Contra Costa Mental Health Plan (CCMHP)
Triennial Review FY 2019/2020 Corrective Action Plan

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES: Item 1, QUESTION A.VII.A2D

DHCS FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 1, and California Code of Regulations, title 9, section 1810, subdivision 310. ***The MHP must comply with the provisions of the MHP's Implementation Plan as approved by the Department.*** The MHP submitted the following documentation as evidence of compliance with this requirement:

• Contra Costa Mental Health Implementation Plan March 2019

• Updated Implementation Plan

While the MHP submitted evidence to demonstrate compliance with this requirement, ***it is not evident that the MHP had a process for providing clinical consultation and training to beneficiaries' primary care physicians and other physical health care providers in place prior to the updated Implementation Plan submitted after the triennial review.***

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 1, and California Code of Regulations, title 9, section 1810, subdivision 310. The MHP must complete a CAP addressing this finding of non-compliance.

CCMHP CORRECTIVE ACTION PLAN – RESPONSE

During the Triennial audit, CCMHP provided documentation to support clinical consultation such as:

- Medication Practice Guidelines for the use of Benzodiazepine Medications,
- Pharmacologic Products Guide: FDA-Approved Medications for Smoking Cessation,
- Drug Interactions – Consultation and Family Doctor training – Brochure and informing Materials,
- Drugs that May Cause False-Positive Results in Immunoassay Testing,
- Improving the Quality of Care: Risks Associated with Use of Gabapentin
- Medication – Duration of time for Detection of Drugs After Ingestion

In addition, CCMHP furnished sign in sheets for the Pharmacy & Therapeutic Committee Meeting and an agenda from the Fostering Health Collaborative meeting. During the Triennial audit session, a workflow was provided for consultation using the Amion system to engage primary care providers with CCMHP psychiatrists (See attachment Psychotropic Medication Consultation to Primary Care Workflow).

 Corrective Action Item: In an effort to establish a process for providing consultation and training to beneficiaries' primary care physicians and other physical health providers CCMHP will furnish a checklist of items that correspond to trainings held with

physical health care providers. The checklist will include the date and time of the training held, agendas, minutes and power point presentations prepared for the training. In addition, and to support the current virtual environment, trainings held via a secure video platform such as Microsoft Teams or Zoom will include a picture snapshot of all health care provider attendees to document the session. The trainings will include both physical and psychiatric health care providers to encourage consistency in information sharing, learning, and coordination of care across the health system.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

CARE COORDINATION AND CONTINUITY OF CARE: Item 2, QUESTION B.I.A2

DHCS FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP Contract, exhibit A, attachment 10, and Federal Code of Regulations, title 42, section 438, subdivision 208(b)(1). ***The MHP must ensure the beneficiary is provided information on how to contact their designated person or entity.***

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Policy 571
- Updated Policy 571

While the MHP submitted evidence to demonstrate compliance with this requirement, ***it is not evident in the policy that the MHP ensures a beneficiary is provided information on how to contact their designated person who is responsible for coordinating services.***

Furthermore, the updated policy was not in place prior to the triennial review. In addition, no evidence was provided to demonstrate the practice that beneficiaries are made aware of how to contact the designated person. DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 10, and Federal Code of Regulations, title 42, section 438, subdivision 208(b)(1). The MHP must complete a CAP addressing this finding of non-compliance.

CCMHP CORRECTIVE ACTION PLAN – RESPONSE

Corrective Action Item: CCMHP has developed a ***Care Coordinator Notification Form*** that will be provided to the beneficiary at the completion of the initial intake (See attachment Care Coordinator Notification Form).

Completion Date: 30 days from DHCS approval of the Corrective Action Plan.

Corrective Action Item: The Care Coordinator Notification Form will provide beneficiaries' information on the designated person who is responsible for coordinating services. The beneficiary will be able to contact this person when they have questions about the coordination of their care. At intake, the intake clinician will complete the form and provide it to the client as part of the welcoming materials included in the CCMHP Welcoming Packet (See attachment Contra Costa Behavioral Health Welcoming Packet). The form will include the name and contact information of the client's Care Coordinator.

Completion Date: Staff will be notified and trained on the above plan within 30 days of DHCS approval of the Corrective Action Plan.

Corrective Action Item: Policy 857 will be updated to reflect the addition of the Care Coordinator Notification Form.

Completion Date: 60 days from DHCS approval of the Corrective Action Plan.

ACCESS AND INFORMATION REQUIREMENTS: Item 3, QUESTION D.IV.D15

DHCS FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(h)(1)(v), California Code of Regulations, title 9, chapter 11, section 1810, subdivision 410, and Mental Health and Substance Use Disorder Services, Information Notice, No. 18020. ***The MHP provider directory must contain all the elements.***

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Provider Directory
- Contra Costa post review explanation submission
- Fee for service provider cultural competency training excel log

While the MHP submitted evidence to demonstrate compliance with this requirement, the provider directory did not contain information to indicate that cultural competence training was completed by fee for service providers, which is a required element of the provider directory.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(h)(1)(v), California Code of Regulations, title 9, chapter 11, section 1810, subdivision 410, and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-020. The MHP must complete a CAP addressing this finding of non-compliance.

CCMHP CORRECTIVE ACTION PLAN – RESPONSE

CCMHP network providers are responsible for completing an annual Cultural Competency training. CCMHP network providers may submit verification of training from our online vendor source or any other outside training source as long as the training meets our cultural competency requirement.

CCMHP regularly monitors data network providers (aka fee for service providers) to ensure accurate data. CCMHP providers who take the online training attest to completion of the training and the attestation indicator is included in the tracking report. CCMHP discovered that the automated tracking report was inaccurate and underreporting completion of the online training of network providers.

 Corrective Action Item: CCMHP updated the tracking system to accurately track completed training of its network providers. CCMHP will continue to monitor the data regularly and identify any potential problems.

Completion Date: Complete

 Corrective Action Item: CCMHP sent targeted emails to all network providers missing a current Cultural Competency Training date reminding them of the need to submit verification of an updated Cultural Competency training. To date, 80% of CCMHP network providers are currently in compliance with the Cultural Competency training requirement. This is an increase of 28% from the information submitted for the Triennial Review. Network providers who do not complete the Cultural Competency Training requirement within 2 months of the expiration date of their previous training date will have claims withheld until completion of a current training.

Completion Date: Complete

 Corrective Action Item: Monthly, a "Provider Directory Update" spreadsheet is submitted to CCMHP's Provider Services unit. In turn, CCMHP's Provider Services unit uses the information to update the Provider Directory each month. A training compliance field has been added to the spreadsheet.

Completion Date: Complete

 Corrective Action Item: CCMHP will assign a dedicated staff to contact providers to ensure compliance. Once the staff is identified, their supervisor will provide training on the information to be provided during the call. Providers will be reminded to update their Cultural Competency Training 2 months before the expiration of their current Cultural Competency Training date.

Completion Date: 30 days from DHCS approval of the Corrective Action Plan

ACCESS AND INFORMATION REQUIREMENTS: Item 4, QUESTION D.VI.B 1-4

DHCS FINDING

The DHCS review team conducted seven (7) test calls of the MHP's statewide 24/7 toll-free number. The test calls must demonstrate compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1). Each MHP must provide a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county that will provide information to beneficiaries about how to access SMHS. Including SMHS required to assess whether medical necessity criteria are met and services needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearing processes. The seven test calls are summarized below.

TEST CALL #1

Test call was placed on Monday, December 16, 2019, at 2:01 pm. The call was answered via a phone tree directing the caller to select a language option and type of services. The call was placed on hold for over five (5) minutes before being answered by a live operator. The caller requested information about accessing mental health services in the county. The operator asked if the caller was experiencing a crisis and the caller replied in the negative. The operator asked the caller to provide his/her name, contact information, and personal information. The caller provided his/her name but declined to provide the other requested information. The operator proceeded to transfer the call to a clinician. The call was placed on hold for another two (2) minutes. The caller ended the call. ***The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met,*** but the caller was provided information about services needed to treat a beneficiary's urgent condition.

TEST CALL #1 Finding: The call is deemed in partial compliance with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

CCMHP CORRECTIVE ACTION PLAN – RESPONSE

CCMHP's Access Line provides extensive training to new staff on regulatory requirements and beneficiary rights during their introductory training and orientation phase. For ongoing training, CCMHP call-handling and logging responsibilities are reviewed during weekly Access staff meetings and on-demand consultation, as well as in 1:1 supervision by way of internal audit log reviews. At minimum, test call results, requirements, and feedback are reviewed on a quarterly basis with all Access Line staff.

Additionally, phone scripts are made available as reference guides in an effort to standardize the information provided to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met/services needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearing processes.

Corrective Action Item: To further reinforce compliance with regulatory requirements and support beneficiaries' rights to SMHS/urgent care/problem resolution/fair hearing information, CCMHP revised its current workflow to provide this information without delay by a front-end staff member (See attachment Access Line Workflow). In the CCMHP prior workflow, callers could be referred for this information when they proceed to be transferred to clinical staff or when Access Line staff were prompted, or a direct request was made by the caller. The new Access Line workflow will help minimize any delays/wait for information.

Completion Date: Complete, implemented 3/2021

Corrective Action Item: CCMHP's Access Line revised the front-end phone script and procedure to ensure that SMHS and grievance information is provided in a prompt and consistent manner (See attachment Access Line Revised Script).

Completion Date: Complete, implemented 3/2021

Corrective Action Item: CCMHP will conduct a follow up session with staff to ensure continued compliance. Feedback from routine test calls will be reviewed and integrated for continual improvement.

Completion Date: 60 days from DHCS approval of the Corrective Action Plan

TEST CALL #6

Test call was placed on Friday, January 24, 2020, at 8:31 a.m. The call was answered after one (1) ring via a phone tree directing the caller to select a language option, which included the MHP's threshold languages. After selecting the option for English, recording and instructions to call 911 in an emergency. The caller was then placed on hold while the call was transferred to a live operator. The caller requested information about how to file a grievance within the county. The operator asked the caller to provide his/her name, contact information, and Medi-Cal number. The operator asked for the caller's personal information, however the caller declined to provide the information. After several attempts from the operator to obtain the caller's personal information, the caller terminated the call. *The caller was not provided information about how to use the beneficiary problem resolution and fair hearing processes.*

TEST CALL #6 FINDING: The call is deemed out of compliance with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

CCMHP CORRECTIVE ACTION PLAN – RESPONSE

Corrective Action Item: Update training curriculum and reference materials to emphasize beneficiaries' right to the requested information were developed to support providing required information to the caller without two way communication in order to expedite service (See attachment Addition to Access Line Tip Sheet). Although the intention of Access Line staff in requesting identifying/coverage information is to problem-solve, troubleshoot, and help determine the responsible party, this negatively impacted the wait time and accessibility of information. CCMHP's Access Line updated tip sheet emphasizes information requested should be provided, rather than trying to collect the identifying information to find the caller.

Completion Date: Complete, CCMHP's Access clinicians were provided a refresher training on 2/25/21.

Corrective Action Item: CCMHP's Access Line will conduct a follow-up meeting with staff to ensure continued compliance.

Completion Date: 60 days from DHCS approval of the Corrective Action Plan.

COVERAGE AND AUTHORIZATION OF SERVICES: Item 5, QUESTION E.IV.A4

DHCS FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 400. ***The MHP must provide beneficiaries with a Notice of Adverse Beneficiary Determination (NOABD) under the circumstances listed above.***

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Service Request Log
- NOABDs

While the MHP submitted evidence to demonstrate compliance with this requirement, ***76 of the 400 service requests on the Service Request Log exceeded the timeline and it is not evident that NOABDs were issued when the MHP failed to provide services in a timely manner.***

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 400. The MHP must complete a CAP addressing this finding of non-compliance.

CCMHP CORRECTIVE ACTION PLAN – RESPONSE

CCMHP engaged in numerous efforts to improve meeting timeliness standards. CCMHP will also propose additional efforts to ensure NOABDs are being issued to clients when timeliness standards are not being met.

The Service request log time frame of the Triennial audit was consistent with the challenges identified in the April 1, 2019 DHCS Network Adequacy Timely Access Report submission. The April 1, 2019 Network Adequacy recertification Timely Access Report submission indicated there were a total of 739 SMH service requests reported from December 1 – February 28, 2019 of which only *54% of the requests met the 10 business day standard*. CCMHP was found out of compliance and required to submit a corrective action by January 15, 2020 (See attachment DHCS Official Correspondence Letter - OOC Timely Access).

This was a major concern for CCMHP. During this time period, CCMHP had still recently adopted the electronic health record system and staff were heavily focused on ensuring documentation standards were being met. The staff were experiencing a steep learning curve in properly writing their notes and saving them in the electronic health record system. As a result, CCMHP had not established proper internal workflows to ensure timeliness stds were met as well as to document the issuing of Timey Access NOABDS to clients. In particularly the workflows had not been well defined between the CCMHP Access Line and the Behavioral Health clinics and who was responsible for issuing the Timely Access NOABDs for example. Coupled with IT problems capturing the data, it was made clear that CCMHP was in need of making improvements in the area of timely access and ensuring clients were being notified of their rights to offered timely appointments.

This same year 2019, CCMHP made two subsequent submissions of Timely Access reporting within the Network Adequacy submission for 7/1/2019 and 10/1/2019 which indicated a significantly higher proportion of clients meeting offered appointment standards based on several interventions described later in this narrative.

The 7/1/2019 Network Adequacy Timely Access report submitted to DHCS showed that there were a total of 864 SMH service requests reported from March 1, 2019 – June 30, 2019 of which *74.36% met the 10 business day standard*.

The 10/1/2019 Network Adequacy Timely Access report submitted to DHCS showed that there were a total of 880 SMH service requests reported from July 1, 2019 - August 31, 2019 of *which 85.65% met the 10 business day standard*.

In January 2020, CCMHP's Network Adequacy Timely Access CAP for Network Adequacy was approved by DHCS (See attachment DHCS Official Correspondence Letter - Timely Access CAP closed).

In addition, CCMHP was found in compliance with the Network Adequacy Timely Access report for the 2020 Network Adequacy recertification (See attachment DHCS Network Adequacy Recertification 2021 Findings).

CCMHP is currently preparing another Network Adequacy Timely Access Report for the 2021 Network Adequacy Recertification submission due 6/1/2021. This Timely Access Report submission indicates that there were a total of 708 SMH CSI Assessments that were submitted during December 1, 2020 – February 28, 2021, of which 97.9% met the 10 business day standard. The final NACT Timely Access Report to be submitted on 6/1/2021 may change slightly to account for any error corrections completed before then.

Contra Costa implemented several interventions both short term and long term to support timely access to services. Contra Costa started many of these efforts early 2019 based on timeliness monitoring and feedback from our clients about improving appointment wait times to meet with mental health providers. The following is a list of interventions that were applied during the 2019 year and that were part of the Network Adequacy Timely Access Corrective Action submitted and approved by DHCS in January 2020.

Corrective Action Item: Re-allocation of Staff Resources.

On April 1, 2019, 0.9 FTE additional staff were re-assigned to our East County Children's Mental Health clinic to help make clinical assessment appointments more readily available. This redistribution of resources added 36 clinical assessment appointments between 3/28/2019 – 6/7/2019. The availability and utilization of clinical assessment appointments were monitored every two weeks and resources were adjusted once the clinic was able to meet the demand.

On April 30, 2019 the CCMHP's Transition Team volunteered 0.5 FTE staff to begin supporting clinical assessment appointments in the East County Mental Health Adult clinic for all new hospital discharges. CCMHP Transition Team scheduled 73 appointments between 4/30/2019 and 9/19/2019 to high risk, vulnerable clients until stabilized in order to transition them to regular care by staff at the clinic. *Completion Date*: Complete

Corrective Action Item: Additional Clinical Capacity.

March of 2019, 51 clients were deemed waiting beyond the timeliness standard in the East County Mental Health Adult Clinic. During this same month, 2 full time equivalent Mental Health Clinical specialist staff were hired to support the East County Adult Clinic and were onboarded having no caseload. The staff were able to provide 4 clinical assessment appointments per clinician, per day, 4 days a week. This resulted in and added 40 clinical assessment appointments per week to bring the clinic into compliance offering clients clinical assessment appointments and in many cases the completion of clinical assessments appointments.

Completion Date: Complete

Corrective Action Item: Caseload Review.

CCMHP clinicians reviewed their caseloads at East County Adult Mental Health clinic to identify a minimum of 1 client per clinician who could be served and referred to two CBO providers serving the area that had additional capacity. Eleven Clinicians reviewed their caseloads and identified at least 1 client each to refer, giving them access to 1 hour in their schedule to offer and, or complete an initial clinical assessment appointment. The caseload review, the referrals and the additional time in their schedule gave the clinic approximately 22 clinical appointments a month. On April 1, 2019 the two CBO providers started serving clients referred to them from the East County Adult Mental Health clinic.

Completion Date: Complete

Corrective Action Item: Out-of-Network Recruitment and Retention.

Since March/April 2019, Access Line managed to identify and successfully recruit 50 non-psychiatric providers through single case agreements. In addition, Access Line identified 22 providers currently within the Managed Care Plan network who were interested in joining the SMH network and included both non-psychiatric and psychiatric providers.

Completion Date: Complete

Corrective Action Item: Access Line Script & Training Regarding Rights to Out of Network Referrals & to offered appointments within Timeliness Standards.

CCMHP wanted to ensure that beneficiaries were informed of their rights and access to out of network providers. CCMHP's Access Line modified their script and implemented it in March 2019 to ensure clients are aware of their options in the event we are not able to offer timely appointments within standard.

On March 21, 2019 the CCMHP Access Line reviewed Information notice #18-011 and related BH policies and procedures for network adequacy and timely access to care at their staff meeting where they reviewed the updated Access Line script. Meeting minutes and sign in sheets were provided to DHCS as evidence of this activity. In

addition, an updated script was provided to the Access Line's after-hours contract provider Optum to inform beneficiaries of their right to an offered appointment within 10 business days. In addition, CCMHP provided DHCS a draft of the Out of Network Referrals Policy and Procedure for reference.

Completion Date: Complete

Corrective Action Item: NOABD procedures.

CCMHP's Access Line implemented a new workflow issuing Timely Access NOABDs on 3/18/2019. This workflow ensured that appointments exceeding the timeline would be identified and logged, and that beneficiaries were provided a NOABD. This new process also improved coordination between Access Line and all clinics to increase appointment slots and utilizes a new timeliness monitoring report that proactively addressed potential delays and appointment needs.

Per the CCMHP policy all programs issuing NOABD'S must send a NOABD tracking log to the CCMHP's Quality Improvement & Quality Assurance (QIQA) Unit by the 10th of the following month listing all NOABD's issued and attest to the accuracy of the log. An issuer of the NOABD is defined as the person/staff member who schedules the initial services (clinical or psychiatric). This individual is the closes to identifying when an offered appointment is beyond the timeliness standards. This is outlined in CCBHS Policy 815 and included in all provider trainings on NOABDs.

Completion Date: Complete

Corrective Action Item: NOABD Trainings & Material.

CCMHP's QIQA unit will continue to provide training opportunities around NOABD issuance. In addition QIQA staff attend Monthly Contractor meetings to remind staff of the NOABD logging requirement. The staff are also available for questions through the BHS Quality Assurance email inbox and upon request conduct refresher trainings including an overview of the NOABD tracking log due the 10th of every month. A monthly reminder to providers via email on the first Wednesday of every month will be sent reminding them to submit the NOABD tracking log by the 10th of the month along with a copy of the blank tracking log.

Completion Date: 30 days from DHCS approval of the Corrective Action Plan

Corrective Action Item: The CCMHP NOABD Policy and NOABD log template will be added to the CCBHS/QIQA website to make it more easily accessible to all providers.

Completion Date: 30 days from DHCS approval of the Corrective Action Plan

Corrective Action Item: NOABD reporting.

A comprehensive Timeliness Report is being developed to monitor and provide feedback to providers on meeting timeliness and to ensure compliance with issuing Timeliness NOABDs. CCMHP will plan to make this report available to all providers so that they can self-monitor the accuracy of their timeliness data as well as to validate NOABDs issued. This report is also a mechanism for the chiefs and QIQA to understand the prevalence of issuing NOABDS in order to initiate quality improvement when needed. In addition CCMHP will develop tools for daily monitoring of clinical timeliness and NOABD issuance status across clinics in order to be more proactive in providing clients a timely offered appointment whenever and however possible.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan

OTHER REGULATORY AND CONTRACTUAL REQUIREMENTS: Item 6, QUESTION H.A

DHCS FINDING

The MHP did not furnish evidence to demonstrate compliance with California Welfare and Institution

Code, section 14705(c) and 14712(e). ***The MHP must comply with the requirements of California Welfare and Institution Code Sections 14705(c) and 14712(e) regarding timely submission of its annual cost reports.***

The MHP submitted the following documentation as evidence of compliance with this requirement:

- MHP's email stating cost report submitted
- Internal cost report compliance inquiry

While the MHP submitted evidence to demonstrate compliance with this requirement, ***the cost report for FY 2018-2019 was not submitted within the required timeline***,

DHCS deems the MHP out of compliance with California Welfare and Institution Code, section 14705(c) and 14712(e). The MHP must complete a CAP addressing this finding of non-compliance.

CCMHP CORRECTIVE ACTION PLAN – RESPONSE

Corrective Action Item: Contracted Assistance for Report Preparation.

CCMHP contracted with Toyon Associates, Inc. as of November 2020, to assist in preparation of the cost report. This will allow CCMHP to avoid any delay in reporting due to internal staffing turnover and ensure the report is completed within the State's timeline.

Completion Date: Complete, November 2020.

Corrective Action Item: Establish Internal Timelines for Detailed Reports.

CCMHP will establish internal deadlines for IT to run detailed reports of all Mental Health services by financial class provided by the MHP and contracted providers. The detailed reports will now be run 45 days following the close of each fiscal year to allow additional time to summarize and complete the State cost report.

Completion Date: Immediately upon approval of DHCS correction action plan

Corrective Action Item: Establish Standardized Templates.

CCMHP will work with Toyon Associates to develop standardized templates and summary reports to aid in the preparation of the FY20 cost report. This will help lower the time required to prepare the County and all contractor reports for future reporting periods and provide easy to follow templates for any new staff that will assist in completing the State reports. Additionally, this will allow increased time for review of the report to identify any issues that can be addressed much earlier during preparation.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan

Corrective Action Item: Improved Communication with State.

CCMHP management will inform the State of any issues hindering the completion of the reports within the State's timeline. CCMHP management is currently in communication with the State regarding an issue with the State's FY20 version of the Cost Reporting forms that is not allowing CCMHP to finalize the summary report.

Completion Date: Upon receiving guidance from DHCS, CCMHP will resolve this issue within 30 days

NON-HOSPITAL SERVICES CHART REVIEW: FINDING 2A

DHCS FINDING

Assessments were not completed in accordance with regulatory and contractual requirements, specifically:

Three assessments were not completed within the annual update frequency requirement specified in the MHP's written documentation standards. Specific findings obtained from the chart review sample were:

- **Line number 2**: The current assessment was late since the prior assessment was completed on 8/23/2017, while the more recent assessment was completed on 11/6/2018;
- **Line number 12**: The most recent assessment present in the chart was completed on 2/12/2018, but a more recent, update assessment was not present;
- **Line number 19:** The current assessment was late since the prior assessment was completed on 1/9/2018, while current assessment was completed on 1/15/2019.

CCMHP CORRECTIVE ACTION PLAN – RESPONSE

Corrective Action Item:

- Managers will review Policy 706-MH, Utilization Review; Specialty Mental Health Service Authorization Process, with their provider staff at an all-staff meeting and reinforce that assessments must be obtained within 60 days of the initial contact and annually thereafter.
- Managers will be instructed to review the Outpatient Utilization Control report (report SCR 4412) on a weekly basis. The SCR 4412 report lists paperwork that is due within the next thirty (30) days. They will provide their staff with an additional reminder about documents that are due in addition to the reminders issued by the Utilization Review Unit.
- For each assessment found to be out of compliance, the provider's manager will reinforce with the provider at their next regular supervision meeting the importance of submitting assessments in a timely manner.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

Corrective Action Item:

- The Utilization Review Unit will continue to identify assessments not submitted in a timely manner during their Level 2 (post-service) reviews, disallow services that were not included in the assessment, and ask the provider to submit a plan of correction as documented in Policy 709-MH, Quality Management/Utilization Review: Documentation Standards, and Policy 713-MH, Compliance with Mental Health Documentation Standards.
- Providers who are repeatedly found to be out of compliance will be subject to a Focused Review of 100% of their current caseload, as documented in Policy 713MH, Compliance with Mental Health Documentation Standards.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

NON-HOSPITAL SERVICES CHART REVIEW: FINDING 2B

DHCS FINDING

An assessment completed on 10/18/2018 did not address all of the required elements specified in the MHP Contract. Specifically, History of Trauma: **Line number 14.**

CCMHP CORRECTIVE ACTION PLAN – RESPONSE

Corrective Action Item.

- Contra Costa Behavioral Health will work with our IT department to make more visible (such as incorporating highlights/alerts) required elements on the electronic assessment note template so that providers cannot sign the encounter if they have not completed all required items.
- IT will train on required IT items and highlight this in one of their regular tip sheets and include screenshots to reinforce it.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

Corrective Action Item.

- Staff will be specifically trained that assessments must include all required elements when taking the Clinical Documentation Training that that is required within 6 months of hire and annually thereafter.
- For each assessment found to be out of compliance, the provider's manager will reinforce with the provider at their next regular supervision meeting the importance of including all required elements in the assessment.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

Corrective Action Item.

- The Utilization Review Unit will continue to identify assessments with missing required elements during their Level 2 reviews, disallow assessments that do not contain all required elements, and ask the provider to submit a plan of correction as documented in Policy 709-MH, Quality Management/Utilization Review: Documentation Standards, and Policy 713-MH, Compliance with Mental Health Documentation Standards.
- Providers who are repeatedly found to be out of compliance will be subject to a Focused Review of 100% of their current caseload, as documented in Policy 713MH, Compliance with Mental Health Documentation Standards.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

NON-HOSPITAL SERVICES CHART REVIEW: FINDING 3B

DHCS FINDING

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) The reason for taking each medication: **Line number 19.**
2) Frequency: **Line number 3.**
3) Dosage or dosage Range: **Line numbers 3 and 4.**
4) Duration of taking each medication: **Line numbers 2, 3, 4 and 5.**
5) Possible side effects if taken longer than 3 months: **Line numbers 2, 3, 4, 5, 7, 12 and 17.**

CCMHP CORRECTIVE ACTION PLAN – RESPONSE

Corrective Action Item.

- Contra Costa Behavioral Health worked with our IT department added a "hard stop" to each required element on the electronic medication consent form template so that providers cannot sign the note if they have not completed all required items.
- IT highlighted this in one of their regular tip sheets and included screenshots to reinforce it.
- Prescribers received focused training sessions on the addition of the "hard stops" to the medication consent template and why they were added. This helped ensure that all providers would be consistent in entering data on medication consents.
  Completion Date: Complete

Corrective Action Item.

- For each medication consent found to be out of compliance, the Medical Director or designee will reinforce with the provider at their next regular supervision meeting the importance of including all required elements in the medication consent.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

Corrective Action Item.

- The Utilization Review Unit will continue to identify medication consents with missing required elements during their Level 2 reviews, disallow ones without all required elements, and ask the provider to submit a plan of correction as documented in Policy 709-MH, Quality Management/Utilization Review: Documentation Standards, and Policy 713-MH, Compliance with Mental Health Documentation Standards.

- Providers who are repeatedly found to be out of compliance will be subject to a Focused Review of 100% of their current caseload, as documented in Policy 713MH, Compliance with Mental Health Documentation Standards.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

NON-HOSPITAL SERVICES CHART REVIEW: FINDING 3C

DHCS FINDING

Medication Consents in the chart sample did not include the signature of the provider of service (or electronic equivalent) that includes the provider's professional degree, licensure, job title, and/or the date the provider completed and entered the document into the medical record. Specifically:

- Signature of the person providing the service (or electronic equivalent): o **Line number 20.**
- The professional degree, licensure, or job title of person providing the service:
  - o **Line numbers 6, 12, and 20.**
- Date the documentation was completed, signed (or electronic equivalent) and entered into the medical record: o **Line numbers 12 and 20.**

CCMHP CORRECTIVE ACTION PLAN – RESPONSE

Corrective Action Item.

- Contra Costa Behavioral Health will instruct IT to automatically add providers' professional degree, licensure, or title to the electronic Medication Consent form template.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

Corrective Action Item.

- Contra Costa Behavioral Health will reinforce with CBOs that they must submit all form templates to us for review and approval before they are used, and Contra Costa Behavioral Health will ensure that fields for providers' professional degree, licensure, or title are included in medication consents before the forms are approved for use.

Completion Date: 30 days from DHCS approval of the Corrective Action Plan.

NON-HOSPITAL SERVICES CHART REVIEW: FINDING 4A2

DHCS FINDING

The medical record did not include services that were sufficient to adequately "achieve the purpose for which the services are furnished". Specifically:

- **Line numbers 13 and 19**: Although more than one Client Plan, developed by separate providers with the participation of the beneficiary, was in effect at the same point in time, the medical record lacked evidence for the coordination of care and communication among these separate providers.

CCMHP CORRECTIVE ACTION PLAN – RESPONSE

Corrective Action Items.

- Contra Costa Behavioral Health will work with our IT department to add a new narrative text field to the Client Plan template for documenting what care coordination efforts have been performed.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

Corrective Action Item.

- The Utilization Review Unit will add a criterion to level 1 (continued authorization of services) reviews to indicate whether the beneficiary is receiving services from more than one provider and, if so, that all providers who provide care to a beneficiary must document that they have coordinated the beneficiary's care with the beneficiary's other providers.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

Corrective Action Item.

- Contra Costa Behavioral Health has established a billing code for care coordination, code 565. Providers use this billing code when multiple service providers are participating in coordinated treatment planning.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

Corrective Action Item.

- When Utilization Review clinicians review requests for services by second or third service providers, the UR Clinician will suggest that the second or third service provider should describe their efforts to coordinate care among all providers.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

NON-HOSPITAL SERVICES CHART REVIEW: FINDING 4B1

DHCS FINDING

Two Initial Client Plans were not completed prior to the delivery of planned services (as required by the MHP Contract with the Department) and/or were not completed within the MHP's written timeliness standard. Specifically:

- **Line number 9**: The Initial Client Plan was not completed until after one or more planned service was provided and claimed. **RR4a, refer to Recoupment Summary for details.**
- **Line number 7**: The Initial Client Plan was completed late on 10/23/2018, according to the MHP's written timeliness standard of completion within 60 days after the beneficiary's Episode Opening Date of 7/16/2018. However, this occurred outside of the audit review period.

CCMHP CORRECTIVE ACTION PLAN – RESPONSE

Corrective Action Items.

- Managers will review Policy 706-MH, Utilization Review; Specialty Mental Health Service Authorization Process, with their employees at an all-staff meeting and reinforce that Client Plans must be completed prior to the provision of planned services and in a timely manner as documented in Policy 706-MH.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

Corrective Action Item.

- Managers will be instructed to review the Outpatient Utilization Control report (report SCR 4412) on a weekly basis, and remind their staff about missing documents to provide staff with an additional reminder in addition to the reminders by the Utilization Review Unit.
- For each client plan found to be out of compliance and each progress note documenting specialty mental health services that were provided without a valid Client Plan in place, the provider's manager will reinforce with the provider at their next regular supervision meeting the importance of submitting Client Plans in a timely manner. The manager will also reinforce that the provider should make every effort to complete the Client Plan in a timely manner and before providing planned services.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

Corrective Action Item.

- The Utilization Review Unit will continue to identify notes documenting services provided that were not indicated in the Client Plan and that were not completed in a timely manner during their Level 2 reviews, disallow those services, and ask the provider to submit a plan of correction as documented in Policy 709-MH, Quality Management/Utilization Review: Documentation Standards, and Policy 713-MH, Compliance with Mental Health Documentation Standards.
- Providers who are repeatedly found to be out of compliance will be subject to a Focused Review of 100% of their current caseload, as documented in Policy 713MH, Compliance with Mental Health Documentation Standards.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

NON-HOSPITAL SERVICES CHART REVIEW: FINDING 4B2

DHCS FINDING

One or more client plan(s) was not updated at least annually and/or when there were significant changes in the beneficiary's condition. Specifically:

- **Line number 19**: There was a **lapse** between the prior and current Client Plans and, therefore, no client plan was in effect during a portion or all of the audit review period. **RR4b, refer to Recoupment Summary for details.**
- There was a **lapse** between the prior and current Client Plans for the following line numbers. However, this occurred outside of the audit review period:
    - **Line number 2**. The Prior Client Plan expired on 08/23/2018, while the current Client Plan's completion date was 11/06/2018.
    - **Line number 3.** This beneficiary was receiving services simultaneously from two (2) providers. The Episode Opening Date for Provider ID 0753 was 09/26/2016. While this provider completed a current Client Plan on 06/07/2018, we received no other Plan by this provider completed within the 365 days prior to the provider's current Plan. Therefore, the provider's current Client Plan is considered to be late. *The MHP was given the opportunity to locate the document in question, but could not find evidence of it in the medical record.*
- There was a **lapse** between the prior and current Client Plans for the following line numbers. However, there were no claims during this period:
    - **Line number 3.** Although the Episode Opening Date for provider ID 07EA was 06/10/2013, we received no other Client Plan by this provider completed within the 365 days prior to the current Plan's completion date of 01/03/2019. Therefore, the provider's current Plan is considered to be late. *The MHP was given the opportunity to locate the document in question, but could not find evidence of it in the medical record.*
    - **Line number 17.** Although the Episode Opening Date was 11/03/2016 and the current Client Plan was completed on 03/11/2019, we received no other

Client Plan completed within the 365 days prior to the current Client Plan. Therefore, the current Plan is considered to be late. *The MHP was given the opportunity to locate the document in question, but could not find evidence of it in the medical record.*

- The medical record for the following line numbers indicated an acute change occurred in the beneficiary's mental health status (e.g., hospitalized, suicide attempt, crisis stabilization, multiple crisis intervention encounters). However, there was no evidence in the medical record that a review and/or update of the current Client Plan occurred in response to the change.
    - **Line number 1.** This beneficiary required Crisis Stabilization services for 11 hours on 03/19/2019. However, the completion date of the most recent Client Plan was 12/06/2018, with no evidence found in the chart materials for an update or formal review of the existing Plan.
    - **Line number 4.** This beneficiary was admitted to an inpatient psychiatric unit on 02/28/2019. However, the completion date of the most recent Client Plan was 08/01/2018, with no evidence found in the chart materials for an update or a formal review of the existing Plan.

CCMHP CORRECTIVE ACTION PLAN – RESPONSE

Corrective Action Item.

- County Managers will review Policy 706-MH, Utilization Review; Specialty Mental Health Service Authorization Process, with providers at an all-staff meeting and reinforce that (a) Client Plans must be completed prior to the provision of planned services, (b) they must be updated at least annually and within the timelines and frequency listed in the policy, (c) providers may not claim any planned services that are not documented on the current Client Plan, and (d) Client Plans must also be updated whenever there is a significant change in the beneficiary's mental health condition.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

Corrective Action Item.

- Managers will be instructed to review the Outpatient Utilization Control report (report SCR 4412) on a weekly basis. They will provide their staff with an additional reminder about documents that are due in addition to the reminders by the Utilization Review Unit.
- For each Client Plan found to be out of compliance, the provider's manager will reinforce with the provider at their next regular supervision meeting the importance of submitting documentation in a timely manner and not providing specialty mental health services that are not documented on the Client Plan.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

Corrective Action Item.

- County Managers will instruct Clinicians and Psychiatrists at all-staff meetings to regularly review their Clinician Dashboard or Psychiatrist Dashboard on our electronic health record system. This Dashboard lists the case load, what Utilization Review paperwork is due, the provider's productivity, the provider's appointments for the current week, and if any beneficiaries on the provider's case load have been hospitalized or seen at Psychiatric Emergency Services.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

Corrective Action Item.

- A new field to indicate the Client Plan has been reviewed and updated as necessary will be added the Partnership Plan for the provider to acknowledge any changes.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

Corrective Action Item.

- Contra Costa Behavioral Health will educate contracted providers to review the electronic health record portal for contracted providers to identify any clients who are in the Psychiatric Emergency Room or who are admitted to an acute-care psychiatric hospital, and to communicate with those providers as needed to create an updated Client Plan.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

Corrective Action Item.

- The Utilization Review Unit will continue to identify Client Plans that are not submitted in a timely manner or prior to the provision of planned services or that are not updated after the beneficiary has been seen at the Psychiatric Emergency Room or admitted to an acute inpatient psychiatric unit during their Level 2 reviews, disallow those services, and ask the provider to submit a plan of correction as documented in Policy 709-MH, Quality Management/Utilization Review: Documentation Standards, and Policy 713-MH, Compliance with Mental Health Documentation Standards.
- Providers who are repeatedly found to be out of compliance will be subject to a Focused Review of 100% of their current caseload, as documented in Policy 713MH, Compliance with Mental Health Documentation Standards.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

NON-HOSPITAL SERVICES CHART REVIEW: FINDING 4C

DHCS FINDING

Client Plans did not include all of the required elements identified in the MHP Contract. Specifically:

- One or more goal/treatment objective for the following line numbers was not observable and/or quantifiable.
- **Line number 3**. Plan completed on 01/03/2019 by provider ID 07EA
- **Line number 4**. Plan completed on 08/01/2018 by provider ID 0702
- **Line number 7**. Plan completed on 10/23/2018 by provider ID 07CM
- **Line number 8**. Plan completed on 02/16/2018 by provider ID 07BV
- One or more proposed intervention for the following line numbers did not include a detailed description. Instead, only a "type" or "category" of intervention was recorded. • **Line number 12**. Plan completed on 03/14/2018 by provider ID 0721
- **Line number 14.** Plan completed on 10/18/2018 by provider ID 07F1
- **Line number 18.** Plan completed on 01/24/2018 by provider ID 07BR
- **Line number 19.** Plan completed on 02/07/2018 by provider ID 0721
- **Line number 20.** Plan completed on 02/11/2019 by provider ID 0721
- **Line number 20.** Plan completed on 02/25/2019 by provider ID 07DW
- One or more proposed intervention for the following line numbers did not include an expected frequency that was individualized for each intervention:
- **Line number 3**. Plan completed on 01/03/2019 by provider ID 07EA
- **Line number 4**. Plan completed on 08/01/2018 by provider ID 0702
- **Line number 7**. Plan completed on 10/23/2018 by provider ID 07CM
- **Line number 8**. Plan completed on 01/01/2019 by provider ID 07BV
- **Line number 8**. Plan completed on 02/16/2018 by provider ID 07BV
- **Line number 9**. Plan completed on 02/19/2019 by provider ID 07EA
- **Line number 12**. Plan completed on 08/31/2018 by provider ID 07FT
- **Line number 13**. Plan completed on 10/10/2018 by provider ID 0768
- **Line number 13**. Plan completed on 05/22/2018 by provider ID 07GG
- **Line number 13**. Plan completed on 05/21/2018 by provider ID, 07FK
- **Line number 14**. Plan completed on 10/18/2018 by provider ID 07F1
- **Line number 19**. Plan completed on 02/07/2018 by provider ID 0721
- **Line number 20**. Plan completed on 02/25/2019 by provider ID 07DW
- One or more proposed intervention for the following line numbers did not include an expected duration that was individualized for each intervention:
- **Line number 1**. Plan completed on 12/06/2018 by provider ID 0747
- **Line number 2**. Plan completed on 11/06/2018 by provider ID 07EA
- **Line number 3**. Plan completed on 06/07/2018 by provider ID 0753
- **Line number 4**. Plan completed on 08/01/2018 by provider ID 0702
- **Line number 5**. Plan completed on 03/28/2019 by provider ID 07CM
- **Line number 5**. Plan completed on 04/30/2018 by provider ID 07CM
- **Line number 9**. Plan completed on 02/19/2019 by provider ID 07EA

- **Line number 10**. Plan completed on 06/11/2018 by provider ID 07CM
- **Line number 11**. Plan completed on 06/26/2018 by provider ID 0791
- **Line number 12**. Plan completed on 08/31?2018 by provider ID 07FT
- **Line number 13**. Plan completed on 05/22/2018 by provider ID 07GG,
- **Line number 13**. Plan completed on 05/21/2018 by provider ID 07FK
- **Line number 14**. Plan completed on 10/18/2018 by provider ID 07F1

CCMHP CORRECTIVE ACTION PLAN – RESPONSE

Corrective Action Item.

- Managers will review Policy 709-MH, Quality Management/Utilization Review: Mental Health Documentation Standards, with providers at an all-staff meeting and reinforce the following:
    - Client plan goals/treatment objectives must be specific, observable and/or quantifiable and relate to the beneficiary's documented mental health needs and functional impairments as a result of the mental health diagnosis.
    - Mental health interventions/modalities proposed on client plans must include a detailed description of the interventions to be provided and do not just identify a type or modality of service (e.g., "therapy", "medication", "case management", etc.).
    - Each mental health intervention proposed on all client plans must indicate both an expected frequency and duration.
- For each Client Plan found to be out of compliance, the provider's manager will reinforce with the provider at their next regular supervision meeting the importance of including all the above required elements in their Client Plans.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

Corrective Action Item.

- The Utilization Review Unit will continue to identify Client Plans that do not comply with these requirements during their Level 2 reviews, disallow those services without all required elements, and ask the provider to submit a plan of correction as documented in Policy 709-MH, Quality Management/Utilization Review: Documentation Standards, and Policy 713-MH, Compliance with Mental Health Documentation Standards.
- Providers who are repeatedly found to be out of compliance will be subject to a Focused Review of 100% of their current caseload, as documented in Policy 713MH, Compliance with Mental Health Documentation Standards.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

NON-HOSPITAL SERVICES CHART REVIEW: FINDING 4D

DHCS FINDING

The Client Plan was not completed and signed (or electronic equivalent) by the appropriate provider, as specified in the MHP Contract and CCR, title 9, chapter 11, section 1810.440(c)(1)(A-C)**:**

- **Line number 9**: Services were claimed when the Client Plan was not signed or co-signed (or electronic equivalent) by an approved category of provider until after the claimed service dates. **RR4a, refer to Recoupment Summary for details.**

CCMHP CORRECTIVE ACTION PLAN – RESPONSE

Corrective Action Item.

- Managers will review the Contra Costa Behavioral Health Open Encounter report, which identifies outstanding open encounters that have not been signed correctly or in a timely manner, on a weekly basis. For each provider who has open services listed on this report, the provider's manager will reinforce with the provider at their next regular supervision meeting the importance of having their documentation signed by the appropriate provider and in a timely manner.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

Corrective Action Item.

- The Utilization Review Unit will continue to identify Client Plans that do not have all required signatures included or that are not signed in a timely manner during their Level 2 reviews, disallow those services without all required elements, and ask the provider to submit a plan of correction as documented in Policy 709-MH, Quality Management/Utilization Review: Documentation Standards, and Policy 713-MH, Compliance with Mental Health Documentation Standards.
- Providers who are repeatedly found to be out of compliance will be subject to a Focused Review of 100% of their current caseload, as documented in Policy 713MH, Compliance with Mental Health Documentation Standards.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

NON-HOSPITAL SERVICES CHART REVIEW: FINDING 4G

DHCS FINDING

Line number 3: There was no documentation on the Client Plan completed on 01/03/2019 by provider ID 07EA that the beneficiary or legal guardian was offered a copy of the Client Plan.

CCMHP CORRECTIVE ACTION PLAN – RESPONSE

Corrective Action Item.

- Contra Costa Behavioral Health worked with the IT department to add narrative text to the beneficiary signature attestation of the Client Plan electronic template stating that they acknowledge that they were offered a copy of the Client Plan.

Completion Date: Completed as of November 2019.

Corrective Action Item.

- The Utilization Review Unit will identify Client Plans that do not indicate that the beneficiary or their legal guardian was offered a copy of the Client Plan during their Level 2 reviews and ask the provider to submit a plan of correction as documented in Policy 709-MH, Quality Management/Utilization Review: Documentation Standards, and Policy 713-MH, Compliance with Mental Health Documentation Standards.
- Providers who are repeatedly found to be out of compliance will be subject to a Focused Review of 100% of their current caseload, as documented in Policy 713-MH, Compliance with Mental Health Documentation Standards.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

NON-HOSPITAL SERVICES CHART REVIEW: FINDING 5B

DHCS FINDING

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, 4, 5, 6, 10, 11, 12, 15, 17, and 20.** Fifty-eight, or 13 percent out of a total of 447 progress notes reviewed were not completed within the MHP's written timeliness standard of three (3) business days after provision of service.
- **Line number 2.** Four progress notes for services on 1/7/2019, 1/25/2019, 2/12/2019, and 3/4/2019 were not submitted with the date each progress note was completed and entered into the medical record. Therefore, "Completion Timeliness" could not be determined and these notes were considered as late.
- Six progress notes did not document the beneficiary's response to the interventions provided. Specifically: o **Line number 15.** One progress note with a service date of 3/7/2019 for 44 minutes described an assessment of risk regarding the beneficiary's threats toward a peer, with the absence of the beneficiary's response and outcome of that finding.

- **Line number 20.** Five progress notes with service dates of 3/5/2019, 3/12/2019, 3/19/2019, 3/21/2019, and 3/26/2019 did not document the beneficiary's responses to the interventions provided.

CCMHP CORRECTIVE ACTION PLAN – RESPONSE

Corrective Action Item.

- Managers will review Policy 709-MH, Utilization Review Specialty Mental Health Service Authorization Process, with their employees at an all-staff meeting and reinforce that (a) progress notes must document timely completion and relevant aspects of client care, (b) they must include interventions applied and the beneficiary's response to those interventions, (c) they must include the location of the interventions, (d) that they must include the date the progress note was completed and entered into the medical record in order to determine that they were completed in a timely manner, and (e) the protocol for entering late documentation entries, as documented in Policy 706-MH, Quality Management/Utilization Review: Mental Health Documentation Standards and Policy 712-MH, Mental Health Documentation Requirements: Late Entry.
- For each progress note found to be out of compliance, the provider's manager will reinforce with the provider at their next regular supervision meeting the correct protocol for documenting late entries.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

Corrective Action Item.

- Managers will also be instructed to review random documentation of all their staff for the next sixty (60) days to ensure that all documentation completed more than three (3) business days after provision of service is labeled as a late entry, as documented in Policy 712-MH, Mental Health Documentation Requirements: Late Entry, and to work with staff who are out of compliance to train them on the correct protocol for submitting late documentation.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

Corrective Action Item.

- The Utilization Review Unit will continue to identify progress notes that are out of compliance with the above issues during their Level 2 reviews, disallow those services, and ask the provider to submit a plan of correction as documented in Policy 709-MH, Quality Management/Utilization Review: Documentation Standards, and Policy 713-MH, Compliance with Mental Health Documentation Standards.

- Providers who are repeatedly found to be out of compliance will be subject to a Focused Review of 100% of their current caseload, as documented in Policy 713MH, Compliance with Mental Health Documentation Standards.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

Corrective Action Item.

- Clerks will be instructed to review the recently developed BH Claims Reconciliation report, BHS 3835, which reconciles the notes in the electronic health record with the information recorded in our billing system, on a weekly basis to determine if service dates and times recorded on progress notes match their corresponding claims, and to follow up with the clinic manager if the report shows any discrepancies, such as a note without billing information or billing information without a note.

  These instructions will also be added to the Clerical Procedures Manual that is currently under development.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

Corrective Action Item.

- Managers will review Policy 706-MH, Quality Management/Utilization Review: Mental Health Documentation Standards, with their employees at an all-staff meeting and reinforce that:
  a. Service dates and times recorded on progress notes must match their corresponding claims.
  b. Progress notes must contain documentation that is individualized for each service provided, as documented in Policy 706-MH.
  c. Specialty Mental Health Services claimed must be accurate and actually provided to the beneficiary, as documented in Policy 706-MH.
- For each progress note found to be out of compliance with any of the above, the provider's manager will reinforce with the provider at their next regular supervision meeting the importance of complying with the above issues.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

Corrective Action Item.

- Staff will be specifically trained on the need to comply with the above issues when taking the Clinical Documentation Training that that is required within 6 months of hire and annually thereafter.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

Corrective Action Item.

- The Utilization Review Unit will continue to identify progress notes that are out of compliance with the above issues during their Level 2 reviews, disallow those services, and ask the provider to submit a plan of correction as documented in Policy 709-MH, Quality Management/Utilization Review: Documentation Standards, and Policy 713-MH, Compliance with Mental Health Documentation Standards.
- Providers who are repeatedly found to be out of compliance will be subject to a Focused Review of 100% of their current caseload, as documented in Policy 713MH, Compliance with Mental Health Documentation Standards.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

NON-HOSPITAL SERVICES CHART REVIEW: FINDING 5D

DHCS FINDING

Progress notes for the following line numbers were not documented according to the frequency requirements specified in the MHP Contract:

- **Line numbers 4, 5, 10, and 11**: There were no progress notes in the medical record for the services claimed. **RR8a, refer to Recoupment Summary for details**. *The MHP was given the opportunity to locate the documents in question but was unable to provide written evidence of the documents in the medical record.*
- **Line number 2**: Progress notes corresponding to two 70-minute claims for mental health services provided on 01/25/2019 and 03/04/2019 did not match the beneficiary's Client Plan. Specifically, both progress notes documented the provision of Individual Therapy, while "Rehab Srvs", "Family / Collateral" and "Group" - but not Individual Therapy – were included on the beneficiary's current Client Plan.
- **Line number 15**: While the progress note corresponding to the claim with a service date of 02/11/2019 for 34 minutes indicated the service provided was Individual Therapy, the actual content of the description in the body of the note was consistent with a Collateral service.
- Twenty-nine progress notes for the following three (3) beneficiaries did not include the actual amount of time taken to provide the services claimed. While the MHP submitted documentation that direct service claims to DHCS for Medication Support and other services provided while a beneficiary resides in a non-Short-Doyle Inpatient level of care are based on a table of "Current Procedural Terminology" (CPT) codes, such claims for Specialty Mental Health Services are required to be based on the actual time taken to provide each service:
    - **Line number 4.** The progress note for an Inpatient "Psychiatric Evaluation" provided on 02/09/2019 did not contain documentation corresponding to the Units of Time claimed for that service.

- **Line number 4.** Progress notes for Inpatient Medication Support services provided on 02/11/2019, 2/12/2019, and 02/13/2019 did not contain documentation corresponding to the Units of Time claimed for those services.
- **Line number 6.** Progress notes for an Inpatient Admission & Medication Evaluation on

  02/27/2019, eleven (11) Inpatient Nursing Medication Support evaluations on 02/28/2019,

  03/01/2019, 03/02/2019, 03/03/2019, 03/04/2019, 03/05/2019, 03/06/2019, 03/07/2019, 03/08/2019, 03/09/2019, and 03/10/2019, and two (2) Inpatient Physician Medication Support evaluations on 03/11/2019 and 03/12/2019 did not contain documentation corresponding to the Units of Time claimed for those services.
- **Line number 8.** Ten "Network Provider Progress Notes" for services provided by a Licensed

Clinical Social Worker included a "Duration: 1 Units" with no other Units of Time recorded on the notes that corresponded to the claims with the following service dates: 01/03/2019, 01/09/2019, 01/24/2019, 02/09/2019, 02/15/2019, 02/22/2019, 03/08/2019, 03/15/2019, 03/22/2019, and 03/29/2019.

CCMHP CORRECTIVE ACTION PLAN – RESPONSE

Corrective Action Items.

- Clerks will be instructed to review the recently developed BH Claims Reconciliation report, BHS 3835, which reconciles the notes in the electronic health record with the information recorded in our billing system, on a weekly basis and to follow up with the clinic manager if the report shows any discrepancies, such as a note without billing information or billing information without a note.

  These instructions will also be added to the Clerical Procedures Manual that is currently under development.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

Corrective Action Item.

- Contra Costa Behavioral Health will contact contracted hospitals in writing and inform them that going forward, they must include the number of minutes they spent providing services in each psychiatric evaluation and psychiatric progress note for inpatient services submitted for billing and that the CPT code they use for billing should correspond to the number of minutes spent providing services.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

Corrective Action Item.

• Contra Costa Behavioral Health will notify all network providers in writing and inform them that going forward, they must include the number of minutes they spent providing services in each progress note for outpatient services provided and that the CPT code they use for billing should correspond to the number of minutes spent providing services.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

Corrective Action Item.

- Contra Costa Behavioral Heath will add a requirement to Policy 715-MH, Continued Acute Inpatient Psychiatric Hospital Stay Review, that contracted inpatient psychiatric facility providers must include the number of minutes they spent providing services in each psychiatric evaluation and psychiatric progress note for inpatient services provided.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

Corrective Action Item.

- Managers will review Policy 706-MH, Quality Management/Utilization Review: Mental Health Documentation Standards, with their employees at an all-staff meeting and reinforce that:

  All Specialty Mental Health Services claimed must be:

  - Documented in the medical record.
  - Actually have been provided to the beneficiary.
  - Claimed for the correct service modality billing code, and units of time.
  - Claimed to the provider who actually provided the services. o All progress notes must:
  - Be accurate, complete and legible and meet the documentation requirements described in Policy 706-MH.
  - Describe the type of service or service activity, the date of service and the exact amount of time to provide the service, as specified in the MHP Contract with the Department.
  - Be completed within the timeline and frequency specified in Policy 706MH.

- For each County progress note found to be out of compliance, the provider's manager will reinforce with the provider at their next regular supervision meeting the importance of complying with the above issues.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

Corrective Action Item.

- Staff will be specifically trained on the above issues when taking the Clinical Documentation Training that that is required within 6 months of hire and annually thereafter.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

Corrective Action Item.

- The Utilization Review Unit will continue to identify progress notes that are out of compliance with the above issues during their Level 2 reviews and ask the provider to submit a plan of correction as documented in Policy 709-MH, Quality Management/Utilization Review: Documentation Standards, and Policy 713-MH, Compliance with Mental Health Documentation Standards.
- Providers who are repeatedly found to be out of compliance will be subject to a Focused Review of 100% of their current caseload, as documented in Policy 713-MH, Compliance with Mental Health Documentation Standards.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

NON-HOSPITAL SERVICES CHART REVIEW: FINDING 6A

DHCS FINDING

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:

- **Line numbers 16 and 18.**

CCMHP CORRECTIVE ACTION PLAN – RESPONSE

Corrective Action Item.

- Managers will review Policy 721-MH, Quality Management/Utilization Review: Pathways to Well-Being (Katie A.), with their employees at an all-staff meeting and reinforce that Medi-Cal beneficiaries under age 21 must be screened to determine their mental health needs and whether Katie A./ICC eligibility criteria have been met, and that those who meet the criteria will receive services that adhere to the DHCS Integrated Core Practice Model, and the guidelines listed in the *Medi-Cal Manual for ICC, IHBS and TFC for Katie A. Subclass*.
    - This will also be reviewed at all-provider meetings for community-based organizational providers and at County manager and supervisor meetings.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

Corrective Action Item.

- Training will be provided to all providers who serve children and Transitional age youth (under the age of 21) regarding the requirement to conduct ICC/IHBS screenings. Providers will be instructed to complete form MHC-300, ICC Eligibility Screening, which is available both in digital form on the Mental Health Clinical Documentation page and in our electronic health record, during Initial and Annual Assessments of beneficiaries under age 21.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

Corrective Action Item.

- Contra Costa Behavioral Health will work with our IT department to add a new billing code for screening to address this service activity, and this will also be added to the screening form. Managers will be instructed to review the monthly billing reports monthly to ensure that ICC and IHBS screening is completed to determine the eligibility of each beneficiary under age 21 prior to or during the development of the beneficiary's initial and annual assessments and Client Plans and with any significant change in the beneficiary's condition.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

Corrective Action Item.

- The Utilization Review Unit will continue to ensure during their Level 1 reviews that ICC and IHBS screenings are performed as required to determine eligibility for ICC and IHBS services and to ask providers who have not submitted screenings as required to submit a plan of correction as documented in Policy 709-MH, Quality Management/Utilization Review: Documentation Standards; Policy 721-MH, Quality Management/Utilization Review: Pathways to Well-Being (Katie A.); and Policy 713-MH, Compliance with Mental Health Documentation Standards.

Completion Date: 90 days from DHCS approval of the Corrective Action Plan.

All of the above items will be completed within the indicated time frames after DHCS approval of this Corrective Action Plan. Contra Costa Behavioral Health will communicate all of the above changes in writing to all providers once they have been implemented.