

Alpine County Mental Health Plan
FY 18-19 Specialty Mental Health Triennial Review
Corrective Action Plan

System Review

Requirement

A.IV.A-The County uses its 1991 Realignment funding to provide an array of community mental health services, including acute psychiatric inpatient hospital services provided in Institutions for Mental Disease (IMD), to target populations. (MHSUDS IN No. 18-008; Welf. & Insti. Code §§ 5600 (a); 5600.4(f); 5600.5(e); 5600.6(e); 5600.7(e).).

DHCS Finding 1

The MHP did not furnish evidence to demonstrate it complies with MHSUDS IN No. 18-008; Welf. & Insti. Code §§ 5600 (a); 5600.4(f); 5600.5(e); 5600.6(e); 5600.7(e). The County uses its 1991 Realignment funding to provide an array of community mental health services, including acute psychiatric inpatient hospital services provided in Institutions for Mental Disease (IMD), to target populations.

Corrective Action Description

Alpine County Behavioral Health Services (ACBHS) has updated policies #AC-349, AC-422, AC-1015, and AC-4005 to contain the IMD requirement. The updated policies have been implemented and relevant staff have been trained.

Proposed Evidence/Documentation of Correction

Policies #AC-349, AC-422, AC-1015, and AC-4005 have been updated to include the required language; the final documents are included with this POC. Relevant staff have been trained.

Implementation Timeline: 11/21/19

Requirement

A.IV.B-The MHP is required to cover acute psychiatric inpatient hospital services provided in an Institution for Mental Disease (IMD) to Medi-Cal beneficiaries under the age of 21 or 65 years or older. (MHSUDS IN No. 18-008; Welf. & Insti. Code §§ 14053(a) and (b)(3);42 U.S.C. § 1396d(a)(29)(B),(a)(16) & (h)(1)(c); 42 C.F.R. §§ 441.13 and 435.1009.

DHCS Finding 2

The MHP did not furnish evidence to demonstrate it complies with MHSUDS IN No. 18-008; Welf. & Insti. Code §§ 14053(a) and (b)(3); 42 U.S.C. § 1396d(a)(29)(B),(a)(16) & (h)(1)(c); 42 C.F.R. §§ 441.13 and 435.1009. The MHP is required to cover acute psychiatric inpatient hospital services provided in an Institution for Mental Disease (IMD) to Medi-Cal beneficiaries under the age of 21 or 65 years or older.

Corrective Action Description

Alpine County Behavioral Health Services (ACBHS) has updated policies #AC-349, AC-422, AC-1015, and AC-4005 to contain the IMD requirement. The updated policies have been implemented and relevant staff have been trained.

Proposed Evidence/Documentation of Correction

Policies #AC-349, AC-422, AC-1015, and AC-4005 have been updated to include the required language; the final documents are included with this POC. Relevant staff have been trained.

Implementation Timeline: 11/21/19

Requirement

A.VI.C5-The MHP shall not employ or subcontract with providers excluded from participation in Federal health care programs under either section 1128 or section 1128A of the Act. (42 C.F.R. § 438.214(d).).

DHCS Finding 3

The MHP did not furnish evidence to demonstrate it complies with 42 C.F.R. § 438.214(d). The MHP shall not employ or subcontract with providers excluded from participation in Federal health care programs under either section 1128 or section 1128A of the Act (42 C.F.R. § 438.214(d).).

Corrective Action Description

ACBHS has updated policies AC-353 and AC-407 to reflect the required language. The updated policies have been implemented and relevant staff have been trained.

Proposed Evidence/Documentation of Correction

Policies AC-353 and AC-407 have been updated to include the required language; the final documents are included with this POC. Relevant staff have been trained.

Implementation Timeline: 11/21/19

Requirement

A.VI.D8-Do all contracts or written agreements between the MHP and any network provider specify the following:

8) If the State, CMS, or the HHS Inspector General (Office of Inspector General) determines that there is a reasonable possibility of fraud or similar risk, the State, CMS, or the HHS Inspector General may inspect, evaluate, and audit the subcontractor at any time. (MHP Contract, Ex. A, Att. 1; 42 C.F.R. § 438.230)

DHCS Finding 4

The MHP did not furnish evidence to demonstrate it complies with MHP Contract, Ex. A, Att. 1; 42 C.F.R. § 438.230. All contracts or written agreements between the MHP and any network provider specify if the State, CMS, or the HHS Inspector General (Office of Inspector General) determines that there is a reasonable possibility of fraud or similar risk, the State, CMS, or the HHS Inspector General may inspect, evaluate, and audit the subcontractor at any time.

Corrective Action Description

ACBHS has updated policy AC-353 to reflect the required language. The updated policy has been implemented and relevant staff have been trained.

Proposed Evidence/Documentation of Correction

Policy AC-353 has been updated to include the required language; the final document is included with this POC. Relevant staff have been trained.

Implementation Timeline: 11/21/19

Requirement

B.II.A- The MHP shall share with the Department or other managed care entities serving the beneficiary the results of any identification and assessment of that beneficiary's needs to prevent duplication of those activities. (MHP Contract, Ex. A, Att.10; 42 C.F.R. & 438.208(b)(4).).

DHCS Finding 5

The MHP did not furnish evidence to demonstrate it complies with MHP Contract, Ex. A, Att.10; 42 C.F.R. § 438.208(b)(4). The MHP shall share with the Department or other managed care entities serving the beneficiary the results of any identification and assessment of that beneficiary's needs to prevent duplication of those activities. (MHP Contract, Ex. A, Att.1 O; 42 C.F.R. § 438.208(b)(4).).

Corrective Action Description

ACBHS has updated policies AC-2075, AC-760, and AC-181 to include the required language. The updated policies have been implemented and relevant staff have been trained.

Proposed Evidence/Documentation of Correction

Policies AC-2075, AC-760, and AC-181 have been updated to include the required language; the final documents are included with this POC. Relevant staff have been trained.

Implementation Timeline: 11/21/19

Requirement

B.II.B- The MHP shall ensure that each provider furnishing services to beneficiaries maintains and shares, as appropriate, a beneficiary health record in accordance with professional standards. (MHP Contract, Ex. A, Att.1 O; 42 C.F.R. & 438.208(b)(5).)

DHCS Finding 6

The MHP did not furnish evidence to demonstrate it complies with MHP Contract, Ex. A, Att.1 O; 42 C.F.R. § 438.208(b)(5). The MHP shall ensure that each provider furnishing services to beneficiaries maintains and shares, as appropriate, a beneficiary health record in accordance with professional standards.

Corrective Action Description

ACBHS has updated policies AC-2075, AC-760, and AC-181 to include the required language. The updated policies have been implemented and relevant staff have been trained.

Proposed Evidence/Documentation of Correction

Policies AC-2075, AC-760, and AC-181 have been updated to include the required language; the final documents are included with this POC. Relevant staff have been trained.

Implementation Timeline: 11/21/19

Requirement

B.II.C.- The MHP shall ensure that, in the course of coordinating care, each beneficiary's privacy is protected in accordance with all federal and state privacy laws, including but not limited to 45 C.F.R. § 160 and § 164, subparts A and E, to the extent that such provisions are applicable. (MHP Contract, Ex. A, Att.10; 42 C.F.R. §438.208(b)(6).)

DHCS Finding 7

The MHP did not furnish evidence to demonstrate it complies with MHP Contract, Ex. A, Att.1 O; 42 C.F.R. § 438.208(b)(6). The MHP shall ensure that, in the course of coordinating care, each beneficiary's privacy is protected in accordance with all federal and state privacy laws, including but not limited to 45 C.F.R. § 160 and § 164, subparts A and E, to the extent that such provisions are applicable.

Corrective Action Description

ACBHS has updated policies AC-2075, AC-760, and AC-181 to include the required language. The updated policies have been implemented and relevant staff have been trained.

Proposed Evidence/Documentation of Correction

Policies AC-2075, AC-760, and AC-181 have been updated to include the required language; the final documents are included with this POC. Relevant staff have been trained.

Implementation Timeline: 11/21/19

Requirement

B.III.B- When the MHP determines that the beneficiary's diagnosis is not included as a SMHS, or is included but would be responsive to physical health care based treatment, the MHP of the beneficiary shall refer the beneficiary in accordance with state regulations. (CCR, tit.9, 1810.415(d).).

DHCS Finding 8

The MHP did not furnish evidence to demonstrate it complies with CCR, tit.9, §1810.415(d). When the MHP determines that the beneficiary's diagnosis is not included as a SMHS, or is included but would be responsive to physical health care based treatment, the MHP of the beneficiary shall refer the beneficiary in accordance with state regulations.

Corrective Action Description

ACBHS has updated policies AC-104 and AC-120 to include this requirement. The updated policies have been implemented and relevant staff have been trained.

Proposed Evidence/Documentation of Correction

Policies AC-104 and AC-120 have been updated to include the required language; the final documents are included with this POC. Relevant staff have been trained.

Implementation Timeline: 11/21/19

Requirement

D.II.GCb - The MHP complies with the following requirements of Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973:

b) A client may choose to use a family member or friend as an interpreter after being informed of the availability of free interpreter services.

DHCS Finding 9

The MHP did not furnish evidence to demonstrate it complies with Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973. A client may choose to use a family member or friend as an interpreter after being informed of the availability of free interpreter services.

Corrective Action Description

ACBHS has updated policy AC-160 and the informational poster to include this requirement. The updated documents have been implemented and relevant staff have been trained.

Proposed Evidence/Documentation of Correction

Policy AC-160 and the poster have been updated to include the required language; the final documents are included with this POC. Relevant staff have been trained.

Implementation Timeline: 11/21/19

Requirement

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

2) The toll-free telephone number provides information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met.

3) The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition.

DHCS Finding 10

DHCS deems the MHP in partial compliance with California Code of Regulations, title 9, sections 1810.405(d) and 1810.410 (e)(1).

Corrective Action Description

Test Call #1

- Training

- ACBHS will provide semi-annual training to staff and the contract provider who responds to the 24/7 line. ACBHS has updated policy AC-180 to reflect the new training frequency.
- Training will focus on requests for services; accessing SMHS; identifying and managing urgent conditions; filing grievances and appeals; and providing information regarding the role of medical necessity in accessing SMHS.
- The initial training will be conducted by December 31, 2019.
- Ongoing Monitoring
 - ACBHS contracts with a partner to conduct a number of random test calls monthly.
 - ACBHS will continue this test call practice with an added emphasis on addressing access, medical necessity, and crisis conditions.
 - The results of the test calls will continue to be reviewed by QI staff and the QIC.

Proposed Evidence/Documentation of Correction

The initial training of staff and the contract provider will be completed by 12/31/2019. Ongoing semi-annual training will be conducted thereafter.

Implementation Timeline: 12/31/19

Requirement

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

2) The toll-free telephone number provides information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met.

3) The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition.

DHCS Finding 11

DHCS deems the MHP in partial compliance with California Code of Regulations, title 9, sections 1810.405(d) and 1810.410 (e)(1).

Corrective Action Description

Test Call #2

- Training
 - ACBHS will provide semi-annual training to staff and the contract provider who responds to the 24/7 line. ACBHS has updated policy AC-180 to reflect the new training frequency.
 - Training will focus on requests for services; accessing SMHS; identifying and managing urgent conditions; filing grievances and appeals; and providing information regarding the role of medical necessity in accessing SMHS.
 - The initial training will be conducted by December 31, 2019.
- Ongoing Monitoring
 - ACBHS contracts with a partner to conduct a number of random test calls monthly.
 - ACBHS will continue this test call practice with an added emphasis on addressing access, medical necessity, and crisis conditions.
 - The results of the test calls will continue to be reviewed by QI staff and the QIC.

Proposed Evidence/Documentation of Correction

The initial training of staff and the contract provider will be completed by 12/31/2019. Ongoing semi-annual training will be conducted thereafter.

Implementation Timeline: 12/31/19

Requirement

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

2) The toll-free telephone number provides information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met.

3) The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition.

DHCS Finding 12

DHCS deems the MHP in partial compliance with California Code of Regulations, title 9, sections 1810.405(d) and 1810.410 (e)(1).

Corrective Action Description

Test Call #3

- Training
 - ACBHS will provide semi-annual training to staff and the contract provider who responds to the 24/7 line. ACBHS has updated policy AC-180 to reflect the new training frequency.
 - Training will focus on requests for services; accessing SMHS; identifying and managing urgent conditions; filing grievances and appeals; and providing information regarding the role of medical necessity in accessing SMHS.
 - The initial training will be conducted by December 31, 2019.
- Ongoing Monitoring
 - ACBHS contracts with a partner to conduct a number of random test calls monthly.
 - ACBHS will continue this test call practice with an added emphasis on addressing access, medical necessity, and crisis conditions.
 - The results of the test calls will continue to be reviewed by QI staff and the QIC.

Proposed Evidence/Documentation of Correction

The initial training of staff and the contract provider will be completed by 12/31/2019. Ongoing semi-annual training will be conducted thereafter.

Implementation Timeline: 12/31/19

Requirement

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

2) The toll-free telephone number provides information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met.

3) The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition.

DHCS Finding 13

DHCS deems the MHP in partial compliance with California Code of Regulations, title 9, sections 1810.405(d) and 1810.410 (e)(1).

Corrective Action Description

Test Call #7

- Training
 - ACBHS will provide semi-annual training to staff and the contract provider who responds to the 24/7 line. ACBHS has updated policy AC-180 to reflect the new training frequency.
 - Training will focus on requests for services; accessing SMHS; identifying and managing urgent conditions; filing grievances and appeals; and providing information regarding the role of medical necessity in accessing SMHS.
 - The initial training will be conducted by December 31, 2019.
- Ongoing Monitoring
 - ACBHS contracts with a partner to conduct a number of random test calls monthly.
 - ACBHS will continue this test call practice with an added emphasis on addressing access, medical necessity, and crisis conditions.
 - The results of the test calls will continue to be reviewed by QI staff and the QIC.

Proposed Evidence/Documentation of Correction

The initial training of staff and the contract provider will be completed by 12/31/2019. Ongoing semi-annual training will be conducted thereafter.

Implementation Timeline: 12/31/19

Requirement

D.VII.C-The CCC completes its Annual Report of CCC activities as required in the CCPR. (CCR title 9, section 1810.410).

DHCS Finding 14

The MHP did not furnish evidence to demonstrate it complies with CCR title 9, section 1810.410. The CCC completes its Annual Report of CCC activities as required in the CCPR.

Corrective Action Description

ACBHS submitted the 2018 Cultural and Linguistic Competence (CLC) Plan with the requested documentation for the Triennial Review. In the body of the document was a

list of activities and trainings that were completed by ACBHS staff in FY 16/17. This information has been pulled from the 2018 CLC Plan and submitted with this POC. In addition, ACBHS has included training evidence for Calendar Year (CY) 2018, which was originally published as a component of the 2019 CLC Plan.

Proposed Evidence/Documentation of Correction

Training evidence for FY 16/17 and CY 2018 is included with the POC.

Implementation Timeline: 11/21/19

Requirement

E.II.A2-The MHP requires providers to request payment authorization for day treatment intensive services at least every 3 months for continuation of Day

Treatment. (CCR, title 9, § 1810.227; CCR, title 9, 1810.216 and 1810.253).

DHCS Finding 15

The MHP did not furnish evidence to demonstrate it complies with CCR, title 9, § 1810.227; CCR, title 9, §1810.216 and 1810.253. The MHP requires providers to request payment authorization for day treatment intensive services at least every 3 months for continuation of Day Treatment.

Corrective Action Description

Existing ACBHS policy AC-670 includes the authorization requirements for Day Treatment.

Proposed Evidence/Documentation of Correction

Policy AC-670 is included with this POC.

Implementation Timeline: 11/21/19

Requirement

F.I.N-The MHP shall ensure that decision makers on grievances and appeals of adverse benefit determinations take into account all comments, documents, records, and other information submitted by the beneficiary or beneficiary's representative, without regard to whether such information was submitted or considered in the initial adverse benefit determination. (MHP Contract, Ex. A, Att. 12; 42 C.F.R. §438.406(b)(2)(iii); 42 C.F.R. § 438.228(a).).

DHCS Finding 16

The MHP did not furnish evidence to demonstrate it complies with MHP Contract, Ex. A, Att. 12; 42 C.F.R. § 438.406(b)(2)(iii); 42 C.F.R. § 438.228(a). The MHP shall ensure that decision makers on grievances and appeals of adverse benefit determinations take into account all comments, documents, records, and other information submitted by the beneficiary or beneficiary's representative, without regard to whether such information was submitted or considered in the initial adverse benefit determination.

Corrective Action Description

ACBHS has updated policy AC-390 to reflect the required language. The updated policy has been implemented and relevant staff have been trained.

Proposed Evidence/Documentation of Correction

Policy AC-390 has been updated to include the required language; the final document is included with this POC. Relevant staff have been trained.

Implementation Timeline: 11/21/19

Requirement

F.1.0-The MHP shall provide the beneficiary and his or her representative the beneficiary's case file, including medical records, other documents and records, and any new or additional evidence considered, relied upon, or generated by the MHP in connection with the appeal of the adverse benefit determination. (MHP Contract, Ex. A, Att. 12; 42 C.F.R. § 438.406(b)(5).).

DHCS Finding 17

The MHP did not furnish evidence to demonstrate it complies with MHP Contract, Ex. A, Att. 12; 42 C.F.R. § 438.406(b)(5). The MHP shall provide the beneficiary and his or her representative the beneficiary's case file, including medical records, other documents and records, and any new or additional evidence considered, relied upon, or generated by the MHP in connection with the appeal of the adverse benefit determination.

Corrective Action Description

ACBHS has updated policy AC-390 to reflect the required language. The updated policy has been implemented and relevant staff have been trained.

Proposed Evidence/Documentation of Correction

Policy AC-390 has been updated to include the required language; the final document is included with this POC. Relevant staff have been trained.

Implementation Timeline: 11/21/19

Requirement

H.A-The MHP must comply with the requirements of W&I Code Sections 14705(c) and 14712(e) regarding timely submission of its annual cost reports.

DHCS Finding 18

The MHP did not furnish evidence to demonstrate it complies with W&I Code Sections 14705(c) and 14712(e). The MHP must comply with the requirements of W&I Code Sections 14705(c) and 14712(e) regarding timely submission of its annual cost reports.

Corrective Action Description

The most recent ACBHS submission of the annual Cost Report was for FY 17/18. We are working with our fiscal consultant to expedite the completion of the FY 18/19 CR, and will submit by February 28, 2020.

Proposed Evidence/Documentation of Correction

We are working with our fiscal consultant to expedite the completion of the FY 18/19 CR, and will submit by February 28, 2020.

Implementation Timeline: 2/28/20

Chart Review**Requirement**

The MHP must establish written standards for (1) timeliness and (2) frequency of the Assessment documentation.

DHCS Finding 2A

Assessments were not completed in accordance with regulatory and contractual requirements, specifically: Two assessments were not completed within the annual update frequency specified in the MHP's written documentation standards.

Corrective Action Description

Standard: BHS will ensure assessments are completed within the annual update frequency requirement.

Training: BHS will provide semi-annual training to clinical staff members who conduct assessments. Training will target the requirements around assessments, including timeliness and frequency. A review of these elements has already been provided to

staff; formal training will be conducted by January 31, 2020. Training will be logged and maintained by QI/Compliance Staff.

Ongoing Monitoring: BHS clinical team will review assessments during bi-monthly clinical team meetings. BHS Clinical Supervisor will monitor assessments during the authorization process and bi-monthly. BHS will provide charts for random review to designated QI staff to conduct a review of assessments and re-assessments for timeliness and frequency.

Proposed Evidence/Documentation of Correction

Policy #AC-117 (Clinical Assessments). No update required. The timeliness and frequency requirement is noted in the current policy.

Policy #AC-409 (Compliance Training and Education). No update required. This policy states staff will receive periodic training on how to perform their jobs in compliance with standards and regulations.

Implementation Timeline: 1/31/20

Requirement

The MHP shall ensure that the following areas are included, as appropriate, as part of a comprehensive beneficiary record when an assessment has been performed:

- a. Presenting Problem
- b. Relevant conditions and psychosocial factors affecting physical and mental health
- c. Mental Health History
- d. Medical History
- e. Medications
- f. Substance Exposure/Substance Use
- g. Client Strengths
- h. Risks
- i. A Mental Status Examination
- j. A Complete Diagnosis
- k. Additional Information as needed

DHCS Finding 2B

One or more of the assessments reviewed did not adequately address all of the elements specified in the MHP Contract.

Corrective Action Description

Standard: BHS will ensure assessments include all required areas, as appropriate, as part of each assessment.

Training: BHS will provide semi-annual training to clinical staff members who conduct assessments. Training will target the requirements around assessments, including all required elements. A review of these elements has already been provided to staff; formal training will be conducted by January 31, 2020. Training will be logged and maintained by QI/Compliance Staff.

Ongoing Monitoring: BHS clinical team will review assessments during bi-monthly clinical team meetings. BHS Clinical Supervisor will monitor assessments during the authorization process and bi-monthly. BHS will provide charts for random review to designated QI staff to conduct a review of the required elements.

Proposed Evidence/Documentation of Correction

Policy #AC-117 (Clinical Assessments). No update required. The timeliness and frequency requirement is noted in the current policy.

Policy #AC-409 (Compliance Training and Education). No update required. This policy states staff will receive periodic training on how to perform their jobs in compliance with standards and regulations.

Implementation Timeline: 1/31/20

Requirement

The provider obtains and retains a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication.

DHCS Finding 3A

The provider did not obtain and retain a current written medication consent form signed by the beneficiary agreeing to the administration of every prescribed psychiatric medication.

Corrective Action Description

Standard: BHS will provide medication consents for all medications prescribed to the beneficiary during each psychiatric session. All medication consents will be signed by the beneficiary.

Training: BHS will provide training to staff members who complete this process. Training will focus on obtaining a signed consent form that lists every prescribed psychiatric medication.

Ongoing Monitoring: BHS Clinical Supervisor will monitor this process and associated forms during random chart reviews conducted quarterly.

Proposed Evidence/Documentation of Correction

The Medication Consent was updated to include all required elements. The updated document is included with this POC as evidence.

Policy #AC-118 (Consent for Services and Treatment with Medications). No update required. This policy states consents will be signed when medication is prescribed or changed, and annually for each medication.

Policy #AC-409 (Compliance Training and Education). No update required. This policy states staff will receive periodic training on how to perform their jobs in compliance with standards and regulations.

Implementation Timeline: 1/31/20

Requirement

Medication consent for psychiatric medications shall include the following required elements:

- a. Reasons for medications
- b. Reasonable alternative treatments
- c. Type of medication
- d. Range of frequency
- e. Dosage
- f. Method of administration
- g. Duration
- h. Probable side effects
- i. Possible side effects
- j. Consent once given may be withdrawn

DHCS Finding 3B

Written medication consents did not contain all of the required elements specified in the MHP Contract with the Department.

Corrective Action Description

Standard: BHS will provide medication consents for all medications prescribed to the beneficiary during each psychiatric session. All medication consents will be signed by the beneficiary.

Training: BHS will provide training to staff members who complete this process. Training will focus on completing all of the required elements of the medication consent form.

Ongoing Monitoring: BHS Clinical Supervisor will monitor this process and associated forms during random chart reviews conducted quarterly.

Proposed Evidence/Documentation of Correction

The Medication Consent was updated to include all required elements. The updated document is included with this POC as evidence.

Policy #AC-118 (Consent for Services and Treatment with Medications). No update required. This policy states consents will be signed when medication is prescribed or changed, and annually for each medication.

Policy #AC-409 (Compliance Training and Education). No update required. This policy states staff will receive periodic training on how to perform their jobs in compliance with standards and regulations.

Implementation Timeline: 1/31/20

Requirement

All entries in the beneficiary record shall include:

- a. Date of service
- b. Signature of person providing the service (or electronic equivalent)
- c. Type of professional degree, licensure, or job title of the person providing the service
- d. Date the documentation was entered into the medical record

DHCS Finding 3C

Medication consents in the chart sample did not include the signature of the person providing the service that includes the person's professional degree, licensure, or job title.

Corrective Action Description

Standard: Medication consents were revised to provide the signature of the qualified person with the professional degree, licensure and title of the person providing the service. The revised form also provides the date that the signature was completed and the document is entered into the Electronic Health Record (EHR).

Training: None required, as the prescribing telehealth doctor is the individual signing the forms.

Ongoing Monitoring: BHS Clinical Supervisor monitors this process and associated forms during random chart reviews conducted quarterly.

Proposed Evidence/Documentation of Correction

The Medication Consent was updated to include all required elements. The updated document is included with this POC as evidence.

Policy #AC-118 (Consent for Services and Treatment with Medications). No update required. This policy states the signature of the person providing the service will be included on the form.

Implementation Timeline: 5/31/19

Requirement

The MHP shall implement mechanisms to monitor the safety and effectiveness of medication practices. The monitoring mechanism shall be:

- a. Under the supervision of a person licensed to prescribe or dispense medication
- b. Performed at least annually
- c. Inclusive of medications prescribed to adults and youth

DHCS Finding 3D

The MHP did not furnish evidence that it has an ongoing mechanism for monitoring and ensuring the safety and effectiveness of its Telepsychiatry medication practices.

Corrective Action Description

Standard: ACBHS will obtain medication monitoring report from contracted provider to ensure that mechanisms are in place for monitoring the safety and effectiveness of its Telepsychiatry practices. In addition, BHS will follow the existing policy AC-815 detailing the medication monitoring guidelines (lab work) and timelines.

Training: None required.

Ongoing Monitoring: ACBHS will request this report semi-annually from contracted provider.

Proposed Evidence/Documentation of Correction

Policy #AC-815 (Prescribing and Monitoring the Use of Psychotropic Medications). No update required. This policy details the medication monitoring guidelines.

Implementation Timeline: 11/27/19

Requirement

Services shall be provided, in accordance with the State Plan, to beneficiaries, who meet medically necessity criteria, based on the beneficiary's need for services established by an assessment and documented in the client plan. Services shall be provided in an amount, duration, and scope as specified in the individualized Client Plan for each beneficiary. The client plan shall be updated at least annually, or when there are significant changes in the beneficiary's condition.

DHCS Finding 4A

Client plans were not completed prior to the delivery of planned services and/or were not updated at least annually or reviewed and updated when there was a significant change in the beneficiary's condition (as required in the MHP Contract with the Department).

Corrective Action Description

Standard: BHS will complete all treatment plans in a timely manner, and prior to services offered within the plan. BHS Clinical Supervisor will review update of treatment plans with the clinical team when a crisis or special event occurred that affected the beneficiary's mental health status.

Training: The BHS Clinical Team reviewed this process, but will complete a more formal training by the expected date of completion.

Ongoing Monitoring: Treatment plans will be monitored by the Clinical Supervisor and Administrative Assistant III in charge of scheduling for plan completion prior to scheduling of services. The Clinical Supervisor will monitor update of treatment plans after Clinical Team Meetings where these events are presented. The Clinical Supervisor will monitor communication with physicians and subsequent update of treatment plans.

Proposed Evidence/Documentation of Correction

Policy #AC-303 (Client Treatment Plans). No update required. This policy details treatment plan timelines.

Implementation Timeline: 1/31/20

Requirement

The MHP shall ensure that client plans:

- a. Have a 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
- b. Identify the proposed type(s) of intervention/modality including a detailed description of the intervention to be provided
- c. Have a proposed frequency of intervention(s)
- d. Have a proposed duration of intervention(s)
- e. Have interventions that focus on and address the identified functional impairments as a result of the mental disorder
- f. Have interventions that are consistent with the client plan goals
- g. Be consistent with the qualifying diagnosis

DHCS Finding 4C

Client plans did not include all of the required elements specified in the MHP Contract.

Corrective Action Description

Standards: Clinical staff members will provide all necessary criteria to meet this regulation when completing treatment plans.

Training: The BSH Clinical Team reviewed this finding following the audit, but will complete a more formal training by the expected date of completion.

Ongoing Monitoring: The Clinical Supervisor will monitor all Client Plans to ensure that all requirements are met.

Proposed Evidence/Documentation of Correction

Policy #AC-303 (Client Treatment Plans). No update required. This policy details required elements in treatment plans.

Implementation Timeline: 1/31/19

Requirement

The MHP shall ensure that 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. Items that shall be contained in the client records related to the beneficiary's progress in treatment include: a) Timely

documentation of relevant aspects of beneficiary care, including documentation of medical necessity; b) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions; c) Interventions applied, beneficiary's response to the interventions and the location of the interventions; d) The date the services were provided; e) Documentation of referrals to community resources and other agencies; f) Documentation of follow-up care, or as appropriate, a discharge summary; g) The amount of time taken to provide services; and h) The signature of the person providing the service (or electronic equivalent), the person's type of professional degree, licensure, or job title

DHCS Finding 5B

Progress notes did not include timely documentation of relevant aspects of beneficiary care, including documentation of medical necessity, as required in the MHP Contract. One or more progress notes were not completed within the timeliness and/or frequency standards in accordance with the MHP Contract and the MHP's written documentation standards.

Corrective Action Description

Standard: The Clinical Team will provide all necessary criteria and will ensure that Progress Notes are completed within the required timelines.

Training: The BHS Clinical Team reviewed this finding following the audit, but will complete a more formal training by the expected date of completion.

Ongoing Monitoring: The Clinical Supervisor will monitor all progress notes to ensure that all necessary elements are provided and required timelines are met to meet this requirement.

Proposed Evidence/Documentation of Correction

Policy #AC-302 (Progress Notes). No update required. This policy details all of the required elements and timelines.

Implementation Timeline: 1/31/20

Requirement

When services are being provided to, or on behalf of, a beneficiary by two or more persons at one point in time, do the progress notes include:

- a. Documentation of each person's involvement in the context of the mental health needs of the beneficiary
- b. The exact number of minutes used by persons providing the service

- c. Signature(s) of persons providing the services

DHCS Finding 5C

Documentation of services being provided to, or on behalf of, two or more beneficiaries at one point in time did not include all required components.

Corrective Action Description

Standard: All required components will be included in progress notes.

Additional Information: The component in question for this requirement was #b (the exact number of minutes used by person providing the service). In the notes reviewed, both the clinician, Janet Stevens, and the AOD Specialist, Misty Dee, are noted as providers of the service. Janet Stevens is the primary documenter of the note as she is the SMHS provider. Due to system limitations, it is not possible to split the time between two providers; rather the time is shown solely under the primary documenter. This finding was discussed during the audit. In fact, the group notes DO represent the number of beneficiaries who participated in the group, as well as the number of persons providing the service. This element is noted in the ENCOUNTER of each group billing. BHS has discussed this process with the HER provider (Kingsview), and confirmed that the notes reflect participation for all members of the group, those members who did not attend group during that scheduled time, and billing for only those members in attendance. The attached email, dated 11/5/19 from Kingsview, explains the system barrier relating to this finding.

Training: None at this time. This is a Cerner billing limitation.

Ongoing Monitoring: The Clinical Supervisor will monitor all progress notes to ensure that all necessary elements are provided and required timelines are met to meet this requirement, as allowed in the Cerner system.

Proposed Evidence/Documentation of Correction

Email from Kingsview dated 11/5/19.

Implementation Timeline: N/A

Requirement

Progress notes shall be documented at the frequency and type of service indicated below:

- a. Every service contract:
 - I. Mental Health services
 - II. Medication Support

- III. Crisis Intervention
- IV. Targeted Case Management
- b. Daily:
 - I. Crisis Residential
 - II. Crisis Stabilization
 - III. Day Treatment Intensive
- c. Weekly:
 - I. Day Treatment Intensive: a clinical summary reviewed and signed by a physician, a licensed/waivered psychologist, clinical social worker, or marriage and family therapist, or a registered nurse who is either staff to the day treatment intensive program or the person directing the service
 - II. Day Rehabilitation
 - III. Adult Residential

DHCS Finding 5D

Progress notes were not documented according to the requirements specified in the MP Contract.

Corrective Action Description

Standard: ACBHS will ensure that Progress Notes are documented at the frequency and type of service as indicated.

Training: ACBHS Clinical Team reviewed this finding and additional codes to satisfy this requirement were added to service codes following the audit, but will complete a more formal training by the expected date of completion.

Ongoing Monitoring: Billing staff will monitor this element to ensure that services are coded as required.

Proposed Evidence/Documentation of Correction

Policy #AC-302 (Progress Notes). No update required. This policy details all of the required elements.

Implementation Timeline: 1/31/19

Requirement

The MHP must make individualized determinations of each child’s/youth’s need for ICC and IHBS, based on the child’s/youth’s strengths and needs.

DHCS Finding 6A

The MHP did not furnish evidence that it has a standard procedure for providing individualized determinations of eligibility for ICC services and IHBS for beneficiaries under at 22 years that is based on their strengths and needs.

The medical record associated with the following line numbers did not contain evidence that the beneficiary received an individualized determination of eligibility and need for IHBS and/or ICC services:

- I. Line numbers 6, 7, 8, 9 and 10

Corrective Action Description

Standard: BHS will make individualized determinations of each child's/youth's need for ICC and IHBS, based on the child's/youth's strengths and needs

Training: Training will be provided to ensure that beneficiaries under age 22 are receiving an assessment/re-assessment for ICC and IHBS at least every 90 days to determine eligibility and the need for these services.

Ongoing Monitoring: The Clinical Supervisor will monitor this procedure and relevant documentation (assessments and Progress Notes) for adherence to this standard.

Proposed Evidence/Documentation of Correction

Policy #AC-117 has been updated with the requirement. The updated document has been included with this POC as evidence.

Policy #AC-392 has been updated with the requirement. The updated document has been included with this POC as evidence.

Implementation Timeline: 1/31/20

Requirement

The ICC Coordinator and the CFT should reassess the strengths and needs of children and youth, and their families, at least every 90 days, and as needed.

DHCS Finding 6B

The MHP did not furnish evidence that it has a procedure for reassessing the strengths and needs of children, youth and their families, at least every 90 days, for the purpose of determining if IHBS and/or ICC services should be added or modified

The medical record for the following line numbers did not contain evidence that the MHP had reassessed the strengths and needs of the beneficiary, at least every 90 days, for the purpose of determining if IHBS and/or ICC services should be added or modified:

II. Line numbers 6, 7, 8, 9 and 10

Corrective Action Description

Standard: BHS will reassess the strengths and needs of children and youth, and their families, at least every 90 days, and as needed, to determine ICC/IHBS services.

Training: Training will be provided to ensure that beneficiaries under age 22 are receiving an assessment/re-assessment for ICC and IHBS at least every 90 days to determine eligibility and the need for ICC/IHBS services.

Ongoing Monitoring: The Clinical Supervisor will monitor this procedure and relevant documentation (assessments and Progress Notes) for adherence to this standard.

Proposed Evidence/Documentation of Correction

Policy #AC-117 has been updated with the requirement. The updated document has been included with this POC as evidence.

Policy #AC-392 has been updated with the requirement. The updated document has been included with this POC as evidence.

Implementation Timeline: 1/31/20