Los Angeles County Department of Mental Health

FY 18/19 Specialty Mental Health Triennial Review

Corrective Action Plan

System Review

Requirement

The MHP shall meet, and require its providers to meet, Department standards for timely access to care and services, taking into account the urgency of need for services.

DHCS Finding: A - Network Adequacy & Availability of Services

The MHP did not submit to DHCS its policies and procedures addressing the timely access standards and requirements. Specifically, the evidence the MHP did provide did not document psychiatry appointments within 15 days, non-urgent appointments with a non- physician mental health care provider within 10 business days from request to appointment, urgent care appointments for services that do not require prior authorization within 48 hours of the request for an appointment, and urgent care appointments for services that do require prior authorization within 96 hours of the request for an appointment.

Corrective Action Description

1. Quality Assurance Bulletin issued notifying providers of requirements
2. LACDMH Policy & Procedure 302.07: Access to Care updated to account for requirement
3. Clinical Policy Committee will monitor this P&P at least once every three (3) years and update as needed to ensure compliance with Department standards

Proposed Evidence/Documentation of Correction

1. QA Bulletin 18-08 - Attachment 1a
2. Policy 302.07 Access to Care – Attachment 1b
3. Clinical Policy Committee Mission Vision Statement

Implementation Timeline:

1. QA Bulletin 18-08 - Attachment 1a
2. Policy 302.07 Access to Care – Attachment 1b
3. Clinical Policy Committee Mission Vision Statement

System Review

Requirement

The MHP shall establish mechanism to ensure that network providers comply with the timely access requirements. The MHP shall monitor network providers regularly to determine compliance with timely access requirements.

DHCS Finding: A - Network Adequacy & Availability of Services

The MHP lacked sufficient evidence of compliance. The MHP did not provide evidence of a mechanism to demonstrate how it monitors network providers regularly to determine compliance with timely access requirements and any evidence of correction action plan policy or documents.

Corrective Action Description

1. Develop access to care monitoring database
2. Establish LACDMH Leadership Team responsible for overseeing access to care and establishing monitoring & compliance plan
3. Implement a monthly Department-wide monitoring & compliance plan

Proposed Evidence/Documentation of Correction

1. Sample of monitoring database data
2. Sign-In Sheet from first meeting
3. Written monitoring plan

Implementation Timeline:

1. April 1, 2020

2. April 1, 2020

3. July 1, 2020

Requirement

A. The County uses its 1991 Realignment funding to provide an array of community mental health services, including acute psychiatric inpatient hospital services provided in IMD to target populations.

B. The MHP is required to cover acute psychiatric inpatient hospital services provided in an IMD to Medi-Cal beneficiaries under the age of 21, or 65 years or older.

DHCS Finding: A - Network Adequacy & Availability of Services

The MHP did not provide evidence that it uses its 1991 realignment funding to provide an array of community mental health services, including acute psychiatric inpatient hospital services provided in an IMD to target populations and to Medi- Cal beneficiaries under the age of 21 or 65 years or older.

Corrective Action Description

1. Provide evidence from accounting that payments were made for IMD exclusion services in past calendar years

2. Develop written procedures for processing IMD exclusion invoices

3. Reporting of IMD exclusion invoice payment

4. IMD Exclusion report

Proposed Evidence/Documentation of Correction

1. Accounting payment documents

2. Procedure for Processing IMD Exclusion Invoices

3. Request and use unique project code for payment of IMD exclusion invoices

4. Implement a monthly monitoring plan by developing a report for IMD Exclusion payments to verify that the appropriate project code was used.

Implementation Timeline:

1. February 28, 2020

2. February 28, 2020

3. February 28, 2020

4. September 1, 2020

Requirement

1. The MHP's policies and procedures for selection and retention of providers must not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment.

2. The MHP may not discriminate in the selection, reimbursement, or indemnification of any provider who is acting within the scope of his or her license or certification under applicable state law, solely on the basis of that license or certification.

DHCS Finding: A - Network Adequacy & Availability of Services

The MHP did not provide evidence that it does not discriminate when selecting or retaining providers. The MHP did not submit a P&P or other documentation as evidence of compliance.

Corrective Action Description

1. Add language to the contract boilerplate

2. Add language in solicitation documents

3 DMH solicitations have a three- tiered appeals process, which allow for potential bidders to appeal on various grounds, including discrimination. When that happens, County (DMH) looks into the allegations and either corrects what was done inappropriately or defends its actions. Additionally, DMH does not turn down providers for any other reason other than not meeting the requirements of the contract.

Proposed Evidence/Documentation of Correction

1. FY20/21 Contract Boilerplate

2. Solicitation Sample

3. Solicitation Sample: includes the three- tiered appeals process –

    (1) Solicitation Requirements Review

(2) Proposed Contractor Selection Review (PCSR);

(3) County Independent Review (CIR) Process

Implementation Timeline:

1. FY 2020-2021 Contracts
2. April 1, 2020

Requirement

The QAPI work plan includes a description of mechanisms the MHP has implemented to assess the accessibility of services within its service delivery area including goals for: Timeliness for scheduling of routine appointments.

DHCS Finding: C - Quality Assurance & Performance Improvements

The QI Work Plan did not address the timeliness for scheduling routine appointments.

Corrective Action Description

1. Add a statement to the QI Work Plan related to monitoring timely access to care
2. Work Plan goals and related progress will be reviewed every six months to ensure all components of the QI Work Plan are addressed.

Proposed Evidence/Documentation of Correction

1. QI Work Plan

Implementation Timeline:

1. April 1, 2020

Requirement

Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number:

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 SMHS

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

The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes

DHCS Finding: D - Access and Information Requirements

Re: beneficiary problem resolution and fair hearing processes: The operator on a test call did not provide an office location, where to obtain forms, or offer to mail the forms. The operator did not provide any specific procedures for grievances, problem resolution, or state fair hearings

Corrective Action Description

1. ACCESS Protocols

2. Provide additional training to ACCESS Center staff re: the beneficiary resolution and fair hearing process; frequency of trainings – annually for all staff; new hires – upon start date and annually

3. Provide ongoing new hire trainings (frequency of trainings based on new hire start dates) and annual trainings for all staff

4. Monitoring of calls to ensure information is provided

Proposed Evidence/Documentation of Correction

1. ACCESS Protocols - Attachment 1c

2. Sign-In Sheets from trainings

3. Training PowerPoints and handouts - Attachment 1d

4. QA Protocol and QA Review Form

Implementation Timeline:

1. January 3, 2019 - Completed
2. October 31, 2020
3. Ongoing- Completed
4. July 1, 2020

Requirement

1. The MHP must maintain written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing
2. The written log(s) contain the following required elements:

a. Name of the beneficiary

b. Date of the request

c. Initial disposition of the request

DHCS Finding: D - Access and Information Requirements

The ACCESS log did not contain two of the four DHCS test calls.

Corrective Action Description

1. ACCESS Protocols
2. Provide ongoing new hire trainings (frequency of trainings based on new hire start dates) and annual trainings for all staff
3. Monitoring of calls to ensure information is provided. (QIC) to meet at least once a month to review follow up actions related to QA reviews, test calls, and customer service surveys.

Proposed Evidence/Documentation of Correction

1. ACCESS Protocols - Attachment 1c
2. Training PowerPoints and handouts - Attachment 1d
3. QA Protocol, QA Review Form, and ACCESS QIC Guidelines

Implementation Timeline:

1. January 3, 2019 - Completed
2. Ongoing - Completed
3. July 1, 2020

Requirement

For standard authorization decisions, the MHP shall provide notice as expeditiously as the beneficiary's condition requires not to exceed 14 calendar days following receipt of the request for service, with a possible extension of up to 14 additional calendar days when the beneficiary or the provider requests extension

DHCS Finding: E - Coverage & Authorization of Services

The sample of 200 TARS: 1 TAR exceeded the 14 calendar days

Corrective Action Description

Implement monitoring process in which supervisors will review the master tracking log on a daily basis and flag any pending TARS that are within two(2) days of due date to ensure TARS completed timely.

Proposed Evidence/Documentation of Correction

1. Written monitoring plan

Implementation Timeline:

1. June 1, 2020
2. July 1, 2020

Requirement

The MHP must send out an acknowledgment letter to the beneficiary when they receive a grievance. The letter must include the date the MHP received the grievance.

DHCS Finding: F - Beneficiary Rights & Protections

The required date of receipt was not included in the sample Acknowledgment Letters

Corrective Action Description

1. Update Acknowledgment Letter to include date of receipt

2. On a daily basis, supervisor to maintain and monitor Grievance Appeal Log to track the dates of receipt and dates of acknowledgement letters

3. On a monthly basis, supervisor will do a random review of five (5) letters to confirm that they have required elements and were sent to the beneficiary within required timeframes

Proposed Evidence/Documentation of Correction

1. Sample Acknowledgment Letter

2. Updated Policy 200.04

Implementation Timeline:

1. June 1, 2020

2. October 1, 2020

Requirement

The MHP must send to the beneficiary an acknowledgment letter, postmarked within 5 calendar days of receipt of the grievance.

DHCS Finding: F - Beneficiary Rights & Protections

The receipt date cannot be confirmed from the Acknowledgment Letters or the Grievance Log and therefore it is unknown if the 5 calendar days was met

Corrective Action Description

1. Update Acknowledgment Letter to include date of receipt

2. On a daily basis, supervisor to maintain and monitor Grievance Appeal Log to track the date of grievance/appeal received, date of review/meeting, and date of acknowledgement letters.

Proposed Evidence/Documentation of Correction

1. Sample Acknowledgment Letter
2. Sample Grievance Appeal Log

Implementation Timeline:

1. June 1, 2020

Requirement

The MHP shall ensure that decision makers on grievances and appeals of adverse benefit determinations take into account all comments documents, records, and other information submitted by the beneficiary or beneficiary's representative, without regard to whether such information was submitted or considered in the initial adverse benefit determination

DHCS Finding: F - Beneficiary Rights & Protections

The Beneficiary Problem Resolution Process P&P does not ensure that the decision makers on the grievances and appeals of adverse benefit determinations take into account all comments, documents, records and other information submitted without regard to whether such information was submitted or considered in the initial adverse benefit determination

Corrective Action Description

1. Update DMH Policy & Procedure 200.04 Beneficiary Problem Resolution Process to ensure decision makers take into account all information submitted
2. Clinical Policy Committee will monitor this P&P at least once every three (3) years and update as needed to ensure compliance with requirements

Proposed Evidence/Documentation of Correction

1. Updated Policy 200.04
2. Clinical Policy Committee Mission Vision Statement

Implementation Timeline:

1. October 1, 2020
2. December 11, 2019 (completed)

Requirement

The MHP shall provide the beneficiary and his/her representative the beneficiary's case file free of charge and sufficiently in advance of the resolution timeframe for standard and expedited appeal resolution

DHCS Finding: F - Beneficiary Rights & Protections

The P&P did not address that the MHP shall provide the beneficiary and his/her representative the beneficiary's case file free of charge and sufficiently in advance of the resolution timeframe for standard and expedited appeal resolutions

Corrective Action Description

1. Update DMH Policy & Procedure 200.04 Beneficiary Problem Resolution Process to state case file free of charge and sufficiently in advance
2. Clinical Policy Committee will monitor this P&P at least once every three (3) years and update as needed to ensure compliance with requirements

Proposed Evidence/Documentation of Correction

1. Updated Policy 200.04
2. Clinical Policy Committee Mission Vision Statement

Implementation Timeline:

1. October 1, 2020
2. December 11, 2019 (completed)

Requirement

The MHP shall adhere to the following record keeping, monitoring and review requirements:

1. Maintain a grievance and appeal log and record grievances, appeals, and expedited appeals in the log within one working day of the date of receipt of the grievance, appeal, or expedited appeal

DHCS Finding: F - Beneficiary Rights & Protections

The Grievance log does not indicate when the grievance was received nor does it indicate when the grievance was logged

Corrective Action Description

1. Add date the grievance was received and logged to the excel grievance log
2. On a daily basis, supervisor will maintain and monitor Grievance Appeal Log

Proposed Evidence/Documentation of Correction

1. Sample Grievance Log
2. Updated Policy 200.04

Implementation Timeline:

1. June 1, 2020
2. October 1, 2020

Requirement

The MHP shall adhere to the following record keeping, monitoring and review requirements:

1. Each record shall include, but not be limited to: a general description of the reason for the appeal or grievance the date received, the date of each review or review meeting, resolution information for each level of the appeal or grievance, if applicable, and the date of resolution at each level, if applicable, and the name of the covered person whom the appeal or grievance was filed

DHCS Finding: F - Beneficiary Rights & Protections

The Grievance log does not indicate when the grievance was received, the date of each review or review meeting, or the date of the resolution

Corrective Action Description

1. Add date the grievance was received, the date of each review and the date of resolution.

2. On a daily basis, supervisor will maintain and monitor Grievance Appeal Log

Proposed Evidence/Documentation of Correction

1. Sample Grievance Log

2. Updated Policy 200.04

Implementation Timeline:

1. June 1, 2020

2. October 1, 2020

Requirement

The MHP shall adhere to the following record keeping, monitoring and review requirements:

1. Each record shall include, but not be limited to: a general description of the reason for the appeal or grievance the date received, the date of each review or review meeting, resolution information for each level of the appeal or grievance, if applicable, and the date of resolution at each level, if applicable, and the name of the covered person whom the appeal or grievance was filed

DHCS Finding: F - Beneficiary Rights & Protections

The Grievance log does not indicate when the grievance was received, the date of each review or review meeting, or the date of the resolution

Corrective Action Description

1. Add date the grievance was received, the date of each review and the date of resolution.

2. On a daily basis, supervisor will maintain and monitor Grievance Appeal Log

Proposed Evidence/Documentation of Correction

1. Sample Grievance Log

2. Updated Policy 200.04

Implementation Timeline:

1. June 1, 2020

2. October 1, 2020

Requirement

The MHP shall adhere to the following record keeping, monitoring and review requirements:

1. Record in the grievance and appeal log or another central location determined by the MHP, the final dispositions of grievances, appeals and expedited appeals, including the date the decision is sent to the beneficiary. If there has not been final disposition of the grievance, appeal, or expedited appeal, the reason(s) shall be included in the log.

DHCS Finding: F - Beneficiary Rights & Protections

The Grievance log does not indicate the date the disposition of the grievance, appeal, expedited appeal was sent to the beneficiary.

Corrective Action Description

1. Add date the disposition was sent to the beneficiary

2. On a daily basis, supervisor will maintain and monitor Grievance Appeal Log

Proposed Evidence/Documentation of Correction

1. Sample Grievance Log

2. Updated Policy 200.04

Implementation Timeline:

1. June 1, 2020
2. October 1, 2020

Requirement

The MHP's grievance process shall at a minimum allow beneficiaries to file a grievance either orally, or in writing at any time with the MHP

DHCS Finding: F - Beneficiary Rights & Protections

The MHP P&P states a written statement by the beneficiary must follow all oral grievances and appeals. An oral grievance does not need to be in writing.

Corrective Action Description

1. Update DMH P&P 200.04 Beneficiary Problem Resolution Process to state an oral grievance does not need to be in writing
2. Clinical Policy Committee to monitor P&P at least once every three (3) years & update as needed to ensure compliance with requirements

Proposed Evidence/Documentation of Correction

1. Updated Policy 200.04
2. Clinical Policy Committee Mission Vision Statement

Implementation Timeline:

1. October 1, 2020
2. December 11, 2019 (completed)

Requirement

Provide the beneficiary and his/her representative the beneficiary's case file free of charge and sufficiently in advance of the resolution timeframe for standard appeal resolutions

DHCS Finding: F - Beneficiary Rights & Protections

The MHP must provide the beneficiary of the resolution of each grievance, appeal, or expedited appeal. The P&P did not address that the beneficiary and his/her representative would provide the beneficiary's case file free of charge.

Corrective Action Description

1. Update DMH Policy & Procedure 200.04 Beneficiary Problem Resolution Process to state DMH will provide the beneficiary's case file free of charge

2. Clinical Policy Committee will monitor this P&P at least once every three (3) years and update as needed to ensure compliance with requirements

Proposed Evidence/Documentation of Correction

1. Updated Policy 200.04
2. Clinical Policy Committee Mission Vision Statement

Implementation Timeline:

1. October 1, 2020
2. December 11, 2019 (completed)

Requirement

Ensure that punitive action is not taken against a provider who requests an expedited resolution or supports a beneficiary's expedited appeal

DHCS Finding: F - Beneficiary Rights & Protections

The P&P did not address anything regarding not taking punitive action against a provider who requests for an expedited resolution

Corrective Action Description

1. Update DMH Policy & Procedure 200.04 Beneficiary Problem Resolution Process to state DMH will not take punitive action

2. Clinical Policy Committee will monitor this P&P at least once every three (3) years and update as needed to ensure compliance with requirements

Proposed Evidence/Documentation of Correction

1. Updated Policy 200.04

2. Clinical Policy Committee Mission Vision Statement

Implementation Timeline:

1. October 1, 2020

2. December 11, 2019 (completed)

Requirement

If the MHP finds a party that is excluded, it must promptly notify DHCS

DHCS Finding: G - Program Integrity

The MHP must inform DHCS if they come across a provider who is excluded. DHCS was unable to find any evidence that the MHP provides prompt notifications if they were to come across an excluded provider

Corrective Action Description

1. Update DMH Policy & Procedure 106.03 and 106.04 to include notification to DHCS County Liaison

2. Clinical Policy Committee will monitor this P&P at least once every three (3) years and update as needed to ensure compliance with requirements

Proposed Evidence/Documentation of Correction

1. Updated Policy 106.03 and 106.04 submitted for approval

2. Clinical Policy Committee Mission Vision Statement

Implementation Timeline:

1. February 28, 2020
2. December 11, 2019 (completed)

Requirement

The MHP must comply with the requirements regarding timely submission of its annual cost reports

DHCS Finding: H - Other Regulatory & Contractual Requirements

The Annual Cost Report will be due on Sept 15th for the fiscal year ending on the previous June 30th. The MHP did not submit its 2017/2018 cost report in accordance with the established reporting deadlines.

Corrective Action Description

1. Hire additional supervisory and analyst positions and re-align duties in order to facilitate timely submission
2. Incorporate estimated costs from hospital- based providers, when needed (refer to Cover Letter), to facilitate timely submission

Proposed Evidence/Documentation of Correction

1. Budgeted Item Allocation
2. Extension requests by hospital providers

Implementation Timeline:

1. September 2018 - Completed
2. December 2020

Chart Review

Requirement

Describe how the MHP will ensure that assessments are completed in accordance with the timeliness and frequency requirements specified in the LACDMH's written documentation standards.

DHCS Finding: 1A

Did not submit documentation substantiating the beneficiary met the medical necessity criteria for SMHS and their need for services was established by an assessment.

Corrective Action Description

1. Issue Quality Assurance Bulletin - addressing assessment timeliness and frequency requirements

2. Conduct monthly chart reviews to monitor completion of assessments in accord with requirements. If significant issues/trends identified, then initiate discovery process with the providers(s) and instruct to hold claims if necessary

Proposed Evidence/Documentation of Correction

1. QA Bulletin

*2a. DO Chart Review Tool (Attachment 2c)

2b. LE Chart Review Tool (Attachment 2a)

Implementation Timeline:

1. June 1, 2020

*2a. April 11, 2018 – Completed

2b. June 3, 2019 – Completed

Requirement

Describe how the MHP will ensure that only beneficiaries with an included mental health diagnosis have claims submitted for SMHS in order to meet the medical necessity criteria

DHCS Finding: 1A-1

The medical record associated with the following Line number did not establish that the beneficiary met DSM criteria for an included ICD diagnosis for outpatient SMHS

Corrective Action Description

1. Issue Quality Assurance Bulletin - addressing that medical necessity criteria must be established prior to providing SMHS

2. Conduct monthly chart reviews to monitor that medical necessity criteria has been met prior to provision of SMHS. If significant issues/trends identified, then initiate discovery process with the provider(s) and instruct to hold claims if necessary

Proposed Evidence/Documentation of Correction

1. QA Bulletin

*2a. DO Chart Review Tool (Attachment 2c)

2b. LE Chart Review Tool (Attachment 2a)

Implementation Timeline:

1. June 1, 2020

*2a. April 11, 2018 – Completed

2b. June 3, 2019 – Completed

Requirement

Describe how the MHP will ensure that assessments are completed in accordance with the timeliness and frequency requirements specified in the LACDMH's written documentation standards.

DHCS Finding: 2A-a

One or more assessments were not completed within the timeliness and/or frequency requirements specified in LACDMH's written documentation standards.

Corrective Action Description

1. Update DO Chart Review Tool - add tri-annual assessment timeliness /frequency requirements to the Directly-Operated chart review process

2. Issue Quality Assurance Bulletin - addressing the requirement that Assessments for continuous clients must be completed every 3 years.

3. Conduct monthly chart reviews to monitor completion of assessments in accord with requirements. If significant issues/trends identified, then initiate discovery process with the provider(s) and instruct to hold claims if necessary

Proposed Evidence/Documentation of Correction

1. DO Chart Review Tool (updated)

2. QA Bulletin

*3a. DO Chart Review Tool (updated)

3b. LE Chart Review Tool (Attachment 2a)

Implementation Timeline:

1. June 1, 2020

2. June 1, 2020

*3a. June 1, 2020

3b. June3, 2019 – Completed

Requirement

Provide evidence that the MHP has written documentation standards for the reassessment of TCM that confirm with the timeliness requirements required in the State Plan.

Describe how the MHP will ensure that assessments are completed on an annual basis or at a shorter interval as appropriate, for those beneficiaries receiving TCM

DHCS Finding: 2A-b

LACDMH did no furnish evidence it completes Assessments for TCM on an annual basis or at a shorter interval as appropriate, for those beneficiaries receiving Targeted Case Management (TCM) services (State Plan, Supplement 1 to Attachment 3.1-A)

Corrective Action Description

1. Revise Community Functioning Evaluation (CFE)

2. Issue Clinical Forms Bulletin to announce revised CFE

3. Update Policy - to add the timeliness requirements for reassessment of TCM

4. Update Organizational MHPs Manual - to add the timeliness requirements for reassessment of TCM

5. Issue Quality Assurance Bulletin - to address timeliness requirements for reassessment of TCM

6. Update Trainings - to address timeliness requirements for reassessment of TCM and conduct trainings on a monthly basis

7. Update Chart Review Tool – add TCM reassessment timeliness/ frequency requirements to both the DO and LE chart review process

8. Conduct monthly chart reviews to monitor completion of TCM reassessments in accord with requirements. If significant issues/trends identified, then initiate discovery process with the provider(s) and instruct to hold claims if necessary

Proposed Evidence/Documentation of Correction

1. Revised Community Functioning Evaluation

2. Clinical Forms Bulletin

3. Updated Policy 401.03

4. Updated Organizational MHPs Manual

5. QA Bulletin

6. Training PowerPoint

*7a. DO Chart Review Tool (updated)

7b. LE Chart Review Tool (updated)

*8a. DO Chart Review Tool (updated)

8b. LE Chart Review Tool (updated)

Implementation Timeline:

1. August 1, 2020
2. August 1, 2020
3. August 1, 2020
4. August 1, 2020
5. August 1, 2020
6. August 1, 2020
7. August 1, 2020
8. August 1, 2020

Requirement

Describe how the MHP will ensure that every assessment addresses all of the required elements specified in the LACDMH written documentation requirements

DHCS Finding: 2B

One or more of the assessments reviewed did not address all of the elements specified in the LACDMH documentation requirements.

Corrective Action Description

1. Issue Quality Assurance Bulletin - to address required elements in assessments/re-assessments/tri-annual assessments

2. Update the Organizational MHPs Manual - to clearly state that client's current status must be assessed/documented for all required elements in re- assessments/tri-annual assessments

3. Modify the DMH Re-Assessment form - remove 'no updates' box

4. Issue Clinical Forms Bulletin - to announce the modified DMH Re- Assessment form

5. Conduct monthly chart reviews to monitor completion of assessments in accord with documentation requirements. If significant issues/trends identified, then initiate discovery process with the provider(s) and instruct to hold claims if necessary

Proposed Evidence/Documentation of Correction

1. QA Bulletin
2. Updated Organizational MHPs Manual
3. Updated Re-Assessment form
4. Clinical Forms Bulletin

*5a. DO Chart Review Tool (Attachment 2c)

5b. LE Chart Review Tool (Attachment 2a)

Implementation Timeline:

1. June 1, 2020
2. June 1, 2020
3. June 1, 2020
4. June 1, 2020

*5a. April 11, 2018 – Completed

5b. June 3, 2019 – Completed

Requirement

Describe how the MHP will ensure that all documentation includes the signature of the qualified person (or electronic equivalent) with the professional degree, licensure or job title of the person providing the service and the signature date indicating the document was completed and entered in the medical record.

DHCS Finding: 2C

Assessment(s) in the chart sample 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

Corrective Action Description

1. Issue Quality Assurance Bulletin - to address that all documentation requires the signature of the person providing the service (or electronic equivalent) with the

professional degree, licensure or job title, and the signature date indicating when the document was competed and entered into the clinical record

2. Conduct monthly chart reviews to monitor signature/date requirements for all documentation. If significant issues/trends identified, then initiate discovery process with the provider(s) and instruct to hold claims if necessary

Proposed Evidence/Documentation of Correction

1. QA Bulletin

*2a. DO Chart Review Tool (Attachment 2c)

2b. LE Chart Review Tool (Attachment 2a)

Implementation Timeline:

1. June 1, 2020

*2a. April 11, 2018 – Completed

2b. June 3, 2019 – Completed

Requirement

Describe how the MHP will ensure there is a written medication consent form completed in accord with the LACDMH written documentation standards.

DHCS Finding: 3A

The MHP 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.

Corrective Action Description

1. Issue Quality Assurance Bulletin - to address medication consent documentation standards

2. Conduct monthly Chart Reviews - to monitor medication consents by LE MHPs are completed in accord with LACDMH documentation standards. If significant

issues/trends identified, then initiate discovery process with the provider(s) and instruct to hold claims if necessary

3. Update the Medication Consent and Treatment Plan form for Directly- Operated MHPs to ensure the medication consent is completed in accord with documentation standards

Proposed Evidence/Documentation of Correction

1. QA Bulletin
2. LE Chart Review Tool (Attachment 2a)
3. Clinical Forms Bulletin 18-01 (Attachment 2b)

Implementation Timeline:

1. June 1, 2020
2. June 3, 2019 – Completed
3. January 16, 2018 – Completed

Requirement

Describe how the MHP will ensure that every medication consent addresses all of the required elements specified in the MHP Contract. .

DHCS Finding: 3B

Written medication consents did not contain all of the required elements specified in the LACDMH 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

Corrective Action Description

1. Issue Quality Assurance Bulletin - to address medication consent required elements

2. Conduct monthly chart reviews to monitor completion of medication consents in accord with requirements. If significant issues/trends identified, then initiate discovery process with the provider(s) and instruct to hold claims if necessary

Proposed Evidence/Documentation of Correction

1. QA Bulletin

*2a. DO Chart Review Tool (Attachment 2c)

2b. LE Chart Review Tool (Attachment 2a)

Measures of Effectiveness (if included)

[Measures of Effectiveness text]

Implementation Timeline:

1. June 1, 2020

*2a. April 11, 2018 – Completed

2b. June 3, 2019 – Completed

Requirement

Describe how the MHP will ensure that all documentation includes the signature of the qualified service MHP (or electronic equivalent) with their professional degree, licensure or title.

DHCS Finding: 3C

Medication Consent(s) in the chart sample 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.

Corrective Action Description

1. Issue Quality Assurance Bulletin - to address signature requirements for all documentation

2. Conduct monthly chart reviews to monitor signature requirements for all documentation. If significant issues/trends identified, then initiate discovery process with the provider(s) and instruct to hold claims if necessary

Proposed Evidence/Documentation of Correction

1. QA Bulletin

*2a. DO Chart Review Tool (Attachment 2c)

2b. LE Chart Review Tool (Attachment 2a)

Implementation Timeline:

1. June 1, 2020

*2a. April 11, 2018 – Completed

2b. June 3, 2019 – Completed

Requirement

Describe how the MHP will ensure that planned services are not claimed when the service provided is not included in the current client plan.

DHCS Finding: 4B

Client Plans were not completed prior to the delivery of planned services and/or were not updated at least annually or reviewed and updated when there was a significant change in the beneficiary's condition (as specified in the LACDMH's documentation standards).

Corrective Action Description

1. Issue Quality Assurance Bulletin - to address client plan requirements including that it must be completed prior to the delivery of planned services, updated at least annually, reviewed and updated when there was a significant change in the beneficiary's condition

2. Conduct monthly Chart Reviews - to monitor completion of client plans in accord with requirements. If significant issues/trends identified, then initiate discovery process with the provider(s) and instruct to hold claims if necessary

3. Review and void any treatment service claims submitted during lapse

4. Update Trainings to include examples of significant changes in client's condition in which the client plan should be reviewed/updated and conduct trainings on a monthly basis

Proposed Evidence/Documentation of Correction

1. QA Bulletin

*2a. DO Chart Review Tool (Attachment 2c)

2b. LE Chart Review Tool (Attachment 2a)

3. Void Requests

4. Training PowerPoint

Implementation Timeline:

1. June 1, 2020

*2a. April 11, 2018 – Completed

2b. June 3, 2019 – Completed

3. May 1, 2020

4. June 1, 2020

Requirement

Describe how the MHP will ensure that all interventions/modalities proposed on the client plans include a detailed description of the interventions to be provided and do not just identify a type or modality of service

DHCS Finding: 4C

Client Plans did not include all of the required elements specified in the LACDMH written documentation standards.

Corrective Action Description

1. Issue Quality Assurance Bulletin - to address treatment plan requirements: interventions/modalities must address the mental health needs and identified functional impairments of the beneficiary as a result of the mental disorder and are consistent with

the qualifying diagnosis; interventions must include a detailed description, expected frequency, and duration

2. Update the DMH Treatment Plan form - to ensure that interventions include a detailed description and issue a Clinical Forms Bulletin to announce the updated form

3. Update the Organizational MHPs Manual - to be clear that duration of interventions has to be stated on the client plan

4. Conduct monthly Chart Reviews - to monitor completion of client plans in accord with requirements and appropriateness of services. If significant issues/trends identified, then initiate discovery process with the provider(s) and instruct to hold claims if necessary

Proposed Evidence/Documentation of Correction

1. QA Bulletin

2. Updated Treatment Plan form & Clinical Forms Bulletin

3. Updated Organizational MHPs Manual

*4a. DO Chart Review Tool (Attachment 2c)

4b. LE Chart Review Tool (Attachment 2a)

Implementation Timeline:

1. June 1, 2020

2. June 1, 2020

3. June 1, 2020

*4a. April 11, 2018 – Completed

4b. June 3, 2019 – Completed

Requirement

Describe how the MHP will ensure the beneficiary's signature is obtained on the client plan.

DHCS Finding: 4E

There was no documentation of the beneficiary's or the 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 the signature was required as per the LACDMH written documentation standards.

Corrective Action Description

1. Quality Assurance Bulletin to address that the client's signature or justification for lack of client signature must be included on the client plan

2. Conduct monthly Chart Reviews - to monitor that client signatures (or reason for lack of signature) are included in client plans. If significant issues/trends identified, then initiate discovery process with the provider(s) and instruct to hold claims if necessary

Proposed Evidence/Documentation of Correction

1. QA Bulletin

*2a. DO Chart Review Tool (Attachment 2c)

2b. LE Chart Review Tool (Attachment 2a)

Implementation Timeline:

1. June 1, 2020

*2a. April 11, 2018 – Completed

2b. June 3, 2019 – Completed

Requirement

Describe how the MHP will ensure that there is documentation substantiating that the beneficiary was offered a copy of the client plan.

DHCS Finding: 4G

There was no documentation that the beneficiary or legal guardian was offered a copy of the client plan.

Corrective Action Description

1. Issue Quality Assurance Bulletin - to address the requirement that there must be documentation substantiating that the client was offered a copy of the client plan

2. Conduct monthly Chart Reviews - to ensure that there is documentation on client plans that the client was offered a copy of the plan. If significant issues/trends identified, then initiate discovery process with the provider(s) and instruct to hold claims if necessary

Proposed Evidence/Documentation of Correction

1. QA Bulletin

*2a. DO Chart Review Tool (Attachment 2c)

2b. LE Chart Review Tool (Attachment 2a)

Measures of Effectiveness (if included)

[Measures of Effectiveness text]

Implementation Timeline:

1. June 1, 2020

*2a. April 11, 2018 – Completed

2b. June 3, 2019 – Completed

Requirement

[Describe how the MHP will ensure that all documentation includes the signature of the qualified person (or electronic equivalent) with the professional degree, licensure or job title of the person providing the service

DHCS Finding: 4H

Client Plan(s) in the chart sample did not include the signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, or job title.

Corrective Action Description

1. Issue Quality Assurance Bulletin - to address that all documentation requires the signature of the person providing the service (or electronic equivalent) with the professional degree, licensure or job title, and the signature date

2. Conduct monthly chart reviews to monitor signature/date requirements for all documentation. If significant issues/trends identified, then initiate discovery process with the provider(s) and instruct to hold claims if necessary

Proposed Evidence/Documentation of Correction

1. QA Bulletin

*2a. DO Chart Review Tool (Attachment 2c)

2b. LE Chart Review Tool (Attachment 2a)

Implementation Timeline:

1. June 1, 2020

*2a. April 11, 2018 – Completed

2b. June 3, 2019 – Completed

Requirement

Describe why the MHP did not accurately document the services provided. Describe how the MHP will ensure that documentation will be individualized and appropriately describe how services provided reduced impairment, restored functioning, and prevented significant deterioration.

DHCS Finding: 5B

Progress notes were not individualized

Corrective Action Description

1. Issue Quality Assurance Bulletin - to address requirements re: documentation of SMHS including timeliness, and ensuring documentation is individualized, meets the definition of SMHS, describes how services reduced impairment, restored functioning, or prevented significant deterioration, and relate to the qualifying diagnosis and identified functional impairments. To also address that documentation should not

combine different types of services within the same progress note, and that the appropriate service code is claimed for the service.

2. Conduct monthly Chart Reviews - to monitor documentation of SMHS in progress notes. If significant issues/trends identified, then initiate discovery process with the provider(s) and instruct to hold claims if necessary

3. Update Trainings to address these documentation requirements and conduct trainings on a monthly basis

Proposed Evidence/Documentation of Correction

1. QA Bulletin

*2a. DO Chart Review Tool (Attachment 2c)

2b. LE Chart Review Tool (Attachment 2a)

3. Training PowerPoint

Implementation Timeline:

1. June 1, 2020

*2a. April 11, 2018 – Completed

2b. June 3, 2019 – Completed

3. June 1, 2020

Requirement

Describe how the MHP will ensure that the contribution, involvement or participation of each staff member as it relates to the identified functional impairment and mental health needs of the beneficiary is documented.

DHCS Finding: 5C

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

Corrective Action Description

1. Issue Quality Assurance Bulletin - to address clear documentation of each practitioner's contribution when services are provided to a client by two or more practitioners at one point in time

2. Conduct monthly Chart Reviews - to monitor documentation of services when provided by two or more persons at one point in time to ensure that each practitioner's contribution, involvement or participation as it relates to the beneficiary's identified impairment and mental health needs is documented. If significant issues/trends identified, then initiate discovery process with the provider(s) and instruct to hold claims if necessary

Proposed Evidence/Documentation of Correction

1. QA Bulletin

*2a. DO Chart Review Tool (Attachment 2c)

2b. LE Chart Review Tool (Attachment 2a)

Implementation Timeline:

1. June 1, 2020

*2a. April 11, 2018 – Completed

2b. June 3, 2019 – Completed

Requirement

Describe how the MHP will ensure that all Specialty Mental Health Services are claimed for the correct service modality billing code and unit of time and ensure that all progress notes describe the type of service activity and the amount of time taken to provide the service.

DHCS Finding: 5D

Progress notes were not documented according to the frequency requirements.

Corrective Action Description

1. Issue Quality Assurance Bulletin - to address the different service modalities, types of services and their corresponding service codes; and to ensure that all SMHS are documented in the clinical record

2. Conduct monthly Chart Reviews - to monitor documentation in progress notes to ensure the correct service modality, type of service, and service codes are documented. If significant issues/trends identified, then initiate discovery process with the provider(s) and instruct to hold claims if necessary

Proposed Evidence/Documentation of Correction

1. QA Bulletin

*2a. DO Chart Review Tool (Attachment 2c)

2b. LE Chart Review Tool (Attachment 2a)

Implementation Timeline:

1. June 1, 2020

*2a. April 11, 2018 - Completed

2b. June 3, 2019 – Completed

Requirement

Describe how the MHP will ensure that clearly identify who is providing what information so there is no question that all services are provided by staff within scope of practice.

DHCS Finding: 5E

One of the service activities documented in the progress note was not within the scope of practice of the person delivering the service.

Corrective Action Description

1. Issue Quality Assurance Bulletin - to address staff's scope of practice for services provided

2. Conduct monthly Chart Reviews - to monitor scope of practice for documented services. If significant issues/trends identified, then initiate discovery process with the provider(s) and instruct to hold claims if necessary

Proposed Evidence/Documentation of Correction

1. QA Bulletin

*2a. DO Chart Review Tool (Attachment 2c)

2b. LE Chart Review Tool (Attachment 2a)

Implementation Timeline:

1. June 1, 2020

*2a. April 11, 2018 – Completed

2b. June 3, 2019 – Completed

Requirement

Describe how the MHP will ensure that each progress note describes how services provided reduced impairment, restored functioning or prevented significant deterioration in an important area of life functioning AND/OR services provided and claimed are not solely clerical.

DHCS Finding: 5E 2

The progress note(s) for the following Line number(s) indicate that the service provided was solely clerical.

Corrective Action Description

1. Issue Quality Assurance Bulletin - to address medical necessity of services provided - describing how services reduced impairment, restored functioning, or prevented significant deterioration

2. Conduct monthly Chart Reviews - to monitor documentation of SMHS in progress notes to ensure that services provided and claimed are not solely clerical. If significant

issues/trends identified, then initiate discovery process with the provider(s) and instruct to hold claims if necessary

Proposed Evidence/Documentation of Correction

1. QA Bulletin

*2a. DO Chart Review Tool (Attachment 2c)

2b. LE Chart Review Tool (Attachment 2a)

Implementation Timeline:

1. June 1, 2020

*2a. April 11, 2018 – Completed

2b. June 3, 2019 – Completed

Requirement

Describe how the MHP will ensure that written documentation is in place describing the process for determining and documenting the eligibility and need for ICC and IHBS, training is provided to all staff and contracted providers who have the responsibility for determining the eligibility and need for the provision of ICC and IHBS, and each beneficiary under the age of 22 receives an individualized determination of eligibility and need for ICC and IHBS prior to or during the development of the client's initial client plan.

DHCS Finding: 6A

The LACDMH did not furnish evidence that it has a standard procedure for providing individualized determinations of eligibility for ICC services and IHBS for beneficiaries under 22 years of age that is based on their strengths and needs. The medical record did not contain evidence that the beneficiary received an individualized determination of eligibility and need for ICC services and IHBS.

Corrective Action Description

The below steps provide greater structure and formalization to the process already in place:

1. Augment the current referral process for ICC/IHBS to include a new form that all providers can use to determine a client's eligibility and need for ICC and IHBS in order to create a consistent standard across the system

2. Develop a new training for all EPSDT providers on using the determination form, ICC/IHBS services, and documentation and claiming for ICC/IHBS that expands on the existing training; and conduct trainings on a monthly basis.

3. Update the Organizational Providers Manual regarding the use of the new form and additional structured guidelines for

ICC/IHBS

Proposed Evidence/Documentation of Correction

1. ICC/IHBS Form

2. Training PowerPoint

3. Organizational Providers Manual

Implementation Timeline:

1. August 1, 2020

2. August 1, 2020

3. September 1, 2020

Requirement

Describe how the MHP will ensure that the service activity described in the body of all progress notes is consistent with the specific service activity claim

DHCS Finding: 6E

One or more claims was submitted for a Mental Health Service (Service Function "30") but the progress note(s) associated with the date(s) and time(s) claimed indicated that the service provided was actually for participation in an ICC "team" meeting, or for providing another ICC-specific service activity, and should have been claimed as an ICC case management service (Service Function "07").

Corrective Action Description

1. Develop a training for all EPSDT providers on using the determination form, ICC/IHBS services, and documentation and claiming for ICC/IHBS; and conduct trainings on a monthly basis

Proposed Evidence/Documentation of Correction

1. Training PowerPoint

Implementation Timeline:

1. June 1, 2020

Requirement

Describe how the MHP will ensure that all beneficiaries and their parents/legal guardians are offered oral interpretation services, when applicable AND there is documentation substantiating that beneficiaries and their parents/legal guardians are offered mental health interpreter services.

DHCS Finding: 7A

The medical record did not include evidence that oral interpretation services were made available to the beneficiary and/or the beneficiary's parent(s)/legal guardian(s). Progress notes lack relevant aspects of beneficiary care.

Corrective Action Description

1. Issue Quality Assurance Bulletin - to address accessing interpreters and documenting language in progress notes and how to document when child/youth and parent(s) have different preferred languages.

2. Conduct monthly chart reviews to monitor, when applicable (i.e. when documented preferred language of beneficiary and/or parent/legal representative in not English) that beneficiaries and their parents/legal representatives were offered mental health interpreter services, as evidenced by documentation in the clinical record. If significant issues/trends identified, then initiate discovery process with the provider(s) and instruct to hold claims if necessary

Proposed Evidence/Documentation of Correction

1. QA Bulletin

*2a. DO Chart Review Tool (Attachment 2c)

2b. LE Chart Review Tool (Attachment 2a)

Measures of Effectiveness (if included)

[Measures of Effectiveness text]

Implementation Timeline:

1. June 1, 2020

*2a. April 11, 2018 – Completed

2b. June 3, 2019 – Completed