

Lassen County Mental Health Services
Fiscal Year (FY) 20/21 Specialty Mental Health Triennial Review
Corrective Action Plan

System Review

Requirement for question 1.1.5

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES:

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(ii).

DHCS Finding Question 1.1.5

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(ii). The MHP must require contracted providers to have hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation during which the provider offers services to non-Medi-Cal beneficiaries. If the provider only serves Medi-Cal beneficiaries, the MHP shall require that hours of operation are comparable to the hours the provider makes available for Medi-Cal services that are not covered by the MHP, or another MHP.

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

- 1.1.5 Crisis Support Services of Alameda County See Pg 3
- 1.1.5 North American Mental Health Services
- BH 18-20 Array of Medi-Cal Services and Service Provision Standards

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP requires contracted providers to have hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation during which the provider offers services to non-Medi-Cal beneficiaries. Per the discussion during the review, this requirement is not currently included in contract boilerplate, the MHP will work to include this requirement in the future.

Corrective Action Description

The MHP will update the boilerplate to include hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation during which the provider offers services to non-Medi-Cal beneficiaries.

Proposed Evidence/Documentation of Correction

Updated Boilerplate (completed) to add the language.

Executed contract

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Ongoing Monitoring (if included)

The MHP will monitor contract to assure contracted providers to have hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation during which the provider offers services to non-Medi-Cal beneficiaries.

The MHP will also monitor contract providers to assure hours of operation are comparable to the hours the provider makes available for Medi-Cal services that are not covered by the MHP, or another MHP.

Person Responsible (job title)

BH Analyst

Compliance Officer

Contract Specialist

BH Director

Implementation Timeline:

Updated boilerplate contract March 3, 2022

Fully executed contract August 1, 2022

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Requirement for Question 1.2.7

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES:

The MHP must provide Therapeutic Foster Care (TFC) services to all children and youth who meet medical necessity criteria for TFC. (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018)

DHCS Finding Question 1.2.7

The MHP did not furnish evidence to demonstrate compliance with the Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must provide TFC services to all children and youth who meet medical necessity criteria for TFC.

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

- BH 18-74 Intensive Services for Medi-Cal Youth-Pathways to Wellbeing (Formerly Katie A. Services)
- 1.2.7 RFP TFH Legal Letter
- 1.2.7 RFP TFH Notification letter for vendors
- 1.2.7 RFP Therapeutic Foster Home 10-27-2021
- 1.2.7 TFH RFP Legal Notice in Newspaper 11-4-21
- 1.2.7 TFH RFP Legal Notice in Newspaper 11-11-21

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides TFC services to all children and youth who meet medical necessity criteria for TFC. Per the discussion during the review, the MHP does not currently have TFC services available for eligible beneficiaries. The MHP stated it has initiated a Request for Proposal (RFP) for the development of TFC services; however, it is unknown if they will receive any proposals at this time.

DHCS deems the MHP out of compliance with the Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care Services (TFC) for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must comply with CAP requirement addressing this finding of non-compliance.

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Corrective Action Description

The MHP did not receive any Requests for Proposals (RFP) for Therapeutic Foster Care when it was flown last year 2021. The MHP will go out for new (RFP) and send the RFP directly to foster agencies in Northern California. The MHP is updating forms to address TFC criteria, TFC screening tool.

Proposed Evidence/Documentation of Correction

- TFC criteria
- TFC screening tool
- Agreement with a TFC provider

Ongoing Monitoring (if included)

- If an agreement with a TFC provider is obtained, the MHP will monitor the agreement and services as deemed by the agreement.
- Ongoing tracking and monitoring of clients meeting TFC criteria and those youth receiving TFC services.
- If an agreement is not obtained, the MHP will continue to seek TA from DHCS.

Person Responsible (job title)

Clinical Supervisor

BH Director

Contract Specialist

Implementation Timeline:

- Re-fly the Request for Proposal April 1-30
- Complete TFC screening tool and criteria by June 1, 2022

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Requirement for Question 1.2.8

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

The MHP has an affirmative responsibility to determine if children and youth who meet medical necessity criteria need TFC. (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018)

DHCS Finding Question 1.2.8

The MHP did not furnish evidence to demonstrate compliance with the Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must have an affirmative responsibility to determine if children and youth who meet medical necessity criteria need TFC.

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

- BH 18-74 Intensive Services for Medi-Cal Youth-Pathways to Wellbeing (Formerly Katie A. Services)
- 1.2.7 RFP TFH Legal Letter
- 1.2.7 RFP TFH Notification letter for vendors
- 1.2.7 RFP Therapeutic Foster Home 10-27-2021
- 1.2.7 TFH RFP Legal Notice in Newspaper 11-4-21
- 1.2.7 TFH RFP Legal Notice in Newspaper 11-11-21

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP assesses children and youth to determine if they meet medical necessity criteria for TFC. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP currently relies on ICC and IHBS assessments and does not screen for TFC.

DHCS deems the MHP out of compliance with the Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must comply with CAP requirement addressing this finding of non-compliance.

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Corrective Action Description

The MHP is updating forms to address TFC criteria and TFC screening tool. The MHP will also educate BH staff on TFC screening tool and understand the TFC criteria. The MHP will request additional Technical Assistance (TA) from the Department of Health Care Services (DHCS) as needed.

Proposed Evidence/Documentation of Correction

- TFC criteria
- TFC screening tool

Ongoing Monitoring (if included)

Monitor process for determining if youth that meet medical necessity criteria need TFC

Person Responsible (job title)

Clinical Supervisor

BH Director

Implementation Timeline:

Develop TFC criteria and screening tool by June 30, 2022

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Requirement for Question 1.4.5

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

MHP monitors the performance of its contractors and network providers on an ongoing basis for compliance with the terms of the MHP contract and shall subject the contractors' performance to periodic formal review. MHP out of compliance with the MHP contract, exhibit A, attachment 8.

DHCS Finding Question 1.4.5

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 8. The MHP must monitor the performance of its contractors and network providers on an ongoing basis for compliance with the terms of the MHP contract and shall subject the contractors' performance to periodic formal review. The MHP submitted the following documentation as evidence of compliance with this requirement:

- BH 18-24 Provider Contract Development and Monitoring
- Documentation Standards Guide
- 1.4.5 - Lassen Indian Health MOU
- 1.4.5 Locumtenens.com, LLC Contract Termination Clause
- 1.4.5 North American Mental Health Services Contract termination Clause

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP monitors the performance of its contractors and network providers on an ongoing basis for compliance with the terms of the MHP contract and shall subject the contractors' performance to periodic formal review. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it monitors the contractors' clinicians via such methods as review of clinical notes and entries into the electronic health records system. The MHP stated there is an informal process for removing a provider's clinician or staff member if needed; however there is no formal documented review of contracted providers. DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 8.

The MHP must comply with CAP requirement addressing this finding of non-compliance.

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Corrective Action Description

The MHP shall monitor the performance of its subcontractors on an ongoing basis for compliance with the terms of this contract and shall subject the subcontractors' performance to periodic formal review, at a minimum in accordance with the recertification requirements. If the MHP identifies deficiencies or areas for improvement, the MHP and the subcontractor shall take corrective action. *(Contract, exhibit A, attachment 8, (M))*

Proposed Evidence/Documentation of Correction

Monitoring of Network Providers Audit tool

Ongoing Monitoring (if included)

When on-site review of an organizational provider is required, the MHP shall conduct an on-site review at least once every three years. Additional certification reviews of organizational providers may be conducted by the Contractor or Department, as applicable, at its discretion, if:

1. The provider makes major staffing changes
2. The provider makes organizational and/or corporate structure changes (example: conversion to non-profit status).
3. The provider adds day treatment or medication support services when medications are administered or dispensed from the provider site. *(See Exhibit A, Attachment 8)*
4. There are significant changes in the physical plant of the provider site (some physical plant changes could require a new fire clearance)
5. There is a change of ownership or location.
6. There are complaints regarding the provider.
7. There are unusual events, accidents, or injuries requiring medical treatment for clients, staff or members of the community

• It shall be the responsibility of the provider to notify Administration at least thirty (30) days prior to any changes

Person Responsible (job title)

Compliance Officer

Implementation Timeline:

Monitoring of Network Providers Audit tool completed June 30, 2022

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Requirement for Question 1.4.6

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

MHP or the contractor takes corrective action if the MHP identifies deficiencies or areas of improvement. MHP will follow the MHP contract, exhibit A, attachment 8.

DHCS Finding Question 1.4.6

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 8. The MHP and the contractor shall take corrective action if the MHP identifies deficiencies or areas of improvement.

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

- BH 18-24 Provider Contract Development and Monitoring
- Documentation Standards Guide

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP or the contractor takes corrective action if the MHP identifies deficiencies or areas of improvement. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it has not established a corrective action process. The MHP stated that if corrective action were to occur it would be a discussion with the MHP director and the contractor; however, the MHP did not provide evidence of this process.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 8.

Corrective Action Description

The MHP will expand on the provider monitoring tool process and implement a Corrective Action process, which will include a Corrective Action Tracking Log.

Proposed Evidence/Documentation of Correction

- Corrective Action tracking mechanism/log
- Samples of Corrective Actions taken with outcomes

Ongoing Monitoring (if included)

- Continue to review provider monitoring tools, including monitoring of the Corrective Action Tracking Log during Quarterly QI meeting or as needed.
- Provide training as needed

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Person Responsible (job title)

Compliance Officer

Implementation Timeline:

- Implement Corrective Action Tracking by June 30, 2022
- Provide sample corrective action taken with outcomes to DHCS by June 30, 2022

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Requirement for Question 4.3.2

ACCESS AND INFORMATION REQUIREMENTS

Calls must demonstrate compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1).

DHCS Finding Question 4.3.2

DHCS' review team made seven (7) calls to test the MHP's statewide 24/7 toll-free number. The seven (7) test calls must demonstrate compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1). The toll-free telephone number provides information to beneficiaries to the below listed requirements:

1. The MHP provides 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.
2. The toll-free telephone number provides information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met.
3. The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition.
4. The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.

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

- BH 18-09 Access Line and Access Log; Availability of 24-7 Services
- 24-7 Access Line Form Report April - June 2021
- 24-7 Access Line Form Report July-September 2020 - Quarter 3
- 24-7 Access Line Form Report FY 2020-21-January-March
- 24-7 Access Line Form Report October - December 2020
- Lassen BH Plan of Correction - June 2021_DRAFT
- Plan of Correction Lassen 4-24-2020
- Summary of Action Steps -3-1-2021

DHCS performed seven (7) test calls and are summarized below.

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TEST CALL #1

Test call was placed on Monday, March 22, 2021 at 10:07 p.m. The call was answered after three (3) rings via a live operator. The caller asked how to access specialty mental health services for his/her child because the child was acting out. The operator advised the caller that he/she had reached the after-hours staff and to call back during business hours. The operator advised the caller to leave a message, the caller declined and ended the call.

The caller was not provided information on how to access SMHS, including SMHS required to assess whether medical necessity criteria are met.

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).

TEST CALL #2

Test call was placed on Friday, April 2, 2021, at 3:52 p.m. The call was answered after one (1) ring via a live operator. The caller requested a refill for anxiety medication as a new patient in the county. The operator provided the caller with information on how to access SMHS and how to obtain a medication refill as a new patient in the county. The operator informed the caller that if he/she needed medication immediately that he/she could go to the emergency department.

The caller was provided information on how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary's urgent condition.

FINDING

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

TEST CALL #3

Test call was placed on Monday, May 24, 2021, at 12:25 pm. The call was answered after one (1) ring via a live operator. The caller requested information about accessing mental health services in the county because he/she is feeling depressed and isolated because he/she is the sole caregiver for his/her mom. The operator asked for the caller's name, which the caller provided. The operator asked if the caller was in crisis. The caller replied in the negative. The operator informed the caller about the process to access services and about the availability of the 24/7 access line.

The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary's urgent condition.

FINDING

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

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TEST CALL #4

Test call was placed on Friday, June 25, 2021, at 10:02 a.m. The call was answered after one (1) ring via a live operator. The caller asked how he/she could get some information about accessing services because he/she was feeling down and a friend suggested that he/she call the county. The operator asked the caller if he/she had an immediate need for services. The caller responded in the negative. The operator provided detailed information about how to access services and information about crisis services. The operator informed the caller if he/she decided to obtain services that he/she could walk-in to register for services at a clinic and provided the clinic's hours of operation.

The caller was provided information on how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary's urgent condition.

FINDING

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

TEST CALL #5

Test call was placed on Sunday, June 27, 2021, at 2:23 p.m. The call was answered after five (5) rings via a live operator. The caller asked how he/she could access services because he/she was having a hard time caring for his/her mother. The operator asked if the caller had any support and the caller replied in the negative. The operator said the caller had reached the right line, however it was an after-hours line that serviced multiple counties. The operator stated he/she would check the resources for Lassen County. The operator stated the best option would be to speak to the daytime staff and provided the caller with hours of operation and the office address. The operator stated the caller could also call back during business hours. The operator offered to take the caller's name and number and have a Lassen County staff member call him/her back. The caller declined and 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. The caller was not provided information about services needed to treat a beneficiary's urgent condition.

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).

TEST CALL #6

Test call was placed on Tuesday, February 9, 2021, at 7:42 a.m. The call was answered after two (2) rings via a live operator. The caller asked how he/she could file a complaint in the county. The operator advised the caller that he/she had reached the after-hours staff and instructed the caller to call back during regular business hours.

The caller was not provided information about how to use the beneficiary problem resolution and fair hearing process.

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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).

TEST CALL #7

Test call was placed on Monday, June 28, 2021, at 02:12 p.m. The call was answered after one (1) ring via a live operator. The caller asked how he/she could file a complaint. The operator informed the caller that he/she could call back the same number and make a complaint with the operator. The caller asked how he/she could file the complaint anonymously. The operator informed the caller that he/she could inform the operator that he/she would like to remain anonymous.

The caller was provided information about how to use the beneficiary problem resolution and fair hearing process.

FINDING

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

Corrective Action Description

After review of the test call findings, it was determined that Call #1, #5 and #6 which was out of compliance, was an after-hours call that was answered by our 24/7 Access line. The MHP will follow up with the contract provider regarding the deficiency and request a Corrective Action Plan to address the findings, including additional training for staff.

Proposed Evidence/Documentation of Correction

- Email sent to 24/7 Access Contract Provider, Alameda Crisis Support, regarding test call requesting Corrective Action Plan
- Corrective Action Plan from 24/7 Access Contract Provider
- Proof of training from 24/7 Access Contract Provider
- Quarterly QI meeting minutes
- MHP test call results

Ongoing Monitoring (if included)

- The MHP will continue to conduct test calls during the business day and afterhours and review in Quarterly QI meetings or as needed
- The MHP will continue to monitor daily call logs from the 24/7 Access Contract Provider and follow up as needed
- The MHP will ensure that the 24/7 Access Contract Provider completes Corrective Action Plan and training

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Person Responsible (job title)

Senior Administrative Clerk

Clinical Therapist

Compliance Officer

BH Director

Implementation Timeline:

- Meeting with 24/7 Access Contract Provider, Alameda Crisis Support, regarding test call requesting Corrective Action Plan on March 7, 2022.
- Corrective Action Plan to be received from 24/7 Access Contract Provider by April 30, 2022.
- Proof of training from 24/7 Access Contract Provider to be received by April 30 2022.
- QI Meeting minutes submitted by June 2022.
- MHP Test Call results submitted by June 2022.

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Requirement for Question 4.3.4

ACCESS AND INFORMATION REQUIREMENTS

The MHP must maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing. The written log(s) must contain name of the beneficiary, date of the request, and initial disposition of the request

DHCS Finding Question 4.3.4

The MHP did not furnish evidence to demonstrate compliance with California Code for Regulations, title 9, chapter 11, section 1810, subdivision 405(f). The MHP must maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing. The written log(s) must contain name of the beneficiary, date of the request, and initial disposition of the request.

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

- BH 18-09 Access Line and Access Log; Availability of 24-7 Services
- 24-7 Access Line Log 03-22-2021 to 06-28-2021

While the MHP submitted evidence to demonstrate compliance with this requirement, two (2) of five (5) required DHCS test calls were not logged on the MHP's written log of initial request. The table below summarizes DHCS' findings pertaining to its test calls:

Corrective Action Description

After review of the test call findings, it was determined the two calls, that were out of Compliance, were answered by our 24/7 Access line. The MHP will follow up with contract provider regarding the deficiency and request a Corrective Action Plan to address the findings, including additional training for staff. The MHP will also follow up internally with staff to provide additional training regarding the Access Log. The MHP will continue to provide test calls and monitor the access log on a Quarterly basis or more often as needed.

Proposed Evidence/Documentation of Correction

- Email sent to 24/7 Access Contract Provider, Alameda Crisis Support, regarding test call requesting Corrective Action Plan
- Corrective Action Plan from 24/7 Access Contract Provider
- Proof of training from 24/7 Access Contract Provider
- Proof of training to MHP staff on Access Log requirements
- Quarterly QI meeting minutes

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- MHP test call results

Ongoing Monitoring (if included)

- The MHP will continue to conduct test calls during the business day and afterhours and review in Biweekly and Quarterly QI meetings or as needed
- The MHP will continue to monitor daily call logs from the 24/7 Access Contract Provider and follow up as needed
- The MHP will ensure that the 24/7 Access Contract Provider completes Corrective Action Plan and training
- The MHP will monitor Access Log in Quarterly QI meetings

Person Responsible (job title)

Compliance Officer

Clinical Therapist

Senior Administrative Assistant

BH Director

Implementation Timeline:

- Meeting with 24/7 Access Contract Provider, Alameda Crisis Support, regarding test call requesting Corrective Action Plan on March 7, 2022
- Corrective Action Plan to be received from 24/7 Access Contract Provider by April 30, 2022
- Proof of training from 24/7 Access Contract Provider to be received by April 30 2022.
- QI Meeting minutes submitted by June 2022
- MHP Test Call results submitted by June 2022

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Chart Review

Assessment

Requirement

MHP's policy requires Assessments to be completed within 60 days of the initial contact with the beneficiary, and they are to be renewed at least annually for adults/youth or when a change in the beneficiary's life has occurred. MHP will ensure that assessments are completed in accordance with the initial timeliness and update frequency requirements specified in the MHP's written documentation standards.

DHCS Finding Question 8.2.1

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

1) One or more assessments were not completed within the initial timeliness and update frequency requirements specified in the MHP's written documentation standards.

Per the MHP's Clinical Assessment and Reassessments policy (policy number BH 18-06), "Initial assessment will be completed no later than 7 days from the appointment" and "Reassessments are completed at least annually, and may be completed more frequently, as needed." Due to the premature ending of the virtual onsite review, the MHP staff were unavailable to provide an explanation for the late initial and updated assessments listed below.

The following are specific findings from the chart sample:

Late Initial Assessments

Line number 1. The episode opening date (EOD) was 12/31/2019. The initial assessment was signed and completed on 2/19/2020.

Line number 6. The EOD was 8/19/2019. The initial assessment was signed and completed on 9/10/2019.

Line number 10. The EOD was 6/7/2019. The initial assessment was signed and completed on 9/11/2019.

Late Updated Assessments

Line number 5. The assessment MHP provided for the initial virtual review was the Lassen County Behavioral Health Annual Re-Assessment dated 2/11/2019. Based on MHP policy the current re-assessment should be dated on or by 2/11/2020. In response

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to requests for an updated assessment MHP submitted the previously reviewed 2/11/2019 Annual Re-Assessment.

Line number 6. The assessment MHP provided was dated 9/10/2019. Based on MHP policy the current assessment should be dated on or by 9/10/2020. In response to requests for an updated assessment MHP submitted a California Child and Adolescent Needs and Strengths-50 (CANS-50) assessment dated 9/8/2020. However, MHP's Clinical Assessment and Reassessments policy lists a number of "required components" of the initial clinical assessment and reassessment which are not inherent to the CANS-50 assessment. The CANS-50 is a single tool and not a "comprehensive" assessment as delineated by MHP policy.

Two significant required components of reassessments, as listed in MHP policy, which are absent from the CANS-50 are "A complete diagnosis, including any changes" and "Determination of current need for Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS)."

Further, MHP policy "has determined that only Licensed Practitioners of the Healing Arts (LPHAs) may conduct assessments and assign a diagnosis," whereas anyone certified by the PRAED Foundation including, "health and mental health providers, child welfare case workers, probation officers, and family advocates" may complete a CANS-50 assessment.

Line number 7. The most recent Assessment update provided by the MHP was dated 10/20/2017. In response to requests for an updated assessment, MHP submitted a CANS-50 assessment dated 9/18/2019. However, as mentioned under Line 6, the CANS-50 is not a comprehensive assessment, as required by MHP policy.

Line number 8. The assessment MHP provided was dated 8/17/2015. In response to requests for an updated assessment, MHP submitted a CANS-50 assessment dated 4/10/2020.

Line number 9. The assessment MHP provided was dated 8/8/2019. The current assessment should be dated on or by 8/8/2020. In response to requests for an updated assessment, MHP submitted a CANS-50 assessment dated 8/13/2020.

Corrective Action Description

1. The MHP will clarify language in policy #18-06 regarding the 7 days which is when the therapist enters the assessment into the electronic health record.
2. Training will be provided during weekly Access meeting, including one specific to the MHP's policy on the timeliness of adult and youth assessments and re-assessments. Review of the Assessment Policy will be strongly iterated to ensure compliance with the MHP's written documentation standards.
3. Redistribute Documentation Policy and Procedure.

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Proposed Evidence/Documentation of Correction

1. Meeting minutes
2. Record of attendance
3. Assessment Policy & Procedure

Ongoing Monitoring (if included)

Quarterly

Person Responsible (job title)

Clinical Supervisor

Senior Administrative Assistant

BH Director

Implementation Timeline:

April 2022

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Assessment

Requirement

The MHP will ensure that every Assessment contains all of the required elements specified in the MHP Contract with the Department.

DHCS Finding Question 8.2.2

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

a) Medications, including medication for medical conditions, and documentation of adverse reactions: **Line number 9**. There is no documentation of medications, as required by MHP policy, within the assessment dated 8/8/2019.

b) A Mental Status Examination: **Line number 9**. All items under the Mental Status Exam heading are blank on the assessment dated 8/8/2019.

Corrective Action Description

1. Training will be provided during the weekly Access meeting, including one specific to the MHP's policy on Mental Status Examination.
2. Training will be provided during weekly Access meeting about listing medications for medical conditions and documentation regarding adverse reactions in the assessment.

Proposed Evidence/Documentation of Correction

1. Meeting minutes from Access meeting.
2. Record of attendance

Ongoing Monitoring (if included)

1. Monthly at Access Meeting (Checking for MSE)
2. Quarterly checks for documentation regarding adverse reaction regarding medications.

Person Responsible (job title)

Clinical Supervisor

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Corrective Action Plan**

Medical Director

BH Director

Implementation Timeline:

June 2022

**Lassen County Mental Health Services
FY 20/21 Specialty Mental Health Triennial Review
Corrective Action Plan**

Chart Review

Assessment

Requirement

The MHP will ensure that every Assessment contains all of the required elements specified in the MHP Contract with the Department.

DHCS Finding Question 8.2.3

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 signature of the person providing the service (or electronic equivalent)
 - **Line numbers 1, 2, 3, 4, 5, 7, 8, and 9.**
- The type of professional degree, licensure, or job title of person providing the service:
 - **Line numbers 3, 4, 7, and 8.**
- The date the documentation was entered in the medical record:
 - **Line numbers 1, 2, 3, 4, 5, 7, 8, and 9.**

In response to follow-up questions concerning the provider's missing signature, title, and date, the MHP provided evidence of the required elements recorded within their EHR as well as the following written response; "This was discussed and demonstrated during our Zoom Meeting. The Signature is not on the Assessment itself but is available in another portion of the EHR."

Corrective Action Description

- Training will be provided during the weekly Access meeting, including one specific to the MHP's policy on the signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, job title, and the date the documentation was entered into the medical record.
- The new EHR (FEI) system allows for the electronic signature to be printed on the assessment.

Proposed Evidence/Documentation of Correction

1. Access Meeting minutes
2. Record of attendance

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Ongoing Monitoring (if included)

Monthly at Access Meeting (Checking for signature)

Person Responsible (job title)

Clinical Supervisor

Senior Administrative Assistant

BH Director

Implementation Timeline:

June 2022

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Chart Review

Medication Consent

Requirement

The MHP ensure that a written medication consent form is obtained and retained for each medication prescribed and administered under the direction of the MHP.

DHCS Finding Question 8.3.1

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:

- **Line number 5:** Although there was a written medication consent form in the medical record, there was no specific medication consent form for Risperidone.

The MHP was given the opportunity to locate the medication consent in question and submitted documentation, in a 1/7/2020 psychiatry progress note, of the beneficiary expressing interest in Risperidone; however, this occurred prior to the onset of COVID-19 and Executive Order N-55-20, dated 4/23/20, which waived the requirement for client signatures on psychiatric medication consents.

Corrective Action Description

The Medical Director and Medication staff meet during Utilization Review meeting (3-24-2022) to discuss written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication or a written explanation regarding the beneficiary's refusal or unavailability to sign the medication consent.

Proposed Evidence/Documentation of Correction

1. UR Meeting minutes
2. Record of attendance

Ongoing Monitoring (if included)

Quarterly checking for documentation on written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication or a written explanation regarding the beneficiary's refusal or unavailability to sign the medication consent.

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Person Responsible (job title)

Clinical Supervisor

Medication Support Staff

Medical Director

BH Director

Implementation Timeline:

March 24, 2022

**Lassen County Mental Health Services
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Corrective Action Plan**

Chart Review

Medication Consent

Requirement

The MHP ensures a written medication consent form is obtained and retained for each medication prescribed and administered under the direction of the MHP.

DHCS Finding Question 8.3.2

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:

Duration of taking the medication: Every prescription for **Line numbers 1, 2, 3, 4, 5, 6, 8, and 9** had a duration of “ongoing,” which does not describe a specific increment of time.

Corrective Action Description

The Medical Director and Medication staff meet during Utilization Review meeting (3-24-2022) to discuss written medication consent contain the following required elements describe a specific increment of time. Stopped the verbiage of “on-going” on the forms and added days/week/months so its measurable.

Proposed Evidence/Documentation of Correction

1. UR Meeting minutes
2. Record of attendance

Ongoing Monitoring (if included)

Quarterly checking for documentation specific increment of time on medication consent.

Person Responsible (job title)

Clinical Supervisor

Medication Support Staff

Medical Director

BH Director

**Lassen County Mental Health Services
FY 20/21 Specialty Mental Health Triennial Review
Corrective Action Plan**

Implementation Timeline:

March 24, 2022

**Lassen County Mental Health Services
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Chart Review

Client Plans

Requirement

The MHP ensure that the medical record includes services that were to achieve the purpose for which the services are furnished.

DHCS Finding Question 8.4.2a

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

Line number 10: The current Client Plan did not contain services sufficient to reasonably achieve the purpose and goals documented on the Plan.

Following the virtual onsite review, the MHP submitted upon request evidence of an ICC/IHBS determination completed on 4/24/2020, indicating the “child would benefit from receiving medically necessary ICC and/or IHBS service;” however, ICC/IHBS services were not included on the current Client Plan, also dated 4/24/2020, nor was there evidence that those services were provided at any time during the chart review period.

Corrective Action Description

Training will be provided during the weekly Access meeting regarding client plan and actual services provided include interventions sufficient to reasonably attain the purpose and goals documented on the Plan.

Proposed Evidence/Documentation of Correction

1. Access Meeting minutes
2. Record of attendance

Ongoing Monitoring (if included)

Quarterly checking for Client Plan during Access meeting to ensure all Client Plans and actual services provided include interventions sufficient to reasonably attain the purpose and goals documented on the Plan.

Person Responsible (job title)

Clinical Supervisor

Senior Administrative Clerk

**Lassen County Mental Health Services
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Corrective Action Plan**

BH Director

Implementation Timeline:

June 2022

**Lassen County Mental Health Services
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Chart Review

Client Plans

Requirement

The MHP ensure that the services claimed and documented on the beneficiary's progress notes are sufficient and consistent in amount, duration or scope with those documented on the beneficiary's current Client Plan.

DHCS Finding Question 8.4.2b

Services claimed and documented on the beneficiary's progress notes were not sufficient and consistent in amount, duration or scope with those documented on the beneficiary's current Client Plan. Specifically:

- **Line number 3.** Interventions documented on the 7/23/2020 Client Plan included Individual Therapy, Individual Rehabilitation, Case Management, and Socialization Group up to once per week, Collateral and Group Therapy up to twice per week, and Medication Support Services to be determined by medication support staff. However, an assessment on 7/1/2020 was the only service provided in July and crisis intervention on 8/11/2020 was the only service provided in August.
- **Line number 8.** Interventions documented on the 4/3/2020 Client Plan included Individual Therapy and Case Management up to once per week, Group Therapy and Collateral up to twice per week, and Medication Support to be determined by medication support staff. During the month of September the only service provided was Medication Support on 9/10/2020.
- **Line number 10.** Interventions documented on the 4/24/2020 Client Plan included Individual Therapy once per week and Individual Rehabilitation, Collateral, and Case Management up to twice per week. The only service provided in July was a single Collateral session, dated 7/14/2020, and no services were provided in September.

During the meeting with the MHP, additional information was requested, however, the MHP did not provide evidence that the proposed services for Line numbers 3, 8, and 10 were being provided at the planned frequency.

Corrective Action Description

Training will be provided during the weekly Access meeting, will ensure that services are provided in the amount, duration, and scope as specified in the Individualized Client Plan for each beneficiary. The non-billable notes need to show what services are not

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being provided. For example, clerical cannot make the appointments for a client who needs a therapy appointment because their phone has been disconnected. Clerical will make notes in the Contact section of the electronic health record (FEI) System.

Proposed Evidence/Documentation of Correction

1. Access Meeting minutes
2. Record of attendance

Ongoing Monitoring (if included)

Quarterly checking for Client Plan during Access meeting to ensure all Client Plans provided in the amount, duration, and scope as specified in the Individualized Client Plan for each beneficiary.

Person Responsible (job title)

Clinical Supervisor

Senior Administrative Assistant

BH Director

Implementation Timeline:

June 2022

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Chart Review

Client Plans

Requirement

The MHP ensure that client plans are updated at least annually and/or when there were significant changes in the beneficiary's condition.

DHCS Finding Question 8.4.3a

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

- **Line number 7 and 10:** There was a **lapse** between the prior and current Client Plans. However, this occurred outside of the audit review period.
 - **Line number 7.** The prior Client Plan expired on 2/12/2020; the current Client Plan was completed on 5/14/2020.
 - **Line number 10.** The prior Client Plan expired on 3/5/2020; the current Client Plan was completed on 4/24/2020.

Corrective Action Description

Training will be provided during the weekly Access meeting regarding client plans are updated at least 6 months, annually and/or when there were significant changes in the beneficiary's condition.

Proposed Evidence/Documentation of Correction

1. Access Meeting minutes
2. Record of attendance

Ongoing Monitoring (if included)

Quarterly checking for Client Plan during Access meeting to ensure all Client Plans are updated annually or when a significant change has occurred.

Person Responsible (job title)

Clinical Supervisor

Senior Administrative Assistant

BH Director

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Chart Review

Client Plans

Requirement

The MHP ensure that client plans include all of the required elements identified in the MHP Contract.

DHCS Finding Question 8.4.4

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

- One or more goal/treatment objectives was not specific, observable, and/or quantifiable and related to the beneficiary’s mental health needs and identified functional impairments.
 - **Line number 5.** The beneficiary, diagnosed with a severe and persistent mental illness (SPMI), had the following treatment objectives, “[Client] will maintain his happiness at a 5 or higher 7 out of 7 days per week,” and “[Client] will stop and think before he makes a financial decision 100% of the time. These treatment objectives lack specificity in addressing the identified functional impairments, despite the use of numerical rating for the occurrence of happiness and cognitive control.
- One or more proposed interventions did not include an expected frequency or frequency range that was specific enough.
 - **Line numbers 1, 2, 4, 5, 6, 8, and 9.** For each of the preceding line numbers the expected frequency for medication support services was documented as “to be determined by” the treating psychiatrist or medication support staff.

The MHP responded during the virtual onsite review and in writing, “This was discussed during our Zoom meeting, our Therapists feel it is out of their scope to determine the frequency of Medication Support Services and leave that up to the Psychiatrist to determine.” The MHP further explained during the virtual onsite review that staff psychiatrists may enter this information in their progress notes. The MHP was given the opportunity to locate additional documentation, but did not provide evidence of psychiatry progress notes documenting the planned frequency of services.

- One or more client plan was not consistent with the qualifying diagnosis.
 - **Line number 10.** “Attention Deficit Disorder Combined Presentation” (ADHD) was the primary, and only, diagnosis recorded on the 9/11/2019 Client Assessment, based on several identified symptoms meeting DSM

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criteria. Two Client Plans completed on 9/5/2019 and 4/24/2020 reflected the ADHD diagnosis.

However, the ADHD diagnosis was incongruent with the explanation for medical necessity in the concluding paragraph of the 2019 assessment which states, "This writer is making an initial diagnosis of Attention Deficit Disorder Combined Presentation F90.2. Client meets medical necessity in that he becomes aggressive and has meltdowns, and lacks social interaction skills." The concluding paragraph in the 2019 assessment appeared to address symptoms of conduct disorder, oppositional and defiant behavior, and "sexualized behavior," as well as concerns for harm to self or others, which was also documented in the Client Assessment but not diagnosed.

Consistent with the aforementioned statement meeting medical necessity, the 2019 and 2020 Client Plan goals and objectives focused on anger management, conflict resolution, and emotional dysregulation, and not on ADHD symptomology.

Corrective Action Description

Training will be provided during the weekly Access meeting:

1. Client plan goals/treatment objectives are 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.
2. Mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.
3. Client plans are consistent with the qualifying diagnosis.

Proposed Evidence/Documentation of Correction

1. Access Meeting minutes
2. Record of attendance

Ongoing Monitoring (if included)

Quarterly checking for Client Plan during Access meeting to ensure all Client Plans are 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 proposed on client plans indicate both an expected frequency and duration for each intervention. Client plans are consistent with the qualifying diagnosis.

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Person Responsible (job title)

Clinical Supervisor

Senior Administrative Assistant

BH Director

Implementation Timeline:

June 2022

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Chart Review

Client Plans

Requirement

The MHP ensure beneficiaries or legal representative's degree of participation in and agreement with the Client Plan, and there was no written explanation of the beneficiary's refusal or unavailability to sign the Plan.

DHCS Finding Question 8.4.7

There was no documentation of the beneficiary's or legal representative's degree of participation in and agreement with the Client Plan, and there was no written explanation of the beneficiary's refusal or unavailability to sign the Plan, if a signature was required by the MHP Contract with the Department and/or by the MHP's written documentation standards:

- **Line number 2:** Although the signature requirement for client plans have been temporarily waived during the COVID-19 public health emergency, DHCS's May 20, 2020 guidelines for behavioral health programs during COVID-19 stipulated, "If a signature cannot be obtained, for any reason, the reason for the missing signature should be documented in the client record."2

For Line number 2, the beneficiary's signature was not present on the Client Plan, dated 8/11/2020, and there was no supporting documentation within the medical record of the beneficiary's participation in and agreement with the Client Plan.

Corrective Action Description

Training will be provided during the weekly Access meeting, that each beneficiary's participation in and agreement with all client plans are obtained and documented.

Proposed Evidence/Documentation of Correction

1. Access Meeting minutes
2. Record of attendance

Ongoing Monitoring (if included)

Quarterly checking for Client Plan during Access meeting to ensure all Client Plans have a degree participation by the beneficiary's or legal representative's or written explanation of the beneficiary's refusal or unavailability to sign the Plan.

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Person Responsible (job title)

Clinical Supervisor

Senior Administrative Assistant

BH Director

Implementation Timeline:

June 2022

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Chart Review

Client Plans

Requirement

The MHP ensure beneficiaries or legal representatives are offered a copy of the Client Plan.

DHCS Finding Question 8.4.11

- **Line numbers 1, 2, 4, 6, 8, 9, and 10:** There was no documentation on the current Client Plan that the beneficiary or legal guardian was offered a copy of the Client Plan.

Corrective Action Description

Training will be provided during the weekly Access meeting, on beneficiaries or legal representatives are offered a copy of the Client Plan.

Proposed Evidence/Documentation of Correction

1. Access Meeting minutes
2. Record of attendance

Ongoing Monitoring (if included)

- Quarterly checking for Client Plan during Access meeting to ensure there is documentation on the Client Plan substantiating that the beneficiary was offered a copy of the Client Plan.
- The MHP will submit evidence that the MHP has an established process to document that each beneficiary is offered a copy of their current Client Plan.

Person Responsible (job title)

Clinical Supervisor

Senior Admin Assistant

BH Director

Implementation Timeline:

June 2022

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Chart Review

Client Plans

Requirement

The MHP ensure signature of the person providing the service (or electronic equivalent) and the date the documentation was entered into the medical record.

DHCS Finding Question 8.4.12

One or more Client Plan did not include the signature of the person providing the service (or electronic equivalent) and the date the documentation was entered into the medical record. Specifically:

1) **Line numbers 1, 2, and 9:** Missing Provider's completion date on the Initial Client Plan (date provider completed the Plan).

2) **Line numbers 1, 2, 4, 5, 6, 7, 8, 9, and 10:** Missing Provider's completion date on the Update Client Plan (date provider completed the Plan).

3) **Line numbers 1, 2, and 9:** Missing Provider's signature on the Initial Client Plan (or electronic equivalent).

4) **Line numbers 1, 2, 4, 5, 6, 7, 8, 9, and 10:** Missing Provider's signature on the Update Client Plan (or electronic equivalent).

In response to several questions regarding the lack of provider signatures on client plans, MHP staff demonstrated that they have an internal process of finalizing assessments, but currently have no capability for that signature to be displayed either in the EHR or on a printed copy of the assessment.

Corrective Action Description

Training will be provided during the weekly Access meeting, to ensure that all documentation includes:

1) The date of service.

2) The provider signature (or electronic equivalent) with the professional degree, licensure, or job title.

3) The date the provider completed the document and entered it into the medical record, as evidenced by a signature date (or electronic equivalent).

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Proposed Evidence/Documentation of Correction

1. Access Meeting minutes
2. Record of attendance

Ongoing Monitoring (if included)

Quarterly checking for Client Plan during Access meeting to ensure there is documentation includes:

- 1) The date of service.
- 2) The provider signature (or electronic equivalent) with the professional degree, licensure, or job title.
- 3) The date the provider completed the document and entered it into the medical record, as evidenced by a signature date (or electronic equivalent).

Person Responsible (job title)

Clinical Supervisor

Senior Administrative Assistant

BH Director

Implementation Timeline:

June 2022

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Chart Review

Progress Notes

Requirement

The MHP ensure progress notes include all required elements specified in the MHP Contract, and are in accordance with the MHP's written documentation standards.

DHCS Finding Question 8.5.2

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 1, 2, 3, 4, 5, 6, 7, 9, and 10.** One or more progress notes were not completed within the MHP's written timeliness standard of within the same day of service and no later than 48 hours after provision of service if unavoidable circumstances necessitate a late entry. 54 (19 percent) of all progress notes reviewed were completed late (81% compliance).
- **Line numbers 2, 3, 4, and 8.** Progress note "Completion Timeliness" could not be determined because the provider signed but did not date the note. Therefore, the note was considered late. 16 (1 percent) of all progress notes reviewed did not include provider signature completion date or electronic equivalent (99% compliance).
- **Line numbers 1, 2, 3, 4, 5, 6, 8, and 9.** One or more progress notes did not match its corresponding claim in terms of amount of time to provide services: The service time documented on the Progress Note was less than the time claimed, or the service time was entirely missing on the Progress Note. **RR8b3, refer to Recoupment Summary for details.**
 - documented time on progress notes did not match corresponding claims.
 - **Line number 3.** The documented time on one progress note did not match the corresponding claim.
 - The 7/1/2020 claim for assessment services was for 60 minutes. However, both the 7/1/2020 Annual Re-Assessment document and the corresponding 7/1/2020 Assessment progress note documented 38 total minutes.
 - **Line number 5.** The documented time on three progress notes did not match their corresponding claims. • The 8/4/2020 claim for crisis intervention services was for 110 minutes. However, the 8/4/2020 crisis intervention progress note, signed and completed on 8/6/2020, documented 90 total elapsed minutes.
 - The 8/4/2020 claim for plan development services was for 60 minutes. However, the 8/4/2020 treatment planning progress note documented 41 total minutes.

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- The 8/10/2020 claim for individual rehabilitation services was for 118 minutes. However, the 8/10/2020 individual rehabilitation progress note documented a total time of 58 minutes.

- **Line number 6.** The documented time on three progress notes did not match their corresponding claims.
 - The 7/7/2020 claim for case management services was for 6 minutes. However, the 7/7/2020 case management progress note, signed and completed on 7/8/2020, documented 4 minutes.
 - The 7/30/2020 claim for medication support services was for 15 minutes. However, the 7/30/2020 nursing note documented 10 total minutes.
 - The 9/8/2020 claim for case management services was for 110 minutes. However, the 9/8/2020 case management progress note, signed and completed on 9/9/2020, documented the time of service from 10:00 to 10:50 and 10 minutes of note time for 60 total minutes.

MHP provided the following written response for the Lines 3, 5, and 6, “These items were addressed in our Zoom Meeting. Our Fiscal department has looked into these items and is unsure about what happened when the billings crossed into the state system as in our systems the minutes billed matched the service activity.” No further documentation was provided to clarify the discrepancy in the units of time submitted with the claims versus the units of time recorded on progress notes.

- The psychiatry progress notes for **Line numbers 1, 2, 3, 4, 5, 6, 8, and 9** had no recorded unit of time on the progress notes.
 - **Line number 1:** psychiatry notes dated 7/14/20, 7/28/20, 8/27/20, 9/24/20
 - **Line number 2:** psychiatry notes dated 7/08/20, 7/16/20, 7/22/20, 8/4/20, 8/19/20, 9/16/20
 - **Line number 3:** psychiatry note dated 9/22/20
 - **Line number 4:** psychiatry notes dated 7/28/20, 8/25/20, 9/24/20
 - **Line number 5:** psychiatry notes dated 7/10/20, 8/07/20, 9/04/20
 - **Line number 6:** psychiatry notes dated 7/30/20, 8/06/20, 9/11/20, 9/25/20
 - **Line number 8:** psychiatry notes dated 7/07/20, 7/14/20, 7/21/20, 7/28/20, 8/11/20, 8/25/20, 9/10/20
 - **Line number 9:** 7/02/20, 8/28/20, 9/18/20

MHP Progress Notes Policy No. 18-15 Revision 2, states progress notes are to document duration of service. In response to the missing units of time the MHP has submitted screen shots of their EHR depicting a “Client Chart” tab and the heading “Activity History” which has recorded the date, start and ending times of provided Medication Support services, and a staff number.

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While the date and times listed correspond with the claims, it could not be ascertained from submitted documentation if the staff number on the submitted screen shot belongs to the treating psychiatrists who completed the progress notes.

- **Line numbers 1, 2, 3, 4, 5, 6, 8, and 9.** One or more progress note was missing the provider's signature (or electronic equivalent).
 - In response to questions regarding the lack of this specific provider's signature on progress notes, MHP staff acknowledged that they currently do not have the capability for the provider's signature to be displayed either in the EHR or on a printed copy of the progress note.
- **Line numbers 1, 2, 3, 4, 5, 6, 8, and 9.** One or more progress note was missing the provider's professional degree, licensure or job title. 30 (13 percent) of all progress notes reviewed did not include the provider's professional degree, licensure or job title (87% compliance).
 - In response to questions regarding the specific provider's professional degree, licensure or job title, the MHP acknowledged that the provider's actual credentials are not present on the documents themselves, or accessible within the EHR.

Corrective Action Description

- The MHP will update the Documentation Manual to include written documentation standards for progress notes, including timeliness and frequency, as required by the MHP Contract with the Department.
- Training will be provided during the weekly Access meeting, will ensure that progress notes document:
 - Timely completion and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP's written documentation standards.
 - Date the progress note was completed and entered into the medical record in order to determine completion timeliness, as specified in the MHP Contract with the Department.
 - The provider' professional degree, licensure or job title.
- The MHP is updating to a new electronic health record to ensure both service dates and times recorded on progress notes match their corresponding claims.

Proposed Evidence/Documentation of Correction

1. Access Meeting minutes
2. Record of attendance

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Ongoing Monitoring (if included)

Quarterly checking for Progress Notes during Chart Review to ensure that progress notes document:

- Timely completion and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP's written documentation standards.
- Date the progress note was completed and entered into the medical record in order to determine completion timeliness, as specified in the MHP Contract with the Department.
- The provider's/providers' professional degree, licensure or job title.

Person Responsible (job title)

Clinical Supervisor

Senior Administrative Assistant

BH Director

Implementation Timeline:

June 2022

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Chart Review

Progress Notes

Requirement

The MHP ensure that progress notes contain accurate and complete documentation of claimed service activities, that the documentation is consistent with services claimed, and that services are not claimed when billing criteria are not met.

DHCS Finding Question 8.5.3

Documentation of services provided to, or on behalf of, a beneficiary by one or more persons at one point in time did not include all required components. Specifically:

- **Line number 2.** A claim for one Group Psychotherapy session was not properly apportioned to all group participants. The 9/10/20 Group Therapy note for Line 2 has a documented duration of 120 minutes and a corresponding claim for 120 minutes. However, three group members are present. The claim for the beneficiary should be for 40 minutes. **RR12, refer to Recoupment Summary for details.**

Corrective Action Description

Training will be provided during the weekly Access meeting that describe progress notes contain accurate and complete documentation of claimed service activities, that the documentation is consistent with services claimed, and that services are not claimed when billing criteria are not met.

Proposed Evidence/Documentation of Correction

1. Access Meeting minutes
2. Record of attendance

Ongoing Monitoring (if included)

Quarterly checking for Progress Notes during Chart Review to ensure that progress notes contain accurate and complete documentation of claimed service activities, that the documentation is consistent with services claimed, and that services are not claimed when billing criteria are not met.

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Person Responsible (job title)

Clinical Supervisor

Senior Administrative Assistant

BH Director

Implementation Timeline:

June 2022

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Progress Notes

Requirement

The MHP ensure progress notes are documented according to the frequency requirements specified in the MHP Contract.

DHCS Finding Question 8.5.4

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

- **Line numbers 1, 3, and 6:** There was no progress note in the medical record for the services claimed. **RR8a, refer to Recoupment Summary for details.**
- **Line 1.** There was no progress note for a mental health service (service function 30) provided on 8/27/2020 for 19 minutes. The MHP submitted a progress note for case management (service function 1) for 35 minutes for that date.
- **Line 3.** There was no progress note for a mental health service (service function 30) provided on 9/16/2020 for 120 minutes. The MHP submitted a progress note for case management (service function 1) for 30 minutes for that date.
- **Line 6.** There were no progress notes provided for two targeted case management claims, both dated 8/21/2020, for 112 minutes and 270 minutes respectively. In response to a questions sent following the virtual onsite review, the MHP responded, "During our Zoom call the date of service that was discussed for this item was 08/22/2020 (note: this is the incorrect date) so a screen shot of our service activity for this date was uploaded to MoveIT." The date of these services was 8/21/2020 not 8/22/2020. The screen shot erroneously demonstrated a service provided on 8/22/2020 for 30 minutes, and did not address the two claims dated 8/21/2020 for 112 minutes and 270 minutes.

The MHP was given the opportunity to locate the document(s) in question but did not provide written evidence of the document(s) in the medical record.

Corrective Action Description

1. Training will be provided during the weekly Access meeting, to ensure that all Specialty Mental Health Services claimed are:
 - a. Documented in the medical record.
 - b. Actually provided to the beneficiary.

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- c. Claimed for the correct service modality billing code, and units of time.
- 2. Ensure that all progress notes:
 - a. Describe the type of service or service activity, the date of service and the amount of time to provide the service, as specified in the MHP Contract with the Department.

Proposed Evidence/Documentation of Correction

- 1. Access Meeting minutes
- 2. Record of attendance

Ongoing Monitoring (if included)

Quarterly checking for Progress Notes during Chart Review.

Person Responsible (job title)

Clinical Supervisor

Senior Administrative Assistant

BH Director

Implementation Timeline:

June 2022

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Chart Review

Provision of ICC Services and IHBS for Children and Youth

Requirement

The MHP ensure the medical record contains 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.

DHCS Finding Question 8.6.1

1. The medical record associated with the following Line number(s) 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 number 7.** The Medical Necessity Determination and Recommendation for Level of Service dated 5/14/2020 documented that the beneficiary was “Placed out of home by CPS or Probation” indicating the beneficiary met eligibility criteria for ICC services and IHBS; however, these services were not included in the 5/14/2020 Client Plan.
 - The MHP responded to requests for additional evidence by stating that the evidence of determination for Line 8 was “Uploaded to MoveIT;” however, the uploaded “Lassen County ICC & IHBS Eligibility” form was signed as completed on 3/10/2021, which is well after the review period of July 1, 2020 through September 30, 2020.
 - **Line number 8.** The beneficiary, diagnosed with SPMI, was assessed as having a probability of significant deterioration in five out of five important areas of life functioning on the 4/3/2020 Medical Necessity Determination and

Recommendation for Level of Service form indicating the beneficiary met eligibility criteria for ICC services and IHBS. In addition, the beneficiary was hospitalized at Restpadd early in the review period, from July 10th through the 13th, indicating a potential need for ICC and IHBS evaluation; however, these services were not included in the 4/30/2020 Client Plan.

The MHP responded to requests for additional evidence by stating the evidence of determination for Line 8 was “Uploaded to MoveIT;” however, no such document was found among the uploaded files following the virtual onsite review.

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Corrective Action Description

Training will be provided during the weekly Access meeting, to ensure that 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.

Proposed Evidence/Documentation of Correction

1. Access Meeting minutes
2. Record of attendance

Ongoing Monitoring (if included)

Quarterly checking for of ICC/IHBS during Chart Review.

Person Responsible (job title)

Clinical Supervisor

Senior Administrative Assistant

BH Director

Implementation Timeline:

June 2022