



TOBY DOUGLAS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

May 28, 2014

FINAL REPORT

Return Receipt Requested

Aaron Chapman, MD
Interim Mental Health Director
Alameda County Mental Health
2000 Embarcadero Cove, Suite 400
Oakland, CA 94606

Dear Dr. Chapman:

The Department of Health Care Services (DHCS) has completed a Program Oversight and Compliance Branch, Compliance Section onsite review of Alameda County's Mental Health Plan (MHP) pursuant to the California Code of Regulations, title 9, chapter 11, section 1810.380. The purpose of the review was to verify that services were being provided in compliance with chapter 11 and the provisions of the approved federal waiver for Medi-Cal Specialty Mental Health Services Consolidation.

The DHCS utilized the review protocol attached to the Mental Health Services Division (MHSD) Information Notice No. MHSD 12-05. Enclosed are the following:

1. The "Onsite Review Findings" report identifying the areas of compliance and noncompliance.
2. The "Plan of Correction" report detailing items out of compliance.
3. The "Recoupment Summary" report detailing items to be recouped.

DATE OF THE REVIEW: January 13-16, 2014

REVIEW TEAM:

- Medi-Cal Oversight: Carol Sakai, LCSW, Lead
- Medi-Cal Oversight: Ann Wangberg, SMHS, System Support
- Medi-Cal Oversight: Patricia Sanui, R.N., Licensed Chart Reviewer
- Medi-Cal Oversight: Saralyn Bregman, Ph.D., Licensed Chart Reviewer
- Licensed Chart Reviewer: Janice Hickerson, Psy.D
- Licensed Chart Reviewer: Connie Lira, R.N.

Aaron Chapman, MD.
Interim Mental Health Director
Alameda County Mental Health
May 28, 2014
Page 2

- Peer Reviewer: Marsha McCarthy, LMFT, Mendocino
- Peer Reviewer: Kelly Tabay, LCSW, Fresno
- DHCS County Support Tisha Montiero, MA

The Department is recouping dollars per the attached Recoupment Summary. The total amount to be recouped is: **FFP amount of \$31,019.67.**

A Plan of Correction (POC) for all out-of-compliance items is **due** within 60 days after receipt of the final report and should be sent to:

Carol Sakai, LCSW
Chief, Compliance Section
Program Oversight and Compliance Branch
Mental Health Services Division
Department of Health Care Services
P.O. Box 997413, MS 2703
Sacramento, CA 95899-7413

Also, please forward an electronic version of the same POC to Carol Sakai by e-mail to Carol.Sakai@dhcs.ca.gov.

If the MHP wishes to appeal any of the out-of-compliance items, the MHP may do so by submitting an appeal in writing within 15 working days after receipt of the final report. Please address the appeal to the attention of:

John Lessley
Chief, Quality Assurance Section
Program Policy and Quality Assurance Branch
Mental Health Services Division
Department of Health Care Services
P.O. Box 997413, MS 2702
Sacramento, CA 95899-7413

Please also cc:

Carol Sakai, LCSW
Chief, Compliance Section
Program Oversight and Compliance Branch
Mental Health Services Division

Aaron Chapman, MD.
Interim Mental Health Director
Alameda County Mental Health
May 28, 2014
Page 3

Department of Health Care Services
P.O. Box 997413, MS 2703
Sacramento, CA 95899-7413

If you have any questions regarding this matter, please contact me at (916) 319-0985 or by e-mail to Carol.Sakai@dhcs.ca.gov.

Sincerely,



Carol Sakai, LCSW
Chief, Compliance Section
Program Oversight and Compliance Branch
Mental Health Services Division
Department of Health Care Services

Enclosure

cc: Brenda Grealish, Chief, Mental Health Services Division
Lanette Castleman, Chief, Program Oversight and Compliance Branch, Mental Health Services Division
Yvonne Shifflette, Administrative Support, Beneficiary & Litigation Support Section, Mental Health Services Division
John Lessley, Chief, Quality Assurance Section, Program Policy and Quality Assurance Branch, Mental Health Services Division
Keith Carson, President, Alameda County Board of Supervisors
Alane Friedrich, Chair, Alameda County Mental Health Advisory Board
Charles Anders, Chief, Fiscal Policy Section, Fiscal Management and Outcomes Reporting
Dina K. Gonzales, Chief, Program Policy and Quality Assurance Branch
Walter J. Hill, Jr., Chief, Mental Health Audits Branch

STATE OF CALIFORNIA--DEPARTMENT OF HEALTH CARE SERVICES
ANNUAL REVIEW PROTOCOL OF CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES AND
OTHER FUNDED SERVICES
ONSITE REVIEW FINDINGS CHECKLIST – FISCAL YEAR 2013-2014
REVIEW OF ALAMEDA COUNTY ON JANUARY 13-16, 2014 **FINAL REPORT**

MHP		Compliance*	
		Yes	No
A	ACCESS		
1.	Does the Mental Health Plan (MHP) provide beneficiaries with a booklet and a current provider list upon request and when first receiving a Specialty Mental Health Service (SMHS)?	X	
2.	Regarding the provider list:	X	
2a.	Does the list contain the names, locations, telephone numbers of, and non-English languages spoken by, current contracted providers in the beneficiary's service areas by category?		
2b.	Does the provider list include alternatives and options for cultural/linguistic services?		X
2c.	Does the provider list identify a means to inform beneficiaries of providers that are not accepting new beneficiaries?	X	
3.	Is there evidence that the MHP is making efforts to include culture-specific providers and services in the range of programs offered?	X	
4.	Is the beneficiary booklet and the provider list available in English and in the MHP's identified threshold language(s)?	X	
5.	Does the MHP make written materials in English and the threshold language(s) available to beneficiaries in alternative formats and in an appropriate manner that takes into consideration the special needs of persons with limited vision or persons with limited reading proficiency?	X	
6.	Does the MHP inform beneficiaries that information is available in alternative formats and how to access those formats?	X	
7.	Regarding the under-served target populations:	X	
7a.	Is there evidence of community information and education plans that enable the MHP's beneficiaries' access to SMHS?		
7b.	Is there evidence of outreach for informing under-served target populations of the availability of cultural/linguistic services and programs?	X	
8.	Regarding mental health services available to the persons who are homeless and hard-to-reach individuals:	X	
8a.	Is there evidence of assertive outreach to persons who are homeless with mental disabilities?		
8b.	Is there evidence of assertive outreach to hard-to-reach individuals with mental disabilities?	X	

*Yes means IN COMPLIANCE; No means NON-COMPLIANCE Each "No" requires a plan of correction	ALAMEDA COUNTY FINAL Checklist FY 2013-2014
--	---

MHP		Compliance*	
		Yes	No
9.	Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number:		X
9a.	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, that will provide information to beneficiaries about <ul style="list-style-type: none"> • how to access specialty mental health services, including specialty mental health services 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. 		
9b.	Does the MHP provide a statewide (24/7) toll-free telephone number that provides adequate TTY/TDD or Telecommunications Relay Services, including linguistic capability, in all the languages spoken by beneficiaries of the county?	X	
10.	Does the MHP maintain a written log of the initial requests via telephone, in writing or in person for SMHS from beneficiaries of the MHP? Does the written log contain the name of the beneficiary, the date of the request, and the initial disposition of the request?		X
11.	Is there evidence that Limited English Proficient (LEP) individuals are informed of the following in a language they understand?	X	
11a.	LEP individuals have a right to free language assistance services.		
11b.	LEP individuals are informed how to access free language assistance services.	X	
11c.	Is there documented evidence to show that the MHP offered interpreter services?	X	
12.	Whenever feasible and at the request of the beneficiary, does the MHP provide an opportunity to change persons providing the SMHS, including the right to use culture-specific providers?	X	
13.	Has the MHP developed a process to provide culturally competent services as evidenced by:		(X)
13a.	A plan for cultural competency training for the administrative and management staff of the MHP, the persons providing SMHS employed by or contracting with the MHP, to provide interpreter or other support services to beneficiaries?		
13b.	Implementation of training programs to improve the cultural competence skills of staff and contract providers.	X	
13c.	A process that ensures that interpreters are trained and monitored for language competence (e.g., formal testing).	X	
14.	When the MHP is involved in the placement, does the MHP provide the DMH issued Medi-Cal Services for Children and Young Adults: Early & Periodic Screening, Diagnosis & Treatment (EPSDT) brochure, which includes information about accessing Therapeutic Behavioral Services (TBS) to Medi-Cal (MC) beneficiaries under 21 years of age and their representative in the		

*Yes means IN COMPLIANCE; No means NON-COMPLIANCE
Each "No" requires a plan of correction

MHP		Compliance*	
		Yes	No
	following circumstances?		
14a.	At the time of admission to a Skilled Nursing Facility (SNF) with a Specialized Treatment Program (STP) for the mentally disordered or a Mental Health Rehabilitation Center (MHRC) that has been designated as an Institution for Mental Diseases (IMD).	X	
14b.	At the time of placement in a Rate Classification Level (RCL) 13-14 foster care group home.	X	
14c.	At the time of placement in a RCL 12 foster care group home when the MHP is involved in the placement.	X	
B	AUTHORIZATION		
1.	Regarding the Treatment Authorization Requests (TARs):	X	
1a.	Are the TARs being approved or denied by licensed mental health or waived/registered professionals of the beneficiary's MHP in accordance with title 9 regulations?		
1b.	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: <ul style="list-style-type: none"> 1) a physician 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. 	X	
1c.	Does the MHP approve or deny TARs within 14 calendar days of the receipt of the TAR and in accordance with title 9 regulations?	X	
2.	The MHP may require that providers obtain MHP payment authorization of any or all SMHS as a condition of reimbursement. <p>Have the MHP describe the providers and non-hospital specialty mental health services subject to payment authorization.</p> <p>Are payment authorization requests being approved or denied by licensed mental health professionals or waived/registered professionals of the beneficiary's MHP?</p>	X	
3.	Does the MHP have a payment authorization system in place that meets the requirements regarding Day Treatment Intensive and Day Rehabilitation in accordance with title 9 regulations?		X
4.	Regarding authorization timeframes:		X
4a.	For standard authorization decisions, does the MHP make an authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and within 14 calendar days following receipt of the request		

*Yes means IN COMPLIANCE; No means NON-COMPLIANCE
Each "No" requires a plan of correction

ALAMEDA COUNTY FINAL Checklist FY 2013-2014

MHP		Compliance*	
		Yes	No
	for service with a possible extension of up to 14 additional days?		
4b.	For expedited authorization decisions, does the MHP make an expedited authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and within 3 working days following receipt of the request for service or, when applicable, within 14 calendar days of an extension?		X
5.	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, action is taken to improve performance if necessary, and including a review of the consistency in the authorization process?		X
6.	Regarding Notices of Action (NOAs):	X	
6a.	NOA-A: Is the MHP providing a written NOA-A to the beneficiary when the MHP or its providers determine that the beneficiary does not meet the medical necessity criteria to be eligible to any SMHS?		
6b.	NOA-B: Is the MHP providing a written NOA-B to the beneficiary when the MHP denies, modifies, or defers (beyond timeframes) a payment authorization request from a provider for SMHS?	X	
6c.	NOA-C: Is the MHP providing a written NOA-C to the beneficiary when the MHP denies payment authorization of a service that has already been delivered to the beneficiary as a result of a retrospective payment determination?	X	
6d.	NOA-D: Is the MHP providing a written NOA-D to the beneficiary when the MHP fails to act within the timeframes for disposition of standard grievances, the resolution of standard appeals, or the resolution of expedited appeals?	X	
6e.	NOA-E: Is the MHP providing a written NOA-E to the beneficiary when the MHP fails to provide a service in a timely manner, as determined by the Contractor (MHP)?		X
7.	Does the MHP provide for a second opinion from a qualified health care professional within the MHP network, or arrange for the beneficiary to obtain a second opinion outside the MHP network, at no cost to the beneficiary?		X
C	BENEFICIARY PROTECTION		
1.	Regarding notice to the Quality Improvement Committee (QIC) and subsequent action:	X	
1a.	Does the MHP have procedures by which issues identified as a result of the grievance, appeal or expedited appeal processes are transmitted to the MHP's QIC, the MHP's administration or another appropriate body within the MHP's organization?		
1b.	When applicable, has there been subsequent implementation of needed system changes?	X	

*Yes means IN COMPLIANCE; No means NON-COMPLIANCE
Each "No" requires a plan of correction

ALAMEDA COUNTY FINAL Checklist FY 2013-2014

MHP		Compliance*	
		Yes	No
2.	Has the MHP developed a beneficiary problem resolution process that meets title 9 and title 42 regulatory requirements for each of the following:	X	
2a.	A grievance process.		
2b.	An appeal process.	X	
2c.	An expedited appeal process.		X
3.	Does the MHP maintain a grievance and appeal log(s) that contains, at least, the following entries?	X	
3a.	The name/identifier of the beneficiary.		
3b.	The date of receipt of the grievance/appeal.	X	
3c.	The nature of the problem.	X	
4.	Does the MHP provide written acknowledgement of each grievance and appeal to the beneficiary in writing?	X	
5.	Is the MHP notifying beneficiaries, or their representatives, of the grievance or appeal disposition and is this being documented?	X	
6.	Does the written notice of the appeal resolution include the following?		X
6a.	The results of the resolution process and the date it was completed.		
6b.	For appeals, if beneficiary is dissatisfied with the decision, the beneficiary has the right to request a State fair hearing, and how to do so.		X
7.	Is the MHP notifying those providers cited by the beneficiary or otherwise involved in the grievance, appeal, or expedited appeal of the final disposition of the beneficiary's grievance, appeal or expedited appeal?	X	
8.	Does the MHP ensure services are continued while an appeal or State fair hearing is pending?	X	
D	FUNDING, REPORTING AND CONTRACTING REQUIREMENTS		
1.	Regarding the MOE requirements, is the county in compliance with either 1a or 1b?	X	
1a.	Is the county depositing its local matching funds per the schedule developed by the Department?		
1b.	If the county elects not to apply MOE funds, is the county in compliance with W&IC, section 17608.05(c) that prohibits the county from using the loss of these funds for realignment purposes?		
2.	Is the county in compliance with either 2a or 2b?	X	
2a.	The requirement to maintain its funding for children's services at a level equal to or more than the proportion expended for children's services in FY 83-84.		
2b.	The requirement to document the determination in a noticed public hearing that the need for new or expanded services to persons under 18 has significantly decreased.		

*Yes means IN COMPLIANCE; No means NON-COMPLIANCE
Each "No" requires a plan of correction

ALAMEDA COUNTY FINAL Checklist FY 2013-2014

MHP		Compliance*	
		Yes	No
3.	<p>Is the county in compliance?</p> <p>The requirement to allocate for services to persons under age 18, 50% of any new funding received for new or expanded mental health programs until the amount expended for mental health services to persons under age 18 equals not less than 25% of the county's gross budget for mental health or not less than the percentage of persons under age 18 in the total county population, whichever percentage is less.</p>	X	
E	TARGET POPULATIONS AND ARRAY OF SERVICES		
1.	Regarding program principles and the array of treatment options required under W&IC, sections 5600.2 to 5600.9 inclusive:	X	
1a.	To the extent resources are available, are services encouraged in every geographic area and are the services to the target populations planned and delivered so as to ensure access by members of the target populations, including all ethnic groups in the state?		
1b.	To the extent resources are available, is the county organized to provide an array of treatment options in every geographic area to the target population categories as described in W&IC, section 5600.3, including all ethnic groups?	X	
2.	Is the county organized to provide the Specialty Mental Health Services as listed in accordance with CCR, title 9, chapter 11, section 1810.247?	X	
F	INTERFACE WITH PHYSICAL HEALTH CARE		
1.	Regarding coordination with:	X	
	<p>A. Primary Care Physicians (PCPs) when no Medi-Cal Managed Care Plans are present</p> <p>B. PCPs who do not belong to a Medi-Cal Managed Care Plan</p> <p>C. Federally Qualified Health Centers, Indian Health Centers, or Rural Health Clinics</p> <p>Are the following conditions being met?</p>		
1a.	Does the MHP have a process in place to provide clinical consultation and training, including consultation and training on medications?		
1b.	Does the MHP have a process in place for the exchange of medical record information that maintains confidentiality in accordance with applicable State and federal laws and regulations?	X	
G	PROVIDER RELATIONS		
1.	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?	X	
2.	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?		X
3.	Does the MHP maintain and monitor a network of appropriate providers that is supported by written agreements that consider the following:		

*Yes means IN COMPLIANCE; No means NON-COMPLIANCE
Each "No" requires a plan of correction

ALAMEDA COUNTY FINAL Checklist FY 2013-2014

MHP		Compliance*	
		Yes	No
3a.	In establishing and maintaining the network, did the MHP consider the anticipated number of Medi-Cal eligible clients?		X
3b.	The expected utilization of services?		X
3c.	The number and types of providers in terms of training and experience needed to meet expected utilization?		X
3d.	The number of network providers who are not accepting new beneficiaries?		X
3e.	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?		X
4.	Regarding the MHP's network providers, does the MHP ensure the following:		X
4a.	Providers ensure timely access to care and services, taking into account the urgency of need for services?		
4b.	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?		X
4c.	Services are available to beneficiaries 24/7 when medically necessary?	X	
4d.	Mechanisms have been established to ensure that network providers comply with the timely access requirements?		X
4e.	Providers are regularly monitored to determine compliance with timely access requirements?		X
4f.	Corrective action is taken if there is a failure to comply with timely access requirements?		X
H	PROGRAM INTEGRITY		
1.	Regarding Program Integrity Requirements, does the MHP have the following in place?	X	
1a.	A mandatory compliance plan that is designed to guard against fraud and abuse.		
1b.	Written P&Ps and standards of conduct that articulate the organization's commitment to comply with all applicable federal and State standards.	X	
1c.	The designation of a compliance officer and a compliance committee that are accountable to senior management.	X	
1d.	Effective training and education for the compliance officer and the organization's employees.		X
1e.	Effective lines of communication between the compliance officer and the organization's employees.	X	
1f.	Enforcement of the standards through well publicized disciplinary guidelines.	X	
1g.	Provision for internal monitoring and auditing.	X	
1h.	Provision for prompt response to detected offenses, and for development of corrective action initiatives relating to the MHP's Contract.	X	
2.	Is the MHP in compliance with the Program Integrity Requirements regarding Service Verification?		
2a.	Does the MHP have a method to verify whether services reimbursed by		X

*Yes means IN COMPLIANCE; No means NON-COMPLIANCE
Each "No" requires a plan of correction

ALAMEDA COUNTY FINAL Checklist FY 2013-2014

MHP		Compliance*	
		Yes	No
	Medicaid were actually furnished to the beneficiaries?		
2b.	What were the findings and what actions were taken by the MHP upon discovery that services reimbursed by Medi-Cal were not received by the beneficiaries?		X
3.	How does the MHP ensure that it captures 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?	X	
4.	Does the MHP ensure the following requirements are met:		X
4a.	Is there evidence that the MHP has a process in place to verify new and current providers and contractors are not on the Office of Inspector General Exclusion List and Medi-Cal List of Suspended or Ineligible Providers?		
4b.	When an excluded provider/contractor is identified by the MHP, what action(s) is taken by the MHP?		X
I	QUALITY IMPROVEMENT		
1.	Is the QIC involved in or overseeing the following QI activities:	X	
1a.	Recommending policy decisions?		
1b.	Reviewing and evaluating the results of QI activities?	X	
1c.	Instituting needed QI actions?	X	
1d.	Ensuring follow-up of QI processes?	X	
1e.	Documenting QI committee meeting minutes?	X	
2.	Regarding the annual QI work plan: Does the MHP evaluate the effectiveness of the QI program and show how QI activities have contributed to improvement in clinical care and beneficiary service?	X	
3.	Does the QI work plan monitor previously identified issues, including tracking of issues over time?	X	
4.	Does the QI work plan include assessing the service delivery capacity of the MHP as evidenced by:	X	
4a.	Monitoring the current number, types, and geographic distribution of mental health services within the MHP's delivery system.		
4b.	Goals are set for the number, type, and geographic distribution of mental health services.		X
4c.	Goals have been set and mechanisms have been established to monitor the following:	X	
	1) Timeliness of routine mental health appointments.		
	2) Timeliness of services for urgent conditions.	X	
	3) Access to after-hours care.		X
	4) Responsiveness of the 24/7 toll-free number.	X	
5.	The MHP shall implement mechanisms to assess beneficiary/family satisfaction as evidenced by:	X	
5a.	Surveying beneficiary/family satisfaction with the contractor's services at least annually.		

*Yes means IN COMPLIANCE; No means NON-COMPLIANCE
Each "No" requires a plan of correction

ALAMEDA COUNTY FINAL Checklist FY 2013-2014

MHP		Compliance*	
		Yes	No
5b.	Evaluating beneficiary grievances, appeals, and fair hearings at least annually.	X	
5c.	Evaluating requests for changing persons providing services at least annually.	X	
5d.	Informing providers of the results of the beneficiary/family satisfaction activities.		X
6.	Is the MHP monitoring the safety and effectiveness of medication practices at least annually?	X	
7.	Interventions implemented by MHP when quality of care concerns are identified.	X	
8.	Does the MHP QI program include active participation by the Contractor's practitioners and providers, as well as beneficiaries and family members, in the planning, design and execution of the QI Program?	X	
9.	Monitoring provider appeals as per title 9 regulations?		X
J	MENTAL HEALTH SERVICES ACT (MHSA)		
1.	Has the County submitted complete and accurate information for the following reports within the established timeframes:	X	
	1. Client and Service Information (CSI) System data		
	2. MHSA Quarterly Progress Reports (Exhibit 6)	N/A	
	3. Full Service Partnership Performance Outcome data	X	
	4. Consumer Perception Semi-Annual Survey data	X	
2.	Has the County submitted the Annual MHSA Revenue and Expenditure Report within the established timeframe?	X	
K	CHART REVIEW—NON-HOSPITAL SERVICES		
1.	Does the beneficiary meet all three (3) of the following medical necessity criteria for reimbursement (1a, 1b, and 1c. below)?		
1a.	The beneficiary has a DSM diagnosis contained in the CCR, title 9, chapter 11, section 1830.205(b)(1)(A-R).		x
1b.	The beneficiary, as a result of a mental disorder listed in 1a, must have, at least, one (1) of the following criteria (1-4 below): 1) A significant impairment in an important area of life functioning. 2) A probability of significant deterioration in an important area of life functioning. 3) A probability that the child will not progress developmentally as individually appropriate. 4) For full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder that SMHS can correct or ameliorate.	x	
1c.	Must meet each of the intervention criteria listed below: 1) The focus of the proposed intervention is to address the condition identified in No. 1b. (1-3) above, or for full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder that SMHS can correct or ameliorate per No. 1b. (4).		x
	2) The expectation is that the proposed intervention will do, at least, one (1) of the following (A, B, C, or D):		x

*Yes means IN COMPLIANCE; No means NON-COMPLIANCE
Each "No" requires a plan of correction

ALAMEDA COUNTY FINAL Checklist FY 2013-2014

MHP		Compliance*	
		Yes	No
	A. Significantly diminish the impairment. B. Prevent significant deterioration in an important area of life functioning. C. Allow the child to progress developmentally as individually appropriate. D. For full-scope MC beneficiaries under the age of 21 years, correct or ameliorate the condition.		
2.	Regarding the Assessment, are the following conditions met:		
2a.	Has the Assessment been completed in accordance with regulatory and contractual requirements?		x
2b.	Has the Assessment been completed in accordance with the MHP's established written documentation standards for timeliness and frequency?		x
2c.	Does the Assessment include one or more of the following areas specified in the MHP Contract with the Department? (areas 1-11)		x
2d.	Did the provider obtain and retain a written medication consent form signed by the beneficiary agreeing to the administration of psychiatric medication?		x
2e.	Did the documentation include, but not limited to: 1) The reasons for taking such medications; 2) Reasonable alternative treatments available, if any; 3) The type, range of frequency and amount, methods (oral or injection), and duration of taking the medication; probable side effects; possible additional side effects which may occur to beneficiaries taking such medication beyond three (3) months; and 4) That the consent, once given, may be withdrawn at any time by the beneficiary.		x
2f.	Is the documentation legible?	X	
3.	Regarding the client plan, are the following conditions met:		
3a.	Has the client plan been completed in accordance with regulatory and contractual requirements?		x
3b.	Has the client plan been updated at least annually, <u>or</u> when there are significant changes in the beneficiary's condition?		x
3c.	Does the client plan include the items specified in the MHP Contract with the Department?		x
	1) Specific, observable, and/or specific quantifiable goals/treatment objectives related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis.		X
	2) The proposed type(s) of intervention/modality including a detailed description of the intervention to be provided.		X
	3) The proposed frequency and duration of intervention(s).		X
	4) Interventions that focus and address the identified functional impairments as a result of the mental disorder.		X
	5) Interventions that are consistent with client plan goal(s)/treatment objective(s).		X
	6) Be consistent with the qualifying diagnoses.	X	

*Yes means IN COMPLIANCE; No means NON-COMPLIANCE
Each "No" requires a plan of correction

ALAMEDA COUNTY FINAL Checklist FY 2013-2014

MHP		Compliance*	
		Yes	No
3d.	Is the client plan signed (or electronic equivalent) by	X	
	1) The person providing the service(s) or,	X	
	2) A person representing a team or program providing the service(s) or,	X	
	3) A person representing the MHP providing service(s) or,	X	
3e.	4) By one of the following as a co-signer, if the client plan is used to establish that services are provided under the direction of an approved category of staff, and if the signing staff is <u>not</u> of the approved categories, one (1) of the following must sign: A. A Physician B. A Licensed/Waivered Psychologist C. A Licensed/Registered/Waivered Social Worker D. A Licensed/Registered/Waivered Marriage and Family Therapist E. A registered nurse, including but not limited to nurse practitioners, and clinical nurse specialists	X	
	Is there documentation of the beneficiary's degree of participation and agreement with the client plan as evidenced by, but not limited to:		N/A
	1) Reference to the beneficiary's participation in and agreement in the body of the client plan; or		
	2) The beneficiary signature on the client plan; <u>or</u>	X	
	3) A description of the beneficiary's participation and agreement in the medical record.		N/A
	The beneficiary's signature or the signature of the beneficiary's legal representative is required on the client plan when: 1) The beneficiary is expected to be in long-term treatment, as determined by the MHP, <u>and</u> , 2) The client plan provides that the beneficiary will be receiving more than one (1) type of SMHS. When the beneficiary's signature or the signature of the beneficiary's legal representative is required on the client plan and the beneficiary refuses or is unavailable for signature, the client plan shall include a written explanation of the refusal or unavailability.	X	
3f.	Does the MHP have a written definition of what constitutes a long-term care beneficiary?		X
3g.	Is there documentation that the contractor offered a copy of the client plan to the beneficiary?		X
3h.	Is the documentation legible?	X	
4/4a.	Do the progress notes describe how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning outlined in the client plan?		X
4b.	Do the progress notes document the following?		
	1) Timely documentation of relevant aspects of client care, including documentation of medical necessity;		X
	2) Documentation of beneficiary encounters, including relevant clinical		X

*Yes means IN COMPLIANCE; No means NON-COMPLIANCE
Each "No" requires a plan of correction

ALAMEDA COUNTY FINAL Checklist FY 2013-2014

MHP		Compliance*	
		Yes	No
	decisions, when decisions are made, alternative approaches for future interventions;		
	3) Interventions applied, beneficiary's response to the interventions and the location of the interventions;		X
	4) The date the services were provided;	X	
	5) Documentation of referrals to community resources and other agencies, when appropriate;		X
	6) Documentation of follow-up care, or as appropriate, a discharge summary; and	X	
	7) The amount of time taken to provide services;	X	
	8) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, licensure or job title; and the relevant identification number, if applicable;		X
	and		
	9) The date the service was documented in the medical record by the person providing the service.		X
4c.	<p>Timeliness/frequency as follows:</p> <p>1) Every service contact for:</p> <p>A. Mental health services</p> <p>B. Medication support services</p> <p>C. Crisis intervention</p> <p>D. Targeted Case Management</p> <p>2) Daily for:</p> <p>A. Crisis residential</p> <p>B. Crisis stabilization (one per 23/hour period)</p> <p>C. Day treatment intensive</p> <p>3) Weekly for:</p> <p>A. Day treatment intensive (clinical summary)</p> <p>B. Day rehabilitation</p> <p>C. Adult residential</p>		X
4d.	Is the documentation legible?	X	
5.	Have <i>Day Treatment Intensive</i> and <i>Day Rehabilitation</i> services been provided in accordance with regulatory and contractual requirements?		X
5a.	<p>Service Components:</p> <p>1) Do <i>Day Treatment Intensive</i> and <i>Day Rehabilitation</i> programs include all the following required service components:</p> <p>A. Daily Community Meetings;*</p> <p>B. Therapeutic Milieu;</p> <p>C. Process Groups;</p> <p>D. Skill-building Groups; and</p> <p>E. Adjunctive Therapies?</p> <p>2) In addition:</p> <p>A. Does <i>Day Treatment Intensive</i> include Psychotherapy? **</p>		X
5b.	Attendance:		

*Yes means IN COMPLIANCE; No means NON-COMPLIANCE
Each "No" requires a plan of correction

ALAMEDA COUNTY FINAL Checklist FY 2013-2014

MHP		Compliance*	
		Yes	No
	1) Is there documentation of the total number of minutes/hours the beneficiary actually attended the program?		X
	2) If the beneficiary is unavoidably absent:		
	A. Is the total time (number of hours and minutes) the beneficiary actually attended the program that day documented;		X
	B. Is the beneficiary present for at least 50 percent of the scheduled hours of operation for that day;		X
	C. Is there a separate entry in the medical record documenting the reason for the unavoidable absence?		X
5c.	Continuous Hours of Operation: Did the provider apply the following when claiming for the continuous hours of operation of <i>Day Treatment Intensive</i> and <i>Day Rehabilitation</i> services?		
	A. For <u>Half Day</u> : The beneficiary received face-to-face services a <u>minimum</u> of three (3) hours each day the program was open.		N/A
	B. For <u>Full-Day</u> : The beneficiary received face-to-face services in a program with services available <u>more than</u> four (4) hours per day.		X
5d.	Staffing Requirements: 1) Do <i>Day Treatment Intensive</i> and <i>Day Rehabilitation</i> meet the following staffing requirements:		
	A. For <i>Day Treatment Intensive</i> : Psychotherapy is provided by licensed, registered, or waived staff practicing within their scope of practice.	X	
	B. For all scheduled hours of operation: There is at least one staff person present and available to the group in the therapeutic milieu.	X	
5e.	Documentation Standards: 1) Is the required documentation timeliness/frequency for <i>Day Treatment Intensive</i> or <i>Day Rehabilitation</i> being met?	X	
	A. For <i>Day Treatment Intensive</i> services:		
	• Daily progress notes on activities; <u>and</u>		
	• A weekly clinical summary.		
	B. For <i>Day Rehabilitation</i> services:		
	• Weekly progress note.		
	2) Do all entries in the beneficiary's medical record include:		
	A. The date(s) of service;	X	
	B. The signature of the person providing the service (or electronic equivalent);	X	
	C. The person's type of professional degree, licensure or job title;	X	
	D. The date of signature;	X	
	E. The date the documentation was entered in the beneficiary record; <u>and</u>	X	
	F. The total number of minutes/hours the beneficiary actually attended the program?	X	

*Yes means IN COMPLIANCE; No means NON-COMPLIANCE
Each "No" requires a plan of correction

ALAMEDA COUNTY FINAL Checklist FY 2013-2014

MHP		Compliance*	
		Yes	No
5f.	Written Program Description: 1) Is there a <u>Written Program Description</u> for <i>Day Treatment Intensive</i> and <i>Day Rehabilitation</i> ? A. Does the <u>Written Program Description</u> describe the specific activities of each service and reflect each of the required components of the services as described in the MHP Contract.	X	
	2) Is there a <u>Mental Health Crisis Protocol</u> ?	X	
	3) Is there a <u>Written Weekly Schedule</u> ? A. Does the <u>Written Weekly Schedule</u> : a) Identify when and where the service components will be provided and by whom; <u>and</u> b) Specify the program staff, their qualifications, and the scope of their services?	X	
6.	Do all entries in the beneficiary's medical record include: 1) The date of service;	X	
	2) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, licensure or job title; and the relevant identification number, if applicable; AND	X	
	3) The date the documentation was entered in the medical record?		X
7.	When applicable, was information provided to beneficiaries in an alternative format?	X	
8.	Regarding cultural/linguistic services:		
8a.	Is there any evidence that mental health interpreter services are offered and provided, when applicable?	X	
8b.	When applicable, is there documentation of linking beneficiaries to culture-specific and/or linguistic services as described in the MHP's CCPR?	X	
8c.	When applicable, is service-related personal correspondence provided in the beneficiary's preferred language?	X	
L	CHART REVIEW—SD/MC HOSPITAL SERVICES		
M	UTILIZATION REVIEW—SD/MC HOSPITAL SERVICES		
N	THERAPEUTIC BEHAVIORAL SERVICES		
	Sections L, M and N were not reviewed as part of this review process. Where applicable, these sections will be reviewed under separate review processes.		

*Yes means IN COMPLIANCE; No means NON-COMPLIANCE
Each "No" requires a plan of correction

ALAMEDA COUNTY FINAL Checklist FY 2013-2014

**CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES
FISCAL YEAR 2013-2014
ALAMEDA COUNTY REVIEW
JANUARY 13 - 16, 2014
FINAL REPORT**

ITEMS OUT OF COMPLIANCE -- PLAN OF CORRECTION

ITEM NO. 1, Section A, "Access," Question 2b:

2. Regarding the provider list:

2b. Does the provider list include alternatives and options for cultural/linguistic services?

CFR, title 42, section 438.10(f)(6)(i) and 438.206(a)

CCR, title 9, chapter 11, section 1810.410

DMH Information Notice No. 10-02, Enclosure, Page 24 and DMH Information Notice No. 10-17, Enclosure, Page 18

CMS/DHCS, section 1915(b) Waiver

MHP Contract Exhibit A, Attachment I

FINDING:

The MHP provider list does contain the name, address and telephone numbers, languages and provider types. However, there is a column on the provider list which states "Race". The provider list does not indicate if information under the heading of "Race" is the race of the provider or the race of the beneficiaries that are to be served by the provider.

Discussion occurred with DHCS reviewers, the MHP and the MHP cultural competency representative regarding the use of the "Race" category on the provider list and asked that the MHP designate Ethnic Services and MHP cultural competency representatives review the provider list including the alternatives and options for cultural linguistic services. The MHP stated that the provider list would be revised.

PLAN OF CORRECTION:

The MHP shall provide evidence to DHCS in the plan of correction a revised provider list which includes alternatives and options for cultural/linguistic services.

ITEM NO. 2, Section A, "Access," Question 9a:

9. Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number:

9a. 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 that will 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**
- **services needed to treat a beneficiary's urgent condition, and**
- **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

FINDING:

The DHCS review team made four (4) test calls regarding information on accessing initial Specialty Mental Health Services to Alameda's 24 hours a day, 7 days a week, toll-free telephone number. Two (2) of the calls were made in Farsi, one in Spanish and one in English. All four calls were placed between 8 am and 5 pm, two between 8 am and 8:30 am. The MHP was out of compliance on two of the four calls.

The first two test calls requesting initial specialty mental health services were made in Farsi. The MHP provided interpreters for both calls. The first Farsi call did not meet the requirements as the caller was not provided with the requested information on accessing specialty mental health services. The caller was told that no information regarding mental health services would not be provided to her without the caller providing her Social Security number, Medi-Cal number, and address. This call did not meet the requirements in title 9 and is out of compliance.

However, when the same Farsi caller placed a second call with the same scenario requesting initial specialty mental health services she was provided with the requested information in Farsi without having to provide her Social Security number or Medi-Cal number. This second Farsi call was in compliance.

The third test call in English was made at 8:20 am and was not provided with the requested information. The caller was asked to call back during regular business hours which, it was explained, began after 8:30 am. The caller was also told that the MHP staff 'was very busy so she should be prepared to persevere'. This call was not in compliance with title 9 requirements since no requested information was provided.

The fourth test call in Spanish was answered by a recorder and transferred to a Spanish speaker. The Spanish speaking staff provided the requested information on how to access specialty mental health services. This call was in compliance with regulations.

PLAN OF CORRECTION:

The MHP will address the issues identified in the findings to DHCS in the plan of correction that the MHP 24 hours a day, 7 days a week (24/7) toll-free telephone number does provide information on how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met, services available to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearing processes as stated in regulations.

ITEM NO. 3, Section A, "Access," Question 10:

- 10. Does the MHP maintain a written log of the initial requests via telephone, in writing or in person for SMHS from beneficiaries of the MHP? Does the written log contain the name of the beneficiary, the date of the request, and the initial disposition of the request?**

CCR, title 9, chapter 11, section 1810.405(f)

FINDING:

Three (3) of the four (4) test calls to Alameda's 24 hours a day, 7 days a week, toll-free telephone number requesting initial Specialty Mental Health Services (SMHS) were not logged and therefore, did not meet this requirement.

PLAN OF CORRECTION:

The MHP will provide evidence to DHCS in the plan of correction that the MHP maintains a written log of the initial requests via telephone, in writing or in person, for SMHS from beneficiaries of the MHP that contains the name of the beneficiary, the date of the request, and the initial disposition of the request.

ITEM NO. 4, Section A, "Access," Question 13a:

- 13. Has the MHP developed a process to provide culturally competent services as evidenced by:**

- 13a. A plan for cultural competency training for the administrative and management staff of the MHP, the persons providing SMHS employed by or contracting with the MHP, to provide interpreter or other support services to beneficiaries?**

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

FINDING:

The MHP stated that in checking with their Ethnic Services Coordinator there has not been and currently there is no plan for cultural competency training for its administrative and management staff and persons providing SMHS employed by or contracting with the MHP, to provide interpreter or other support services to beneficiaries that meet this requirement that the MHP can present at the time of the site review.

PLAN OF CORRECTION:

The MHP will provide evidence to DHCS in the plan of correction of a plan for cultural competency training for its administrative and management staff and persons providing SMHS employed by or contracting with the MHP, to provide interpreter or other support services to beneficiaries that meets the regulatory and contractual requirements.

ITEM NO. 5, Section B, "Authorization," Question 3:

- 1. Does the MHP have a payment authorization system in place that meets the requirements regarding Day Treatment Intensive and Day Rehabilitation in accordance with title 9 regulations?**

CCR, title 9, chapter 11, sections 1830.215(e) and 1840.318

DMH Information Notice 02-06, Enclosures, Pages 1-5

DMH Letter No. 03-03

FINDING

The DHCS chart reviewers found evidence that the MHP has authorized Day Treatment Intensive services to providers in which the programs did not meet the day treatment requirements. In one instance, the provider indicated on the weekly schedule that it was closed during the required day treatment intensive stated hours of operation and the required groups were not provided. The Day Treatment Intensive is authorized through a clinical review process in which the authorization process does not include a review of the day treatment intensive/day rehabilitation requirements.

PLAN OF CORRECTION:

The MHP will provide evidence to DHCS in the plan of correction that an authorization system is in place that meets DHCS/MHP and title 9 requirements regarding Day Treatment Intensive and Day Rehabilitation.

ITEM NO. 6, Section B, "Authorization," Questions 4a-4b:

- 4. Regarding authorization timeframes:**

- 4a. For standard authorization decisions, does the MHP make an authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and within 14 calendar days following receipt of the request for service with a possible extension of up to 14 additional days?**

4b. For expedited authorization decisions, does the MHP make an expedited authorization decision and provide notice as expeditiously as the beneficiary’s health condition requires and within 3 working days following receipt of the request for service or, when applicable, within 14 calendar days of an extension?

CFR, title 42, section 438.210(d)(1)(2)

FINDING:

The MHP stated it does not track the timeliness of standard authorization decision from receipt date to the 14 calendar day maximum allowed to process standard authorizations. The MHP does not have a process to track expedited authorization from receipt date to 3 days maximum allowed for expedited authorization decisions or to track extensions.

PLAN OF CORRECTION:

The MHP shall provide evidence to DHCS in the plan of correction that the MHP has a policy and procedure and practice that tracks authorizations from date of receipt through authorization within 14 days. The MHP is to develop an expedited authorization process that meets all regulatory requirements.

ITEM NO. 7, Section B, “Authorization,” Question 5:

5. 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, action is taken to improve performance if necessary, and including a review of the consistency in the authorization process?

CCR, title 9, chapter 11, section 1810.440(b)(1), (2),(3)

FINDING:

The MHP provided evidence that they review Utilization Management activities annually for inpatient services and have provided training based on what they learned monitoring the system. The Utilization Management activities include inter-rater reliability case reviews with an overall consistency rate of 40.9%. Training is regularly scheduled and provided to new staff to ensure performance and consistency in the authorization process. The inpatient utilization management requirements as stated in title 9 have been met.

The MHP does not have in place and did not provide evidence of a review of Utilization Management activities annually for outpatient services that include monitoring activities to ensure they meet established standards for authorization decision making. Rather the MHP stated that they do not have the same mechanisms in place for utilization management that exists in their inpatient authorization system. MHP stated that a few outpatient authorization requests are rewritten for clarity but the MHP approves and authorizes most all service requests.

PLAN OF CORRECTION:

The MHP will provide evidence to DHCS in the plan of correction that the MHP is reviewing Outpatient Utilization Management (UM) activities annually, including monitoring activities to ensure that the MHP meets the established standards for authorization decision making, action is taken to improve performance if necessary, and including a review of the consistency in the authorization process.

ITEM NO. 8, Section B, "Authorization," Question 6e:

6. Regarding Notices of Action (NOAs):

6e. NOA-E: Is the MHP providing a written NOA-E to the beneficiary when the MHP fails to provide a service in a timely manner, as determined by the Contractor (MHP)?

*CFR, title 42, section 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*

FINDING:

The MHP has not established standards and timelines to identify when the MHP fails to provide services in a timely manner therefore, the MHP has not issued a NOA-E to beneficiaries. The MHP stated that a standard will be established.

PLAN OF CORRECTION:

The MHP will provide evidence to DHCS in the plan of correction that the MHP will determine timeliness standards and provide a written NOA-E to the beneficiary when the MHP fails to provide such a timely service.

In the previous triennial review on January 13 - 16, 2014, this protocol item was found out of compliance. This is the second triennial review in which this regulatory requirement has not been met.

ITEM NO. 9, Section B, "Authorization," Question 7:

7. Does the MHP provide for a second opinion from a qualified health care professional within the MHP network, or arrange for the beneficiary to obtain a second opinion outside the MHP network, at no cost to the beneficiary?

*CFR, title 42, section 438.206(b)(3)
 CCR, title 9, chapter 11, section 1810.405(e)*

FINDING:

The MHP stated that requests for second opinions from beneficiaries are sent to providers via a referral letter. The MHP arranges for the second opinion referral only. The MHP does not know if the second opinion process worked and the beneficiary did indeed receive a second opinion and the outcome of the second opinion. There is no tracking of the second opinion process. The MHP stated beneficiaries are told to call back to the MHP if they do not get a second opinion. The MHP should ensure that beneficiaries requesting a second opinion are provided with a second opinion and the MHP should be informed of the outcomes of the second opinion and ensure the MHP meets its responsibilities to implement the second opinion decisions.

PLAN OF CORRECTION:

The MHP will provide evidence to DHCS in the plan of correction that the beneficiaries are provided a second opinion from a qualified health care professional within the MHP network, or arrange for the beneficiary to obtain a second opinion outside the MHP network, at no cost to the beneficiary.

ITEM NO. 10 , Section C, “Beneficiary Protection,” Question 2c:

2. Has the MHP developed a beneficiary problem resolution process that meets title 9 and title 42 regulatory requirements for each of the following:

2c. An expedited appeal process.

CCR, title 9, chapter 11, section 1850.208 (a)(b)
CFR, title 42, section 438, Subpart

FINDING:

In a review of the MHP appeal process, DHCS reviewers found an example of an MHP appeal in which the beneficiary stated in an attached note a request that this appeal be expedited. The appeal was not identified or logged by the MHP as an expedited appeal. The MHP did not provide evidence that there is an expedited appeal process in effect.

PLAN OF CORRECTION:

The MHP will provide evidence to DHCS in the plan of correction that it has developed a beneficiary problem resolution process that meets title 9 and title 42 regulatory requirements for its expedited appeal processes.

ITEM NO. 11, Section C, “Beneficiary Protection,” Questions 6a-6b:

6. Does the written notice of the appeal resolution include the following?

6a. The results of the resolution process and the date it was completed.

6b. For appeals, if beneficiary is dissatisfied with the decision, the beneficiary has the right to request a State fair hearing, and how to do so.

CFR, title 42, section 438.408(e)(1)(2)(as modified by the waiver renewal request of August, 2002 and CMS letter, August 22, 2003)

CCR, title 9, chapter 11, section 1850.207(h)(3)

DMH Letter No. 05-03

FINDING:

The DHCS reviewers reviewed the written notices of the appeal resolution in which the resolution discussed a second level grievance. It was not clear what was the appeal resolution result and if this was an appeal or grievance resolution. The appeal resolution documentation presented by the MHP did not meet regulatory and contractual requirements. Also, in a review of one of the appeal resolution written notice, it was found that there was no mention of a State fair hearing.

PLAN OF CORRECTION:

The MHP will provide evidence to DHCS in the plan of correction that a written notice of an appeal resolution will include the results of the resolution process and the date it was completed and, for appeals, if the beneficiary is dissatisfied with the decision, the beneficiary has the right to request a State fair hearing, and how to do so.

In the previous triennial review on January 13 - 16, 2014, this protocol item was found out of compliance. This is the second triennial review in which this regulatory requirement has not been met.

ITEM NO. 12, Section G, "Provider Relations," Question 2:

2. Does the MHP have an ongoing monitoring system in place that ensures contracted organizational providers are certified and recertified as per title 9 regulations?

CCR, title 9, chapter 11, section 1810.435 (d)(e)

MHP Contract, Exhibit A, Attachment I

FINDING:

The DHCS provided the MHP with a report which identified Alameda MHP providers in the Information Technology Web System (ITWS) in which certifications/ recertifications had lapsed and actions on the part of the MHP need to be taken.

PLAN OF CORRECTION:

The MHP will provide evidence to DHCS in the plan of correction that the MHP has an ongoing monitoring system in place that ensures contracted organizational providers are certified and recertified as per title 9 regulations.

ITEM NO. 13, Section G, "Provider Relations," Questions 3a-3b-3c-3d-3e:

- 3. Does the MHP maintain and monitor a network of appropriate providers that is supported by written agreements that consider the following:**
 - 3a. In establishing and maintaining the network, did the MHP consider the anticipated number of Medi-Cal eligible clients?**
 - 3b. The expected utilization of services?**
 - 3c. The numbers and types of providers in terms of training and experience needed to meet expected utilization?**
 - 3d. The number of network providers who are not accepting new beneficiaries?:**
 - 3e. 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?**

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:

There was no evidence presented by the MHP that the MHP does maintain and monitor a network of appropriate providers that is supported by written agreements that considers the anticipated number of Medi-Cal eligible clients; expected utilization of services; number and types of providers needed to meet expected utilization; and geographic location of providers and accessibility to beneficiaries. The MHP stated they do have data regarding providers who are not accepting new beneficiaries but have not utilized this data into an analysis regarding the needs and expected utilization regarding the provider network.

PLAN OF CORRECTION:

The MHP will provide evidence to DHCS in the plan of correction that maintains and monitors the required elements (3a. – 3e.) when considering written agreements for its network of providers.

ITEM NO. 14, Section G, "Provider Relations," Questions 4a-4b-4d-4e-4f:

4. Regarding the MHP’s provider network, does the MHP ensure the following:
 - 4a. Providers ensure timely access to care and services, taking into account the urgency of need for services?
 - 4b. 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?
 - 4d. Mechanisms have been established to ensure that network providers comply with the timely access requirements?
 - 4e. Providers are regularly monitored to determine compliance with timely access requirements?
 - 4f. Corrective action is taken if there is a failure to comply with timely access requirements?

CFR, title 42, section 438.206(c)(1) (ii)
MHP Contract, Exhibit A, Attachment I

FINDING:

The MHP did not provide evidence that it can ensure that its network of providers provide timely access to care and services, including the urgency of need for services. The MHP does not monitor the timeliness of its providers. The DHCS found no evidence that corrective action is taken if there is a failure to comply with timely access requirements. The MHP stated that their provider contracts do not stipulate that hours of operation offered are no less for Medi-Cal and commercial beneficiaries and the MHP did not provide further evidence.

PLAN OF CORRECTION:

The MHP will provide evidence to DHCS in the plan of correction that the MHP will ensure its network of providers will meet the regulatory requirements in Provider Relations Question 4.

ITEM NO. 15, Section H, “Program Integrity,” Question 1d:

1. Regarding Program Integrity Requirements, does the MHP have the following in place?
 - 1d. Effective training and education for the compliance officer and the organization’s employees.

CFR, title 42, section 438.10, 438.604, 438.606, 438.608 and 438.610
MHP Contract, Exhibit A, Attachment I

FINDING:

The MHP stated that it had not established effective training and education for their new compliance officer and the organization’s employees.

PLAN OF CORRECTION:

The MHP will provide evidence to DHCS in the plan of correction that they will provide current effective training and education for the compliance officer and the organization’s employees. There are plans for the current compliance officer to receive trainings but at the time of the review no trainings have occurred.

CMS INFORMATION ONLY – PROGRAM INTEGRITY – QUESTIONS 2a-2b.

ITEM NO. 16, Section H, “Program Integrity,” Questions 2a-2b :

- 2. Is the MHP in compliance with the Program Integrity Requirements regarding Service Verification?**
 - 2a. Does the MHP have a method to verify whether services reimbursed by Medicaid were actually furnished to the beneficiaries?**
 - 2b. What were the findings and what actions were taken by the MHP upon discovery that services reimbursed by Medi-Cal were not received by the beneficiaries?**

*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*

FINDING:

2a. The MHP has not implemented a service verification method. The MHP stated that there is discussion regarding possible methods such as ensuring the client signature is on electronic charts for the day and time of the billed service. The date of implementation of this method is yet to be determined. The frequency of the verification is to be quarterly. The sample size and the Medicaid population are yet to be determined.

PLAN OF CORRECTION:

The MHP will provide evidence to DHCS in the plan of correction that the MHP has a method to verify whether services reimbursed by Medi-Cal were actually furnished to the beneficiaries.

FINDING:

2b. The MHP has not implemented a method of beneficiary service verification and therefore the MHP has not developed/ implemented the actions taken when there is discovery that services were not received by the beneficiaries.

PLAN OF CORRECTION:

The MHP shall provide evidence to DHCS in the plan of correction that the MHP has a plan of action upon discovery that services reimbursed by Medi-Cal were not received by the beneficiaries.

ITEM NO. 17, Section H, "Program Integrity," Question 3:

3. How does the MHP ensure that it captures 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 DHCS reviewers found the MHP in compliance with regulations and the MHP Contract. The MHP has persons in positions of influence who submit the 700 interest disclosure forms.

PLAN OF CORRECTION:

The MHP is in compliance, no plan of correction is required.

ITEM NO. 18, Section H, "Program Integrity," Questions 4a-4b:

4. Does the MHP ensure the following requirements are met:
- 4a. Is there evidence that the MHP has a process in place to verify new and current providers and contractors are not on the Office of Inspector General Exclusion List and Medi-Cal List of Suspended or Ineligible Providers?
- 4b. When an excluded provider/contractor is identified by the MHP, what action(s) is taken by the MHP?

CFR, title 42, sections 1128 and 1128A, Social Security Act

CFR, title 42, sections 438.214(d) and 438.610

DMH Letter No. 10-05

MHP Contract, Exhibit A, Attachment I Program Integrity Requirements

CMS/DHCS, section 1915(b) waiver

FINDING:

The MHP stated they had focused on checking new hires against exclusion lists and checking on new providers through the credentialing process. The MHP stated they have a deficiency on checking on current providers on the exclusion lists. MHP Organizational Providers are not

checked on the exclusion lists. The MHP did not provide evidence of a plan of action upon such a finding. The MHP was not in compliance with federal regulations.

PLAN OF CORRECTION:

The MHP will provide evidence to DHCS in the plan of correction that they have a process in place to verify new and current providers and contractors are not on the Office of Inspector General Exclusion List and Medi-Cal List of Suspended or Ineligible Providers, and when the MHP identifies an excluded provider/contractor, appropriate action will be taken.

ITEM NO. 19, Section I, "Quality Improvement," Questions 4b, 4c:

- 4. Does the QI work plan include assessing the service delivery capacity of the MHP as evidenced by:
 - 4b. Goals are set for the number, type, and geographic distribution of mental health services.
 - 4c. Goals have been set and mechanisms have been established to monitor the following:
 - 3) Access to after-hours care.

FINDING:

4b. The MHP's Quality Improvement Work Plan did not have goals set to gather the data for the number, type, and geographic distribution of mental health services.

4c. The MHP had no goals set with mechanisms established to monitor access to after-hours care.

PLAN OF CORRECTION:

The MHP will provide evidence to DHCS in the plan of correction that their QI work plan includes assessing the service delivery capacity of the MHP as evidenced by goals set for the number, type, and geographic distribution of their mental health services and monitoring access to after-hours care.

ITEM NO. 20, Section I, "Quality Improvement," Question 5d:

- 5. The MHP shall implement mechanisms to assess beneficiary/family satisfaction as evidenced by:
 - 5d. Informing providers of the results of the beneficiary/family satisfaction activities.

FINDING:

The MHP stated they do not inform providers of the results of the beneficiary/family satisfaction activities as required by regulation.

PLAN OF CORRECTION:

The MHP will provide evidence to DHCS in the plan of correction that the MHP will implement mechanisms to inform providers of the results of the beneficiary/family satisfaction activities.

ITEM NO. 21, Section I, "Quality Improvement", Question 9

9. Monitoring provider appeals as per title 9 regulations?

FINDING:

The MHP stated that outpatient provider appeals were not monitored per title 9 regulations.

PLAN OF CORRECTION:

The MHP will provide evidence to DHCS in the plan of correction that they will monitor provider appeals as per title 9 regulations.

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

CFR, title 42, Part 438-Managed Care, sections 438.204, 438.240 and 438.358

MHP Contract, Exhibit A, Attachment I

ATTESTATION ITEMS

The DHCS reviewers reviewed Attestation Questions #11 and #23. These items were in compliance.

Section K, "Chart Review – Non-Hospital Services

The medical records of 10 adult and 10 child/adolescent Medi-Cal specialty mental health beneficiaries were reviewed for compliance with state and federal regulations for adherence to the terms of the contract between the Alameda County Mental Health Plan (MHP) and the California Department of Health Care Services (DHCS), and for consistency with the MHP's own documentation guidelines and policies and procedures regarding medical record documentation. The process included a review of 461 claims submitted for the months of January, February, and March 2014.