FISCAL YEAR (FY) 2015/2016 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES
SAN BERNARDINO COUNTY MENTAL HEALTH PLAN REVIEW
June 13, 2016 - June 16, 2016
FINAL FINDINGS REPORT

This report details the findings from the triennial system review of the San Bernardino County Mental Health Plan (MHP). The report is organized according to the findings from each section of the FY 2015/2016 Annual Review Protocol for Consolidated Specialty Mental Health Services (SMHS) and Other Funded Services (Mental Health and Substance use Disorder Services Information Notice No. 15-042), 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 draft 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 12 "SURVEY ONLY" questions in the protocol.

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

If the MHP chooses to appeal any of the out of compliance items, the MHP should submit an appeal in writing within 15 working days after receipt of the final report. A POC will still be required pending the outcome of the appeal.

Report Contents

RESULTS SUMMARY: SYSTEM REVIEW

SYSTEM REVIEW SECTION	TOTAL ITEMS REVIEWED	SURVEY ONLY ITEMS	TOTAL FINDINGS PARTIAL or OOC	PROTOCOL QUESTIONS OUT-OF-COMPLIANCE (OOC) OR PARTIAL COMPLIANCE	IN COMPLIANCE PERCENTAGE FOR SECTION
ATTESTATION	5	0	0/5	N/A	100%
SECTION A: ACCESS	48	2	6/46	9a2;9a3;9a4; 10b1;10b2; 10b3	87%
SECTION B: AUTHORIZATION	22	0	0/22	N/A	100%
SECTION C: BENEFICIARY PROTECTION	25	0	0/25	N/A	100%
SECTION D: FUNDING, REPORTING & CONTRACTING REQUIREMENTS	NOT APPLICABLE				
SECTION E: NETWORK ADEQUACY AND ARRAY OF SERVICES	20	4	0/16	N/A	100%
SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	0/6	N/A	100%
SECTION G: PROVIDER RELATIONS	5	0	0/5	N/A	100%
SECTION H: PROGRAM INTEGRITY	20	4	0/16	N/A	100%
SECTION I: QUALITY IMPROVEMENT	31	2	0/29	N/A	100%
SECTION J: MENTAL HEALTH SERVICES ACT	17	0	0/17	N/A	100%
TOTAL ITEMS REVIEWED	199	12	6		

Overall System Review Compliance

Total Number of Requirements Reviewed	199 (with 5 Attestation items)			
Total Number of SURVEY ONLY Requirements	12 (NOT INCLUDED IN CALCULATIONS)			
Total Number of Requirements Partial or OOC	**6**		**OUT OF 187**	
OVERALL PERCENTAGE OF COMPLIANCE	**IN** (# IN/187)	97%	**OOC/Partial** (# OOC/187)	3%

FINDINGS

ATTESTATION

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

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SECTION A: ACCESS

PROTOCOL REQUIREMENTS		
9a.	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 PROTOCOL REQUIREMENTS are met?	
	3) Does the toll-free telephone number provide information to beneficiaries about services needed to treat a beneficiary's urgent condition?	
	4) Does the toll-free telephone number provide information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes?	
• *CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1)* • *CFR, title 42, section 438.406 (a)(1)*		• *DMH Information Notice No. 10-02, Enclosure, Page 21, and DMH Information Notice No. 10-17, Enclosure, Page 16* • *MHP Contract, Exhibit A, Attachment I*

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

Test Call #1 was placed on 5/4/2016 at 7:35 am. The call was initially answered by a recorded message and phone tree which directed callers to make a selection for language access and included a directory of departments. The caller selected the 'Other' option. The phone rang two (2) times and was answered by a live operator. The operator requested and was provided the caller's name, and confirmed the caller was comfortable conducting the call in English. The caller informed the operator he/she had Medi-Cal in San Bernardino County and wanted to start services for his/her minor child. The operator asked if the child was currently in danger or in need of urgent care and the caller responded in the negative. The operator requested the city of residence and type of Medi-Cal; then transferred the call to a clinical therapist who informed the caller he/she would help with a mental health referral. The clinical therapist also informed the caller that he/she is a mandated reporter in cases of abuse. The caller stated he/she was seeking a mental health services for his/her son who has been disruptive in class. The operator inquired if the son was also disruptive at home and the caller responded in the affirmative. The operator provided the caller with provider names, locations, and phone numbers for four (4) local providers.

The caller was provided with access to language assistance, information about how to access SMHS, and information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions A9a1, A9a2, and A9a3.

Test Call #2 was placed on 5/10/2016 at 11:35 pm. The call was initially answered after one (1) ring via a phone tree advising the DHCS test caller that he/she had reached the San Bernardino Access unit and the unit was currently busy. The phone tree advised the caller to press one (1) and the call would be answered shortly or press two (2) for other options. The caller pressed one (1) and the phone rang

three (3) times before connecting to a voicemail for a MHP clinician. The caller was directed to leave his/her name and phone number and someone would return the call shortly; the caller was also directed to call 9-1-1 if it was an emergency. The caller was not provided information about how to access SMHS, services needed to treat a beneficiary's urgent condition or information about how to use the beneficiary problem resolution and fair hearing processes. This call is deemed OOC with the regulatory requirements for protocol questions A9a2, A9a3, and A9a4.

Note: The DHCS test caller called back and pressed option two (2) and this option was in reference to a tax collector. This option inquired if the caller had a parcel number. The caller disconnected the call as it did not appear relevant to SMHS**.**

Test Call #3 was placed on 5/27/2016 at 1:46 pm. The call was initially answered by a live operator. The operator asked if the caller was comfortable continuing the call in English and asked for the caller's name. The operator asked if the caller was in danger or experiencing an urgent condition. The caller replied in the negative, and stated he/she wanted to file a complaint against a therapist. The operator then transferred the call to another person. The caller stated he/she wanted to file a complaint. The operator stated that he/she could take the information over the phone or have the grievance coordinator call the caller back. The operator also provided the option to mail the information to the callers' home. The operator then transferred the caller to the grievance coordinator. The grievance coordinator reiterated that he/she could take the complaint verbally or send the information to the caller with a self-addressed envelope. The caller was provided options in other languages by the first operator, was provided information to treat a beneficiary's urgent condition, and was provided information about the grievance process. The call is deemed in compliance with the regulatory requirements for protocol questions A9a1, A9a3, and A9a4.

Test Call #4 was placed on 5/26/2012, at 9:50 am. The call was initially answered after four (4) rings via an answering machine and several seconds later by a live operator. The operator asked if the caller was in crisis, the caller replied in the negative. The operator asked the caller's name. The caller requested information on accessing mental health services in the county. The operator asked if English was the caller's preferred language or if they were comfortable speaking another language. The caller responded that English was fine. The operator stated he/she could give the caller a referral over the phone for consulting services and then provided a provider name, walk-in information, address, and phone number to call and made an appointment. The operator added that if the clinic didn't meet the caller's needs the operator could provide additional provider locations. The caller was provided language options, information about how to access SMHS, as well as information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions A9a1, A9a2, and A9a3.

Test Call #5 was placed on 5/25/2016 at 4:36 pm. The call was initially answered after eight (8) rings via a live operator. The operator asked the caller if English was the preferred language and the caller replied in the affirmative. The operator asked if the caller was in an urgent condition or danger to self, the caller replied in the negative. The operator asked the caller if he/she needed someone to talk to, therapy, or medication. The caller replied they were unsure. The operator asked in what city the caller resided and if he/she had Medi-Cal, the caller replied in the negative. The operator requested a mental health evaluation and informed the caller that the call would be transferred to a clinician regarding a counseling assessment. After being placed on hold the clinician asked the caller if he/she would hurt self, hurt others, or was in crisis and the caller responded in the negative. The clinician asked the caller what area of town he/she resided in and then referred the caller to two locations close to the caller's residence. The operator provided the phone numbers and provider names for two providers. The caller was provided language options, information about how to access SMHS, including SMHS required to assess whether criteria for medical necessity 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 A9a1, A9a2, and A9a3.

Test Call #6 was placed on 5/5/2016 at 7:18 am. The call was answered immediately via a recording which instructed the caller to press one (1) to speak with a representative. After selecting the option for the representative the call rang three (3) times and was answered via a live operator. The caller requested information about how to access SMHS. The operator asked if the caller was in crisis or had thoughts of hurting self or others, the caller responded in the negative. The operator asked for the caller's name and telephone number. The caller provided the operator his/her name and informed the operator that he/she is borrowing the phone and does not know the number. The operator informed the caller of counseling services, the crisis walk-in center, and how to access SMHS. The operator provided the address, phone number and hours of operation to the Behavioral Health Center. The operator informed the caller that if he/she needs services right away or has suicidal thoughts to go to the nearest ER. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and the caller was provided information about services needed to treat a beneficiary's urgent condition. The call is deemed In Compliance with the regulatory requirements for protocol questions A9a2 and A9a3.

Test Call #7 was placed on 5/15/2016 at 9:30 pm. The call was initially answered after two (2) rings via a phone tree. The message stated to press one (1) and then the call would be answered by the next available operator. The caller pressed 1, the phone rang twice, and was then answered by a live operator. The operator asked the caller's name and phone number in case they got disconnected. The caller stated his/her name, that they were using a neighbor's phone, and that he/she wanted to see a therapist. The operator asked for the caller's address and then informed the caller of the nearest provider name, address, and phone number. The caller then asked what they should do next. The operator advised the caller to call the provider on Monday morning to inquire about walk-in hours for assessments. The operator asked if the caller had recently been hospitalized and the caller responded in the negative. The operator asked about the caller's health plan, Molina, and then stated the caller probably would likely not meet criteria for SMHS services. The caller was advised to contact Molina for mental health services and to contact Barstow Community Counseling if Molina did not approve services under the health plan. The operator then stated the caller was probably classified as tier 1 or 2 and the county only provided services to individuals in tier 3. The then call ended. No assessment was provided for crisis, and even though the operator provided information on the closest provider site, information on how to access those services was suspended pending the caller contacting their managed care plan. The operator assumed that the caller did not qualify for SMHS without asking any questions to determine medical necessity. This call is deemed out of compliance with the regulatory requirements for A9a2 and A9a3.

FINDINGS

Test Call Results Summary

Protocol Question	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
9a-1	IN	N/A	IN	IN	IN	IN	N/A	**100%**
9a-2	IN	OOC	N/A	IN	IN	IN	OOC	**67%**
9a-3	IN	OOC	IN	IN	IN	IN	OOC	**71%**
9a-4	N/A	OOC	IN	N/A	N/A	N/A	N/A	**50%**

Protocol questions A9a2, A9a3 and A9a4 are deemed in partial compliance.

PLAN OF CORRECTION

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

PROTOCOL REQUIREMENTS	
10.	Regarding the written log of initial requests for SMHS:
10a.	Does the MHP maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing?
10b.	Does the written log(s) contain the following required elements:
	1) Name of the beneficiary?
	2) Date of the request?
	3) Initial disposition of the request?
• *CCR, title 9, chapter 11, section 1810.405(f)*	

FINDINGS

The MHP did not furnish evidence its written log(s) of initial requests for SMHS includes requests made by phone, in person, or in writing. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: IOM regarding Initial Contact logs, Initial Contact Log Template, and sample Initial Contact Logs from FY 2012/13, 2013/14 and 2014/15. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the logs made available by the MHP did not include all required elements for calls. The table below details the findings:

Test Call #	Date of Call	Time of Call	Log Results		
			Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
1	5/4/16	7:35 a.m.	In	In	In
2	5/10/16	11:35 p.m.	n/a	n/a	n/a
3	5/27/16	1:46 p.m.	n/a	n/a	n/a
4	5/26/16	9:50 a.m.	In	In	In
5	5/25/16	4:36 p.m.	In	In	In
6	5/5/16	7:18 a.m.	In	In	In
7	5/15/16	9:30 p.m.	Out	Out	Out
Compliance Percentage			**80%**	**80%**	**80%**

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

Protocol questions A10b1, A10b2, and A10b3 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.

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SURVEY ONLY FINDINGS

SECTION A: ACCESS

PROTOCOL REQUIREMENTS	
5.	Regarding written materials:
5e.	Does the MHP have a mechanism for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and/or culturally appropriate field testing)?
• *CFR, title 42, section 438.10(d)(i),(ii)* • *CCR, title 9, chapter 11, sections 1810.110(a) and 1810.410(e)(4)*	• *CFR, title 42, section 438.10(d)(2)* • *MHP Contract, Exhibit A, Attachment I*

SURVEY FINDING
DHCS reviewed the following documentation provided by the MHP for this survey item: P&P DUL1010 Field Testing of Written Materials, Procedure CUL1010-1 Field testing of Written Materials, Contracts for Language Services FY 2012/13, 2013/14 and 2014/15, memos regarding Notice of Clinic Selection for Field Testing, samples of translated materials tested for accuracy, and tracking log for translation Requests/Back Translation Database.

The documentation provides sufficient evidence of compliance with federal and State requirements.

SUGGESTED ACTIONS
No further action required at this time.

PROTOCOL REQUIREMENTS	
11.	Has the MHP updated its Cultural Competence Plan (CCP) annually in accordance with regulations?
• *CCR title 9, section 1810.410*	• *DMH Information Notice 10-02 and 10-17*

SURVEY FINDING
The MHP did furnish evidence it has updated its CCP annually in accordance with regulations. The MHP's most recent CCP was dated 2015.

SUGGESTED ACTIONS
No further action required at this time.

Please Note: DHCS intends to issue an Information Notice to provide MHPs with guidance for developing an updated CCP. In the meantime, MHPs are required to update the existing version of the

plan on an annual basis. For technical assistance in completing your annual updated, please contact your County Support Liaison.

SECTION E: NETWORK ADEQUACY AND ARRAY OF SERVICES

PROTOCOL REQUIREMENTS	
9.	Regarding the MHP's implementation of the Katie A Settlement Agreement:
9a.	Does the MHP have a mechanism in place to ensure appropriate identification of Katie A subclass members?
9b.	How does the MHP ensure active participation of children/youth and their families in Child and Family Team (CFT) meetings?
9c.	Does the MHP have a mechanism to assess its capacity to serve subclass members currently in the system?
9d.	Does the MHP have a mechanism to ensure Katie A eligibility screening is incorporated into screening, referral and assessment processes?
• *Katie A Settlement Agreement* • *Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care for Katie A Subclass Members*	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Assessment/Case Planning Children and Family services, Katie A Implementation/Service Delivery FY 2015/16, Unique CFS Class List Data Set Documentation, Katie A Subclass Members Face Sheet Processing, and Kate A Subclass Member Group Report. The documentation provides sufficient evidence of compliance with State requirements.

SUGGESTED ACTIONS

No further action required at this time.

Please Note: For technical assistance related to Katie A implementation, please contact your assigned Katie A Liaison at DHCS: Troy Konarski at Troy.Konarski@dhcs.ca.gov

SECTION H: PROGRAM INTEGRITY

PROTOCOL REQUIREMENTS	
5a.	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 with and periodically) providers and contractors are not in the Social Security Administration's Death Master File?
	2) Is there evidence that the MHP has a process in place to verify the accuracy of new and current (prior to contracting with and periodically) providers and contractors in the National Plan and Provider Enumeration System (NPPES)?
	3) Is there evidence the MHP has a process in place to verify new and current (prior to contracting with and periodically) providers and contractors are not in the Excluded Parties List System (EPLS)?
• *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*	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: P&P COMO933 Ineligible Person, P&P COMO933 2007 Version – Ineligible Person, Information Notice 10-14 Sanctions for Excluded Suspended or Ineligible Providers, Compliance Work Plan 2015, Compliance Work Plan 2016, and Database Queries for FYs 2012/13, 2013/14, and 2014/15. The documentation lacks specific elements to demonstrate compliance with federal and/or State requirements. Specifically, the MHP does not have a process in place to verify new and current providers and contractors are not in the Social Security Administration's Death Master File.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: expand the existing monitoring and verification process to include the Social Security Administration Death Master File.

PROTOCOL REQUIREMENTS	
6.	Does the MHP confirm that providers' licenses have not expired and there are no current limitations on the providers' licenses?
• *CFR, title 42, section 455.412*	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: P&P HR4011 Registration and Licensure Requirements for Clinical therapists, P&P HR4011 Waiver for Pre-Licensed/Out of State Licensed Ready Psychologists, P&P HR006 Pre-Licensed Out of State Licensed Ready Psychologists, Statement of Awareness of Need to Obtain Licensure for Employment, P&P COM0934 Compliance Plan Policy, Mental Health Professional Licensing Waiver Request samples, Annual Compliance Plan 2015, and Annual Compliance Plan 2016. The documentation provides sufficient evidence of compliance with federal and/or State requirements.

SUGGESTED ACTIONS

No further action required at this time.

SECTION I: QUALITY IMPROVEMENT

PROTOCOL REQUIREMENTS	
3b.	Does the MHP have a policy and procedure in place regarding the monitoring of psychotropic medication use, including monitoring psychotropic medication use for children/youth?
3c.	If a quality of care concern or an outlier is identified related to psychotropic medication use, is there evidence the MHP took appropriate action to address the concern?
• *MHP Contract, Exhibit A, Attachment I*	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item:
P&P QM057 Medication Monitoring Questionnaire, Medication Monitoring Questionnaire Samples, Chart Audit tool, Verbal/Telephone consent for Administration of Psychotropic Medication Form MDS003, letter to Parent-Legal Guardian Juvenile Detention Template 1 MDS004, letter Requesting

Psychotropic Medication Template 2 MDS005, and Quality of Care Flowchart. The documentation provides sufficient evidence of compliance with federal and/or State requirements.

SUGGESTED ACTIONS

No further action required at this time.