

Butte County Behavioral Health
Fiscal Year (FY) 21/22 Specialty Mental Health Triennial Review
Corrective Action Plan

Chart Review

Requirement:

Assessment

One or more of the assessments reviewed did not include the signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, job title, or the date the documentation was entered into the medical record. Specifically:

- The type of professional degree, licensure, or job title of person providing the service: **Line number 4.**

The MHP shall submit a CAP that describes how the MHP will ensure that all documentation includes:

- 1) The signature (or electronic equivalent) with the professional degree, licensure or title of the person providing the service.
- 2) The signature of the qualified person (or electronic equivalent) with the professional degree, licensure or title of the person providing the service.

DHCS Finding Number: 8.2.3

Corrective Action Description (including requirements for contracted providers if appropriate):

Previously, QM lacked a clear protocol for addressing situations in which signatures or credentials are missing from documentation. To resolve this CAP BCDBH will:

- Update P&P 201 or create new P&P to include protocols for line staff, Supervisors, Program Managers, Medical Staff and prescribing providers, and QM staff to follow in instances a missing signature or professional degrees, licensure, or title are identified
 - This will include mandates to contact and follow up with IT/Avtar Help Desk to ensure missing signature or other identifying elements are corrected
- Update to Outpatient Mental Health Chart Review tool to ensure these elements are noted. Updated P&P will address how QM staff and/or the staff member, Supervisor, and Program Manager will respond to rectify missing signature,

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professional degrees, licensure, or title in the context of chart reviews, both for BCDBH and contractor staff.

Proposed Evidence/Documentation of Correction:

- Updated or new P&P
- Updated Chart Review tool

Ongoing Monitoring (if included):

None

Person Responsible & Job Title:

Anna Smith, LCSW, QM Clinician, Documentation Coordinator

Implementation Timeline: Complete by 01/03/23

- 12/30/2022 - Updated or new P&P
- 12/30/2022 - Updated Outpatient Mental Health Chart Review tool

Requirement:

Medication Consent

The provider did not obtain and retain a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication, and there was no documentation in the medical record of a written explanation regarding the beneficiary's refusal or unavailability to sign the medication consent:

- 1) **Line number 2:** There was no written medication consent form found in the medical record covering the review period. *During the review, MHP staff was given the opportunity to locate the missing medication consent form but was unable to locate it in the medical record. The MHP has since completed a medical consent for all prescribed medications for this beneficiary; albeit following the review period on 4/25/2022.*

The MHP shall submit a CAP to address actions it will implement to ensure the following:

- 1) A written medication consent form is obtained and retained for each medication prescribed and administered under the direction of the MHP.
- 2) Written medication consent forms are completed in accordance with the MHP's written documentation standards.

DHCS Finding Number: 8.3.1

Corrective Action Description (including requirements for contracted providers if appropriate):

BCDBH has already begun taking steps to improve Medication Consent compliance. During the June 2022 Medical Subcommittee, QM reviewed the elements prescribing providers are required to review with clients according to the Medication Consent, reminded prescribing providers of their responsibility to coordinate with clinic-site staff regarding signatures, and prompted more thorough documentation of the elements on the Medication Consent reviewed with each client.

BCDBH is in the process of approving an updated Psychiatric Peer Review tool to capture more types of Medication Consent deficiency, in addition to improving data gathering for other required medical/psychiatric chart elements. This will allow more targeted data gathering related to Medication Consent deficiencies and provide for more targeted QM Required Actions resulting from Psychiatric Peer Reviews. BCDBH's Psychiatric Chart Review corrective actions will become more robust with implementation of the new tool and QM process of issuing QM Corrective Actions on selected chart deficiency elements, including all those related to Medication Consent.

Proposed Evidence/Documentation of Correction:

- 6 22 Medical Subcommittee QM Report PDF demonstrating review of Med Consent required signatures, required elements to be provided to client, and prompt for more thorough documentation of Medication Consent review with clients.
- Updated Psychiatric Peer Review tool that captures additional data and prompts corrective action on a variety of chart deficiencies, including those related to Medication Consent
- Implementation of updated Psychiatric Peer Review tool for medication chart reviews.
- Update of Access Database to reflect new Psychiatric Peer Review tool elements and creation of new reports from those elements
- Medical Subcommittee reports/agendas including data and corrections related to Medication Consent elements from updated Psychiatric Peer Review tool

Ongoing Monitoring (if included):

Elements of Medication Consent deficiency/compliance rates will continue to be reported at monthly Medical Subcommittee meetings and at QIC meetings. QM Corrective actions demonstrating BCDBH actions taken to rectify Medication Consent deficiencies will be monitored on ongoing basis and quarterly.

Person Responsible & Job Title:

Anna Smith, LCSW, QM Clinician, Documentation Coordinator

Implementation Timeline: Complete by 02/06/23

- 9/12/2022 – 6 22 Medical Subcommittee QM Report PDF
- 11/30/2022 – Updated Psychiatric Peer Review tool
- 12/01/2022 – Implementation of updated Psychiatric Peer Review tool for medication chart reviews.
- 12/30/2022 – Access Database updated to new Psychiatric Peer Review elements; new reports functional
- 2/06/2023 Medical Subcommittee agenda/report

Requirement:

Written medication consents did not contain all of the required elements specified in the MHP Contract with the Department. The following required elements were not documented on the medication consent form, and/or documented to have been reviewed with the beneficiary, and/or provided in accompanying written materials to the beneficiary:

- 1) Type of medication: **Line number 6.**
- 2) Consent once given may be withdrawn at any time: **Line numbers 1, 4, and 9.**

The MHP shall submit a CAP that describes how the MHP will ensure that every medication consent process addresses all of the required elements specified in the MHP Contract with the Department.

DHCS Finding Number: 8.3.2

Corrective Action Description (including requirements for contracted providers if appropriate):

BCDBH has already begun taking steps to improve how our system of care completes and documents Medication Consent compliance. During the June 2022 Medical Subcommittee, QM reviewed the elements prescribing providers are required to review with clients and the importance of Medication Consents being complete and up to date.

As informed by this CAP, BCDBH has updated EHR Medication Consent form and report to include that client consent once given may be withdrawn at any time.

Proposed Evidence/Documentation of Correction:

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- 6 22 Medical Subcommittee QM Report – QM reminded prescribing staff of the importance of accurately completing all parts of the Medication Consent
- Update to EHR’s Medication Consent form

Person Responsible & Job Title:

Anna Smith, LCSW, QM Clinician, Documentation Coordinator

Implementation Timeline: Complete

- 9/12/2022 – 6 22 Medical Subcommittee QM Report
- 9/12/2022 – Update to EHR’s Medication Consent form – Memo & Screenshot

Requirement:

Progress Notes

Progress notes did not include all required elements specified in the MHP Contract, and/or were not in accordance with the MHP’s written documentation standards. Specifically:

- **Line numbers 2 and 10.** One or more progress note was not completed within the MHP’s written timeliness standard of 7 business days after provision of service. Nine (3.8 percent) out of all progress notes reviewed were completed late (96.2% compliance).

The MHP shall submit a CAP that describes how the MHP will ensure that the MHP has written documentation standards for progress notes, including timeliness and frequency, as required by the MHP Contract with the Department, and how it will ensure timely completion of all progress notes.

DHCS Finding Number: 8.5.1

Corrective Action Description (including requirements for contracted providers if appropriate):

Per BHIN 22-019, as of 7/01/2022 the required timeframe for progress notes is now three business days. BCDBH, like many other agencies, faces staffing limitations that make documentation timelines difficult to meet, however BCDBH is pivoting its progress note training methods and guidance to support staff in adjusting to the new three business day limit. Contracting agencies have not demonstrated difficulty meeting either the seven day timeframe or the three day timeframe.

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BCDBH has already begun teaching staff about the three day limit, including in an agency-wide email and during individual clinic/site CalAIM meetings. Additionally, the Clinical Documentation Training attended by all new direct services staff and annually to non-new direct services staff has been updated to reflect the three day limit.

BCDBH will create and provide

- Progress note training of new CalAIM requirements including the three day limit and strategies to streamline progress note documentation

BCDBH will continue to monitor late progress notes during chart review and take disciplinary action as appropriate to support staff in developing documentation habits that meet CalAIM documentation requirements.

Proposed Evidence/Documentation of Correction:

- All Staff email sent 7/01/22, “Memo from QM Regarding No Wrong Door”
- Updated Mental Health Outpatient Clinical Documentation Training
- Update of Outpatient Mental Health Chart Review tool from seven day due date of progress notes to three days

Ongoing Monitoring (if included):

BCDCH is fortunate to have a well-established and robust Outpatient Mental Health Chart Review process. During the last fiscal year, BCDBH’s SPRE team was able to add even more utility to this system by creating an Access Database to capture the data elements from paper chart reviews completed by Program Managers, Supervisors, and QM staff. This improvement allows us to track chart deficiencies and strengths in more specificity and detail, providing QM and training staff opportunities to deliver more targeted and timely trainings to staff. The new three day timeframe for progress notes will be included in our Chart Review process and it, along with the other elements of Chart Reviews, will continue to be collected and monitored with the results presented at monthly Documentation Subcommittee and quarterly at Quality Improvement Committee meetings.

Person Responsible & Job Title:

Anna Smith, LCSW, QM Clinician, Documentation Coordinator

Implementation Timeline: Complete by 1/3/23

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- 9/12/22 – All Staff email sent 7/01/22, “Memo from QM Regarding No Wrong Door”
- 9/12/2022 – initial use of updated Mental Health Outpatient Clinical Documentation Training Powerpoint with three day rule included
- 12/30/2022 – Update of Outpatient Mental Health chart review tool from seven day due date of progress notes to three days

Requirement:

Progress notes were not documented according to the contractual requirements specified in the MHP Contract. Specifically:

- **Line number 4:** For Mental Health Services claimed, the service activity (e.g., Assessment, Plan Development, Rehab) identified on the progress note was not consistent with the specific service activity actually documented in the body of the progress note. The content of Individual Therapy Progress Notes dated 5/5/2021, 5/12/2021, 5/26/2021, and 6/23/2021, read as Plan Development and not Individual Therapy. The MHP stated during the Virtual Onsite Review that this is how they have trained their staff to bill for no-shows when a substantial amount of time was spent on chart review and the client subsequently no-showed for the scheduled appointment.

The MHP shall submit a CAP that describes how the MHP will:

- 1) Ensure that all Specialty Mental Health Services claimed are:
 - a) Documented in the medical record.
 - b) Claimed for the correct service modality billing code, and units of time.

DHCS Finding Number: 8.5.3

Corrective Action Description (including requirements for contracted providers if appropriate):

Fortunately, BCDBH already implemented updating the chart review billing guidance with staff both in a Memo form to all staff and the Outpatient Mental Health Clinical Documentation Training beginning in February of 2022. More broadly, in an effort to increase accuracy of code selection by staff and improve access to service code information, QM issued a user-friendly spreadsheet with all currently in use service codes with their descriptions, general notes on the codes, and the scope of practice for each service type. BCDBH’s comprehensive chart review system includes evaluation of documentation service codes against the recorded service details and feedback or corrections are issued depending on the nature of the documentation error. Our chart

review system will continue to support staff in learning and using correct services codes generally and the Plan Development note for chart review specifically.

Proposed Evidence/Documentation of Correction:

- Memo 2/8/22 “Plan Development and Chart Review Billing”
- Trainings
 - Evidence of Chart Review Billing training in Outpatient Mental Health Clinical Documentation training (taken by BCDBH and Contractor staff)
 - Evidence of training prescribing providers on Chart Review Billing
- Comprehensive list of Service Codes with Scope of Practice
- Section of updated Outpatient Mental Health Clinical Documentation Manual

Ongoing Monitoring (if included):

Ongoing chart review procedures as they currently exist.

Person Responsible & Job Title:

Anna Smith, LCSW, QM Clinician, Documentation Coordinator

Implementation Timeline: Complete by 1/3/23

- 9/12/2022 – Copy of Memo to all staff (prescribing providers, counselors, medical staff, clinical staff) “Plan Development and Chart Review Billing”
- 9/12/22 - Trainings
 - 3/15/2022 – First usage of updated Outpatient Mental Health Clinical Documentation training with slide devoted to Chart Review Billing
 - 8/22/2022 – Evidence of training prescribing providers on Chart Review Billing practices
- 9/12/22 – Service Code and Scope of Practice resource uploaded to Avatar Homeworld, Copy of All Staff email 5/31/22 announced this resource and where to find
- 12/30/22 – Section of updated Outpatient Mental Health Clinical Documentation Manual

Requirement:

Provision of ICC Services and IHBS for Children and Youth

- 1) 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 ICC services and IHBS, and that if appropriate, such services were included in their Client Plan.

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MHP staff indicated that they utilize the Child and Adolescent Needs and Strengths (CANS) in order to assess for the need for ICC/IHBS services; however, they reported that during the review period, not all youth beneficiaries were receiving an individualized determination of eligibility and need for ICC/IHBS services. *Lastly, it should be noted that the MHP was given the opportunity to locate evidence of any formal (or informal) determination for the need for ICC/IHBS services; however, the MHP was unable to locate it in the medical record for the following:*

- **Line numbers 6, 8, 9, and 10.**

The MHP shall submit a CAP that describes how it will ensure that:

- 1) Training is provided to all staff and contract providers who have the responsibility for determining eligibility and need for ICC and IBHS.
- 2) Each beneficiary under age 22** who is authorized to receive Specialty Mental Health Services also receives an individualized determination of eligibility and need for ICC Service and IHBS prior to or during the development of the beneficiary's Initial Client Plan. (****Per BHIN 21-058 beneficiaries under 21, not 22**)

DHCS Finding Number: 8.6.1

Corrective Action Description (including requirements for contracted providers if appropriate):

BCDBH proposes to address this deficiency through a combination of clarifying and updating policies, updating the Outpatient Mental Health Clinical Documentation Training, and including 1-2 ICC/IHBS questions on an updated Outpatient Mental Health Chart Review tool. Policy and Procedure updates will allow us to clearly delineate the responsibilities for assessing all under 21 year old individuals for ICC/IHBS and associated documentation and service provision expectations. In addition to BHIN 21-058, the P&P will inform training and chart review to ensure all staff understand and implement ICC and IHBS need assessments with all under 21 year old clients.

Proposed Evidence/Documentation of Correction:

- All Staff & contractor emails with Memo: "Claiming for Intensive Youth Services" instructing all staff and contractor providers of responsibility for evaluating and determining eligibility of all youth to ICC, IHBS, TFC.
- Update to P&P or creation of new P&P outlining assessment requirements related to ICC and IHBS and procedure to assess for ICC and IHBS per BHIN 21-058 and the Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries.

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- Update to Outpatient Mental Health Clinical Documentation Training to include requirements for assessment of under 21 year old clients for ICC and IHBS as well the process to do so, citing new or updated P&P, BHIN 21-058, and the Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries.
- Update to and implementation of Outpatient Mental Health Chart Review tool to include whether chart documents if clients under 21 years old have been assessed for ICC/IHBS
- Access Database for Outpatient Mental Health Chart Review will be updated to include ICC/IHBS element and reports will include ICC/IHBS element

Ongoing Monitoring (if included):

Ongoing monitoring of ICC/IHBS assessment will be accomplished by including an ICC/IHBS assessment element on the Outpatient Mental Health Chart Review tool. Chart reviews and the resulting data and reports will indicate compliance with the requirement to assess beneficiaries under 21 for ICC/IHBS during the assessment phase of client treatment. Depending on the data, Corrective Actions and/or trainings will be instituted to support staff in meeting this regulation.

Person Responsible & Job Title:

Anna Smith, LCSW, QM Clinician, Documentation Coordinator

Implementation Timeline: Complete by 2/6/23

- 9/30/2021 - All Staff & contractor emails with Memo: “Claiming for Intensive Youth Services” instructing all staff and contractor providers of responsibility for evaluating and determining eligibility of all youth to ICC, IHBS, TFC
- 12/30/2022 – Update to or creation of new P&P
- 12/30/2022 – Update to Outpatient Mental Health Clinical Documentation Training
- 12/30/2022 – Update of Outpatient Mental Health Chart Review tool complete
- 01/20/23 – Implementation of new Outpatient Mental Health Chart Review tool in monthly standard chart review procedure
- 02/01/2023 – Access Database for Outpatient Mental Health Chart Review elements and ability to run reports on that data complete – Screenshots of both