FISCAL YEAR (FY) 2017/2018 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES
LASSEN COUNTY MENTAL HEALTH PLAN REVIEW
June 11, 2018
FINDINGS REPORT

This report details the findings from the triennial system review of the **Lassen 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	1/5	Att6	80%
SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES	25	3	12/25	A3a, A3b, A3g3, A4a, A4d1, A4d2, A4d3, A5a1, A5a2, A5b, A5c, & A5d	52%
SECTION B: ACCESS	54	0	12/54	B2b4, B2b5, B7b, B9a2, B10b1, B10b3, B12b2, B12c, B13a1, B13a2, B13a3, & B13b	78%
SECTION C: AUTHORIZATION	33	3	6/33	C1b, C4b, C5b, C6a3, C6a4, & C6a5	82%
SECTION D: BENEFICIARY PROTECTION	29	0	4/29	D2, D3a, D4a2, & D8a1	86%
SECTION E: FUNDING, REPORTING & CONTRACTING REQUIREMENTS	1	0	0/1		100%

SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	3/6	F2b, F2c, & F2d	33%
SECTION G: PROVIDER RELATIONS	11	0	8/11	G1, G2a, G2b, G3a4, G3a5, G3a6, G3a7 & G3a8	27%
SECTION H: PROGRAM INTEGRITY	26	1	16/26	H2c, H2d, H2e, H2f, H2g, H2h, H3a, H3b, H4a, H4b, H4c, H5a1, H5a2, H5a3, H5a4, & H5a5	38%
SECTION I: QUALITY IMPROVEMENT	34	0	17/34	I1b, I2d, I3a, I3c, I4, I6a, I6b, I6d1, I6d2, I6e4, I7a2, I7a4, I7b, I8b, I9a, I10b, & I10c	50%
SECTION J: MENTAL HEALTH SERVICES ACT	21	0	2/21	J4b1 & J4b3	91%
TOTAL ITEMS REVIEWED	**245**	**7**	**81**		

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	**81**		**OUT OF 245**	
OVERALL PERCENTAGE OF COMPLIANCE	**IN**	67%	**OOC/Partial**	33%
	(# IN/245)		(# OOC/245)	

FINDINGS

ATTESTATION

DHCS randomly selected five Attestation items to verify compliance with regulatory and/or contractual requirements. Below is a summary of findings for requirements deemed out-of-compliance.

ATTESTATION REQUIREMENTS	
6.	The MHP must maintain written policies and procedures that provides for the education of staff and the MHP's network providers concerning its policies and procedures (P&Ps) on advance directives.
• *CFR, title 42, sections 438.3(j); 422.128(b)(1)(ii)(H) and 417.436(d)(1)(vi)*	

FINDING

The MHP did not furnish evidence it maintains written policies and procedures that provides for the education of staff and the MHP's network providers concerning its policies and procedures (P&Ps) on advance directives. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy and Procedure (P&P) BH 18-70 Staff and Provider Training on Advance Directives, P&P BH 18-73 Beneficiary Rights, P&P BH Advance Directives dated 05-15-2018. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP recently developed policies and procedures to meet this requirement. The MHP did not provide for the education of staff and the MHP's network providers concerning its policies and procedures on advance directives during the triennial review period. This Attestation requirement 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 maintains written policies and procedures that provides for the education of staff and the MHP's network providers concerning its policies and procedures (P&Ps) on advance directives.

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SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES

PROTOCOL REQUIREMENTS	
A3. A3a.	Does the MHP maintain and monitor a network of appropriate providers that is supported by written agreements that consider the following: The anticipated number of Medi-Cal eligible clients?
A3b.	The expected utilization of services?
A3c.	The number and types of providers in terms of training, experience, and specialization needed to meet expected utilization?
A3d.	The number of network providers who are not accepting new beneficiaries?

A3e.	The geographic location of providers and their accessibility to beneficiaries, considering distance, travel time, means of transportation ordinarily used by Medi-Cal beneficiaries and physical access for disabled beneficiaries?
A3f.	The ability of network providers to communicate with limited English proficient beneficiaries in their preferred language?
A3g.	The ability of network providers to ensure the following: 1) physical access
	2) reasonable accommodations
	3) culturally competent communications; and
	4) accessible equipment for beneficiaries with physical or mental disabilities?
A3h.	The availability of triage lines or screening systems?
A3i.	The use of telemedicine, e-visits, and/or other evolving and innovative technological solutions?
• *CFR, title 42, section 438.206(b)(1)* • *CCR, title 9, chapter 11, section 1810.310 (a)(5)(B)*	• *MHP Contract, Exhibit A, Attachment I* • *CMS/DHCS, section 1915(b) waiver*

FINDINGS
The MHP did not furnish evidence it maintains and monitors a network of appropriate providers that is supported by written agreements. Specifically, anticipated number of Med-Cal eligible clients, expected utilization of services, and ensuring culturally competent communications. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy BH 18-20 Array of Medi-Cal Services and Service Provision Standards, and Provider contracts. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. The MHP stated their EHR is not sophisticated enough to generate the required data, and staff would have to hand count this data. The MHP is not forecasting the estimated number of Medi-Cal eligibles, or the expected utilization of services. The MHP does not ensure network providers attend required training, or provide culturally competent communications. Protocol questions A3a, A3b, and A3g3 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 maintains and monitors a network of appropriate providers that is supported by written agreements. Specifically, anticipated number of Med-Cal eligible clients, expected utilization of services, and culturally competent communications.

PROTOCOL REQUIREMENTS	
A4. A4a.	Regarding timely access to services: Does the MHP meet and require its network providers to meet State standards for timely access to care and services, taking into account the urgency for the need of services?

A4b.	Does the MHP ensure that its providers offer hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation offered to commercial beneficiaries or comparable to Medicaid fee-for-service, if the provider serves only Medicaid beneficiaries?
• *CFR, title 42, section 438.206(b)(1)* • *CCR, title 9, chapter 11, section 1810.310 (a)(5)(B)*	• *MHP Contract, Exhibit A, Attachment I* • *CMS/DHCS, section 1915(b) waiver*

FINDING

The MHP did not furnish evidence it require its network providers to meet State standards for timely access to care and services, taking into account the urgency for the need of services. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Provider contracts with After Hours Crisis worker, and the contract boilerplate. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the Crisis Worker's contract stated the timeliness standard of 60 minutes from the call notification for urgent services, but the MHP has no method to monitor if that timeliness expectation is being met. Also, the contract boilerplate did not include any timeliness standards. Protocol question A4a is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP requires its network providers to meet State standards for timely access to care and services, taking into account the urgency for the need of services.

PROTOCOL REQUIREMENTS	
A4d.	1) Has the MHP established mechanisms to ensure compliance by network providers?
	2) Does the MHP monitor network providers regularly to determine compliance?
	3) Does the MHP take corrective action if there is a failure to comply by a network provider?
• *CFR, title 42, section 438.206(b)(1)* • *CCR, title 9, chapter 11, section 1810.310 (a)(5)(B)*	• *MHP Contract, Exhibit A, Attachment I* • *CMS/DHCS, section 1915(b) waiver*

FINDING

The MHP did not furnish evidence it has established mechanisms to ensure compliance by network providers, monitor network providers regularly to determine compliance, or take corrective action if there is a failure to comply by a network provider. The MHP stated that they are monitoring timeliness to services within county services, but are unable to monitor the timeliness of their contracted providers, including the after-hours crisis clinician. The contract states the expectation that crisis services be provided within one (1) hour of initial notification, but there is no mechanism or method to monitor compliance, and therefore no corrective action can be taken for non-MHP providers. Protocol questions A4d1, A4d2, and A4d3 are 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 established mechanisms to ensure compliance by network providers, monitor network providers regularly to determine compliance, and take corrective action if there is a failure to comply by a network provider.

PROTOCOL REQUIREMENTS	
A5. A5a.	Regarding the MHP's implementation of Pathways to Wellbeing (Katie A Settlement Agreement): 1) Does the MHP have a mechanism in place to ensure appropriate identification of Katie A subclass members?
	2) Does the MHP have a mechanism in place to identify children who are eligible for ICC and IHBS services?
• *Katie A Settlement Agreement* • *Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care for Medi-Cal Beneficiaries*	

FINDING

The MHP did not furnish evidence it has a mechanism in place to ensure appropriate identification of Katie A subclass members, or a mechanism in place to identify children who are eligible for ICC and IHBS services. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy 18-62 and 18-74 Intensive Services for Youth. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP stated that it does not have a formal mechanism with Social Services regarding identifying Katie A subclass members, or children who are eligible for ICC and IHBS services. The MHP started claiming ICC and IHBS about four (4) months ago, and the children all participate in Social Services wraparound program. That program does not necessarily include all Katie A eligible children. The MHP is hoping that when Lassen fills the DSS Director position they can start working to establish a system to meet this requirement. Protocol questions A5a1 and A5a2 are deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a mechanism in place to ensure appropriate identification of Katie A subclass members, a mechanism in place to identify children who are eligible for ICC and IHBS services.

PROTOCOL REQUIREMENTS	
A5b.	Does the MHP maintain and monitor an appropriate network of providers to meet the anticipated need of children/youth eligible for ICC and IHBS services?
• *Katie A Settlement Agreement* • *Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care for Medi-Cal Beneficiaries*	

FINDING
The MHP did not furnish evidence it maintains and monitors an appropriate network of providers to meet the anticipated need of children/youth eligible for ICC and IHBS services. The MHP stated that they have not had a children's clinician during the triennial period. They are in the process of hiring a clinician and a case manager who will be responsible to meet the Katie A requirements. Protocol question A5b 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 maintain and monitor an appropriate network of providers to meet the anticipated need of children/youth eligible for ICC and IHBS services.

PROTOCOL REQUIREMENTS	
A5c.	Does the MHP have a mechanism to ensure appropriate participation in Child and Family Team (CFT) meetings?
• *Katie A Settlement Agreement* • *Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care for Medi-Cal Beneficiaries*	

FINDING
The MHP did not furnish evidence it has a mechanism to ensure appropriate participation in Child and Family Team (CFT) meetings. The MHP stated that they have started attending the Social Services wraparound meetings, where the focus is forensic and punitive, not behavioral. The MHP stated they are culturally challenged integrating behavioral health into existing county teams. Protocol question A5c is deemed OOC.

PLAN OF CORRECTION
The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a mechanism to ensure appropriate participation in Child and Family Team (CFT) meetings.

PROTOCOL REQUIREMENTS	
A5d.	Does the MHP have a mechanism to ensure all children/youth referred and/or screened by the MHP's county partners (i.e., child welfare) receive an assessment, and/or referral to a MCP for non-specialty mental health services, by a licensed mental health professional or other professional designated by the MHP?

- *Katie A Settlement Agreement*
- *Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care for Medi-Cal Beneficiaries*

FINDING

The MHP did not furnish evidence it has a mechanism to ensure all children/youth referred and/or screened by the MHP's county partners (i.e., child welfare) receive an assessment, and/or referral to a MCP for non-specialty mental health services, by a licensed mental health professional or other professional designated by the MHP. The MHP stated that they can only identify these kids when they come in through Access. When trying to work with Social Services, Social Services is unable to provide the MHP with a list of children in foster care. Since January 2018 the MHP received three (3) referrals from Social Services, however none of the children came to the MHP for services. Protocol question A5d is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a mechanism to ensure all children/youth referred and/or screened by the MHP's county partners (i.e., child welfare) receive an assessment, and/or referral to a MCP for non-specialty mental health services, by a licensed mental health professional or other professional designated by the MHP.

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SECTION B: ACCESS

PROTOCOL REQUIREMENTS	
B2. B2a.	Regarding the provider directory: Does the MHP provide beneficiaries with a current provider directory upon request and when first receiving a SMHS?
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?

• *CFR, title 42, section 438.10(f)(6)(i)and 438.206(a)* • *CCR, title 9, chapter 11, section 1810.410* • *CMS/DHCS, section 1915(b) Waiver*	• *DMH Information Notice Nos. 10-02 and 10-17* • *MHP Contract*

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 Website URL, as appropriate, Specialty, as appropriate, DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Lassen County Behavioral Health Provider Directory. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the directory did not include the specialties of the providers. Protocol question B2b (5) 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 provides beneficiaries with a current provider directory upon request and when first receiving a SMHS and the MHP's provider directory must contain Specialty, as appropriate,

PROTOCOL REQUIREMENTS	
B7.	Regarding outreach efforts for the purpose of providing information to beneficiaries and providers regarding access under the MHP:
B7a.	Is there evidence of community information and education plans or policies that enable Medi-Cal beneficiaries to access SMHS?
B7b.	Is there evidence of outreach for informing under-served target populations of the availability of cultural and linguistic services and programs?
• *CCR, title 9, chapter 11, sections 1810.310(2)(B) and 1810.410* • *Information Notice 10-02 and Information Notice 10-17*	• *MHP Contract, Exhibit A, Attachment I* • *CMS/DHCS, section 1915(b) waiver*

FINDINGS

The MHP did not furnish evidence it has outreach efforts for the purpose of providing information to beneficiaries and providers regarding access under the MHP, community information and education plans or policies that enable Medi-Cal beneficiaries to access SMHS, and outreach for informing under-served target populations of the availability of cultural and linguistic services and programs. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P BH 18-11 Community Outreach and Awareness, and their outreach log. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP identified that they do not provide outreach activities, which specifically target under-served populations of the availability of cultural and linguistic services. The MHP stated that on a limited bases they started to use Grand Care, which allows a client to skype from the client's home or from a One-Stop Center

with their provider. Additional outreach is needed targeted underserved populations. Protocol question B7b 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 outreach efforts for the purpose of providing information to beneficiaries and providers regarding access under the MHP, community information and education plans or policies that enable Medi-Cal beneficiaries to access SMHS, and outreach for informing under-served target populations of the availability of cultural and linguistic services and programs.

<table>
<tr><th colspan="3">PROTOCOL REQUIREMENTS</th></tr>
<tr><td rowspan="5">B9a.</td><td colspan="2">Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number:</td></tr>
<tr><td colspan="2">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?</td></tr>
<tr><td colspan="2">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?</td></tr>
<tr><td colspan="2">3) Does the toll-free telephone number provide information to beneficiaries about services needed to treat a beneficiary’s urgent condition?</td></tr>
<tr><td colspan="2">4) Does the toll-free telephone number provide information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes?</td></tr>
<tr><td colspan="2">CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1)
CFR, title 42, section 438.406 (a)(1)</td><td>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</td></tr>
</table>

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 May 14, 2018, at 7:21 a.m. The call was answered after two (2) rings via a live operator. The operator asked for the caller’s name and asked how he/she could help. The caller requested information about how to access services. The operator informed the caller that the office would be open in 41 minutes and that I could call back and the day staff could provide you with information. The operator provided the hours of operation. The call asked the caller if he/she was suicidal. The caller replied in the negative. After a pause, the caller thanked the operator and ceased the call. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller provided information about services needed to treat a beneficiary’s urgent condition.

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

Test Call #2 was placed on May 8, 2018, at 12:12 p.m. The call was answered after one (1) ring via a live operator. The caller asked what the steps are to fill a prescription being new to the County. The caller mentioned that he/she just moved to Modoc from Trinity County and has yet to see a doctor. The operator stated that the caller needs to come in for an assessment, but it will take a couple weeks if not a month to see a doctor. The operator asked caller if he/she has tried the walk-in clinic in Susanville, North Eastern Rural, as they would be able to get the caller in and refill his/her medication. The operator informed caller that he/she would have to see a physician in order to keep up with treatment and also provided the hours of operation, Monday-Friday 8 am-11am and then 3-3:30 pm. The operator mentioned that he/she could take down caller's name, number, and some information to pre-register the caller so the process would be shorter when he/she came in. The caller then asked if there was a closer location and if it would take a long time. The caller provided his location so that the operator would be able to assist with the closest location. The operator provided two (2) locations, both in Susanville and both locations take walk-ins. The operator then did some research and found the location closer to caller and provided the address – 1400 Chestnut. The caller informed the operator that he/she would have to check their schedule and get back to them with a possible day to come in. The operator then asked the caller if he/she was in need of urgent services and if he/she was in danger of hurting him/herself or others. The caller responded in the negative and that he/she would call back. The operator then closed conversation with "Sounds good and to call back if caller needed anything else."

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

Test Call #3 was placed on May 15, 2018, at 2:07 a.m. The call was answered after one (1) ring via a live operator. The caller requested information about accessing mental health services in the county regarding depression. The operator asked if this was urgent and if he/she needed to be seen immediately. The caller replied in the negative. The operator explained that the intake could be done on a walk-in basis or could be scheduled. The hours for the walk-in are Monday through Friday from 8:00 a.m. to 11:00 a.m. and 1:00 p.m. to 4:00 p.m. After-hours are just for crisis. The operator provided the address of 555 Hospital Lane in Susanville. The operator explained the intake process would begin by filling out basic demographics and then he/she would see a case manager who would schedule an assessment with a therapist. This appointment could be a week later. 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 provided information about services needed to treat a beneficiary's urgent condition.

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

Test Call # 4 was placed on April 30, 2018, at 11:08 a.m. The call was answered after one (1) ring via a live operator. The caller provided the his/her name and requested information about how to file a complaint. The operator asked the caller to remain on line while the operator obtained the answer and was placed on hold for about 15 seconds. The operator advised the caller that the complaint form is available at the clinic where he/she receives therapy or at the main location of 555 Hospital Lane location. The operator also provided information about the

provider change request and its weekly review process with about two week's turnaround time. The operator provided directions to submit the completed form to the clinic or the main location at 555 Hospital Lane.

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

Test Call #5 was placed on May 30, 2018, at 12:09 p.m. An Operator who identified herself as Jennifer answered and asked how he/she could help. The caller stated he/she would like to be referred to mental health services because he/she is feeling depressed and overwhelmed due to being the only care taker for his/her mother and keeping a full time job. The operator asked if the caller wanted to hurt him/herself. The operator asked if the caller was feeling suicidal or wanting to hurt other people. The caller responded in the negative. The operator stated that the caller could come into the clinic at 555 Hospital Lane, at 1:00 p.m. At this time, the caller would complete some paper work, and then talk with a case manager who will complete an assessment and decide if the caller should schedule an appointment or talk with a therapist right away. The caller asked what if he/she am in crisis and need to see someone right away. The operator stated that the caller would need to go to the ER and a crisis team member would see him/her. The call ended with this information. 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 #6 was placed on May 25, 2018, at 2:59 p.m. The call was answered after one (1) ring via operator and she identified herself as Tammy. The caller stated that he/she needed to know how to file a complaint as he/she was seeing a therapist and wasn't happy with the job the therapist was doing and he/she really needed to know how to file a complaint. The operator stated that the caller had a few options, the caller could come into the office to get a grievance form and included would be an envelope to mail it back in. The operator also gave the option to the caller that he/she could just drop off the form in the office. The operator also explained that the caller could file the grievance right now over the phone and indicated that the operator was ready and willing to take it right now. The caller told the operator that he/she did not want to file the grievance over the phone. The caller asked where the office is located to get the forms. The operator gave the caller the following address: 555 Hospital Lane. The caller asked the operator what the hours were for the office. The operator indicated the hours of operation were Monday through Friday 8 am to 5 pm. The caller indicated to the operator that was all the information needed for today. The operator thanked the caller for calling and the call was ended.

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

Test Call #7 Test call was placed on May 23, 2018, at 8:28 a.m. The call was answered after one (1) ring via a live operator. The operator answered the phone with "Hello, Behavioral Health Services." The caller indicated that he/she was calling regarding his/her son who was having issues at school and at home. The caller indicated he/she was worried about the son's behavior and was referred to mental health services by the son's doctor. The operator asked for the caller's name, caller responded with Carlos Gomez, the operator asked for the son's name, the

caller stated Darren Gomez. The operator indicated that the caller could bring the son in for regular services from 8-11a.m. or 1-3:30 p.m. They would need to see a case manager but could get the intake process started. After, seeing a case manager he would be assigned to a therapist. The operator provided address, 555 Hospital Lane, Susanville, near the Diamond View Elementary School. The operator asked if son was in a crisis, the caller replied in the negative. The operator stated that the son could be seen sooner if he is in a crisis, the caller could call the 888 number for assistance. The operator asked if there were additional questions or concerns from the caller. The caller verified the hours and address with operator. The caller thanked the operator and the call was disconnected.

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

FINDINGS

Test Call Results Summary

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

In addition to conducting the seven (7) test calls, DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy: BH 18-09 Access Line, sample of blank Access Logs, and a sample of completed, recent Access logs. Protocol question 9a-2 is deemed in partial compliance.

PLAN OF CORRECTION

The MHP will submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that 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.

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 logs of initial requests for SMHS includes requests made by phone, in person, or in writing. DHCS reviewed the policy and procedure: P&P Access Line and Call log. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, two (2) out of the five (5) test calls did not include the beneficiaries name and four (4) out of the five (5) test calls did not include the required initial disposition of the request.

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	5-14-18	7:21 a.m.	OOC	IN	IN
2	5-08-18	12:12 p.m.	OOC	IN	OOC
3	5-15-18	2:07 p.m.	IN	IN	OOC
5	5-30-18	12:09 p.m.	IN	IN	OOC
7	5-23-18	8:28 a.m.	IN	IN	OOC
Compliance Percentage			**60%**	**100%**	**20%**

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

Protocol questions B10b (1) and B10b (3) are deemed in partial compliance.

PLAN OF CORRECTION:

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

PROTOCOL REQUIREMENTS	
B12.	Regarding the MHP's Cultural Competence Committee (CCC):
B12a.	Does the MHP have a CCC or other group that addresses cultural issues and has participation from cultural groups that is reflective of the community?
B12b.	Does the MHP have evidence of policies, procedures, and practices that demonstrate the CCC activities include the following:
	1) Participates in overall planning and implementation of services at the county?
	2) Provides reports to Quality Assurance/ Quality Improvement Program?
B12c.	Does the CCC complete its Annual Report of CCC activities as required in the CCPR?
• *CCR title 9, section 1810.410*	• *DMH Information Notice 10-02 and 10-17*

FINDINGS
The MHP did not furnish evidence it provides reports to the Quality Assurance/Quality Improvement program, and that it completes an annual report of CCC activities. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy BH18-12 Cultural Competence Program. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, MHP stated that they do not provide reports to the Quality Assurance and or Quality Improvement Program nor do they complete the Annual Report of CCC activities as required. Protocol questions B12b (2) and B12c are deemed OOC.

PLAN OF CORRECTION
The MHP must submit a POC addressing the OOC findings for these requirements. The MHP must provide evidence the CCC activities include providing reports to the Quality Assurance/Quality Improvement program, and that it completes an annual report of CCC activities.

PROTOCOL REQUIREMENTS	
B13a.	Regarding the MHP’s plan for annual cultural competence training necessary to ensure the provision of culturally competent services:
	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?
• *CCR, title 9, chapter 11, section 1810.410 (a)-(e)* • *DMH Information Notice No. 10-02, Enclosure, Pages 16 & 22 and DMH Information Notice No. 10-17, Enclosure, Pages 13 & 17*	• *MHP Contract, Exhibit A, Attachment I*

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 following documentation presented by the MHP as evidence of compliance: Policy BH 18-12 Cultural Competence Program, Cultural and Linguistic Competence Plan (relevant pages) documentation of staff training, and Pay Differential information. 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 during the triennial review period. The MHP stated that currently their annual cultural competence training is provided to both management

staff and providers together. The MHP provided sign in sheets for the trainings conducted in 2018. The MHP did not have a process to ensure interpreters are trained and monitored for language competence. The MHP is researching a behavioral health interpreter training and provided a flyer describing the 2-day 14-hour intensive training. Protocol questions B13a1, B13a2, B13a3, and B13b 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 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.

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SECTION C: COVERAGE AND AUTHORIZATION

PROTOCOL REQUIREMENTS	
C1.	Regarding the Treatment Authorization Requests (TARs) for hospital services:
C1a.	Are the TARs being approved or denied by licensed mental health or waivered/registered professionals of the beneficiary's MHP in accordance with title 9 regulations?
C1b.	Does the MHP approve or deny TARs within 14 calendar days of the receipt of the TAR and in accordance with title 9 regulations?
C1c.	Are all adverse decisions regarding hospital requests for payment authorization that were based on criteria for medical necessity or emergency admission being reviewed and approved in accordance with title 9 regulations by: 1) a physician, or 2) at the discretion of the MHP, by a psychologist for patients admitted by a psychologist and who received services under the psychologist's scope of practice?
• *CCR, title 9, chapter 11, sections 1810.242, 1820.220(c),(d), 1820.220 (f), 1820.220 (h), and 1820.215.*	• *CFR, title 42, section 438.210(d)*

FINDINGS

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 BH 18-37 Inpatient Treatment Authorization Review. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, of the 50 sample TARs reviewed, eight (8) were not approved within fourteen days. It was noted on the eight TARs that all materials were received with the TAR. The TAR sample review findings are detailed below:

PROTOCOL REQUIREMENT		# TARS IN COMPLIANCE	# TARs OOC	COMPLIANCE PERCENTAGE
C1a.	TARs approved or denied by licensed mental health or waivered/registered professionals	50	0	100%
C1b.	TARs approved or denied within 14 calendar days	42	8	84%

Protocol question C1b is deemed in partial compliance.

The TAR sample did not include any TARs that were denied based on based on criteria for medical necessity or emergency admission.

PROTOCOL REQUIREMENTS	
C4. C4a.	Regarding out-of-plan services to beneficiaries placed out of county: 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?

- *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),*
- *WIC sections, 11376, 16125, 14716, 14717, 14684, 14718, and 16125*
- *DMH Information Notice No. 09-06,*
- *DMH Information Notice No. 97-06*
- *DMH Information Notice No. 08-24*
- *Welfare and Institutions Code section 14717.1*
- *MHSUDS Information Notice No. 17-032*

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 BH 18-23 Out of Network Access, and the Log of children served in and out of county. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the log did not include authorization request or approval dates. There was no evidence that the MHP was tracking timelines for processing or submitting authorization requests for children in foster care, AAP, or

KinGAP aid code living outside his or her county of origin. Protocol question C4b 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 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.

PROTOCOL REQUIREMENTS	
C5.	Regarding consistency in the authorization process:
C5a.	Does the MHP have a mechanism to ensure consistent application of review criteria for authorization decisions?
C5b.	Is there evidence that the MHP is reviewing Utilization Management (UM) activities annually, including monitoring activities to ensure that the MHP meets the established standards for authorization decision making?
• *MHP Contract, Exhibit A, Attachment 1*	

FINDINGS

The MHP did not furnish evidence it has a mechanism to ensure consistent application of review criteria for authorization decisions and/or that it is reviewing Utilization Management (UM) activities annually. The MHP stated that no Utilization Management activities are occurring, or have occurred over the past three years, and they had no evidence for this requirement. Protocol question C5b 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 to ensure consistent application of review criteria for authorization decisions and/or that it is reviewing Utilization Management (UM) activities annually.

PROTOCOL REQUIREMENTS	
C6. C6a.	Regarding Notices of Adverse Benefit Determination (NOABDs): Does the MHP provide a beneficiary with a NOABD under the following circumstances: 1) The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit?
	2) The reduction, suspension, or termination of a previously authorized service?
	3) The denial, in whole or in part, of a payment for service?
	4) The failure to provide services in a timely manner?
	5) The failure to act within timeframes provided in 42 C.F.R. §438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals?

	6) The denial of a beneficiary's request to dispute financial liability, including cost sharing and other beneficiary financial liabilities?

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

FINDINGS

The MHP did not furnish evidence it provides a written NOA/NOABD to the beneficiary when a denial, in whole or in part, of a payment for service, failure to provide services in a timely manner, and failure to act within timeframes provided in 42 C.F.R. §438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: TARs in the sample which were denied or modified, timeliness to access services data in the 2017/18 QIWP, and the grievance and appeal log. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, of the four TARs, which required a NOA-C, no clients were issued a NOA-C/NOABD. The MHP had not issued any NOA-Cs/NOABDs over the triennial review period. The QIWP stated that the MHP met the 14-day timeliness standard 56% of the time in 2015/16, and 83% of the time in 2017. The MHP did not provide NOA-Es/NOABDs for the clients who fell outside the standard 14-day standard. Eight Grievances were not resolved within the 90-day standard, and none of the eight beneficiaries were issued a NOA-D/NOABD. Protocol questions C6a3, C6a4, and C6a5 are deemed out of 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 provides a written NOABD to the beneficiary when there is a denial, in whole or in part, of a payment for service, failure to provide services in a timely manner, and failure to act within timeframes provided in 42 C.F.R. §438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.

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SECTION D: BENEFICIARY PROTECTION

PROTOCOL REQUIREMENTS	
D2.	The MHP is required to maintain a grievance, appeal, and expedited appeal log(s) that records the grievances, appeals, and expedited appeals within one working day of the date of receipt of the grievance, appeal, or expedited appeal.
D2a.	The log must include: 1) The name or identifier of the beneficiary.
	2) The date of receipt of the grievance, appeal, and expedited appeal.
	3) A general description of the reason for the appeal or grievance.

	4) The date of each review or, if applicable, review meeting.
	5) The resolution at each level of the appeal or grievance, if applicable.
	6) The date of resolution at each level, if applicable.
• *CCR, title 9, chapter 11, section 1850.205(d)(1)*	• *CCR, title 9, chapter 11, section 1810.375(a)*

FINDINGS

The MHP did not furnish evidence it maintains a grievance, appeal, and expedited appeal log(s) that records the grievances, appeals, and expedited appeals within one working day of the date of receipt. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy BH 18-27 Client Problem Resolution Process, Samples of completed Grievance and Appeal logs and 20 sample grievance files. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, 2 (two) out of the twenty grievances reviewed as part of the sample were not logged within one working day of the date of receipt of the grievance. Protocol question D2 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 maintains a grievance, appeal, and expedited appeal log(s) that records the grievances, appeals, and expedited appeals within one working day of the date of receipt.

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)?
• *CFR, title 42, section 438.408(a),(b)(1)(2)(3)* • *CCR, title 9, chapter 11, section 1850.206(b)*	• *CCR, title 9, chapter 11, section 1850.207(c)* • *CCR, title 9, chapter 11, section 1850.208.*

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 BH 18-27 Client Problem Resolution Process, Client Problem Resolution Guide (English/Spanish), Grievance and Appeal Log samples, and an Extension Notification

letter. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, Eight (8) out of the twenty (20) grievances were not resolved within established timeframes.

In addition, DHCS inspected a sample of 20 grievances to verify compliance with regulatory requirements.

	# REVIEWED	RESOLVED WITHIN TIMEFRAMES		REQUIRED NOTICE OF EXTENSION EVIDENT	COMPLIANCE PERCENTAGE
		# IN COMPLIANCE	# OOC		
GRIEVANCES	20	12	8	N/A	60%
APPEALS	N/A	N/A	N/A	N/A	N/A
EXPEDITED APPEALS	N/A	N/A	N/A	N/A	N/A

Protocol question D3a (1) 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 ensures grievances, appeals, and expedited appeals are resolved within established timeframes.

PROTOCOL REQUIREMENTS	
D4.	Regarding notification to beneficiaries:
D4a.	1) Does the MHP provide written acknowledgement of each grievance to the beneficiary in writing?
	2) Is the MHP notifying beneficiaries, or their representatives, of the grievance disposition, and is this being documented?
D4b.	1) Does the MHP provide written acknowledgement of each appeal to the beneficiary in writing?
	2) Is the MHP notifying beneficiaries, or their representatives, of the appeal disposition, and is this being documented?
D4c.	1) Does the MHP provide written acknowledgement of each expedited appeal to the beneficiary in writing?
	2) Is the MHP notifying beneficiaries, or their representatives, of the expedited appeal disposition, and is this being documented?
• *CFR, title 42, section 438.406(a)(2)* • *CCR, title 9, chapter 11, section 1850.205(d)(4)*	• *CFR, title 42, section 438.408(d)(1)(2)* • *CCR, title 9, chapter 11, sections 1850.206(b),(c), 1850.207(c),(h), and 1850.208(d),(e)*

FINDINGS

The MHP did not furnish evidence it provides notifications of dispositions to beneficiaries for all grievances. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy BH18-27 Client Problem Resolution Process, sample of acknowledgement and resolution letters (English/Spanish), and sample of Grievance and Appeal log. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, seven (7) out of the twenty (20) grievances reviewed, as part of the sample did not have the required disposition letter.

In addition, DHCS inspected a sample of twenty (20) grievances, to verify compliance with regulatory requirements.

	# REVIEWED	ACKNOWLEDGEMENT		DISPOSITION		COMPLIANCE PERCENTAGE
		# IN	# OOC	# IN	# OOC	
Grievances	20	20	0	13	7	65%
Appeals	N/A	N/A	N/A	N/A	N/A	N/A
Expedited Appeals	N/A	N/A	N/A	N/A	N/A	N/A

Protocol question(s) D4a (2) 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 provides written acknowledgement and notifications of dispositions to beneficiaries for all grievances.

PROTOCOL REQUIREMENTS	
D8.	Regarding notice to the Quality Improvement Committee (QIC) and subsequent action:
D8a.	1) Does the MHP have procedures by which issues identified as a result of the grievance process are transmitted to the MHP's QIC, the MHP's administration or another appropriate body within the MHP's organization?
	2) Does the MHP have procedures by which issues identified as a result of the appeal process are transmitted to the MHP's QIC, the MHP's administration, or another appropriate body within the MHP's organization?
	3) Does the MHP have procedures by which issues identified as a result of the expedited appeal process are transmitted to the MHP's QIC, the MHP's administration or another appropriate body within the MHP's organization?
D8b.	When applicable, has there been subsequent implementation of needed system changes?
• *CCR, title 9, chapter 11, sections 1850.205(c)(7), 1850.206, 1850.207 and 1850.208.*	

FINDINGS

The MHP did not furnish evidence it has procedures by which issues identified as a result of the beneficiary problem resolution process are transmitted to the MHP's QIC, the MHP's administration or another appropriate body within the MHP's organization in order to implement needed system changes. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy: BH 18-69 Quality Improvement Program. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP developed policy BH 18-69 which describes the process of reviewing grievances. However, this process has only been recently developed. The MHP did not have an established process that was used during the triennial review period. This question is in partial compliance and would not require a POC. The MHP has an established process that they are currently using. Protocol question D8a (1) is deemed OOC.

PLAN OF CORRECTION

The MHP has provided a process addressing the OOC findings for these requirements. The process demonstrates that the MHP has procedures by which issues identified as a result of the beneficiary problem resolution process are transmitted to the MHP's QIC, the MHP's administration or another appropriate body within the MHP's organization in order to implement needed system changes.

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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?
• *CCR, title 9, chapter 11, sections 1810.370 and 1810.415*	• *MHP Contract, Exhibit A, Attachment I*

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: Health Care Services Agreement between Partnership Health Plan of California and Health Care Services Provider and the Health Plan-Provider Agreement Amendment 3. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory

and/or contractual requirements. Specifically, MHP identified that they do not have a role in carrying out the MOU and provided no additional evidence. Protocol questions F2b, F2c, and F2d 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 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.

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SECTION G: PROVIDER RELATIONS

PROTOCOL REQUIREMENTS	
G1.	Does the MHP have an ongoing monitoring system in place that ensures all contracted individual, group, and organizational providers utilized by the MHP are in compliance with the documentation standards requirements as per title 9 regulations?
• *CFR, title 42,sections 455.400 - 455.470, 455.410*	• *CCR, title 9, chapter 11, sections 1810.110(a), 1810.435(a)(b)(4) and (c)(7), 1840.112, and 1840.314*

FINDING

The MHP did not furnish evidence it has an ongoing monitoring system in place, which ensures all contracted individual, group, and organizational providers utilized by the MHP are in compliance with the documentation standards requirements. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P BH 18-40 Individual and Org Provider Selection and Credentialing, P&P BH 18-24 Contract Development and Monitoring, and the Provider Handbook. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, MHP stated that historically they have not consistently monitored their providers. MHP has recently developed new policies and procedures to address this issue. Protocol question G1 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 an ongoing monitoring system in place, which ensures all contracted individual, group, and organizational providers utilized by the MHP are in compliance with the documentation standards requirements.

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* • *MHP Contract, Exhibit A, Attachment I (d)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: P&P BH 18-33 Recertification of County-Owned Sites & Attachment, P&P BH 18-60 Medi-Cal Certification of Contract Providers, P&P BH 18-44 Individual and Org Provider Selection and Credentialing, and P&P BH 18-44 ITWS Provider Files, However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP has not had a consistent monitoring system in place. The MHP recently hired support staff to assist with the process of tracking certifications and recertification's of their providers. Protocol question G2a, is deemed OOC.

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

TOTAL ACTIVE PROVIDERS (per OPS)	NUMBER OF OVERDUE PROVIDERS (at the time of the Review)	COMPLIANCE PERCENTAGE
12	2	84%

Protocol question 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.

PROTOCOL REQUIREMENTS	
G3. G3a.	Do all contracts or written agreements between the MHP and any subcontractor specify the following: 1) The delegated activities or obligations, and related reporting responsibilities?
	2) The subcontractor agrees to perform the delegated activities and reporting responsibilities in compliance with the MHP's contract obligations?

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

FINDINGS
The MHP did not furnish evidence that all contracts or written agreements between the MHP and any subcontractor included all required elements listed in G3a 1-8 above DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy BH 18-24 Provider Contract Development and Monitoring, Provider Handbook (relevant pages – FY 17/18), Policy BH 18-67 Provider Problem Resolution Process, Agreement between Lassen County and Seneca Family of Services, Agreement between Lassen County and Debbie Rives. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the written agreements did not include all of the requirements. Protocol questions G3a, G4, G5, G6, G7, and G8 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 all contracts or written agreements between the MHP and any subcontractor include all required elements listed in G3a 1-8 on the previous page. Specifically, the written agreements currently do not include the following required elements: G3a 4-8.

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SECTION H: PROGRAM INTEGRITY

PROTOCOL REQUIREMENTS	
H2b.	Did the MHP designate a compliance officer who is responsible for developing and implementing policies, procedures, and practices designed to ensure compliance with the requirements of the contract and who reports directly to the MHP Director?
H2c.	Does the MHP have a regulatory compliance committee at the senior management level charged with overseeing the organization's compliance program and its compliance with requirements under the contract?
• *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 designated compliance committee who is responsible for developing and implementing policies, procedures, and practices designed to ensure compliance with the requirements of the contract and who reports directly to the MHP Director. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Lassen April 30, 2018 Compliance Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP had no "Leadership Team" quarterly meeting notes where compliance was covered. The MHP stated that the only compliance meetings that occurred was to develop and review the new policies and the Compliance Plan. Protocol question H2c 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 practices designed to ensure compliance with the requirements of the contract.

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?
• *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 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: Training documentation for Compliance Officer from 2017, the Compliance Officer prior to the current Compliance Officer. However, there was no evidence of training for the current Compliance Officer. Also reviewed was a compliance training PowerPoint presentation, intended for the MHP staff. Due to the employee Union's objections, the MHP has been unable to provide the compliance training. Protocol questions H2d and H2e 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 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?
• *CFR, title 42, sections 438.10, 438.604, 438.606, 438.608 and 438.610*	• *MHP Contract, Exhibit A, Attachment 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: April 30, 2018 Compliance Plan, and a compliance flyer. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, no evidence of communications to the organization was provided, and due to the employee Union's objection, the MHP could not train staff on the disciplinary guidelines of non-compliance. 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	
H2g.	Does the MHP ensure enforcement of the standards through well publicized disciplinary guidelines?
• *CFR, title 42, sections 438.10, 438.604, 438.606, 438.608 and 438.610*	• *MHP Contract, Exhibit A, Attachment I*

FINDING

The MHP did not furnish evidence it ensures enforcement of the program integrity standards through well-publicized disciplinary guidelines. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: April 30, 2018 Compliance Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, due to issues with the employee Union, the MHP has been unable to communicate or ensure enforcement of the disciplinary guidelines. Protocol question H2g 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 enforcement of the program integrity standards through well-publicized disciplinary guidelines.

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?
• *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 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: April 30, 2018 Compliance Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not provide any evidence that routine internal monitoring and auditing of compliance risks are occurring. Protocol question H2h 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	
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?
• *CFR, title 42, sections 455.1(a)(2) and 455.20 (a)* • *MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements*	• *Social Security Act, Subpart A, Sections 1902(a)(4), 1903(i)(2) and 1909*

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: Policy BH 18-41 Medi-Cal Service Delivery Verification. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. The MHP stated that they just started verifying services April 2018, and are using two different methods. The first method is to have clients sign in when coming to the MHP clinic for services, the signature is then scanned into the client's EHR. This method was implemented in April 2018. The second method, which hasn't been implemented yet, is making random calls to at least ten clients quarterly, to verbally verify claimed services were provided. The first method does not create the opportunity to identify mis-claiming since claims are not reconciled to the signatures. If the claims were compared to the signatures, they would not validate the length of services provided to the length claimed. The policy language states that if claimed services were not actually provided, processes outlined in the Compliance Plan and other disciplinary guidelines will be followed. Since those documents have not been finalized and released to staff due to Union Issues, the MHP has no mechanism to ensure appropriate actions would be taken if unable to verify claimed services were provided. Protocol questions H3a and H3b 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 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	
H4. H4a.	Regarding disclosures of ownership, control and relationship information: Does the MHP ensure that it collects the disclosure of ownership, control, and relationship information from its providers, managing employees, including agents and managing agents, as required in CFR, title 42, sections 455.101 and 455.104 and in the MHP Contract, Program Integrity Requirements?
• *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 collects the disclosure of ownership, control, and relationship information from its providers, managing employees, including agents and managing agents as required in regulations and the MHP Contract. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy BH 18-31 Ownership Interest Disclosure of LCBH Managing Staff and Contract Providers, Ownership Disclosure Form template. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHPs mid and higher level management complete and submit Form 700 as required by the county. However, contracted providers have not been required to report ownership and disclosure information. There is currently no contract language requiring contracted providers to report ownership, control, and relationship information. Protocol question H4a 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 collects the disclosure of ownership, control, and relationship information from its providers, managing employees, including agents and managing agents as required in regulations and the MHP Contract.

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 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. The MHP provided no evidence, and stated that the language was not in the contract. Protocol questions H4b and H4c are 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 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?
• *CFR, title 42, sections 438.214(d), 438.610, 455.400-455.470, 455.436(b)* • *DMH Letter No. 10-05*	• *MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements*

FINDINGS
The MHP did not furnish evidence it monitors and verifies provider eligibility (prior to contracting and monthly) to ensure providers, 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 BH 18-26 Verification of Staff, Contract Providers & Applicants – Exclusion & Status Lists, Policy BH 18-40 Individual, Group, and Organizational Provider Selection and Credentialing, and a template for tracking staff exclusion checks. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP stated that the MHP started performing exclusion checks on MHP employees in May 2017, however, could not provide evidence that the exclusion checks are occurring beyond a blank tracking template. In addition, the MHP could produce no evidence that their contracted providers are required to perform exclusion checks. Protocol questions H5a1, H5a2, H5a3, H5a4, and H5a5 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 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.

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SECTION I: QUALITY IMPROVEMENT

PROTOCOL REQUIREMENTS	
I1.	Regarding the MHP's Quality Assessment and Performance Improvement (QAPI) Program:
I1a.	Does the MHP have a written description of the QAPI Program which clearly defines the QAPI Program's structure and elements, assigns responsibility to appropriate individuals, and adopts or establishes quantitative measures to assess performance and to identify and prioritize area(s) for improvement?
I1b.	Is there evidence the MHP's QAPI Program is evaluated annually and updated as necessary?
• *CCR, title 9, § 1810.440(a)(6)* • *42 C.F.R. § 438.240(e)*	• *MHP Contract, Exhibit A, Attachment I*

FINDINGS

The MHP did not furnish evidence that its QM Program is evaluated annually and updated as necessary. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: FY 2017/18 QI WorkPlan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, no evaluations were produced during the triennial period. The 2017/18 QI WorkPlan did include data for FYs 2015/16, 2016/17, and 2017/18 through March 2018. However, there was no evaluation component stated what actions were implemented to impact the data, or measure effective versus non-effective actions. Protocol question I1b 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 QM Program is evaluated annually and updated as necessary.

PROTOCOL REQUIREMENTS	
I2.	Regarding mechanisms to assess beneficiary/ family satisfaction:
I2a.	Does the MHP survey beneficiary/family satisfaction with the Contractor's services at least annually?
I2b.	Does the MHP evaluate beneficiary grievances, appeals, and fair hearings at least annually?
I2c.	Does the MHP evaluate requests to change persons providing services at least annually?
I2d.	Does the MHP inform providers of the results of beneficiary/family satisfaction activities?
• *MHP Contract, Exhibit A, Attachment I*	

FINDINGS

The MHP did not furnish evidence it is informing providers of the results of beneficiary/family satisfaction activities. The MHP did not provide any evidence for this protocol question, and stated that the survey results were shared with staff at an all staff meeting, but not shared with any contracted providers. Protocol question I2d 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 informed providers of the results of beneficiary/family satisfaction activities.

PROTOCOL REQUIREMENTS	
I3. I3a.	Regarding monitoring of medication practices: Does the MHP have mechanisms to monitor the safety and effectiveness of medication practices at least annually?
• *MHP Contract, Exhibit A, Attachment I*	

FINDING

The MHP did not furnish evidence it has mechanisms to monitor the safety and effectiveness of medication practices at least annually. The MHP stated that no medication monitoring has occurred over the past three years. The MHP contracts with Owens as a mechanism to pay for medications, and the Owens contract scope of work states that Owens would do medication chart reviews. However, the MHP stated that Owens has not been performing that function. Protocol question I3a is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has mechanisms to monitor the safety and effectiveness of medication practices at least annually.

PROTOCOL REQUIREMENTS	
I3c.	If a quality of care concern or an outlier is identified related to psychotropic medication use is there evidence that the MHP took appropriate action to address the concern?
• *MHP Contract, Exhibit A, Attachment I*	

FINDING

The MHP did not furnish evidence that if a quality of care concern or an outlier is identified related to psychotropic medication use is there evidence that the MHP took appropriate action to address the concern. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy BH 18-68 Prescribing Psychotropic Meds to Children in Foster Care and Out-of-Home Placements. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, since the MHP has no method to monitor medication practices, they lose the best opportunity to identify concerns. Regarding resolving issues, the new policy 18-68 states “Issues are identified and mitigated to ensure compliance with Medi-Cal and other state and federal regulations”. 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.

PROTOCOL REQUIREMENTS	
I4.	Does the MHP have mechanisms to address meaningful clinical issues affecting beneficiaries system-wide?
I5.	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?
• *MHP Contract, Exhibit A, Attachment 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: Policy BH 18-69 Quality Improvement Program. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the policy was developed in May 2018, and has not been implemented. Protocol question I4 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	
I6.	Regarding the QAPI Work Plan:
I6a.	Does the MHP have a QAPI Work Plan covering the current contract cycle with documented annual evaluations and documented revisions as needed?
I6b.	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?
I6c.	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?
I6d.	Does the QAPI work plan include a description of completed and in-process QAPI activities, including: 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: 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?

- *CCR, title 9, chapter 11, section 1810.440(a)(5)*
- *DMH Information Notice No. 10-17, Enclosures, Pages 18 & 19, and DMH Information Notice No. 10-02, Enclosure, Page 23*
- *MHP Contract, Exhibit A, Attachment I*
- *CCR, tit. 9, § 1810.410*
- *CFR, title 42, Part 438-Managed Care, sections 438.204, 438.240 and 438.358.*

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: FY 2017/18 QIWP. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. No evaluations were produced during the triennial period. Although data was included for activities for FYs 2015/16, 2016/17, and 2017/18, little to no evaluation was written on what MHP actions were the reasons for data changes, or what actions were intended to be implemented to influence the data. The QIWP did not include evidence of monitoring fair hearings, provider appeals, or clinical records review. Nor did the QIWP include efforts for improving activities, or goals for access to after-hours care. Protocol questions I6a, I6b, I6d1, I6d2, and I6e4 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 has a QM/QI work plan covering the current contract cycle, with documented annual evaluations and necessary revisions, which meets MHP Contract requirements.

PROTOCOL REQUIREMENTS	
I7.	Regarding the QI Program:
I7a.	Is the QIC involved in or overseeing the following QI activities: 1) Recommending policy decisions?
	2) Reviewing and evaluating the results of QI activities?
	3) Instituting needed QI actions?
	4) Ensuring follow-up of QI processes?
	5) Documenting QI committee meeting minutes?
I7b.	Does the MHP QI program include active participation by the MHP's practitioners and providers, as well as beneficiaries and family members, in the planning, design and execution of the QI program?
• *MHP Contract, Exhibit A, Attachment I*	

FINDINGS

The MHP did not furnish evidence its QIC is involved in or overseeing QI activities. The MHP's QM/QI program does not include active participation of the MHP's providers, as well as beneficiaries and family members, in the planning, design and execution of the QM/QI program. DHCS reviewed the following documentation presented by the MHP as evidence of compliance:

QI meeting minutes from July 24, 2017 through April 2, 2018, and Policy BH 18-69 Quality Improvement Program. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP could provide no evidence of compliance for questions I7a1-4, and the QIC has no members other than MHP staff. Protocol questions I7a2, I7a4, and I7b 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 its QIC is involved in or overseeing QI activities. The MHP must also demonstrate its QM/QI program includes active participation of the MHP's providers, as well as beneficiaries and family members, in the planning, design, and execution of the QM/QI program.

PROTOCOL REQUIREMENTS	
I8.	Regarding QI activities in accordance with the MHP contract:
I8a.	Does the MHP collect and analyze data to measure against the goals or prioritized areas of improvement that have been identified?
I8b.	Does the MHP obtain input from providers, beneficiaries and family members in identifying barriers to delivery of clinical care and administrative services?
• *CCR title 9, section 1819.440(a)(5)*	• *MHP Contract, Exhibit A, Attachment I*

FINDINGS

The MHP did not furnish evidence it obtains input from providers, beneficiaries and family members in identifying barriers to delivery of clinical care and administrative services. The MHP was unable to provide any evidence for this protocol requirement. Protocol question I8b 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 collects and analyzes data to measure against the goals or prioritized areas of improvement that have been identified and obtains input from providers, beneficiaries and family members in identifying barriers to delivery of clinical care and administrative services.

PROTOCOL REQUIREMENTS	
I9.	Regarding the Utilization Management Program:
I9a.	Does the MHP's Utilization Management (UM) Program evaluate medical necessity, appropriateness and efficiency of services provided to Medi-Cal beneficiaries prospectively or retrospectively?
• *MHP Contract, Exhibit A, Attachment I*	•

FINDING

The MHP did not furnish evidence it's UM Program evaluates medical necessity, appropriateness and efficiency of services provided to Medi-Cal beneficiaries prospectively or retrospectively. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy BH 18-64 Outpatient Services Authorization Process, Policy BH

18-08 Medical Necessity Criteria, Policy BH 18-69 Quality Improvement Program, and a Medical Necessity Checklist. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP stated that the policies were just recently developed and UM has not been implemented. Protocol question I9a 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 its UM Program evaluates medical necessity, appropriateness and efficiency of services provided to Medi-Cal beneficiaries prospectively or retrospectively.

PROTOCOL REQUIREMENTS	
I10. I10a.	Regarding the adoption of practice guidelines: 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?
• *MHP Contract, Exhibit A, Attachment I*	• *42 CFR 438.236*

FINDING
The MHP did not furnish evidence it disseminates the practice 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. The MHP stated that they use the ASAM Motivational Interviewing and Trauma Informed Care in Behavioral Health Services as their practice guidelines. The guidelines have not been disseminated to contracted providers, and since there are no UM activities, the providers are not assuring the guidelines are being followed. Protocol questions I10b and I10c are 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.

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SECTION J: MENTAL HEALTH SERVICES (MHSA)

PROTOCOL REQUIREMENTS	
J4. J4a.	Regarding the County's Capacity to Implement Mental Health Services Act (MHSA) Programs: Does the County conduct an assessment of its capacity to implement the proposed programs/services?
J4b.	Does the assessment include: 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 conducted 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, 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. MHP did not have an assessment that included these requirements. Protocol questions J4b (1) and J4b (3) 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 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.

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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 MHP reported that there are no existing TFC services in Lassen County. It is unknown if there are any plans to establish TFC services by the two Foster Family Agency.

SUGGESTED ACTIONS
No further action required at this time.

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

SURVEY FINDING
DHCS reviewed the following documentation provided by the MHP for this survey item: The MHP reported that Lassen County Behavioral Health (LCBH) has contracts with only a few STRTP's. Oftentimes the child welfare agency places a child/youth in a STRTP with whom LCBH does not have a contract. Very few Lassen County children/youth are placed in STRTP's.

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: MHP stated that they have no formal mechanism to ensure timely provision of mental health services to foster children upon presumptive transfer to the MHP.

SUGGESTED ACTIONS
DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: Develop a Policy and Procedure outlining the presumptive transfer process that will include a single point of contact, and a tracking system. Post the contact information on the county website.

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: MHP stated that they have not had any overpayments. Evidence reviewed included MHP completed audit forms. The county stated that they have had issues with MD/telepsych services. However, they have not had any overpayments. The MHP director stated that during a random chart review several issues were found, and the MHP disallowed the identified claims.

SUGGESTED ACTIONS

No further action required at this time.