FISCAL YEAR (FY) 2017/2018 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES
SAN DIEGO COUNTY MENTAL HEALTH PLAN REVIEW
March 26, 2018
FINDINGS REPORT

This report details the findings from the triennial system review of the **San Diego 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 (OOC) OR PARTIAL COMPLIANCE	IN COMPLIANCE PERCENTAGE FOR SECTION
ATTESTATION	5	0	0/5	100	100%
SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES	25	3	0/25	100	100%
SECTION B: ACCESS	54	0	0/54	100	100%
SECTION C: AUTHORIZATION	33	3	4/33	**1a, 1b, 2b, 2c**	88%
SECTION D: BENEFICIARY PROTECTION	29	0	0/29	100	100%
SECTION E: FUNDING, REPORTING & CONTRACTING REQUIREMENTS	1	0	0/1	100	100%
SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	0/6	100	100%
SECTION G: PROVIDER RELATIONS	11	0	1/11	**2b**	91%
SECTION H: PROGRAM INTEGRITY	24	1	2/24	**1a, 4c**	92%
SECTION I: QUALITY IMPROVEMENT	34	0	0/34	100	100%
SECTION J: MENTAL HEALTH SERVICES ACT	21	0	0/21	100	100%
TOTAL ITEMS REVIEWED	**245**	**7**	**7**		

Overall System Review Compliance

Total Number of Requirements Reviewed	243 (with 5 Attestation items)			
Total Number of SURVEY ONLY Requirements	7 (NOT INCLUDED IN CALCULATIONS)			
Total Number of Requirements Partial or OOC	**7**		**OUT OF 243**	
OVERALL PERCENTAGE OF COMPLIANCE	**IN**		**OOC/Partial**	
	(# IN/243)	97%	(# OOC/243)	3%

FINDINGS

ATTESTATION

DHCS randomly selected five Attestation items to verify compliance with regulatory and/or contractual requirements. All requirements were deemed in compliance. A Plan of Correction is not required.

SECTION B: ACCESS

PROTOCOL REQUIREMENTS	
B9a.	Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number:
	1) Does the MHP provide a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county?
	2) Does the toll-free telephone number provide information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met?
	3) Does the toll-free telephone number provide information to beneficiaries about services needed to treat a beneficiary's urgent condition?
	4) Does the toll-free telephone number provide information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes?
• *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 Test call #1 was placed on Wednesday, February 21, 2018, at 8:08 p.m. The call was initially answered via a phone tree directing the caller to select a language option, which included the MHP's threshold languages. The phone tree also had the options to select for crisis or hold for a counselor. After opting not to choose either of the listed selections, the call was transferred to a counselor. After six (6) rings, the call was answered via a live operator. The DHCS test caller requested information about SMHS in the county. The operator asked the caller to provide his/her name and verified caller was not suicidal. The operator referred the caller to several grief programs. The operator provided address and phone to the programs. The operator advised the caller to visit his/her PCP if physical changes occur. The operator also advised provided the caller with information regarding the warm line and the county's 24/7 access line. The operator advised the caller to call the access line if condition persists or worsens for an assessment and referral to the clinic for psychiatric treatment. Treatment may include medication. The MHP has a statewide, toll-free number 24/7 with language capability. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and the caller provided information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions B9a1, B9a2 and B9a3.

Test Call #2 Test call #2 was placed on February 28, 2018, at 7:23 a.m. The call was initially answered after eight (8) rings via a phone tree directing the caller to select (2) a language option which included the MHP's threshold languages or (8) if the caller was experiencing a behavioral health crisis or stay on the line for further assistance. The caller was put on a brief hold while connecting to an operator. The operator answered the line and introduced herself as Shay. The operator asked the caller's name and requested a call back number. The caller provided his/her name and stated that he/she was using a friend's phone at the time and would prefer not to provide the number. The operator asked how she could assist the caller. The caller explained that he/she was having difficulties sleeping, crying all the time, and did not have an appetite. The operator asked if the caller was having suicidal thoughts. The caller replied in the negative. The operator asked what could have triggered the depression. The caller could not identify any significant event. The operator asked if the caller was currently receiving Mental Health services such as therapy or medication. The caller replied in the negative. The operator asked if the caller had ever been hospitalized for mental health issues or had a history of drug or alcohol use. The caller replied in the negative. The operator asked if the caller had Medi-Cal or private insurance and for the callers DOB. The caller responded that he/she had Medi-Cal but could not locate the card and provided his/her DOB. The operator asked for the caller's address and zip code to provide the closest location to receive services. The caller provided an address with a 92111 zip code. Based on the 92111 zip code the operator provided four (4) options. The first was the Family Health Centers of San Diego. The operator informed the caller that he/she could call and make an appointment for a clinical evaluation and provided the clinic number, (619) 515-2338 the clinic is open 8:30-5:30 pm M-W and Thursday from 10:30-3:30 pm but closed on Fridays. The MID City Community Clinic, phone number (619) 563-0250 M-F 8-5 pm and Saturdays from 8-2 pm. The La Maestra family Clinic, phone number (619) 564-8765 M-F 8-6pm and Saturday 8-2 pm. The San Ysidro health center, phone number (619) 662-4100 but did not have the hours of operation. The operator stated that if the caller felt worst before the appointment and felt suicidal he/she

should go to the emergency room. Also that the county has urgent walk-in clinics that also handle crisis issues. The North Central Mental Health Center is located at 1250 Morena Blvd on the first floor. The hours are 8-3:30 pm M-F and the caller could walk in. The operator also encouraged the caller to call back if needed as the line is available 24/7. The caller thanked the operator and ended the call. The statewide, toll-free number had language capabilities in the counties threshold languages. 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 B9a1, B9a2 and B9a3.

Test Call #3 Test call was placed on March 12, 2018 at 8:06 a.m. The call was answered by a phone tree which gave the option for Spanish, the option for a crisis worker, and then indicated a counselor would be answering the phone. The phone rang 6 times and then was answered by the operator who indicated their name and then asked for the caller's name (Carlos) and age (28). The operator also asked for the area in which the caller lives and if the caller has Medi-Cal. The caller answered in Pacific Beach and confirmed enrollment in Medi-Cal. The operator asked how they could assist. The caller indicated they wanted to file a complaint against a therapist. The operator asked the name of the therapist and caller refused to provide the name and requested to submit an anonymous compliant. The operator indicated the complaint could be submitted anonymously through the phone and could also mail a grievance. Operator indicated the caller could obtain a form at the doctor's office and should be mailed to Consumer Center for Health Education and Advocacy (**1764 San Diego Avenue, Suite 200, San Diego, CA 92110).** Caller indicated that they would obtain a form and submit it. The caller was provided information about the problem resolution process and the operator also indicated the caller could call back 24/7 for additional assistance. The Caller thanked the operator and the call was disconnected. The call is deemed in compliance with the regulatory requirements for protocol questions B9a1 and B9a4.

Test Call #4 Test call #4 was placed on February 26, 2018, at 4:11 p.m. The call was initially answered after seven (7) rings via a live operator. The caller requested information about accessing mental health services in the county for feelings of depression and not wanting to get out of bed. The operator asked the caller's age and the caller replied with 40 years old. The operator asked the caller if feeling suicidal, depression, bipolar, anxiety or substance abuse and the caller replied in the negative. The operator asked if the caller had Medi-Cal and if there was as a health plan associated with Medi-Cal and asked if it was one of the following: Molina, Health Net, Community Health Group, United Health Group, Aetna, Sharp, or Kaiser. The caller responded that she/he has Medi-Cal and the health plan is Kaiser. The operator asked for the caller's zip code and the response was 92104. The operator explained that they are a 24/7 Access/Crisis Line that treat beneficiaries with more severe symptoms. The operator gave referral for Kaiser Permanente Health Plan near caller's residence at 877-496-0450 for the caller's mild to moderate symptoms. The caller asked for Kaiser's address, but the operator only had their phone number. The operator reminded the caller to call the 24/7 Access/Crisis Line if needed. No additional information about SMHS was provided to the caller. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, 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 Test call #2 was placed on February 20, 2018, at 8:48 a.m. The call was initially answered after one (1) ring via a phone tree directing the caller to select a language option, which included the MHP's threshold languages. Then, the caller was placed on hold for 10 rings, less than 30 seconds, while the call was transferred to a live operator. The caller requested information about accessing mental health services in the county. The operator asked the caller to provide her name and call back number in case the call was disconnected. The caller declined to give the number. The operator asked for the caller's zip code and other Medi-Cal information, and offered to place referral for service but the caller declined to give specific information except the town name of "El Cajon". The operator asked if the caller was suicidal and the caller stated no. The operator explained that for those with "health-line" with the Medi-Cal, the beneficiary shall call the Health-Line to make appointment with therapist or psychiatrist. For those with crisis or urgent needs, the beneficiary can come to the county behavior health clinic located at 1000 Broadway Suite 210, El Cajon, 92021, Phone # 619-401-5500. The operator also stated that phone service is available 24/7 and encouraged the caller to call back if she will need additional help. The call is deemed in compliance with the regulatory requirements for protocol questions B9a1, B9a2 and B9a3.

Test Call #6 Test call scenario #2 was placed on February 23, 2018, at 7:34 a.m. The call was answered immediately via a phone tree directing the caller to select a language and crisis option. The language line included the MHP's threshold languages. After the end the of phone tree, a live operator answered the call after seven (7) rings. The operator asked the caller how he/she could help the caller. The caller requested information about accessing services in the county. The operator asked the caller for his/her age and the type of insurance. The caller provided his/her age and informed the operator that he/she has Medi-Cal. The operator asked for the caller's Medi-Cal number; the caller responded that he/she does not have the Medi-Cal number. The operator then asked for the caller's SSN, the caller informed the operator that he/she was not comfortable in giving out the number. The operator proceeded to inform the caller about the process on accessing services, the screening process and the different clinics where the caller could go. The operator informed the caller that unless he/she could obtain the callers Medi-Cal number to look up the caller's insurance coverage to provide the caller with correct information. The caller said he/she will call back if he/she decides on services. The operator asked the caller if he/she was in crisis or have suicidal thoughts, the caller replied in the negative. The operator informed the caller that they are available 24/7. 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 B9a1, B9a2 and B9a3.

Test Call #7

Test call #7 was conducted on 3/12/18 at 9:38 a.m. The phone was answered after the first ring by a phone tree "You have access the San Diego access crisis line para Español oprima el numero 2. If you are experiencing a behavioral crisis press 8 otherwise a counselor will be with you shortly." The phone rang 8 times and them was answered by a live counselor, stating his/her name. The operator asked for the caller's name, the caller stated his/her name. The

caller stated she wanted to file a complaint about a therapist. The operator asked for a call back phone number, the caller said he/she just wanted to know how to file a complaint. The operator asked for an address and a zip code. The caller stated it was a therapist in San Diego and that she did not want to provide this information he/she just wanted to know how to file a complaint. The operator asked if the caller was suicidal. The caller stated no. The operator asked for the caller's age, the caller responded 50. The operator asked what type of complaint it is, is it verbal? The caller stated that it is verbal (something the therapist said). The operator stated the caller could file a complaint by calling CCHEA at 877-734-3258. The operator stated that if the complaint is not resolved by calling this number the caller has the right to a state fair hearing, by calling 1-800-952-8349. The operator stated that she is a professional counselor and could talk with the caller if the caller wished. The caller said thank you, but no. The operator stated the caller could call at any time in the future if the caller needed to talk with a professional counselor about the complaint.

The test call is in compliance with Protocol item 9a1 and 9a4 because the phone tree responds 24 hours a day 7 days a week in the county's threshold languages. The operator provided the phone number to the CCHEA (Consumer Center for Health Education & Advocacy) 1-877-734-3258, which is the process for filing a grievance (outpatient services). The operator also informed the caller of how to file a state fair hearing, if the compliant is not resolved by CCHEA.

FINDINGS

Test Call Results Summary

Protocol Question	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
9a-1	IN	IN	IN	NA	IN	IN	IN	**100%**
9a-2	IN	IN	NA	IN	IN	IN	NA	**100%**
9a-3	IN	IN	NA	IN	IN	IN	NA	**100%**
9a-4	NA	NA	IN	NA	NA	NA	IN	**100%**

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
The MHP did not furnish evidence it complies with regulatory requirements regarding Treatment Authorization Requests (TARs) for hospital services. DHCS reviewed the MHP's OPTUM Health San Diego (OPTUM) Policies and Procedures 301-02-07, Utilization Management for Inpatient Review and Authorization. The Policies and Procedures were determined to document evidence of compliance with regulatory and/or contractual requirements. However, DHCS inspected a sample of 100 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 waivered/registered professionals	94	6	94%
C1 b	TARs approved or denied within 14 calendar days	99	1	99%

Protocol question(s) C1a and C1b are deemed in partial compliance.

The TAR sample included 0 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 waivered/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?
• *CFR, title 42, section 438.210(b)(3)* • *CFR, title 42, section 438.210(d)(1),(2)*	• *CCR, title 9, chapter 11, sections 1810.253, 1830.220, 1810.365, and 1830.215 (a-g)*

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 OPTUM Policies and Procedures for Standard Authorization Request, Outpatient Review and Authorization. In addition, DHCS inspected a sample of 51 SARs to verify compliance with regulatory requirements. The SAR sample review findings are detailed below:

	PROTOCOL REQUIREMENT	# SARS IN COMPLIANCE	# SARs OOC	COMPLIANCE PERCENTAGE
C2b	SARs approved or denied by licensed mental health professionals or waivered/registered professionals	48	3	94%
C2c	MHP makes authorization decisions and provides notice within 14 calendar days	49	2	96%
C2d	MHP makes expedited authorization decisions and provide notice within 72 hours following receipt of the request for service or, when applicable within 14 calendar days of an extension.	0	0	100%

- Protocol question(s) C2b and C2c are deemed in partial compliance.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it complies with regulatory requirements regarding SARs for non-hospital SMHS services.

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SECTION G: PROVIDER RELATIONS

PROTOCOL REQUIREMENTS	
G2.	Regarding the MHP's ongoing monitoring of county-owned and operated and contracted organizational providers:
G2a.	Does the MHP have an ongoing monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified as per title 9 regulations?
G2b.	Is there evidence the MHP's monitoring system is effective?
• *CCR, title 9, chapter 11, section 1810.435 (d)I*	• *MHP Contract, Exhibit A, Attachment I*

FINDINGS

The MHP did not furnish evidence it has an ongoing and effective monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified per title 9 regulations. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: The Organizational Provider Operations Handbook (OPOH) for Quality Management Program, Medi-Cal Certification and Recertification. Protocol question G2b is deemed in partial compliance.

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

TOTAL ACTIVE PROVIDERS (per OPS)	NUMBER OF OVERDUE PROVIDERS (at the time of the Review)	COMPLIANCE PERCENTAGE
164	1	99%

Protocol question G2a and G2b 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 H: PROGRAM INTEGRITY

PROTOCOL REQUIREMENTS	
H1.	Does the MHP have a mandatory compliance plan that is designed to guard against fraud and abuse as required in CFR, title 42, subpart E, section 438.608?
H2. H2a.	Regarding the MHP's procedures designed to guard against fraud, waste, and abuse: Does the MHP have written policies, procedures, and standards of conduct that articulate the organization's commitment to comply with all applicable federal and State standards?
• *CFR, title 42, sections 438.10, 438.604, 438.606, 438.608 and 438.610*	• *MHP Contract, Exhibit A, Attachment I*

FINDINGS

The MHP did not furnish evidence it has a mandatory compliance plan designed to guard against fraud, waste and abuse and written policies, procedures, and standards of conduct that articulate the organization's commitment to comply with all applicable federal and State standards. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: OPOH Policies and Procedure s for Compliance and Confidentiality. The MHP's Compliance Plan did not include the following items: (1) Effective lines of communication between the compliance officer and the organization's employees (v). (2) Enforcement of standards through well-publicized disciplinary guidelines (vi). These standards are required by Title 42 CFR 438.608 Program Integrity requirements under the contract. It was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Protocol question(s) H1 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 mandatory compliance plan designed to guard against fraud waste and abuse and written policies, procedures, and standards of conduct that articulate the organization's commitment to comply with all applicable federal and State standards.

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)?
• *CFR, title 42, sections 455.101 and 455.104*	• *MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements*

FINDING
The MHP did not furnish evidence it requires its providers to consent to criminal background checks as a condition of enrollment and requires 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: Health and Human Services Agency (HHSA) Compliance Program Oversight Committee Policies and Procedures. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, there was no evidence provided that the MHP requires that providers or any person with a 5% or more direct or indirect ownership interest in the provider submit fingerprints per 42 CFR 455.434 (b) (1). Protocol question H4c 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 requires its providers to consent to criminal background checks as a condition of enrollment and requires providers, or any person with a 5 percent or more direct or indirect ownership interest in the provider to submit a set of fingerprints.

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SURVEY ONLY FINDINGS

SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES

PROTOCOL REQUIREMENTS	
A6. A6a.	Regarding therapeutic foster care service model services (referred to hereafter as “TFC”): **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

DHCS reviewed the following documentation provided by the MHP for this survey item: The OPOH Providing Specialty Mental Health Services, and the Behavioral Health Assessment (BHA) Form – Children. The Providing Specialty Mental Health Services Section of the OPOH states that Pathways to Well-Being was implemented in March 2013, as a partnership between Behavioral Health Services (BHS), and Child Welfare Services (CWS) in Collaboration with Probation. The County of San Diego is dedicated to collaborative efforts geared toward providing safety, permanency, and well-being for youth identified as having complex or severe behavioral health needs and to ensure long-term permanency within a home-like setting. Pathways to Well Being services are available to youth up to 21 across the System of Care, including Transitional Age Youth who are involved in either the Children's System of Care or the Adult/Older Adult System of Care.

Upon intake and at each assessment interval clients are screened for CWS involvement, which is captured in the BHA. When a youth has an open CWS case, the BHS provider completes the Eligibility for Pathways to Well-Being & Enhanced Services form within 30 days of client episode opening, during reassessment, and at discharge. The form is updated during changes in the course of treatment, such as the opening or closing of a CWS case or change in placement or treatment provider. This form indicates if a client is Eligible for Pathways to Well-Being (Class), or Eligible for Enhanced Services (Subclass). Clients who are identified as Pathways to Well-Being (Class), but do not meet the eligibility criteria for Enhanced Services (Subclass), are not required to receive the services mentioned below, but are identified in Cerner Community Behavioral Health (CCBH) in Client Categories Maintenance (CCM) as Class and ongoing collaboration between the provider and Child Welfare Services will occur. (Form located at BHETA PWB website,
http://theacademy.sdsu.edu/programs/BHETA/pathways.html under Tools and Forms)

SUGGESTED ACTIONS

No further action required at this time.

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

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: OPOH Providing Specialty Mental Health Services, The Agreement with San Diego Center for Children for Residential Outpatient Children's Mental Health Services (Exhibit A SOW). There are licensing standards and application procedures required to become an STRTP, BHS and designated CORs are working with RCL programs to transition to STRTPs. All STRTP programs must get program approval by the MHP as delegated by DHCS and must pass Medi-Cal Certification prior to operations. Specialty Mental Health Services shall be provided only when medical necessity criteria is met for covered mental health diagnoses.
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SUGGESTED ACTIONS

No further action required at this time.

SECTION C: COVERAGE AND AUTHORIZATION

PROTOCOL REQUIREMENTS	
C4d.	Regarding presumptive transfer: **SURVEY ONLY:** 1) Does the MHP have a mechanism to ensure timely provision of mental health services to foster children upon presumptive transfer to the MHP from the MHP in the county of original jurisdiction?
	SURVEY ONLY: 2) Has the MHP identified a single point of contact or unit with a dedicated phone number and/or email address for the purpose of presumptive transfer?
	SURVEY ONLY: 3) Has the MHP posted the contact information to its public website to ensure timely communication?
• *Welfare and Institutions Code 4096,5600.3(a)*	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Out of County Access and Authorization Policies and Procedures (300-03-05 Pages 2 and 3). Also Page 29 of the OPOH Policies and Procedures for Providing SMHS.

Presumptive Transfer of Medi-Cal for Foster Youth (AB 1299) Assembly Bill 1299 was enacted to ensure that foster children and youth placed out of their counties of original jurisdiction are able to access specialty mental health services (SMHS) in a timely manner. Presumptive transfer means a prompt transfer of the responsibility for the provision of, or arranging and payment for SMHS from the county of original jurisdiction to the county in which the foster youth resides. Notification of Presumptive Transfer are submitted to the Mental Health Plan in the new county of residence by the placing agency within three business days of the decision to place the youth outside their county of jurisdiction. To notify the San Diego County MHP single point of contact for presumptive transfers, persons are to contact OPTUM at 1-800-798-2254 option 4 or fax 1-866-220-4495

The Children, Youth and Families (CYF) Administration is responsible for overseeing the public children's system of care for San Diego County, and provides services for children and adolescents who are seriously emotionally disturbed, and their families. Services are provided through direct, County-operated services and through contracts with community-based providers and individual fee-for-service providers. CYF Administration ensures that certain State-mandated functions, such as Quality Assurance, grievance and complaint procedures, and billing and claiming procedures, are in place, are accurate and effective.

For administrative information or to provide feedback about this page, San Diego MHP requests an email be sent or persons may call BHS Administration at 619-563-2700.

SUGGESTED ACTIONS
No further action required at this time.

PROTOCOL REQUIREMENTS	
H2k.	Does the MHP have a provision for prompt reporting of all overpayments identified or recovered, specifying the overpayments due to potential fraud, waste and abuse?
• *CFR, title 42, sections 438.10, 438.604, 438.606, 438.608 and 438.610*	• *MHP Contract, Exhibit A, Attachment I*

SURVEY FINDING
DHCS reviewed the following documentation provided by the MHP for this survey item: The OPOH Claims and Billing for Contract Providers. The team also reviewed OPTUM Policies and Procedures for Credentialing and Contracting of Providers.

In the event of overpayments, excess funds must be returned or offset against future claims payments. Once the program has fixed the error, in order to rebill for the service, the program must complete the current Replace Service Request form located on the OPTUM Website at https://www.optmsandiego.com/ and email the form to the email addresses stated on the form. Contractors that have been overpaid may elect to repay the recoupment via check or an offset from future payments.

SUGGESTED ACTIONS
No further action required at this time.