CALIFORNIA DEPARTMENT OF
Mental Health

1600 9th Street, Sacramento, CA 95814
(916) 654-3576

June 7, 1999

DMH INFORMATION NOTICE NO.: 99-10

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH ADMINISTRATORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: ANNUAL REVIEW PROTOCOL FOR CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES

REFERENCE: Supersedes DMH Letter No. 97-03 and the protocol entitled "Implementation Review – Medi-Cal Specialty Mental Health Services"

EXPIRES: Retain until rescinded

Enclosed is the protocol to be used by the Department effective July 1, 1999, for the annual reviews of the Consolidated Specialty Mental Health Services. Development of this protocol included consultation and input from the California Mental Health Directors Association, the California Mental Health Planning Council, the Association of Local Mental Health Boards & Commissions, and the Consumer/Family Task Force.

The Department intends to review the protocol by the end of the fiscal year (June 30, 2000) and will seek input for any suggested changes or revisions.

If you have questions or comments regarding this matter, please contact Robert S. Cacic, Chief, Medi-Cal Oversight-Northern Region at (916) 654-3607 or Moss T. Nader, Ph.D., Chief, Medi-Cal Oversight-Southern Region at (562) 868-2275.

Sincerely,

Robert S. Cacic

for J. RUBEN LOZANO, Pharm.D.
Deputy Director
Program Compliance

Enclosure

cc: California Mental Health Planning Council
Chief, Technical Assistance and Training

ANNUAL REVIEW PROTOCOL FOR

CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES

FISCAL YEAR 1999-2000

ANNUAL REVIEW PROTOCOL FOR

CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES

FISCAL YEAR 1999-2000

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ANNUAL REVIEW PROTOCOL FOR
CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES
FOR FISCAL YEAR 1999-2000

SECTION A *IMPLEMENTATION PLAN REQUIREMENTS AND MODIFICATIONS*

	CRITERIA	IN COMPLIANCE YES	* NO	** NC	COMMENTS
1.	Does the Mental Health Plan (MHP) have a DMH approved Implementation Plan which contains the following components?				
1a.	Hospital Services				
1b.	Non-Hospital Services				
1c.	Quality Management Activities				
1d.	Utilization Management Activities *California Code of Regulations (CCR), Title 9, Chapter 11, Section 1810.310;* *MHP Contract with DMH, Attachments A and B.*				
2.	Cultural Competence Plan *CCR, Title 9, Chapter 11, Section 1810.410.*				
3.	If the MHP is testing elements of the specialty mental health services delivery system; using alternate concepts, methods, procedures, techniques, equipment, or personnel qualifications; or is conducting pilot projects, has the DMH sanctioned these actions? *CCR, Title 9, Chapter 11, Section 1810.110(c)(d).*				

* Each NO answer requires a plan of correction.
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SECTION B *ACCESS*

	CRITERIA	IN COMPLIANCE YES	* NO	** NC	COMMENTS
1.	Is the MHP in compliance with its implementation plan regarding outreach efforts to inform beneficiaries and providers regarding access to specialty mental health services? *CCR, Title 9, Chapter 11, Section 1810.310(a)(2)(B).*				
2a. 2b.	Does the MHP ensure that specialty mental health services are available to treat urgent conditions 24 hours a day, seven days a week? If treatment for urgent conditions must be preauthorized, does the MHP have a process in place to authorize this treatment within one hour? *CCR, Title 9, Chapter 11, Section 1810.405(c).*				
3. 3a. 3b. 3c.	Does the MHP have procedures for ensuring access to services for beneficiaries out of the county for the following categories? Children in foster care and other residential placements out of county Adults in residential placements out of county Beneficiaries who require urgent or emergency mental health services while out of county *CCR, Title 9, Chapter 11, Sections 1830.210, 1830.215 and 1830.220; DMH Information Notice No: 97-06, D,4.*				
4.	When the MHP has determined that medical necessity has not been met and when requested by a beneficiary, does the MHP provide for a second opinion by a licensed mental health professional? *CCR, Title 9, Chapter 11, Section 1810.405(e).*				
5. 5a.	Whenever feasible and at the request of the beneficiary, does the MHP provide for the following? An initial choice of the person who will provide the specialty mental health services, including the right to use culture-specific providers.				

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5b.	An opportunity to change persons providing the specialty mental health services, including the right to use culture-specific providers. *CCR, Title 9, Chapter 11, Section 1830.225(a) and (b).*				
6.	Does the MHP maintain a written log of all requests (by telephone, in writing, or in person) for specialty mental health services from beneficiaries? Does each log entry 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).*				
7a.	Does the MHP have a statewide, toll-free telephone number, available 24 hours a day, seven days per week?				
7b.	Does this number make available the following information? ❖ How to access specialty mental health services, including services needed to treat a beneficiary's urgent condition ❖ How to use the beneficiary problem resolution and fair hearing processes				
7c.	Does this number have language capabilities in all the languages spoken by beneficiaries of the MHP? *CCR, Title 9, Chapter 11, Sections 1810.410 (d)(1) and 1810.405(d);* *DMH Information Notice No. 97-14, Page 12.*				
8.	Does the MHP have a process for screening, referral, and coordination with other necessary services, including, but not limited to, substance abuse, education, health, housing as well as vocational rehabilitation and Regional Center services? *CCR, Title 9, Chapter 11, Section 1810.310(a)(2)(A);* *Welfare & Institutions Code Section 4696.1.*				

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SECTION B *ACCESS*

	CRITERIA	IN COMPLIANCE YES	* NO	** NC	COMMENTS
9.	Is MHP information being provided to beneficiaries with visual or hearing impairments? *CCR, Title 9, Chapter 11, Section 1810.110(a); DMH Information Notice No. 97-06, D.5.*				
10.	Does the MHP have policies and procedures for meeting consumer language needs? *CCR, Title 9, Chapter 11, Section 1810.410 (b)(4); DMH Information Notice No. 97-14, Page 13.*				
11.	At mandated key points of contact:				
11a.	Are interpreter services available in the identified threshold languages?				
11b	Is there documented evidence to show beneficiary access to linguistically proficient staff or interpreters?				
11c.	Is there documented evidence to show language capacity in the threshold languages is available during regular operating hours?				
11d.	Is there documented evidence to show which services are available in a beneficiary's primary language by way of interpretive services?				
11e.	Is there documented evidence to show the response to offers of interpretive services?				
11f.	Are there policies and procedures in place to link beneficiaries, who do not meet the threshold language criteria, to appropriate services?				
11g.	Is there evidence, including documented progressive steps, to show that beneficiaries who do not meet the threshold language criteria are linked to appropriate services? *CCR, Title 9, Chapter 11, Section 1810.410 (d)(2); DMH Information Notice No. 97-14, Page 13.*				

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	CRITERIA	IN COMPLIANCE YES	* NO	** NC	COMMENTS
12.	At non-mandated key points of contact:				
12a.	Is there documented evidence of efforts by the MHP to assist beneficiaries (both who meet or do not meet the threshold criteria) to secure or link to appropriate services?				
12b.	Is there documented evidence of efforts by the MHP to assist beneficiaries to obtain services in their primary language (if linguistically proficient staff or interpreters are unavailable)? *CCR, Title 9, Chapter 11, Section 1810.410(a);* *DMH Information Notice No. 97-14, Page 14.*				
13.	Does the MHP have written information available in English and the threshold languages to assist Medi-Cal beneficiaries in accessing medically necessary specialty mental health services? At a minimum, does it include the following?				
13a.	❖ The beneficiary brochure ❖ Problem resolution information ❖ Health education materials				
13b.	Is the information available at the appropriate literary level?				
13c.	Does the MHP provide beneficiaries with the beneficiary brochure upon request or when first accessing services?				
13d.	Does the beneficiary brochure include the following information? ❖ A description of available services ❖ A description of the process for obtaining services, including the MHP's statewide toll-free telephone number ❖ A description of the MHP's beneficiary problem resolution process, including the complaint resolution and grievance processes and the availability of fair hearings *CCR, Title 9, Chapter 11, Sections 1810.410(a),(d)(3) and 1810.360(c)(1),(2),(3);* *DMH Information Notice No. 97-14, Page 14;* *HCFA Waiver Requirement.*				

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SECTION B *ACCESS*

	CRITERIA	IN COMPLIANCE YES	* NO	** NC	COMMENTS
14.	Does the MHP have polices and procedures regarding appropriate distribution of translated materials? *CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 97-14, Page 14.*				
15a.	Does the MHP list available cultural/linguistic services and practitioners for populations meeting threshold criteria?				
15b.	Does the MHP have data comparing the percentage of culturally, ethnically, and linguistically diverse professional staff to the same characteristics of the MHP's Medi-Cal beneficiaries?				
15c.	Does the MHP have appropriate alternatives available to accommodate individual preferences for cultural and linguistic services?				
15d.	Is the MHP monitoring activities of available and appropriate alternatives addressed in 15c? *CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 97-14, Page 15.*				
16.	Does the MHP identify and list the number of culture-specific community providers as well as their specialized skills? *CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 97-14, Page 15.*				
17a.	Is there evidence of community information and education plans that enable the MHP's beneficiaries access to specialty mental health services?				
17b.	Is there evidence that the MHP is informing ethnic consumers about cultural/linguistic service availability, e.g., community presentations and forums?				
17c.	Are there policies, procedures, and practices in place to ensure consumer and family involvement in the development of client plans?				

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SECTION B *ACCESS*

	CRITERIA	IN COMPLIANCE YES	* NO	** NC	COMMENTS
17d.	Does the MHP have records to identify the requests for culture-specific community services, the number actually referred to such providers and the number receiving services from the available culture-specific community providers?				
17e.	Is there evidence that the MHP is addressing the cultural competence training needs of staff? *CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 97-14, Pages 15-18.*				
18a.	Is there an identified plan to evaluate the linguistic proficiency and training of staff and interpreters?				
18b.	Does the MHP have a policy in place that prohibits the expectation that families will provide interpreter services? *CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 97-14, Page 18.; Title VI, Civil Rights Act of 1964, (42 USC, Section 2000d, 45 CFR, part 80).*				
19a.	Is there a tracking system to determine utilization rate by ethnic groups?				
19b.	Is there a system in place to compare the utilization rates across ethnic groups?				
19c.	Is there a comparison of utilization rates by ethnic groups to the total Medi-Cal beneficiary population?				
19d.	Is there a method to analyze utilization rates by factors including age, diagnosis, gender, ethnicity, and primary language of Medi-Cal mental health clients to identify potential problem areas? *CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 97-14, P. 19.*				

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RE: HOSPITAL SERVICES UTILIZING A POINT OF AUTHORIZATION (Items 1-8)

	CRITERIA	IN COMPLIANCE YES	* NO	** NC	COMMENTS
1.	Does the MHP have a system for receiving provider notifications of emergency admissions within 24 hours of admission of a beneficiary to the hospital or, when applicable, within the timelines specified in the contract? *CCR, Title 9, Chapter 11, Section 1820.225(c).*				
2.	Does the MHP have a process for planned admissions into contract hospitals and, if such admissions are determined to be necessary by the MHP, into non-contract hospitals? *CCR, Title 9, Chapter 11, Sections 1820.220(j)(1) and 1810.310(a)(7).*				
3.	Is the MHP in compliance with regulatory language that prohibits the MHP from requiring hospitals or psychiatric health facilities to obtain prior MHP payment authorization for an emergency admission, whether voluntary or involuntary? *CCR, Title 9, Chapter 11,Sections 1820.225(a) and 1830.245(b).*				
4.	Is there an authorization process in place for psychiatric inpatient hospital services? *CCR, Title 9, Chapter 11, Section 1820.215.*				
5.	Are the Treatment Authorization Requests (TARs) being approved or denied by licensed mental health professionals or waivered/registered professionals of the beneficiary's MHP? *CCR, Title 9, Chapter 11, Section 1820.220(d).*				
6.	Are all adverse decisions based upon lack of medical necessity being reviewed and supported by a physician or, when applicable, a psychologist? *CCR, Title 9, Chapter 11, Section 1820.220(f).*				

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	CRITERIA	IN COMPLIANCE YES	* NO	** NC	COMMENTS
7.	Does the MHP approve or deny TARs within 14 calendar days of the receipt of the request? *CCR, Title 9, Chapter 11, Section 1820.220(h).*				
8.	When an appeal to the MHP is ruled in favor of the provider, is the MHP authorizing payment within fourteen calendar days of receipt of the revised TAR? *CCR, Title 9, Chapter 11, Section 1850.305(d)(2)(D).*				

RE: NON-HOSPITAL SPECIALTY MENTAL HEALTH SERVICES (Items 9-10)

9.	Is there an authorization process in place for non-hospital specialty mental health services? *CCR, Title 9, Chapter 11, Sections 1830.215 and 1810.440(b).*				
10.	If preauthorization is required, are authorization decisions for urgent services being made by qualified staff and within one-hour of the request? *CCR, Title 9, Chapter 11, Sections 1830.215(a)(2) and 1810.440(b);* *MHP Contract with DMH, Attachment. B.*				

RE: ALL SERVICES AUTHORIZED BY A POINT OF AUTHORIZATION (Items 11-15)

11. 11a.	Is there evidence that the MHP is monitoring the UM program as follows? The MHP is reviewing UM activities annually, including a review of the consistency in the authorization process. *CCR, Title 9, Chapter 11, Sections 1810.315 and 1810.440(b);* *MHP Contract with DMH, Attachment. B.*				
12.	If the MHP delegates any UM activities, is there evidence of oversight by the MHP? Does the written mutually agreed upon document include the following? ❖ The responsibilities of the MHP and the delegated entity				

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	CRITERIA	IN COMPLIANCE YES	* NO	** NC	COMMENTS
12.	❖ The delegated activities ❖ The frequency of reporting to the MHP ❖ The process by which the MHP evaluates the delegated entity's performance ❖ The remedies available to the MHP if the entity does not fulfill its obligations ❖ Documentation that the MHP evaluated the entity's capacity to perform the delegated activities prior to the delegation ❖ Documentation that the MHP approves the entity's UM program annually ❖ Documentation that the MHP evaluates annually whether the delegated activities are being conducted in accordance with the State and MHP standards ❖ Documentation that the MHP has prioritized and addressed with the delegated entity those opportunities identified for improvement *CCR, Title 9, Chapter 11, Sections 1810.315 and 1810.440(b).* *MHP Contract with DMH, Attachment. B.*				
13a. 13b.	Is the MHP providing a written Notice of Action (NOA)-A and NOA-BACK to a beneficiary that informs the beneficiary of the right to a fair hearing when the MHP or its providers determine that the beneficiary does not meet the medical necessity criteria and, therefore, is not entitled to any specialty mental health services? Does the NOA-A and NOA-Back utilized by the MHP contain all elements found on the DMH approved NOA-A and NOA-Back? *CCR, Title 9, Chapter 11, Section 1850.210(i).*				
14a. 14b.	Is the MHP providing a written NOA-B and NOA-BACK to the beneficiary that informs the beneficiary of the right to a fair hearing when the MHP denies, modifies, or defers a payment authorization request from a provider for Specialty Mental Health Service? Does the NOA-B and NOA-Back utilized by the MHP contain all elements found on the DMH approved NOA-B and NOA-Back? *CCR, Title 9, Chapter 11, Section 1850.210(a)(b)(c).*				

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SECTION D *BENEFICIARY PROTECTION*

	CRITERIA	IN COMPLIANCE YES	* NO	** NC	COMMENTS
1.	Does the MHP have policies in place to protect beneficiary confidentiality? *Welfare & Institutions Code Section 5328;* *CCR, Title 9, Chapter 11, Section 1850.205(c)(6).*				
2.	Does the MHP have problem resolution processes in place for both the informal complaint and the formal grievance processes? *CCR, Title 9, Chapter 11, Section 1850.205(b)(1)&(2).*				
3.	Upon request or upon obtaining specialty mental health services, does the MHP provide the beneficiary with information about the complaint and grievance processes as well as the availability of fair hearings? *CCR, Title 9, Chapter 11, Section 1810.360(c)(3);* *CCR, Title 9, Chapter 11, Section 1850.205(c)(1)(A).*				
4.	Are there notices posted explaining complaint resolution and grievance process procedures in locations at all MHP provider sites sufficient to ensure that the information is readily available to both beneficiaries and provider staff? *CCR, Title 9, Chapter 11, Section 1850.205(c)(1)(B).*				
5.	Are grievance forms and self-addressed envelopes available for beneficiaries to pick up at all MHP provider sites without having to make a verbal or written request? *CCR, Title 9, Chapter 11, Section 1850.205(c)(1)(C).*				
6.	Does the MHP ensure that the beneficiary may authorize another person to act on his/her behalf? *CCR , Title 9, Chapter 11, Section 1850.205(c)(2).*				

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SECTION D *BENEFICIARY PROTECTION*

	CRITERIA	IN COMPLIANCE YES	* NO	** NC	COMMENTS
7.	Has the MHP identified personnel to assist the beneficiary with these processes at the beneficiary's request? *CCR, Title 9, Chapter 11, Section 1850.205(c)(4).*				
8.	Has the MHP designated personnel to provide information regarding the status of a beneficiary's grievance? *CCR, Title 9, Chapter 11, Section 1850.205(e)(6)(C).*				
9.	Does the MHP inform a beneficiary of his or her right to use the grievance process at any time before, during, or after the complaint resolution process has begun? *CCR , Title 9, Chapter 11, Section 1850.205(d)(3).*				
10.	Does the MHP have an expedited grievance response for beneficiaries in Medi-Cal funded residential treatment programs? *CCR, Title 9, Chapter 11, Section 1850.205 (e)(4).*				
11.	Are grievances recorded in the grievance log within one working day of the date of receipt of the grievance? *CCR, Title 9, Chapter 11, Section 1850.205 (e)(6)(A).*				
12.	Does the grievance log contain, at least, the following entries? ❖ The name/number of the beneficiary ❖ The date of receipt of the grievance ❖ The nature of the problem *CCR, Title 9, Chapter 11, Section 1850.205 (e)(6)(A)1.,2.,3.*				

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SECTION D *BENEFICIARY PROTECTION*

	CRITERIA	IN COMPLIANCE YES	* NO	** NC	COMMENTS
13.	Does the MHP provide for a decision on grievances at each level within thirty calendar days of receipt by that level of review within the MHP? *CCR, Title 9, Chapter 11, Section 1850.205 (e)(3).*				
14.	Is the final disposition of each grievance, including the date the decision is sent to the beneficiary, or the reason(s) that there has not been a final disposition of the grievance being documented? *CCR , Title 9, Chapter 11, Section 1850.205(e)(6)(B).*				
15.	Is documentation present that verifies beneficiaries have been notified of their right to appeal the grievance decision to a second level of review within the MHP or to request a fair hearing? *CCR , Title 9, Chapter 11, Section 1850.205(e)(6)(D).*				
16.	When a provider was included in the grievance, is there documentation in place to show that the provider has been notified of the final disposition of the beneficiary's grievance? *CCR, Title 9, Chapter 11, Section 1850.205 (e)(6)(E).*				

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SECTION E *CONTRACTS*

	CRITERIA	IN COMPLIANCE YES	* NO	** NC	COMMENTS
1.	Does the MHP have a contract with every disproportionate share and traditional hospital that meets selection criteria? *CCR, Title 9, Chapter 11, Section 1810.430 (a)(b).*				
1a.	If not, does the MHP possess a Request for Exemption(s) approved by the DMH for this fiscal year? *CCR, Title 9, Chapter 11, Section 1810.430(c)(1)(A)(B)(C).*				

RE: CONTRACTS FOR FEE-FOR-SERVICE HOSPITAL PROVIDERS

2.	Are the MHP's contract requirements with each hospital provider consistent with the following standards?				
2a.	Contract language specifies that all inpatient subcontractors will maintain necessary licensing and certification. *Welfare and Institutions Code Section 5778(n).*				
2b.	Contract's treatment requirements ensure that beneficiaries will receive the same level of care as provided to all other patients served. *CCR, Title 9, Chapter 11, Section 1810.430(d)(1).*				
2c.	Contract language assures that beneficiaries will not be discriminated against in any manner, including admission practices, placement in special wings or rooms, or provision of special or separate meals. *CCR, Title 9, Chapter 11, Section 1810.430(d)(2).*				
2d.	Contract language specifies how the hospital shall make records available for authorized review for fiscal audits, program compliance, and beneficiary complaints. *CCR, Title 9, Chapter 11, Section 1810.430(d)(1).*				

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	CRITERIA	IN COMPLIANCE YES	* NO	** NC	COMMENTS
2e.	Contract language specifies that the per diem rate is considered to be payment in full, subject to third party liability and patient share of costs, for psychiatric inpatient hospital services to a beneficiary. *CCR, Title 9, Chapter 11, Section 1810.430(d)(4).*				
2f.	Contract language specifies that the rate structure utilized to negotiate the contract is inclusive of all services defined as psychiatric inpatient services in Title 9, Chapter 11, and that the rate structure does not include non-hospital based physician or psychological services. *CCR, Title 9, Chapter 11, Section 1810.430(d)(5).*				
2g.	Contract language specifies that the provider shall adhere to Title XIX of the Social Security Act and conform to all applicable Federal and State statutes and regulations. *CCR, Title 9, Chapter 11, Section 1810.430(d)(6).*				

RE: CONTRACTS FOR NON-HOSPITAL SERVICE PROVIDERS

3.	Are the MHP's contract requirements with each individual, group, and organizational provider consistent with the following standards?				
3a.	Contract's treatment requirements ensure that beneficiaries will receive the same level of care as provided to all other patients served. *CCR, Title 9, Chapter 11, Section 1810.436(a)(1).*				
3b.	Contract language assures that beneficiaries will not be discriminated against in any manner. *CCR, Title 9, Chapter 11, Section 1810.436(a)(2).*				

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	CRITERIA	IN COMPLIANCE YES	* NO	** NC	COMMENTS
3c.	Contract specifies how the provider shall make records available for authorized review for fiscal audits, program compliance and beneficiary complaints. *CCR, Title 9, Chapter 11, Section 1810.436(a)(3).*				
3d.	Contract language specifies that the rate is considered to be payment in full, subject to third party liability and beneficiary share of cost, for the specialty mental health services to a beneficiary. *CCR, Title 9, Chapter 11, Section 1810.436(a)(4).*				
3e.	Contract language specifies that a provider adhere to Title XIX of the Social Security Act and conform to all applicable Federal and State statutes and regulations. *CCR, Title 9, Chapter 11, Section 1810.436(a)(5).*				

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RE: INDIVIDUAL AND GROUP PROVIDERS

	CRITERIA	IN COMPLIANCE YES	* NO	** NC	COMMENTS
1.	Does the MHP have a system to ensure that each individual and group provider is in compliance with the following requirements?				
1a.	Possesses the necessary license or certification to practice psychotherapy independently *CCR, Title 9, Chapter 11, Section 1810.435(b)(1).*				
1b.	Maintains a safe facility *CCR, Title 9, Chapter 11, Section 1810.435(b)(2).*				
1c.	Stores and dispenses medications in compliance with applicable state and federal laws and regulations *CCR, Title 9, Chapter 11, Section 1810.435(b)(3).*				

RE: ORGANIZATIONAL PROVIDERS

2.	Does the MHP have a system to ensure that each non-MHP owned or operated organizational provider is in compliance with requirements found in Title 9, Chapter 11 and the MHP contract with the DMH? *CCR, Title 9, Chapter 11, Section 1810.435; MHP Contract with DMH, Attachment D.*				

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	CRITERIA	IN COMPLIANCE YES	* NO	** NC	COMMENTS
3.	Does the MHP have a system that ensures that each non-MHP owned or operated organizational provider stores and dispenses medications in compliance with all pertinent state and federal standards, including the following specific requirements?				
3a.	All drugs obtained by prescription are labeled and altered only by persons legally authorized to do so.				
3b.	Drugs intended for external use only or food stuffs are stored separately.				
3c.	Drugs are stored at proper temperatures. ❖ Room temperature 59-86 degrees F ❖ Refrigerated drugs at 36-46 degrees F				
3d.	Drugs are stored in a locked area with access limited to those medical personnel authorized to prescribe, dispense, or administer medication.				
3e.	Drugs are not retained after the expiration date.				
3f.	IM multi-dose vials are dated and initialed when opened.				
3g.	A drug log is maintained to ensure the provider disposal of expired, contaminated, deteriorated, and abandoned drugs.				
3h.	Policies and procedures are in place for dispensing, administering, and storing medications. *CCR, Title 9, Chapter 11, Section 1810.435(c)(6); MHP Contract with DMH, Attachment D.*				

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RE: RELATIONSHIP WITH MEDI-CAL MANAGED CARE PLANS

	CRITERIA	IN COMPLIANCE YES	* NO	** NC	COMMENTS
1a.	Are MOU's in place with all Medi-Cal Managed Care Plans?				
1b.	If not, is there evidence that the MHP is making good faith efforts to enter into such agreements? *CCR, Title 9, Chapter 11, Sections 1810.370(b).*				
2.	Regarding MOUs with Medi-Cal Managed Care Plans, does each MOU address the following?				
2a.	Process for providing referrals to the Medi-Cal Managed Care Plan.				
2b.	Process for receiving referrals from the Medi-Cal Managed Care Plan. *CCR, Title 9, Chapter 11, Sections 1810.370(a)(1).*				
2c.	Process in place to provide clinical consultation and training, including consultation and training on medications, to the Medi-Cal Managed Care Plan. *CCR, Title 9, Chapter 11, Sections 1810.370(a)(2).*				
2d.	Procedures for the exchange of medical records information which maintain confidentiality in accordance with applicable state and federal laws and regulations. *CCR, Title 9, Chapter 11, Sections 1810.370(a)(3).*				

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	CRITERIA	IN COMPLIANCE YES	* NO	** NC	COMMENTS
2e.	Procedures for providing beneficiaries with the following services when these services are covered by the Medi-Cal managed care plan? ❖ Prescription drugs and laboratory services ❖ Emergency room facility and related services, home health care, non-emergency medical transportation, and physical health care while in a psychiatric inpatient hospital ❖ Direct transfers between psychiatric inpatient hospital services and inpatient hospital services required to address a beneficiary's medical problems *CCR, Title 9, Chapter 11, Sections 1810.370(a)(4); HCFA Waiver Requirement.*				
2f.	Process for resolving disputes between the MHP and the Medi-Cal managed care plan that includes a means for beneficiaries to receive medically necessary services while the dispute is being resolved. *CCR, Title 9, Chapter 11, Sections 1810.370(a)(5); HCFA Waiver Requirement.*				

RE: RELATIONSHIP WITH NON-MEDI-CAL MANAGED CARE PLAN PROVIDERS

3.	Regarding coordination with: ❖ Primary Care Providers (PCPs) when no Medi-Cal Managed Care Plans are present ❖ PCPs who do not belong to a Medi-Cal Managed Care Plan ❖ Federally Qualified Health Centers , Indian Health Centers, or Rural Health Centers are the following conditions being met?				
3a.	A process is in place for the MHP to provide clinical consultation and training, including consultation and training on medications. *CCR, Title 9, Chapter 11, Section 1810.415(a).*				

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SECTION G *INTERFACE WITH PHYSICAL HEALTH CARE*

	CRITERIA	IN COMPLIANCE YES	* NO	** NC	COMMENTS
3b.	A process is in place for the exchange of medical records information which maintain confidentiality in accordance with applicable state and federal laws and regulations. *CCR, Title 9, Chapter 11, Section 1810.415(b).*				
3c.	A process is in place for coordinating with pharmacies to assist beneficiaries to receive prescription drugs and laboratory services prescribed by the MHP. *CCR, Title 9, Chapter 11, Section 1810.415(c).*				
4. 4a. 4b.	Has the MHP been successful in accessing treatment services for the following? Beneficiaries with an excluded diagnosis Beneficiaries with an included diagnosis, but whose mental condition the MHP believes would be responsive to physical health care treatment *CCR, Title 9, Chapter 11, Sections 1810.345(a) and 1810.415(d);* *HCFA Waiver Requirement.*				
5.	Is the MHP in compliance with requirements that prohibit the inappropriate referral of a beneficiary to primary care treatment when the beneficiary meets specialty mental health services' medical necessity criteria? *CCR, Title 9, Chapter 11, Section 1810.345(a);* *HCFA Waiver Requirement.*				
6.	Does the MHP provide treatment to a beneficiary with an included diagnosis that is amenable to mental health treatment when an excluded diagnosis is also present? *CCR, Title 9, Chapter 11, Section 1810.345(a);* *Welfare & Institutions Code Section 4696.1;* *HCFA Waiver Requirement.*				

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RE: FEE-FOR-SERVICE PROVIDERS

	CRITERIA	IN COMPLIANCE YES	* NO	** NC	COMMENTS
1.	Does the MHP have problem resolution and appeal processes that enable providers to resolve MHP payment authorization issues or other complaints and concerns? *CCR, Title 9, Chapter 11, Section 1850.305(a).*				
2.	Does the MHP ensure that participating providers are provided written information regarding the problem resolution and appeal processes? *CCR, Title 9, Chapter 11, Section 1850.305(b).*				
3.	Does the provider problem resolution process include the following?				
3a.	A means to identify and resolve provider concerns and problems quickly and easily.				
3b.	Informs providers of their right to access the provider appeal process at any time before, during, or after the provider problem resolution process has begun when the complaint concerns a denied or modified request for MHP payment authorization or the processing or payment of a provider's claim to the MHP. *CCR, Title 9, Chapter 11, Section 1850.305(c)(1) and (3).*				
4.	When an appeal concerns the denial or modification of an MHP payment authorization request, is the MHP using personnel not involved in the initial denial to determine the appeal decision? *CCR, Title 9, Chapter 11, Section 1850.305(d)(2)(A).*				

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SECTION I *QUALITY MANAGEMENT ACTIVITIES*

	CRITERIA	IN COMPLIANCE YES	* NO	** NC	COMMENTS
1.	Does the MHP have an approved Quality Management (QM) Program which meets the following requirements?				
1a.	Providers, beneficiaries, family members, and others similarly involved are actively participating in the planning, design, and execution of the QM program. *CCR, Title 9, Chapter 11, Section 1810.440(a)(2)(A)(B)(C); MHP Contract with DMH, Attachment A.*				
1b.	A licensed mental health staff person has substantial involvement in the implementation of the QM program. *CCR, Title 9, Chapter 11, Section 1810.440(a)(3); MHP Contract with DMH, Attachment A.*				
1c.	There are demonstrated monitoring activities by the QM program, including but not limited to, the review of beneficiary complaints and grievances, clinical records as well as fair hearings and provider appeals. *CCR, Title 9, Chapter 11, Section 1810.440(a)(4); MHP Contract with DMH, Attachment A.*				
2.	Is the Quality Improvement Committee (QIC) involved in or overseeing the following QI activities?				
2a.	Recommending policy changes				
2b.	Reviewing and evaluating the results of QM activities				
2c.	Instituting needed QM actions				
2d.	Ensuring follow-up of QM processes *CCR, Title 9, Chapter 11, Sections 1810.315 and 1810.440; MHP Contract with DMH, Attachment A.*				

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SECTION I *QUALITY MANAGEMENT ACTIVITIES*

	CRITERIA	IN COMPLIANCE YES	* NO	** NC	COMMENTS
3a.	Is the QIC meeting as frequently as described in the QM program description?				
3b.	Are the minutes dated and signed and do they reflect QIC decisions and actions?				
	CCR, Title 9, Chapter 11, Sections 1810.315 and 1810.440; MHP Contract with DMH, Attachment A.				
4.	Are the QIC's role, structure, and function operating as described in the QM program description?				
	Welfare and Institutions Code Section 5777 (g); MHP Contract with DMH, Attachment A.				
5.	Is there a medication monitoring component of the QM program that reviews the appropriate use and management of psychotropic and other medications?				
	CCR., Title 9, Chapter 11, Sections 1810.110 and 1810.440; Welfare and Institutions Code Section 5777 (g); MHP Contract with DMH, Attachment A.				
6.	Are clinical services monitored and corrective action taken when quality of care problems are identified?				
	CCR., Title 9, Chapter 11, Section 1810.440; Welfare and Institutions Code Section 5777 (g); MHP Contract with DMH, Attachment A.				
7.	Does the QIC, MHP administration, or another appropriate body within the MHP monitor provider site QM activities?				
	CCR, Title 9, Chapter 11, Section 1810.440; Welfare and Institutions Code Section 5777 (g); MHP Contract with DMH, Attachment A.				

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SECTION I *QUALITY MANAGEMENT ACTIVITIES*

	CRITERIA	IN COMPLIANCE YES	* NO	** NC	COMMENTS
8.	Has the MHP completed an annual QM work plan that evaluates the effectiveness of the QM program and that shows how QM activities have contributed to improvement in clinical care and beneficiary service?				
8a.	Does this evaluation describe completed and in-process QM activities?				
8b.	Does the work plan describe the monitoring of previously identified issues, including tracking of issues over time?				
	CCR, Title 9, Chapter 11, Section 1810.315; MHP Contract with DMH, Attachment A.				
9.	If the MHP delegates any QI activities, is there a written agreement spelling-out the delegated responsibilities along with documentation to verify the MHP's oversight of these activities?				
	CCR, Title 9, Chapter 11, Section 1810.315; MHP Contract with DMH, Attachment A.				
10.	Regarding beneficiary satisfaction surveys:				
10a.	Has the MHP conducted beneficiary satisfaction surveys?				
10b.	Have satisfaction survey respondents, in each threshold language, indicated that they had access to written information in their primary language?				
	CCR, Title 9, Chapter 11, Sec. 1810.410(a); DMH Information Notice No. 97-14, P. 15.				

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	CRITERIA	IN COMPLIANCE YES	NO	COMMENTS
RE: MEDICAL NECESSITY CRITERIA				
1.	Does the beneficiary's admission to a psychiatric inpatient hospital meet both of the following admission reimbursement criteria (1a. and 1b. below)?			
1a.	The beneficiary has a DSM IV diagnosis contained in the CCR, Title 9, Chapter 11, Section 1820.205(a)(1)(A-R). *CCR,, Title 9, Chapter 11, Section 1820.205(a)(1);* *DMH Policy Letter No.97-03;* *MHP Contract with DMH.*			
1b.	The beneficiary requires psychiatric inpatient hospital services, as a result of a mental disorder, due to, at least, one of the following indications (the beneficiary must meet either 2a.-c. or 3a.-c.): *CCR,, Title 9, Chapter 11, Section 1820.205(a)(2)(B);* *DMH Policy Letter No. 97-03;* *MHP Contract with DMH.*			
2.	Does the beneficiary have symptoms or behaviors of one of the following (2a., 2b., 2c.)?			
2a.	Represent a current danger to self or others, or to significant property destruction *CCR, Title 9, Chapter 11, Section 1820.205(a)(2)(B)1.a;* *DMH Policy Letter No. 97-03;* *MHP Contract with DMH.*			
2b.	Prevent the beneficiary from providing for, or utilizing food, clothing, or shelter *CCR, Title 9, Chapter 11, Section 1820.205(a)(2)(B)1.b;* *DMH Policy Letter No. 97-03;* *MHP Contract with DMH.*			

	CRITERIA	IN COMPLIANCE YES	NO	COMMENTS
2c.	Present a severe risk to the beneficiary's physical health *CCR, Title 9, Chapter 11, Section 1820.205(a)(2)(B)1.c;* *DMH Policy Letter No. 97-03;* *MHP Contract with DMH.*			
3.	Does the beneficiary require treatment and/or observation for, at least, one of the following (3a., 3b., or 3c.)?			
3a.	Further psychiatric evaluation *CCR, Title 9, Chapter 11, Section 1820.205(a)(2)(B)2.a;* *DMH Policy Letter No. 97-03;* *MHP Contract with DMH.*			
3b.	Medication treatment *CCR, Title 9, Chapter 11, Section 1820.205(a)(2)(B)2.b;* *DMH Policy Letter No. 97-03;* *MHP Contract with DMH.*			
3c.	Specialized treatment *CCR, Title 9, Chapter 11, Section 1820.205(a)(2)(B)2.c;* *DMH Policy Letter No. 97-03;* *MHP Contract with DMH.*			
4.	Does the beneficiary's continued stay in a psychiatric inpatient hospital meet one of the following reimbursement criteria (4a,, 4b., 4c., or 4d.)?			
4a.	Continued presence of indications which meet the medical necessity criteria specified in items 1., 2., and 3. above. *CCR, Title 9, Chapter 11, Section 1820.205(b)(1);* *DMH Policy Letter No. 97-03;* *MHP Contract with DMH.*			

	CRITERIA	IN COMPLIANCE YES	NO	COMMENTS
4b.	Serious adverse reaction to medications, procedures, or therapies requiring continued hospitalization *CCR, Title 9, Chapter 11, Section 1820.205(b)(2);* *DMH Policy Letter No. 97-03;* *MHP Contract with DMH.*			
4c.	Presence of new indications which meet medical necessity criteria specified in items 1., 2., and 3. above *CCR, Title 9, Chapter 11, Section 1820.205(b)(3);* *DMH Policy Letter No. 97-03;* *MHP Contract with DMH.*			
4d.	Need for continued medical evaluation or treatment that can only be provided if the beneficiary remains in a psychiatric inpatient hospital *CCR, Title 9, Chapter 11, Section 1820.205(b)(4);* *DMH Policy Letter No. 97-03;* *MHP Contract with DMH.*			
5.	Do clinical records indicate that consumer and/or family language needs are being met when developing the treatment plan? *CCR, Title 9, Chapter 11, Section 1810.410(a);* *DMH Information Notice No. 97-14, P. 17.*			
6.	Does the record documentation reflect staff efforts for screening, referral and coordination with other necessary services, including, but not limited to, substance abuse, education, health, housing as well as vocational rehabilitation and Regional Center services? *CCR, Title 9, Chapter 11, Section 1810.310(a)(2)(A).*			

RE: PLAN OF CARE

	CRITERIA	IN COMPLIANCE YES	NO	COMMENTS
7.	Does the beneficiary have a written plan of care that includes the following elements?			
7a.	Diagnoses, complaints, and complications indicating the need for admission			
7b.	A description of the functional level of the beneficiary			
7c.	Objectives			
7d.	Any orders for: Medications Treatments Restorative and rehabilitative services Activities Therapies Social services Diet Special procedures recommended for the health and safety of the beneficiary			
7e.	Plans for continuing care			
7f.	Plans for discharge			
7g.	Documentation of the beneficiary's participation in and agreement with the plan			
7h.	Documentation of the physician's establishment of this plan			
	CCR, Title 9, Chapter 11, Section 1820.210; *Code of Federal Regulations (CFR), Title 42, Subchapter C, Subpart D, Sections 456.*180; *DMH Contract with the MHP, Attachment C.*			

SECTION K *UM REVIEW OF SD/MC HOSPITALS USING A URC*

		IN COMPLIANCE			
		YES	* NO	** NC	COMMENTS
1.	Does the Utilization Review (UR) plan address the following?				
1a.	Provides for a committee to perform UR				
1b.	Describes the organization, composition, and functions of the committee				
1c.	Specifies the frequency of the committee meetings *CCR, Title 9, Chapter 11, Section 1820.210;* *Code of Federal Regulations (CFR), Title 42, Subchapter C, Subpart D, Sections 456.201 – 205.*				
2.	Is the UR plan in compliance with each of the following?				
2a.	It contains a description of the types of records that are kept by the UR committee				
2b.	It contains a description of the types and frequency of the URC reports and the arrangements for distribution to individuals				
2c.	It provides for the beneficiary's confidentiality in all records and reports				
2d.	It contains written medical care criteria to assess the need for continued stay *CCR, Title 9, Chapter 11, Section 1820.210;* *CFR, Title 42, Subchapter C, Subpart D, Sections 456.212-213 and 456.232.*				
3.	Does the UR plan provide for the written notice of any adverse final decision on the need for continued stay within required time lines? *CCR, Title 9, Chapter 11, Section 1820.210;* *CFR, Title 42, Subchapter C, Subpart D, Section 456.237.*				
4.	Regarding Medical Care Evaluations (MCE) studies, does the UR plan contain the following?				
4a.	A description of the methods that the Utilization Review Committee (URC) uses to select and conduct MCE studies.				

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		IN COMPLIANCE YES	* NO	** NC	COMMENTS
4b.	Documentation of the results of the MCE studies that shows how the results have been used to make changes to improve the quality of care and promote the more effective and efficient use of facilities and services.				
4c.	Documentation that the MCE studies have been analyzed.				
4d.	Documentation that actions have been taken to correct or investigate further any deficiencies or problems in the review process and recommends more effective and efficient hospital care procedures. *CCR, Title 9, Chapter 11, Section 1820.210;* *CFR, Title 42, Subchapter C, Subpart D, Section 456.242.*				
5.	Does the URC include anyone who is directly responsible for the care of the beneficiary whose care is being viewed? *CCR, Title 9, Chapter 11, Section 1820.210;* *CFR, Title42, Subchapter D, Section 456.206.*				
6.	Has the URC or its designee approved or denied the initial MHP payment authorization no later than the third working day from the day of admission? *CCR, Title 9, Chapter 11, Section 1820.230(b).*				
7.	At the time of the initial MHP authorization for payment, did the hospital's URC or its designee specify the date for the subsequent MHP payment authorization determination? *CCR, Title 9, Chapter 11, Section 1820.230(c).*				
8.	Did the URC authorize payment for administrative day services only when both of the following criteria (8a. & 8b.) have been met?				
8a.	During the hospital stay, the beneficiary previously had met medical necessity criteria for acute psychiatric inpatient hospital services.				

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		IN COMPLIANCE YES	* NO	** NC	COMMENTS
8b.	There is no appropriate, non-acute treatment facility available and the facility has documented its minimum number of appropriate contacts. *CCR, Title 9, Chapter 11, Section 1820.230(d)(2)(A) & (B).*				
9.	Are services delivered by licensed staff within their own scope of practice? *Welfare and Institutions Code 5778 (n).*				
10.	Are persons employed or under contract to provide mental health services as psychologists, social workers or marriage, family and child counselors licensed, waivered or registered with their licensing boards? *Welfare and Institutions Code 5751.2.*				
11.	Do the contents of the Medical Care Evaluation (MCE) studies meet federal requirements? *CCR, Title 9, Chapter 11, Section 1820.210;* *CFR, Title 42, Subpart D., Section 456.243.*				
12.	Has at least one MCE study been completed each calendar year? *CCR, Title 9, Chapter 11, Section 1820.210;* *CFR, Title 42, Subpart D., Section 456.245.*				
13.	Is an MCE study in progress at all times? *CCR, Title 9, Chapter 11, Section 1820.210;* *CFR, Title 42, Subpart D., Section 456.245.*				
14.	Does the MHP have a beneficiary documentation and medical record system that meets the requirements of the contract between the MHP and the department and any applicable state and federal requirements and regulations? *CCR Title 9, Chapter 11, Section 1810.440(c).*				

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FOCUS GROUP QUESTIONS

TOPIC NO. 1	ACCESS AND AVAILABILITY OF MENTAL HEALTH SERVICES
A.	How long have you (or your family member) been receiving services from this county's Mental Health Program?
B.	What kinds of services do you receive from this county's Mental Health Program?
C.	How could things be different? What would make it easier for you to get the services you want?
TOPIC NO. 2	BENEFICIARY PROTECTION
A.	If you have a problem with the services you are receiving from this county's Mental Health Program, how would you go about getting it resolved?
B.	If you had a friend who was having problems with the services they were receiving from this county's Mental Health Program, what would you suggest they do?
C.	How could things be different in the way this county's Mental Health Program handles the problems that clients like you have? What would make it easier or better?