



**DEPARTMENT OF HEALTH CARE SERVICES**  
**TRIENNIAL REVIEW OF THE IMPERIAL COUNTY MENTAL**  
**HEALTH PLAN**  
**FINDINGS REPORT**

**Review Dates: 3/4/2019- 3/5/2019**

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## **EXECUTIVE SUMMARY**

The purpose of this review was to determine the MHP's compliance with State and Federal laws and regulations and the terms of contracts between DHCS and the MHP. The review consisted of an examination of the documents relating to the MHP's program and system operations, to verify the medically necessary services are provided to Medi-Cal beneficiaries who meet medical necessity criteria within compliance with State and Federal laws and regulations and the terms of contracts between DHCS and the MHP. DHCS utilized its Fiscal Year 2018/2019 Annual Review Protocol for SMHS and Other Funded Programs (Protocol) to conduct the review.

The system review evaluated the MHP's performance in the following categories:

- Section A: Network Adequacy and Availability of Services
- Section B: Care Coordination and Continuity of Care
- Section C: Quality Assurance and Performance Improvement
- Section D: Access and Information Requirements
- Section E: Coverage and Authorization of Services
- Section F: Beneficiary Rights and Protections
- Section G: Program Integrity
- Section H: Other Regulatory and Contractual Requirements

Below is an overview of DHCS' findings.

DHCS identified concerns related to your ability to insure that internal staff and contracted providers complete the trainings identified as required through your policies and procedures. In addition, ensuring that consistent information is provided to beneficiaries that are seeking information related to Specialty Mental Health Services via the 24/7 access line. The necessary documentation related to logging request for services should be a focus for new and existing personnel, which will require on-going training. The QM unit can assist by evaluating monthly progress towards reaching a compliance rate that ensures that the staff understand their responsibilities and are successful with documentation expectations.

DHCS identified strengths related to your crisis and engagement services, linkage to community services, and your continued commitment to meeting the timely access standards established by DHCS. In addition, the continuous monitoring through the QI program has allowed the enhancement of beneficiary services throughout the system of county and credential providers. Another strength identified is that improvement has been occurring through your ongoing aggressive program evaluation, research, training, and corrective actions.

This report details the findings from the triennial system review of the Imperial County Mental Health Plan (MHP). The report is organized according to the findings from each section of the FY 2018/2019 Annual Review Protocol for Consolidated Specialty Mental Health Services (SMHS) and Other Funded Services, specifically Sections A-H 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

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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 "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; and
- (5) Description of corrective actions required of the MHP's contracted providers to address findings.

Questions about this report may be directed to DHCS via email to [MHSDCompliance@dhcs.ca.gov](mailto:MHSDCompliance@dhcs.ca.gov).

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**RESULTS SUMMARY: SYSTEM REVIEW**

TOTAL ITEMS REVIEWED	SURVEY ONLY ITEMS	TOTAL FINDINGS PARTIAL or OOC	PROTOCOL QUESTIONS OUT-OF-COMPLIANCE (OOO) OR PARTIAL COMPLIANCE	IN COMPLIANCE PERCENTAGE FOR SECTION
63	2	0		100%
17	1	0		100%
42	0	0		100%
67	0	7	D.VI.B2, D.VI.B3, D.VI.C2a, D.VI.C2b, D.VI.C2c, D.VII.D1& D.VII.D2	90%
42	1	1	E.G	98%
67	0	0		100%
43	0	0		100%
3	0	0		100%
<b>344</b>	<b>4</b>	<b>8</b>		

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**Overall System Review Compliance**

Total Number of Requirements Reviewed	<b>344</b>			
Total Number of SURVEY ONLY Requirements	4 (NOT INCLUDED IN CALCULATIONS)			
Total Number of Requirements Partial or OOC	<b>8</b>		<b>OUT OF 344</b>	
<b>OVERALL PERCENTAGE OF COMPLIANCE</b>	<b>IN</b>	98%	<b>OOC/ PARTIAL</b>	2%
	(# IN/344)		(# OOC/344)	

**FINDINGS**

**SECTION D: ACCESS AND INFORMATION REQUIREMENTS**

I. 24/7 Access Line and Written Log of Requirements for SMHS

REQUIREMENT	
B.	Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number: (CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1).)
	1) The MHP provides a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county.
	2) The toll-free telephone number provides information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met.
	3) The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition.
	4) The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.

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

**Test Call #1** was placed on Thursday, October 4, 2018, at 7:46 a.m. The call was answered after two (2) rings via a live operator. The caller opened up with request about information needed to file a complaint. The operator informed the caller that he/she can get the forms at whatever clinic he/she goes to, change his/her practitioner, and then he/she will be assigned a new practitioner. If the caller would like, he/she can give the operator his/her information and the operator can mail the forms. The caller then asked if he/she can get them from his/her clinic. The operator informed the caller that the forms are in the waiting room and he/she can fill them out and hand them to the receptionist. The request must be in writing. If he/she is not feeling comfortable with their therapist, then he/she can request a change. The caller thanked the operator and informed him/her that he/she will go in and grab a form. The caller received information on how to file a complaint and receive information on the problem resolution and

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the fair hearing process. This call is deemed in compliance with regulatory requirements for protocol question Section D.V.B4.

**Test Call #2** was placed on Friday, November 9, 2018, at 7:12 a.m. The call was answered after three (3) rings via a live operator. The caller requested information about accessing mental health services in the county. The operator provided information on how to access mental health services including detail information about how the MHP will assess the caller and see what services would be necessary. The operator informed the caller that he/she has two options, 1) the operator could obtain the caller's information and have the Access Unit contact the caller back for appointment, or 2) the caller could call back after 8:00 a.m. to the same number and make an appointment. The operator informed the caller that he/she should call the same number and that it is a 24-hour line. The caller informed the operator that he/she will think about it. 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 was not provided information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions D.VI.B2 and out-of-compliance with regulatory requirements for D.VI.B3.

**Test call #3** was placed on Monday, November 7, 2018, at 5:57 p.m. The call was answered after (11) rings via an operator. The call was answered by a live operator stating "this is Behavioral Health, how can I help you." They did not provide their name. The caller stated he/she was referred by his/her doctor to call the county mental health. The caller shared he/she felt overwhelmed/isolated/depressed because he/she is the sole caregiver for his/her ailing mother. The operator apologized and asked if he/she can put the caller on hold because he/she is driving. The operator informed the caller that he/she needs to pull over by the side of the road and he/she will get back to them shortly. The caller was put on hold for close to 1 minute. The operator came back on the call and asked for the caller's name and address. The caller stated his/her name and that he/she did not feel comfortable giving his/her full name and address. The operator explained he/she wanted the caller's full name and address so he/she can send information by mail. The caller asked the operator "what type of mental health services do you have?" The operator asked the caller "would you be interested in going for assessment." The caller replied "yes". The operator directed the caller to call back at 8 a.m. tomorrow morning for an assessment. The operator also instructed the caller to call 442-265-1525, when they call in the morning. The caller asked if the main line was different from 1-800-817-5292? The operator said no, it's the same type of services. The caller thanked the operator and ended the call. The operator did not offer any information about how to access SMHS. They did not provide any information about services needed to treat a beneficiary's urgent condition. No crisis assessment was offered at any time during the call. The call is deemed out-of-compliance with the regulatory requirements for protocol questions D.VI.B2 and D.VI.B3.

**Test Call #4** was placed on Monday, December 17, 2018, at 8:39 a.m. The call was answered after one (1) ring via a recorded message telling the caller that the caller had reached Imperial County Behavioral Health, all representatives are busy at the current time, and that the call will be answered in the order it was received, the information was then repeated in Spanish. The caller waited about 45 seconds before an operator answered the line. The operator identified himself as Jordi and asked the caller's name. The caller stated his/her name and proceeded to explain that the caller's son is disruptive in class has also been acting up at home, yelling a lot

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and he is very angry. The caller called his doctor who advised that the caller should look into mental health services at the county. The operator stated that they offer an assessment, which is a three-step process. Once an appointment is scheduled, an intake will be conducted as well as a nursing evaluation, and then a psychiatric assessment. Depending on the results, services such as medication support, therapy, or case management could be offered. The operator then asked the caller the age of the caller's son. The caller replied 13. The operator asked where the caller lived. The caller replied in Brawley. The operator stated that they schedule appointments based on demographics and age. Since the caller's son was 13, he would be seen at the children's clinic in Brawley. The address is 195 South 9<sup>th</sup> Street in Brawley and the phone number is 442-265-5080. The caller thanked the operator. The operator stated that the caller could walk into the clinic or call. The operator also provided the caller with the after-hours number of 1-800-817-5292 just in case the caller needed to call after business hours. The caller thanked the operator and ended the call. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The call is deemed in compliance with the regulatory requirements for protocol questions D.VI.B2.

**Test Call #5** Test call was placed on Thursday, November 30, 2018, at 12:36 a.m. The call was answered after three (3) rings via a live operator. The DHCS test caller requested SMHS in the county. The operator offered to take the test caller's phone number and have staff return the caller's call during business hours to schedule an appointment for evaluation. The caller declined to have a call back. The operator advised the caller that walk-in services were available during business hours. The operator also advised the caller that they could walk-in for evaluations for psychiatrist or therapist appointment. The caller was also advised that walk-in screenings are based on availability and may require a wait versus scheduling an appointment and test caller could use the toll-free number to schedule an appointment. The operator provided the test caller with the MHP's address and hours of operation. The caller was provided information about how to access SMHS and the caller was not provided information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol question D.VI.B2 and the call is deemed out-of-compliance with the regulatory requirements for protocol question D.VI.B3.

**Test Call #6** was placed on Tuesday, December 4, 2018, at 10:57 a.m. The call was answered after two (2) rings via a live operator. The caller requested information about accessing mental health services in the county regarding feelings of depression, not wanting to get out of bed, crying, and identified that the caller was referred by a friend. The operator inquired whether this was an emergency and if the caller needed to talk to someone immediately. The caller responded in the negative. The operator explained the intake process and looked for the next available appointment for an evaluation with a clinician after a set of questions: if seen before, date of birth, phone number, address, preferred language, marital status, race, religion, education, work status, and type of work. The operator explained that there were several openings at 1699 West Main Street, El Centro, CA 92243 and provided their phone number, 442-265-7200. The operator stated that the appointment would be for 2 hours in total, ½ hour of paperwork and 1 ½ hours for an evaluation with a clinician. The available times are 12/12/18 at 12:15 p.m. with Bianca Nelson, 12/12/18 at 1:15 p.m. with Katherine Thompson, and 12/14/18 with Katherine Thompson. The operator also mentioned that the caller can call the Access Line at 1-800-817-5292 anytime if needing to change an appointment or talk to someone 24/7. The caller was provided information about how to access SMHS, including SMHS required to assess

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whether medical necessity criteria are met and the caller was provided information about services needed to treat a beneficiary’s urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions D.VI.B2 and D.VI.B3.

**Test Call #7** was placed on Wednesday, December 5, 2018, at 12:30 p.m. The call was answered after five (5) rings. The call was transferred to a live operator (Sara). The caller requested information about what he/she needs to do to file a complaint. The operator informed the caller that he/she could go to the clinic where services were received and pick up the grievance form and drop it off at the front desk or go to the main office. The operator provided the address to the main office, phone number, and gave the caller the option to mail the information to the caller. The operator provided information on how to file the grievance. The call is in compliance with the regulatory requirements for protocol question D.VI.B4.

**FINDINGS**

**Test Call Results Summary**

Protocol Question	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
D.VI.B.1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
D.VI.B.2	N/A	IN	OOC	IN	IN	IN	N/A	80%
D.VI.B.3	N/A	OOC	OOC	N/A	OOC	IN	N/A	25%
D.VI.B.4	IN	N/A	N/A	N/A	N/A	N/A	IN	100%

In addition to conducting the seven (7) test calls, DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy 16-35 Monitoring the ICBHS 24-hour Toll-Free Telephone line, Procedure 16-09 Monitoring the ICBHS 24-hour Toll-Free telephone line, 24/7 Test Quarterly Report Form, and the Statewide 24-hour Toll-Free Telephone Line Report FY 2017-18. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the test calls conducted by DHCS indicated inconsistencies related to providing information on how to access services, and services needed to treat a beneficiary’s urgent condition. The MHP must come into compliance with the provisions of CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410 E(1). Protocol requirement D.VI.B.2 and D.VI.B.3 are deemed in partial compliance.

**PLAN OF CORRECTION**

The MHP will submit a POC addressing the Partial Compliance findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it complies with protocol requirements D.VI.B2, and D.VI.B3.

REQUIREMENT	
C.	1) The MHP must maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing. (CCR, title 9, chapter 11, section 1810.405(f)).



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	2) The written log(s) contain the following required elements: CCR, title 9, chapter 11, section 1810.405(f)
	a) Name of the beneficiary.
	b) Date of the request.
	c) Initial disposition of the request.

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

<b>Test Call #</b>	<b>Date of Call</b>	<b>Time of Call</b>	<b>Name of the Beneficiary</b>	<b>Date of the Request</b>	<b>Initial Disposition of the Request</b>
2	11/9/2018	7:12 a.m	OOC	IN	IN
3	11/7/2018	5:57 p.m	OOC	IN	IN
4	12/17/2018	8:39 a.m.	IN	IN	IN
5	11/29/2018	12:36 a.m.	OOC	OOC	OOC
6	12/4/2018	10:57 a.m	IN	IN	IN
<b>Compliance Percentage</b>			<b>40%</b>	<b>80%</b>	<b>80%</b>

**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 D.VI.C2a, D.VI.C2b, D.VI.C2c are deemed in partial compliance.

**FINDINGS**

The MHP did not furnish evidence its written logs of initial requests for SMHS, including requests made by phone, in person, or in writing. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy & Procedures 13-05 Access Log, the Access log Reports for 10/5/18, 11/7/18, 11/9/18, 11/29/18, 12/4/18, 12/5/18, and 12/17/18, the Access Log and Test Call reports for 8/21/18, 8/23/18, 12/31/18, and the Access Log and After Hours log for 8/23/18. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, three (3) out of the five (5) calls required to be logged were either not logged or did not contain all the required elements. The MHP must come into compliance with the provisions of CCR, title 9, chapter 11, section 1810.405 (f).

**PLAN OF CORRECTION:**

The MHP will submit a POC addressing the out-of-compliance findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that complies with protocol requirement D.VI.C2a, D.VI.C2b and D.VI.C2c.

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VII. Cultural Competence Requirements

REQUIREMENT	
D.	Regarding the MHP’s plan for annual cultural competence training necessary to ensure the provision of culturally competent services:
	1) There is a plan for cultural competency training for the administrative and management staff of the MHP.
	2) There is a plan for cultural competency training for persons providing SMHS employed by or contracting with the MHP.
	3) There is a process that ensures that interpreters are trained and monitored for language competence (e.g., formal testing).  (CCR, title 9, § 1810.410 (c)(4).)

**FINDING**

The MHP did not furnish evidence it complies with section D.II.1 and D.II.2. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy 01-264 Cultural Competence Training Plan, Log of employees categorized as Admin/Mgmt. or Clinical Provider, Cultural Competence Plan, Cultural Competence Plan Update 2018, Cultural Competence Plan Update 2019, and Corrective Action Plan for the Staff Development Unit dated 7/30/18. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, according to the Cultural Competence Plan updates for FY 2018, and 2019 the staff did not complete the required cultural competence training and were assigned an eLearning course as a plan of correction. Some of the staff completed the training, however not all, for both FY 2018 and FY 2019. Additional evidence included a log, which categorized each employee into Admin/Mgmt., or Clinical/Provider. The log clearly indicated what training was taken and the year it was completed. Staff were identified in each category that did not complete the annual cultural competency-training requirement. The Corrective Action Plan dated 7/30/18 identified that 90 employees did not attend Cultural Competency Training during FY 17-18. The individuals were ICBHS employees. This requirement is deemed out of compliance. The MHP must come into compliance with the provisions of (CCR, title 9, § 1810.410 (c)(4).). Protocol requirement Section D.VII.D1 and D.VII.D2 is deemed out-of-compliance.

**PLAN OF CORRECTION**

The MHP must submit a POC addressing the out-of-compliance findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it complies with (CCR, title 9, § 1810.410 (c)(4).).

***SECTION E: COVERAGE AND AUTHORIZATION OF SERVICES***

Presumptive Transfer

REQUIREMENT	
G.	Pursuant to (W&I) Code Section 14717.1(b)(2)(F), the MHP has a procedure for expedited transfers within 48-hours of placement of the foster child or youth outside of the county of original jurisdiction. (MHSUDS IN No., 18-027; W&I Code § 14717.1(b).)

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**FINDING**

The MHP did not furnish evidence it complies with Section E.III.G. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy 01-328 Presumptive Transfer, Provider Handbook, and the QAPI Work Plan with regulatory and/or contractual requirements. Specifically, the policy outlines the counties responsibility related to children placed in and out of county; however, it does not indicate nor did the MHP submit a procedure for expedited transfers. This requirement is deemed out-of-compliance. The MHP must come into compliance with the provisions of MHSUDS IN No., 18-027; W&I Code § 14717.1(b.) Protocol requirement E.III.G is deemed out-of-compliance.

**PLAN OF CORRECTION**

The MHP must submit a POC addressing the out-of-compliance findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it complies with protocol requirement E.III.G.

***SURVEY ONLY FINDINGS***

**SECTION A: NETWORK ADEQUACY AND AVAILABILITY OF SERVICES**

III. Children’s Services

REQUIREMENT	
F.	<b>SURVEY ONLY</b> The MHP must provide Therapeutic Foster Care (TFC) services to all children and youth who meet medical necessity criteria for TFC. (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3 <sup>rd</sup> Edition, January 2018)

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: The MHP has an agency that is going through the process of becoming a TFC. However, in the interim, the county uses The Vista Sands children’s socialization program as an alternative. It is part of a comprehensive Behavioral Health plan of care. The goal of the program is to improve the child’s behavior at home, school, and community through socialization and behavior modification. Early intervention and prevention works towards reduction of incidence of mental health placement in residential or psychiatric facilities. The ages served in this program are 7-12 years of age. The other program the MHP uses is the Adolescent Habilitative Learning Program (AHLP). The program provides combined mental health and education services to adolescents ages 13-17 and or 7<sup>th</sup> – 12<sup>th</sup> grade who’s emotional and or behavioral disturbances prevent them from maximizing their learning and functioning capacities in regular classroom settings. The beneficiaries need a high level of outpatient care that could include prescribing and frequent monitoring of psychotropic medications.

**SUGGESTED ACTION**

No further action required at this time.

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REQUIREMENT	
G.	<b>SURVEY ONLY</b> The MHP has an affirmative responsibility to determine if children and youth who meet medical necessity criteria need TFC. (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3 <sup>rd</sup> Edition, January 2018)

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Policy 01-329 Determining Medical Necessity for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care, and the Therapeutic Foster Care Draft Contract.

**SUGGESTED ACTION**

No further action required at this time.

**SECTION B: CARE COORDINATION AND CONTINUITY OF CARE**

III. Coordination of Physical and Mental Health Care

REQUIREMENT	
C.	<b>SURVEY ONLY</b> The MHP shall implement a transition of care policy that is consistent with federal requirements and complies with the Department’s transition of care policy. (MHP Contract, Ex. A, Att.10; 42 C.F.R. § 438.62(b)(1)-(2).)

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Processing Continuity of Care Requests Draft Protocol. The protocol outlines the steps the Department should take when a continuity of care request is received from a Medi-Cal beneficiary.

**SUGGESTED ACTION**

No further action required at this time.

**Section E: COVERAGE AND AUTHORIZATION OF SERVICES**

I. Service Authorization Requirements

REQUIREMENT	
H.	<b>Survey Only:</b>  1) MHPs must review and make a decision regarding a provider’s request for prior authorization within five (5) business days after receiving the request.

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Policy 03.2.1-17 Treatment Authorization Decision – Standard Timeframe, Network Provider Handbook FY 2018-2019 Timeframes for Payment Authorization Decisions, Utilization

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Management Program Review Report (July–Sept 2018), QI Work Plan FY 18/19 UMP Authorization Process, Org Provider Log September 2018.

**SUGGESTED ACTION**

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements or to strengthen current processes in this area to ensure compliance in future reviews: It is recommended to update the authorization policy when the information notice is published. No further action required at this time.