

**FISCAL YEAR (FY) 2016/2017 TRIENNIAL REVIEW OF SPECIALTY MENTAL HEALTH SERVICES  
AND OTHER FUNDED SERVICES  
MERCED COUNTY MENTAL HEALTH PLAN REVIEW  
December 12-15, 2016  
FINDINGS REPORT**

This report details the findings from the triennial system review of the Merced County Mental Health Plan (MHP). The report is organized according to the findings from each section of the FY 2016/2017 Annual Review Protocol for Consolidated Specialty Mental Health Services (SMHS) and Other Funded Services (Mental Health and Substance Use Disorder Services Information Notice No. 16-045), 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 16 “SURVEY ONLY” questions in the protocol.

The MHP will have fifteen (15) business days from receipt to review the findings report. If the MHP wishes to appeal the findings of the system review and/or the chart review, it may do so, in writing, before the 15-day period concludes. If the MHP does not respond within 15 days, DHCS will then issue its Final Report. The MHP is required to submit a Plan of Correction (POC) to DHCS within sixty (60) days after receipt of the final 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 (OOO) OR PARTIAL COMPLIANCE	IN COMPLIANCE PERCENTAGE FOR SECTION
ATTESTATION	5	0	0	5		100%
SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES	14	2	0	14		100%
SECTION B: ACCESS	48	0	6	48	2b, 5d, 6d3, 9a2, 9a3, 9a4	87%
SECTION C: AUTHORIZATION	26	2	0	26		100%
SECTION D: BENEFICIARY PROTECTION	25	0	1	25	4a2	96%
SECTION E: FUNDING, REPORTING & CONTRACTING REQUIREMENTS	<b>NOT APPLICABLE</b>					
SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	0	6		100%
SECTION G: PROVIDER RELATIONS	6	0	0	6		100%
SECTION H: PROGRAM INTEGRITY	19	4	0	19		100%
SECTION I: QUALITY IMPROVEMENT	30	8	0	30		100%
SECTION J: MENTAL HEALTH SERVICES ACT	21	0	0	21		100%
<b>TOTAL ITEMS REVIEWED</b>	<b>200</b>	<b>16</b>	<b>7</b>			

**Overall System Review Compliance**

Total Number of Requirements Reviewed	216 (with 5 Attestation items)			
Total Number of SURVEY ONLY Requirements	16 (NOT INCLUDED IN CALCULATIONS)			
Total Number of Requirements Partial or OOC	7		<b>OUT OF 200</b>	
<b>OVERALL PERCENTAGE OF COMPLIANCE</b>	<b>IN</b>	96%	<b>OOO/Partial</b>	4%
	(# IN/200)		(# OOC/200)	

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**FINDINGS**

**ATTESTATION**

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

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**SECTION B: ACCESS**

<b>PROTOCOL REQUIREMENTS</b>	
B2.	Regarding the provider list:
B2b.	Is the provider list available in English and in the MHPs identified threshold language(s)?
	<ul style="list-style-type: none"> <li>• <i>CFR, title 42, section 438.10(f)(6)(i) and 438.206(a)</i></li> <li>• <i>CCR, title 9, chapter 11, section 1810.410</i></li> <li>• <i>CMS/DHCS, section 1915(b) Waiver</i></li> <li>• <i>DMH Information Notice Nos. 10-02 and 10-17</i></li> <li>• <i>MHP Contract Exhibit A, Attachment I</i></li> </ul>

**FINDINGS**

DHCS reviewed the MHP's current provider list. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the Provider list was not translated in the MHP's identified threshold languages Spanish and Hmong. Protocol question B2b is deemed OOC.

**PLAN OF CORRECTION**

The MHP had addressed the OOC findings for this requirement during the onsite review.

<b>PROTOCOL REQUIREMENTS</b>	
B5c.	Do these written materials take into consideration persons with limited vision?
B5d.	Do these written materials take into consideration persons with limited reading proficiency (e.g., 6 <sup>th</sup> grade reading level)?
	<ul style="list-style-type: none"> <li>• <i>CFR, title 42, section 438.10(d)(i), (ii)</i></li> <li>• <i>CCR, title 9, chapter 11, sections 1810.110(a) and 1810.410(e)(4)</i></li> <li>• <i>CFR, title 42, section 438.10(d)(2)</i></li> <li>• <i>MHP Contract, Exhibit A, Attachment I</i></li> </ul>

**FINDINGS**

The MHP did not furnish evidence its written materials take into consideration persons with limited reading proficiency (e.g., 6<sup>th</sup> grade reading level). DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy #SS14.01 Auxiliary Aids/Services for Consumers with Disabilities, Policy #001.5 Translation, and the Merced Lao Family Community Inc. Description of Translation Services. It was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual

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requirements. Specifically, the policies and practices address vision, hearing and or speech impaired consumers' abilities to access auxiliary aides. However, they did not ensure written materials' took into consideration person with limited reading proficiency. Protocol question B5d is deemed OOC.

**PLAN OF CORRECTION**

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that its written materials take into consideration persons with limited vision and/or persons with limited reading proficiency (e.g., 6<sup>th</sup> grade reading level).

<b>PROTOCOL REQUIREMENTS</b>	
B6d.	Does the MHP have policies, procedures, and practices that comply with the following requirements of title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973.
	1) Prohibiting the expectation that family members provide interpreter services?
	2) A client may choose to use a family member or friend as an interpreter after being informed of the availability of free interpreter services?
	3) Minor children should not be used as interpreters?
	<ul style="list-style-type: none"> <li>• <i>CFR, title 42, section 438.10 (c)(4), 438.6(f)(1), 438.100(d), CFR, title 28, Part 35, 35.160(b)(1), CFR, title 28, Part 36, 36.303(c)</i></li> <li>• <i>CCR, title 9, chapter 11, section 1810.410(a)-(e)</i></li> <li>• <i>DMH Information Notice 10-02 and 10-17</i></li> <li>• <i>Title VI, Civil Rights Act of 1964 (U.S. Code 42, section 2000d; CFR, title 45, Part 80)</i></li> <li>• <i>MHP Contract, Exhibit A, Attachment I</i></li> <li>• <i>CMS/DHCS, section 1915(b) waiver</i></li> </ul>

**FINDINGS**

The MHP did not furnish evidence it has policies, procedures, and practices, in compliance with title VI of the Civil Rights Act of 1964, ensuring minor children are not used as interpreters. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy # I.A.05 Interpreter Services, and a sample of signed Consumer Information Forms identifying that family members are not expected to provide translation services. However, the documentation did not specify that minor children are not to be used as interpreters. Protocol question B6d3 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 policies, procedures and practices, in compliance with title VI of the Civil Rights Act of 1964, ensuring minor children are not used as interpreters.

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<b>PROTOCOL REQUIREMENTS</b>	
B9a.	Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number:
	1) Does the MHP provide a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county?
	2) Does the toll-free telephone number provide information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met?
	3) Does the toll-free telephone number provide information to beneficiaries about services needed to treat a beneficiary's urgent condition?
	4) Does the toll-free telephone number provide information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes?
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1)</li> <li>• CFR, title 42, section 438.406 (a)(1)</li> </ul>	<ul style="list-style-type: none"> <li>• DMH Information Notice No. 10-02, Enclosure, Page 21, and DMH Information Notice No. 10-17, Enclosure, Page 16</li> <li>• MHP Contract, Exhibit A, Attachment I</li> </ul>

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 November 2, 2016, at 9:15 a.m. The call was answered after four (4) rings via a live operator. The caller explained that he/she wanted to file a complaint and the operator responded that he would do a warm transfer to a live person. The operator was not able to connect with a live operator to provide assistance, and the caller was transferred to a voicemail. The caller was not provided information on how to use the beneficiary problem resolution process. This call was deemed OOC with the regulatory requirements for protocol question B9a4.

**Test Call #2** was placed on November 8, 2016, at 7:41 am. The call was answered immediately via a phone tree directing the caller to select an option, which included the MHP's threshold languages (Spanish and Hmong). After selecting the option to speak to an operator, the call was answered immediately by an operator. The caller requested information about accessing mental health services in the county. The operator asked the caller to provide his/her name, and telephone number. The caller provided their name, but declined providing a telephone number. The operator asked the caller if he/she had any thoughts of hurting him/herself or anybody else and caller replied in the negative. The caller informed the operator that he/she was seeking information about how to obtain services. The operator informed the caller about the assessment process and that he/she could not make an appointment at the moment. The operator informed the caller that he/she could go to the provider location and provided the address and hours of operation. The operator informed the caller that he/she can call back anytime if he/she needs anything and the operator ceased the call. The caller was provided language options, information about how to access specialty mental health services, including SMHS required to assess whether medical necessity criteria are met, and services needed to treat an urgent condition. This call was deemed in compliance with regulatory requirements for protocol questions B9a1, B9a2, and B9a3.

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**Test call #3** was placed on November 17, 2016, at 8:45 p.m. The call was immediately answered via a phone tree advising the caller that the MHP was currently closed and if immediate assistance was needed to select a language option, which included the MHP's threshold languages (Spanish and Hmong). The phone tree also provided the caller the opportunity to select an option to leave a message to desired party if the caller had the 4 - digit extension. The message directed the caller to call back during business hours for hours and locations. The caller was provided language options and information on services needed to treat an urgent condition. This call was deemed in compliance with regulatory requirements for protocol question B9a1 and B9a3. The caller was not provided information about how to access specialty mental health services and the beneficiary problem resolution and fair hearing processes. This call was deemed OOC with the regulatory requirements for protocol questions B9a2 and B9a4.

**Test call #4** was placed on November 16, 2016, at 7:25 a.m. The call was answered after two (2) rings via a phone tree directing the caller to select the crisis line or a language option for the county's two threshold languages (Spanish and Hmong). The caller selected the crisis option, was assessed for an urgent condition, and provided information about how to access SMHS via several options. Access could occur through a return phone call, a Merced clinic where the caller could walk-in to schedule an appointment, and possibly be seen that day. The caller was provided language options, information about how to access specialty mental health services, and services needed to treat an urgent condition. The call was deemed in compliance with the regulatory requirements for protocol questions B9a1, B9a2, and B9a3.

**Test Call #5** was placed on November 18, 2016, at 3:20 p.m. The call was answered after five (5) rings via a live operator, who then transferred the call to the Access Line. The caller requested information about accessing mental health services in the county. The operator stated that the Access team was in a meeting and that she was covering for them and asked for the caller's name and number so they could call back right away. The caller stated that he/she would call back since the phone was borrowed and did not know the phone number. The caller was not provided information on how to access specialty mental health services or services needed to treat an urgent condition. The call was deemed OOC for protocol questions B9a2 and B9a3.

**Test Call #6** was placed on November 16, 2016, at 10:15 a.m. The call was answered after eight (8) rings via a live operator. The caller identified him/herself and started to explain the reason for the call, when the operator interrupted and transferred the call to the Access Team. The Access Team answered after three (3) rings. The caller requested information about accessing mental health services in the county. The operator asked the caller to provide his/her name, address, phone number, and Medi-Cal number. The caller stated they were depressed and feeling isolated. The operator asked if the caller wanted to harm him/herself or someone else, the caller responded in the negative. The operator provided the caller with contact information for community resources not relevant to SMHS in the county. The caller was not provided information about how to access specialty mental health services, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary's urgent condition. The call was OOC

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with the regulatory requirements for protocol questions B9a2, and deemed in compliance for B9a3.

**Test Call #7** Call was placed on November 22, 2016, at 8:45 a.m. The call was answered via a live operator after two (2) rings. The caller provided his/her name and stated he/she had recently moved to Merced County, had run out of anxiety medication, and weren't sure what he/she needed to do to get the prescription filled. The operator stated he would transfer the caller to an Access Team Member who would be able to assist the caller, and asked if the caller required an interpreter. The caller answered in the negative. The operator put the caller on hold for approximately 10 seconds while transferring the call to an Access Team Member. The Access Team Member answered and asked for the caller's name, and how she could assist him/her. The caller explained the reason for the call. The operator stated she wanted to make sure the caller was safe and asked if he/she was experiencing an urgent psychiatric emergency or in need of crisis services. The caller answered in the negative to both questions. The operator asked for the caller's date of birth, Medi-Cal information, and a call back number. The caller stated he/she did not feel comfortable providing personal information. The operator provided clinic locations, hours of operations, and the phone numbers. The caller was provided language options, information about how to access specialty mental health services, and services needed to treat an urgent condition. The call was deemed in compliance with the regulatory requirements for protocol questions B9a1, 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	IN	IN	IN	N/A	N/A	IN	100%
9a-2	N/A	IN	OOC	IN	OOC	OOC	IN	50%
9a-3	N/A	IN	IN	IN	OOC	IN	IN	83%
9a-4	OOC	N/A	OOC	N/A	N/A	N/A	N/A	0%

Protocol questions B9a2 and B9a3 are deemed in partial compliance and protocol question B9a4 was deemed OOC.

**PLAN OF CORRECTION**

The MHP will submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides a statewide, toll-free telephone number 24 hours a day, 7 days per week, that will provide information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, services needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearing processes.

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**SECTION D: BENEFICIARY PROTECTION**

<b>PROTOCOL REQUIREMENTS</b>	
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 <u>grievance disposition</u> , and is this being documented?
D4b.	1) Does the MHP provide written acknowledgement of each <u>appeal</u> to the beneficiary in writing?
	2) Is the MHP notifying beneficiaries, or their representatives, of the <u>appeal disposition</u> , and is this being documented?
D4c.	1) Does the MHP provide written acknowledgement of each <u>expedited appeal</u> to the beneficiary in writing?
	2) Is the MHP notifying beneficiaries, or their representatives, of the expedited appeal disposition, and is this being documented?
<ul style="list-style-type: none"> <li>• <i>CFR, title 42, section 438.406(a)(2)</i></li> <li>• <i>CFR, title 42, section 438.408(d)(1)(2)</i></li> <li>• <i>CCR, title 9, chapter 11, section 1850.205(d)(4)</i></li> <li>• <i>CCR, title 9, chapter 11, sections 1850.206(b),(c), 1850.207(c),(h), and 1850.208(d),(e)</i></li> </ul>	

**FINDINGS**

The MHP did not furnish evidence it provides written acknowledgement and notifications of dispositions to beneficiaries for all grievances. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy: #I.C.05 Problem Resolution Process, Department of Mental Health Problem Resolution Process Brochure, and the Grievance Checklist. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, 15 grievance files were reviewed and 1 out of the 15 files did not include the required grievance disposition letter.

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

	# REVIEWED	ACKNOWLEDGEMENT		DISPOSITION		COMPLIANCE PERCENTAGE
		# IN	# OOC	# IN	# OOC	
<b>Grievances</b>	15	15	0	14	1	93%
<b>Appeals</b>	3	3	0	3	0	100%
<b>Expedited Appeals</b>	N/A	N/A	N/A	N/A	N/A	N/A

Protocol question D4a2 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 written acknowledgement and notifications of dispositions to beneficiaries for all grievances.



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**SURVEY ONLY FINDINGS**

**SECTION A: NETWORK ADEQUACY**

<b>PROTOCOL REQUIREMENTS</b>	
A4b.	<b>SURVEY ONLY:</b> 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?
<ul style="list-style-type: none"> <li>• <i>Katie A Settlement Agreement</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care for Katie A Subclass Members</i></li> </ul>

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Site Certification list; Contract Binder which included the following contracts - Merced Lao-SECAP, Starview, Turning Point, Victor Treatment Center, JDT Consultants, Bayfront Youth & Family Services, Aspiranet; and Merced County School District Maps. The documentation provides sufficient evidence of compliance with federal and State requirements.

**SUGGESTED ACTIONS**

No further action required at this time.

<b>PROTOCOL REQUIREMENTS</b>	
A4d.	<b>SURVEY ONLY:</b> 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?
<ul style="list-style-type: none"> <li>• <i>Katie A Settlement Agreement</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care for Katie A Subclass Members</i></li> </ul>

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Katie A Screening Tool Flowchart, and the Beacon Referral Process. The documentation provides sufficient evidence of compliance with federal and State requirements.

**SUGGESTED ACTIONS**

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No further action required at this time.

**SECTION C: AUTHORIZATION**

<b>PROTOCOL REQUIREMENTS</b>	
C4d.	<p><b>SURVEY ONLY</b></p> <p>1) Does the MHP ensure timely transfer within 48 hours of the authorization and provision of SMHS for a child who will be placed “out of county”?</p>
	<p>2) Does the MHP have a mechanism to track the transfer of the authorization and provision of services to another MHP?</p>
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1830.220(b)(3) and (b)(4)(A); sections 1810.220.5, 1830.220 (b)(3), and b(4)(A),</li> <li>• WIC sections, 11376, 16125, 14716; 14717, 14684, 14718 and 16125</li> <li>• DMH Information Notice No. 09-06,</li> <li>• DMH Information Notice No. 97-06</li> <li>• DMH Information Notice No. 08-24</li> </ul>	

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Policy # II.A.23 Authorization for Hospital, Outpatient, and Day Treatment Services; and the Placement Flowchart. The documentation provides sufficient evidence of compliance with federal and State requirements.

**SUGGESTED ACTIONS**

No further action required at this time.

<b>PROTOCOL REQUIREMENTS</b>	
C4e.	<p><b>SURVEY ONLY</b></p> <p>1) Does the MHP ensure an assessment has been conducted and authorization of services occurs within 4 business days of receipt of a referral for SMHS for a child by another MHP?</p>
	<p>2) Does the MHP have a mechanism to track referrals for assessments and authorizations of services for children placed in its county?</p>
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1830.220(b)(3) and (b)(4)(A); sections 1810.220.5, 1830.220 (b)(3), and b(4)(A),</li> <li>• WIC sections, 11376, 16125, 14716; 14717, 14684, 14718 and 16125</li> <li>• DMH Information Notice No. 09-06,</li> <li>• DMH Information Notice No. 97-06</li> <li>• DMH Information Notice No. 08-24</li> </ul>	

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Policy #II.A.23 Authorization for Hospital, Outpatient, and Day Treatment Services; Placement Flowchart; and SAR Sample. The documentation provides sufficient evidence of compliance with federal and State requirements.

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**SUGGESTED ACTIONS**

No further action required at this time.

***SECTION H: PROGRAM INTEGRITY***

<b>PROTOCOL REQUIREMENTS</b>	
H4b.	<p><b>SURVEY ONLY:</b> Does the MHP require its providers to consent to criminal background checks as a condition of enrollment per 42 CFR 455.434(a)?</p> <ul style="list-style-type: none"> <li>• <i>CFR, title 42, sections 455.101, 455.104, and 455.416</i></li> <li>• <i>MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements</i></li> </ul>

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Merced County 2011 Employee Handbook page 11; Draft Policy #I.C.07: Provider Credentialing & Certification; Policy #I.A. 18 Auditing & Monitoring Exclusion, Sanction, Ineligible Individuals; and Policy #I.C.07 Provider Credentialing and Re-Credentialing. The documentation provides sufficient evidence of compliance with federal and State requirements.

**SUGGESTED ACTIONS**

No further action required at this time.

<b>PROTOCOL REQUIREMENTS</b>	
H4c.	<p><b>SURVEY ONLY:</b> 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)?</p> <ul style="list-style-type: none"> <li>• <i>CFR, title 42, sections 455.101, 455.104, and 455.416</i></li> <li>• <i>MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements</i></li> </ul>

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Draft Policy #I.C.07: Provider Credentialing & Certification; Policy #I.A.18 Auditing & Monitoring Exclusion, Sanction, Ineligible Individuals; and email confirmation of individual DOJ Live Scan Fingerprinting clearance. The documentation provides sufficient evidence of compliance with federal and State requirements.

**SUGGESTED ACTIONS**

No further action required at this time.

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<b>PROTOCOL REQUIREMENTS</b>	
<b>H5a3.</b>	<b>SURVEY ONLY:</b> 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?
	<ul style="list-style-type: none"> <li>• CFR, title 42, sections 438.214(D), 438.610, 455.400-455.470, 455.436(B)</li> <li>• DMH Letter No. 10-05</li> <li>• MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements</li> </ul>

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Custom Comprehensive Report, which identifies recently checked individuals. The documentation provides sufficient evidence of compliance with federal and State requirements.

**SUGGESTED ACTIONS**

No further action required at this time.

<b>PROTOCOL REQUIREMENTS</b>	
<b>H7.</b>	<b>SURVEY ONLY:</b> Does the MHP verify that all ordering, rendering, and referring providers have a current National Provider Identifier (NPI) number?
	<i>CFR, title 42, sections 455.410, 455.412 and 455.440</i>

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Draft Policy #I.C.07 Provider Credentialing & Certification; Policy #I.A. 18 Auditing & Monitoring Exclusion, Sanction, Ineligible Individuals; Policy #I.C.07 Provider Credentialing and Re-Credentialing; Medi-Cal Network Provider Application; and Provider Credentialing Checklist (2016). The documentation provides sufficient evidence of compliance with federal and State requirements.

**SUGGESTED ACTIONS**

No further action required at this time.

***SECTION I: QUALITY IMPROVEMENT***

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

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*CFR, title 42, sections 455.410, 455.412 and 455.440*

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Policy #I.C.04 Medication Monitoring Plan & Guideline; Medication Monitoring Requirements and Procedures; Medication Monitoring Review Addendum; 2013/2014 MMR Comparison Report (half of the charts reviewed are youth); 2014/2015 MMR Comparison Report; and 2015/2016 Comparison Report. The documentation provides sufficient evidence of compliance with federal and State requirements.

**SUGGESTED ACTIONS**

No further action required at this time.

<b>PROTOCOL REQUIREMENTS</b>	
I3c.	<p><b>SURVEY ONLY:</b> 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?</p> <ul style="list-style-type: none"> <li><i>CFR, title 42, sections 455.410, 455.412 and 455.440</i></li> </ul>

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Policy I.C. 04 Medication Monitoring Plan & Guidelines; POC samples; 2013/2014 Medication Monitoring Review Comparison Report; 2014/2015 Medication Monitoring Comparison Report; and the 2015/2016 Medication Monitoring Comparison Report. The documentation provides sufficient evidence of compliance with federal and State requirements.

**SUGGESTED ACTIONS**

No further action required at this time.

<b>PROTOCOL REQUIREMENTS</b>	
I10.	Regarding the adoption of practice guidelines:
I10a.	<p><b>SURVEY ONLY</b> 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?</p>
I10b.	<p><b>SURVEY ONLY</b> Does the MHP disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries?</p>
I10c.	<p><b>SURVEY ONLY</b> 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?</p>

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| <ul style="list-style-type: none"><li>• MHP Contract, Exhibit A, Attachment I</li><li>• 42 CFR 438.236</li></ul> |
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**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Policy #II.A.06 Description of Billable Treatment Services; Treatment Plan and Documentation Training Sign - in sheets which identifies both providers and MHP staff; Best Practices Training Assessment; Treatment Plan & Documentation; and the Merced County Service Brochure. The documentation provides sufficient evidence of compliance with federal and State requirements.

**SUGGESTED ACTIONS**

No further action required at this time.

<b>PROTOCOL REQUIREMENTS</b>	
111b.	<b>SURVEY ONLY</b> Does the MHP have a system in place for tracking and measuring timeliness of care, including wait times to assessments and wait time to providers?
<ul style="list-style-type: none"><li>• 1915(B) Waiver Special Terms and Conditions</li></ul>	

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Marie Green Appointment after Discharge Report FY 2014-2015; Marie Green Appointment after Discharge Report FY 2015-2016; TAR Appointment after Discharge Report FY 2014-2015; TAR Appointment after Discharge Report FY 2015-2016; QI Psych Referral Report-Schedule FY 2015-2016; Access Tracking Report FY 2013-2014; Access Tracking Report FY 2014-2015; and Access Tracking Report FY 2015-2016. The documentation provides sufficient evidence of compliance with federal and State requirements.

**SUGGESTED ACTIONS**

No further action required at this time.