and contractors are not in the Social Security Administration's Death Master File, no evidence to verify providers and contractors are in the National Plan and Provider Enumeration System, no evidence of monthly verification of providers and contractors to ensure they are not in the Excluded

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Parties List System / System Award Management database, and no tracking mechanism or action measures when an excluded provider / contractor is identified by the MHP. Protocol question(s) 5a1, 5a2, 5a3, 5a4, 5a5, H5b 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 monitors and verifies provider eligibility (prior to contracting and monthly) to ensure providers, including contractors, are not on the OIG LEIE, Medi-Cal List of Suspended or Ineligible Providers, the NPPES, and the EPLS/SAM database.

SECTION I: QUALITY IMPROVEMENT

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?
<ul style="list-style-type: none"> • <i>MHP Contract, Exhibit A, Attachment I</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. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policies on Administering, Dispensing and Disposal of Medications and a policy on Medication Monitoring, a Medication Monitoring Minutes “Template” (no completed minutes provided), and an email exchange between the MHP and Kingsview related to psychiatrists. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, while the Medication Monitoring Policy provides for a review of any deficiencies by the prescribing psychiatrist and states that any identified trends are reported to the QIC, there are no stated procedures regarding taking appropriate actions to address any identified concerns when needed and what those actions might include. Additionally, the email exchange did not provide enough information to determine if the issue was related to psychotropic medication use concerns, but rather appears to be concerns related to psychiatrist staffing or availability. 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.

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PROTOCOL REQUIREMENTS	
14.	Does the MHP have mechanisms to address meaningful clinical issues affecting beneficiaries system-wide?
15.	Does the MHP have mechanisms to monitor appropriate and timely intervention of occurrences that raise quality of care concerns and take appropriate follow-up action when such an occurrence is identified?
<ul style="list-style-type: none"> • <i>MHP Contract, Exhibit A, Attachment I</i> 	

FINDINGS

The MHP did not furnish evidence it has mechanisms to address meaningful clinical issues affecting beneficiaries' system-wide and to monitor appropriate and timely intervention of occurrences that raise quality of care concerns and take appropriate follow-up action when such an occurrence is identified. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Quality Assurance Staff Meetings schedule with topic/focus and the Medication Monitoring policy. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, while the Medication Monitoring policy provides a mechanism to monitor 5% of all cases involving prescribed medications annually, there are no stated procedures regarding taking appropriate actions to address any identified concerns when needed and what those actions might include; and while the QA Staff Meeting calendar reflects various topics to be discussed or presentations to be made, there was no specific evidence provided showing what mechanisms the MHP has in place to address other types of meaningful clinical issues, including appropriate and timely intervention of occurrences that raise quality of care concerns. Protocol question(s) 15 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 mechanisms to address meaningful clinical issues affecting beneficiaries' system-wide and to monitor appropriate and timely intervention of occurrences that raise quality of care concerns and take appropriate follow-up action when such an occurrence is identified.

PROTOCOL REQUIREMENTS	
16.	Regarding the QAPI Work Plan:
16a	Does the MHP have a QAPI Work Plan covering the current contract cycle with documented annual evaluations and documented revisions as needed?
16b	Does the QAPI Work Plan include evidence of the monitoring activities including, but not limited to, review of beneficiary grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, provider appeals, and clinical records review?
16c	Does the QAPI Work Plan include evidence that QM activities, including performance improvement projects, have contributed to meaningful improvement in clinical care and beneficiary service?

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I6d	Does the QAPI work plan include a description of completed and in-process QAPI activities, including: <ol style="list-style-type: none"> 1) Monitoring efforts for previously identified issues, including tracking issues over time?
	2) Objectives, scope, and planned QAPI activities for each year?
	3) Targeted areas of improvement or change in service delivery or program design?
I6e	Does the QAPI work plan include a description of mechanisms the Contractor has implemented to assess the accessibility of services within its service delivery area, including goals for: <ol style="list-style-type: none"> 1) Responsiveness for the Contractor's 24-hour toll-free telephone number?
	2) Timeliness for scheduling of routine appointments?
	3) Timeliness of services for urgent conditions?
	4) Access to after-hours care?
I6f.	Does the QAPI work plan include evidence of compliance with the requirements for cultural competence and linguistic competence?
	<ul style="list-style-type: none"> • <i>CCR, title 9, chapter 11, section 1810.440(a)(5)</i> • <i>DMH Information Notice No. 10-17, Enclosures, Pages 18 & 19, and DMH Information Notice No. 10-02, Enclosure, Page 23</i> • <i>MHP Contract, Exhibit A, Attachment I</i> • <i>CCR, tit. 9, § 1810.410</i> • <i>CFR, title 42, Part 438-Managed Care, sections 438.204, 438.240 and 438.358.</i>

FINDINGS

The MHP did not furnish evidence it has a QM/QI work plan covering the current contract cycle, with documented annual evaluations and necessary revisions, which meets MHP Contract requirements. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Annual Quality Improvement Work Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the QI Work Plan did not include the scope of the work plan, objectives, or planned QAPI activities for each year. Additionally, the plan did not include a monitoring method for previously identified issues, targeted areas of improvement or change in service delivery, and there were no goals within the work plan for cultural and linguistic competence. Protocol question(s) I6d1, I6d2, I6d3, I6f is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a QM/QI work plan covering the current contract cycle, with documented annual evaluations and necessary revisions, which meets MHP Contract requirements.

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PROTOCOL REQUIREMENTS	
I10.	Regarding the adoption of practice guidelines:
I10a	Does the MHP have practice guidelines, which meet the requirements of the MHP contract, in compliance with 42 CFR 438.236 and CCR title 9, section 1810.326 ?
I10b	Does the MHP disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries?
I10c.	Does the MHP take steps to assure that decisions for utilization management, beneficiary education, coverage of services, and any other areas to which the guidelines apply are consistent with the guidelines adopted?
<ul style="list-style-type: none"> • <i>MHP Contract, Exhibit A, Attachment I</i> • <i>42 CFR 438.236</i> 	

FINDING

The MHP did not furnish evidence it has practice guidelines, which meet the requirements of the MHP contract, disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries and take steps to assure that decisions for utilization management, beneficiary education, coverage of services, and any other areas to which the guidelines apply are consistent with the guidelines adopted. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Provider Contract Boilerplate, Policy: General Principles for Managed Care Practice Guidelines. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, there was no evidence presented showing the actual dissemination of guidelines or how guidelines are disseminated, and no evidence to show what steps the MHP takes to assure that decisions for utilization management, beneficiary education, coverage of services, and any other areas to which the guidelines apply are consistent with the guidelines adopted. Protocol question 10b, 10c 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 practice guidelines, which meet the requirements of the MHP contract, disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries and take steps to assure that decisions for utilization management, beneficiary education, coverage of services, and any other areas to which the guidelines apply are consistent with the guidelines adopted.

SECTION J: MENTAL HEALTH SERVICES (MHSA)

PROTOCOL REQUIREMENTS	
J4.	Regarding the County's Capacity to Implement Mental Health Services Act (MHSA) Programs:
J4a	Does the County conduct an assessment of its capacity to implement the proposed programs/services?

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J4b	Does the assessment include: .
J4b	1) The strengths and limitations of the County and service providers that impact their ability to meet the needs of racially and ethnically diverse populations?
J4b	2) Bilingual proficiency in threshold languages?
J4b	3) Percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to the percentage of the total population needing services and the total population being served?
. CCR, title 9, chapter 14, section 3610	

FINDINGS

The County did not furnish evidence it has conduct an assessment of its capacity to implement the proposed programs/services which includes strengths and limitations of the County and service providers that impact their ability to meet the needs of racially and ethnically diverse populations, bilingual proficiency in threshold languages, and percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to the percentage of the total population needing services and the total population being served. DHCS reviewed the following documentation presented by the County as evidence of compliance: MHSA Community Program Planning, Assessment Report, and Implementation Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the assessment provided by the MHP did not include strengths and limitations. Protocol question(s) J4b1 is deemed OOC.

PLAN OF CORRECTION

The County must submit a POC addressing the OOC findings for these requirements. The County is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has conduct an assessment of its capacity to implement the proposed programs/services which includes strengths and limitations of the County and service providers that impact their ability to meet the needs of racially and ethnically diverse populations, bilingual proficiency in threshold languages, and percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to the percentage of the total population needing services and the total population being served.

PROTOCOL REQUIREMENTS	
J5b	Does the County ensure the PSC/Case Manager is responsible for developing an Individual Services and Supports Plan (ISSP) with the client and, when appropriate, the client's family?
J5c	Does the County ensure the PSC/Case Manager is culturally and linguistically competent or, at a minimum, is educated and trained in linguistic and cultural competence and has knowledge of available resources within the client/family's racial/ethnic community?

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J5d	Does the County ensure that a PSC/Case Manager or other qualified individual known to the client/family is available to respond to the client/family 24 hours a day, 7 days a week to provide after-hours interventions?
<ul style="list-style-type: none"> CCR, title 9, chapter 14, section 3620 	

FINDINGS

The County did not furnish evidence its PSC/Case Managers are responsible for developing an ISSP with the client and, when appropriate, the client’s family and available to respond to the client/family 24 hours a day, 7 days a week to provide after-hours interventions. The County does not ensure its PSC/Case Managers assigned to FSP clients are culturally and linguistically competent or, at a minimum, educated and trained in linguistic and cultural competence and have knowledge of available resources within the client/family’s racial/ethnic community. DHCS reviewed the following documentation presented by the County as evidence of compliance: MHSA Call Log. Note that the MHP indicated that not all the calls were being tracked on the MHSA Call Log. It was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, there was no evidence provided that the County ensures the PSC/Case Manager is culturally and linguistically competent, or at a minimum, educated and trained in linguistic and cultural competence and have knowledge of available resources within the client/family’s racial/ethnic community, or that the County has a policy or procedure to ensure that PSC/Case Managers are available to respond to the client/family 24 hours a day, 7 days a week to provide after-hour interventions. Protocol question(s) J5c and J5d are deemed OOC.

PLAN OF CORRECTION

The County must submit a POC addressing the OOC findings for these requirements. The County is required to provide evidence to DHCS to substantiate its POC and to demonstrate that its PSC/Case Managers are responsible for developing an ISSP with the client and, when appropriate, the client’s family and available to respond to the client/family 24 hours a day, 7 days a week to provide after-hours interventions. The County does not ensure its PSC/Case Managers assigned to FSP clients are culturally and linguistically competent or, at a minimum, educated and trained in linguistic and cultural competence and have knowledge of available resources within the client/family’s racial/ethnic community.

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.	<p>SURVEY ONLY</p> <p>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?</p>

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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"> • <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: Implementation Plan, Families Intensive Response and Strengthening Team Initial Screening Tool for Non-Traditional Wraparound Referrals.

SUGGESTED ACTIONS

No further action required at this time.

PROTOCOL REQUIREMENTS	
A7.	Regarding Continuum of Care Reform (CCR):
A7a.	<p>SURVEY ONLY</p> <p>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?</p>
<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: Policy: Assurance of Beneficiary Rights, STRTP Placements Data.

SUGGESTED ACTIONS

No further action required at this time.

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SECTION C: COVERAGE AND AUTHORIZATION

PROTOCOL REQUIREMENTS	
C4d.	Regarding presumptive transfer: SURVEY ONLY: 1) Does the MHP have a mechanism to ensure timely provision of mental health services to foster children upon presumptive transfer to the MHP from the MHP in the county of original jurisdiction?
	SURVEY ONLY: 2) Has the MHP identified a single point of contact or unit with a dedicated phone number and/or email address for the purpose of presumptive transfer?
	SURVEY ONLY: 3) Has the MHP posted the contact information to its public website to ensure timely communication?
<ul style="list-style-type: none"> • <i>Welfare and Institutions Code 4096,5600.3(a)</i> 	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Policy: Presumptive Transfer.

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: MHP should post contact information to its public website to ensure timely communication.

PROTOCOL REQUIREMENTS	
H2k	Does the MHP have a provision for prompt reporting of all overpayments identified or recovered, specifying the overpayments due to potential fraud, waste and abuse?
<ul style="list-style-type: none"> • <i>CFR, title 42, sections 438.10, 438.604, 438.606, 438.608 and 438.610</i> • <i>MHP Contract, Exhibit A, Attachment I</i> 	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Compliance Plan.

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: establish a monitoring protocol for prompt reporting of all overpayments.