

**Madera County Mental Health Services**  
**FY 2018/19 Specialty Mental Health Triennial Review**  
**Corrective Action Plan**  
**Chart Review**

**Requirement**

The MHP shall ensure that the following areas are included, as appropriate, as part of a comprehensive beneficiary record when an assessment has been performed... (MHP Contract, Ex. A, Att. 9)

**DHCS Finding [Finding Number]**

(No Protocol finding number or text provided)

**Corrective Action Description**

The MHP shall submit a POC that describes how the MHP will ensure that all documentation includes the signature of the qualified person (or electronic equivalent) with the professional degree, licensure or title of the person providing the service.

There had been an error in inputting the changes to the Registered Associates as the designation changed. This prevented their credential from appearing in the printed documents. This was corrected at the time of the onsite visit and was demonstrated to the reviewers.

**Proposed Evidence/Documentation of Correction**

Evidence from Line 2 – attachment

Evidence from Line 6 - attachment

**Measures of Effectiveness (if included)**

The process will be monitored throughout current chart review process. This is our process P&P along with chart review form and plan of correction form.

Attachments included.

**Implementation Timeline:**

12.06.18 - This was corrected on the spot the day of the review and acknowledged by the state reviewer.

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**Requirement**

The provider obtains and retains a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication. (MHP Contract, Ex. A., Att.9)

**DHCS Finding [Finding Number]**

(No Protocol finding number or text provided)

**Corrective Action Description**

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

- A written medication consent form is obtained and retained for each medication prescribed and administered under the direction of the MHP.
- Written medication consent forms are completed in accordance with the MHP's written documentation standards.
- Upon beneficiary's agreement to medication services but refusal or unavailability to sign consent form the prescribing physician/psychiatrist will document this fact in a progress note in the Electronic Health Record (EHR), see highlighted section in PHR 04.00 below.

**Proposed Evidence/Documentation of Correction**

Communication to MDs Med Consent Form      Med Consent 04.26.19      Med Consent 11.12.19 – attachments included.

**Measures of Effectiveness (if included)**

The process will be monitored throughout current chart review process. This is our process P&P along with chart review form and plan of correction form.

QMP 16.00 Quality Management Chart Review – see page 1 QMP 16.A1 Outpatient Chart Review Form – see page 1 QMP 16.A2 Plan of Correction Form – see page 1 Chart Review Log – Sample – see page 1

In addition, contracted Pharmacist will ensure they are in place for the charts reviewed and findings will be presented in monthly medication monitoring meeting.

**Implementation Timeline:**

The medication consent became part of our electronic health record on 04/23/19 and went live on 04/26/19.

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**Requirement**

Medication consent for psychiatric medications shall include the following required elements... (MHP Contract, Ex. A, Attachment 9)

**DHCS Finding [Finding Number]**

(No Protocol finding number or text provided)

**Corrective Action Description**

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

**Proposed Evidence/Documentation of Correction**

Communication to MDs – see page 2 Med Consent Form – see page 2 Med Consent 04.26.19 – see page 2

Med Consent 11.12.19 – see page 2

**Measures of Effectiveness (if included)**

The process will be monitored throughout current chart review process. This is our process P&P along with chart review form and plan of correction form.

QMP 16.00 Quality Management Chart Review – see page 2 QMP 16.A1 Outpatient Chart Review Form – see page 2 QMP 16.A2 Plan of Correction Form – see page 2

Chart Review Log – Sample – see page 2

In addition, contracted Pharmacist will ensure they are in place for the charts reviewed and findings will be presented in monthly medication monitoring meeting.

**Implementation Timeline:**

The medication consent became part of our electronic health record on 04/23/19 and went live on 04/26/19.

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**Requirement**

All entries in the beneficiary record shall include...

(MHP Contract, Ex. A, Attachment 9)

**DHCS Finding [Finding Number]**

(No Protocol finding number or text provided)

**Corrective Action Description**

The MHP shall submit a POC that describes how the MHP will ensure that all documentation includes the signature of the qualified person (or electronic equivalent) with the professional degree, licensure or title of the person providing the service.

There had been an error in inputting the changes to the Registered Associates as the designation changed. This prevented their credential from appearing in the printed documents. This was corrected at the time of the onsite visit and was demonstrated to the reviewers. Charts reviewed during Audit will have the signature pages resubmitted to validate the Credentials are appearing in the printed documents.

**Proposed Evidence/Documentation of Correction**

Evidence from Line 2

Evidence from Line 6 – both attachments.

### **Measures of Effectiveness (if included)**

The process will be monitored throughout current chart review process. This is our process P&P along with chart review form and plan of correction form.

QMP 16.00 Quality Management Chart Review – see page 1 QMP 16.A1 Outpatient Chart Review Form – see page 1 QMP 16.A2 Plan of Correction Form – see page 1  
Chart Review Log – Sample – see page 1

### **Implementation Timeline:**

12.06.18 - This was corrected on the spot the day of the review and acknowledged by the state reviewer.

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### **Requirement**

Services shall be provided, in accordance with the State Plan, to beneficiaries, who meet medical necessity criteria, based on the beneficiary's need for services established by an assessment and documented in the client plan. Services shall be provided in an amount, duration, and scope as specified in the individualized Client Plan for each beneficiary.

(MHP Contract, Ex. A, Attachment 2)

The client plan shall be updated at least annually, or when there are significant changes in the beneficiary's condition.

(MHP Contract, Ex. A, Attachment 9)

### **Reasons for Recoupment (RR): *Refer to the enclosed Recoupment Summary for additional details about disallowances.***

RR4. Services shall be provided, in accordance with the State Plan, based on the beneficiary's need for services established by an Assessment and documented in the Client Plan. Services were claimed... MHSUDS IN No. 17-050, Enclosure 4

## **DHCS Finding [Finding Number]**

(No Protocol finding number or text provided)

### **Corrective Action Description**

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

Ensure that client plans are completed prior to planned services being provided.

1. Ensure that client plans are reviewed and updated whenever there is a significant change in the beneficiary's condition by:

A. Providing an annual Documentation Standards Training to include:

- Timeliness as per P&P CLN 18.00 & CLN 19.00
- Charting with regards to medical necessity
- Charting with regards to maintaining integrity of Clinical Loop
- Charting with regards to identified service interventions
- o Staff provided with handout defining each SMHS service intervention.
- o Staff trained to the importance of reviewing service intervention as it is indicated within client treatment plan.
- The Documentation training has been uploaded into Relias Training system which is accessible by all BHS staff and modules can be assigned to staff at any time as an additional support.
- Documentation training to be reviewed and updated as necessary to include current regulation.

B. Structured Chart Review Process

- Charts for Review will be selected at random by support staff every 2 months to maintain an adequate number of charts for review at all time. The chart review is to be completed by the Crisis Team.
- Charts reviewed will be submitted to Supervisors who will complete a Plan of Correction if necessary.
- The Supervisor will work with the staff person to make appropriate changes and to provide training on the necessary areas.
- Completed Plans of Correction will be logged by the MHP.

Trends will be collected by the MHP for issuance to the Supervisors in the QI meetings.

## **Proposed Evidence/Documentation of Correction**

Documentation Training Sign-In Sheets & QA Agenda – attachments.

## **Measures of Effectiveness (if included)**

The process will be monitored throughout current chart review process. This is our process P&P along with chart review form and plan of correction form.

QMP 16.00 Quality Management Chart Review – see page 1 QMP 16.A1 Outpatient Chart Review Form – see page 1 QMP 16.A2 Plan of Correction Form – see page 1  
Chart Review Log – Sample – see page 1

## **Implementation Timeline:**

In July of 2019 this MHP facilitated a Documentation Training with all service providers.

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## **Requirement**

The MHP shall ensure that Client Plans...

(MHP Contract, Ex. A, Attachment 9)

## **DHCS Finding [Finding Number]**

(No Protocol finding number or text provided)

## **Corrective Action Description**

### **PLAN OF CORRECTION 4C:**

The MHP shall submit a POC that describes how the MHP will ensure that:

1. All 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. All mental health interventions/modalities proposed on client plans include a detailed description of the interventions to be provided and do not just identify a

type or modality of service (e.g. "therapy", "medication", "case management", etc.).

3. All mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.
4. All mental health interventions/modalities proposed on client plans address the mental health needs and identified functional impairments of the beneficiary as a result of the mental disorder.
5. All mental health interventions proposed on client plans are consistent with client plan goals/treatment objectives.
6. All client plans are consistent with the qualifying diagnosis by:

A. Providing an annual Documentation Standards Training to include:

- Timeliness of completing a client treatment plan
- Minimum requirements of a client treatment plan necessary for final approval
- Description of treatment plan components; Goals, Objectives, and Interventions
  - o Overall Goals to be as indicated by client and in relation to identified impairment
  - o Client Objectives to be Specific, Measurable, Attainable, Realistic and Time-Bound
  - o Service interventions to be specific in addressing client's identified level of impairment, to include proposed target date and frequency
- The Documentation training has been uploaded into Relias Training system which is accessible by all BHS staff and modules can be assigned to staff at any time as an additional support.
- Documentation training to be reviewed and updated as necessary to include current regulation.

B. Structured Chart Review Process

- Charts for Review will be selected at random by support staff every 2 months to maintain an adequate number of charts for review at all time. The chart review is to be completed by the Crisis Team.
- Charts reviewed will be submitted to Supervisors who will complete a Plan of Correction if necessary.
- The Supervisor will work with the staff person to make appropriate changes and to provide training on the necessary areas.
- Completed Plans of Correction will be logged by the MHP.

Trends will be collected by the MHP for issuance to the Supervisors in the QI meetings.

### **Proposed Evidence/Documentation of Correction**

Documentation Training – see page 6 Sign-In Sheets – see page 6

QA Agenda – see page 6 – attachments.

### **Measures of Effectiveness (if included)**

The process will be monitored throughout current chart review process. This is our process P&P along with chart review form and plan of correction form.

QMP 16.00 Quality Management Chart Review – see page 1 QMP 16.A1 Outpatient Chart Review Form – see page 1 QMP 16.A2 Plan of Correction Form – see page 1

Chart Review Log – Sample – see page 1

### **Implementation Timeline:**

In July of 2019 this MHP facilitated a Documentation Training with all service providers.

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### **Requirement**

There is documentation in the Client Plan that a copy of the Client Plan was offered to the beneficiary.

### **DHCS Finding [Finding Number]**

(No Protocol finding number or text provided)

### **Corrective Action Description**

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

1. Ensure that there is documentation substantiating that the beneficiary was offered a copy of the client plan.
2. Submit evidence that the MHP has an established process to ensure that the beneficiary is offered a copy of the client plan by:

A. Providing an annual Documentation Standards Training to include:

- Timeliness of completing a client treatment plan
- Minimum requirements of a client treatment plan necessary for final approval
- Description of treatment plan components; Goals, Objectives, and Interventions
  - o Overall Goals to be as indicated by client and in relation to identified impairment
  - o Client Objectives to be Specific, Measurable, Attainable, Realistic and Time-Bound
  - o Service interventions to be specific in addressing client's identified level of impairment, to include proposed target date and frequency
- Training included the process of joining with the client in the development of their treatment plan.
  - o Inclusive of obtaining their signature on their plan
  - o Also, in offering a copy of their treatment plan which is additional supported by a formalized question indicated on the signature page of the client's treatment plan
  - o As part of the final approval process the question requires a response
- Clinical Staff trained on the process of ensuring that the client is always offered a copy of their treatment plan.

The Documentation training has been uploaded into Relias Training system which is accessible by all BHS staff and modules can be assigned to staff at any time as an additional support.

- Documentation training to be reviewed and updated as necessary to include current regulation.

### **Proposed Evidence/Documentation of Correction**

Documentation Training – see page 6

Sign-In Sheets – see page 6

QA Agenda – see page 6

### **Measures of Effectiveness (if included)**

The process will be monitored throughout current chart review process. This is our process P&P along with chart review form and plan of correction form.

QMP 16.00 Quality Management Chart Review – see page 1 QMP 16.A1 Outpatient Chart Review Form – see page 1 QMP 16.A2 Plan of Correction Form – see page 1

Chart Review Log – Sample – see page 1

### **Implementation Timeline:**

In July of 2019 this MHP facilitated a Documentation Training with all service providers.

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### **Requirement**

All entries in the beneficiary record (i.e., Client Plans) include...

(MHP Contract, Ex. A, Att. 9)

### **DHCS Finding [Finding Number]**

(No Protocol finding number or text provided)

### **Corrective Action Description**

The MHP shall submit a POC that describes how the MHP will ensure that all documentation includes the signature (or electronic equivalent) with the professional degree, licensure or title of the person providing the service.

There had been an error in inputting the changes to the Registered Associates as the designation changed. This prevented their credential from appearing in the printed documents. This was corrected at the time of

the onsite visit and was demonstrated to the reviewers.

### **Proposed Evidence/Documentation of Correction**

Evidence from Line 2 – see page 4 Evidence from Line 6 – see page 4

### **Measures of Effectiveness (if included)**

The process will be monitored throughout current chart review process. This is our process P&P along with chart review form and plan of correction form.

QMP 16.00 Quality Management Chart Review – see page 2 QMP 16.A1 Outpatient Chart Review Form – see page 2 QMP 16.A2 Plan of Correction Form – see page 2 Chart Review Log – Sample – see page 2

### **Implementation Timeline:**

12.06.18 - This was corrected on the spot the day of the review and acknowledged by the state reviewer.

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### **Requirement**

The MHP shall ensure that progress notes describe how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning outlined in the client plan.

Items that shall be contained in the client record related to the beneficiary's progress in treatment include...

(MHP Contract, Ex. A, Attachment 9)

**Reasons for Recoupment (RR): Refer to the enclosed Recoupment Summary for additional details about disallowances.**

RR5. The MHP did not submit documentation substantiating that the focus of the intervention is to address the beneficiary's included mental health condition...

RR1 5. The MHP did not submit documentation that a valid service was provided to, or on behalf of, the beneficiary...

(MHSUDS IN No. 17-050, Enclosure 4)

**DHCS Finding [Finding Number]**

(No Protocol finding number or text provided)

### **Corrective Action Description**

The MHP shall submit a POC that describes how the MHP will ensure:

1. The MHP has written documentation standards for progress notes, including timeliness and frequency, as required by the MHP Contract with the Department.
2. Progress notes document timely completion by the person providing the service and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP's written documentation standards.
3. Services provided meet the applicable definition of a SMHS.
4. The MHP submits documentation substantiating that the focus of the intervention is to address the beneficiary's included mental health condition by:
  - A. Providing an annual Documentation Standards Training to include:
    - Timeliness as per P&P CLN 18.00 & CLN 19.00
    - Documentation with regards to medical necessity
    - Documentation with regards to maintaining integrity of Clinical Loop
    - Client plan documentation with regards to reduction of impairment, functioning and prevention of deterioration.
    - The Documentation training has been uploaded into Relias Training system which is accessible by all BHS staff and modules can be assigned to staff at any time as an additional support.
    - Documentation training to be reviewed and updated as necessary to include current regulation.
  - B. Structured Chart Review Process
    - Charts for Review will be selected at random by support staff every 2 months to maintain an adequate number of charts for review at all time. The chart review is to be completed by the Crisis Team.
    - Charts reviewed will be submitted to Supervisors who will complete a Plan of Correction if necessary.
    - The Supervisor will work with the staff person to make appropriate changes and to provide training on the necessary area.
    - Completed Plans of Correction will be logged by the MHP.

Trends will be collected by the MHP for issuance to the Supervisors in the QI meetings.

### **Proposed Evidence/Documentation of Correction**

CLN 18.00A, 18.00B, 18.00C –attachment

CLN 19.00, 19.A1-attchment

Documentation Training Sign-In Sheets-attachment

QA Agenda- attachment

### **Measures of Effectiveness (if included)**

The process will be monitored throughout current chart review process. This is our process P&P along with chart review form and plan of correction form.

QMP 16.00 Quality Management Chart Review – see page 1 QMP 16.A1 Outpatient Chart Review Form – see page 1 QMP 16.A2 Plan of Correction Form – see page 1

Chart Review Log – Sample – see page 1

### **Implementation Timeline:**

In July of 2019 this MHP facilitated a Documentation Training with all service providers.

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### **Requirement**

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

(CCR, title 9, § 1840.314{c}.)

**Reasons for Recoupment (RR): *Refer to the enclosed Recoupment Summary for additional details about disallowances.***

RR13. For service activities involving one (1) or more providers, progress notes, or other relevant documentation in the medical record, did not clearly include the following...

(MHSUDS IN No. 17-050, Enclosure 4)

**DHCS Finding [Finding Number]**

(No Protocol finding number or text provided)

**Corrective Action Description**

The MHP shall submit a POC that describes how the MHP will ensure that:

1. Group progress notes clearly document the contribution, involvement, or participation of each staff member as it relates to the identified functional impairment and mental health needs of the beneficiary.
2. Group progress notes document the specific amount of time of involvement of each provider.
3. Group progress notes document the number of group participants.
4. A clinical rationale for the use of more than one staff in the group setting is documented by: A. Providing an annual Documentation Standards Training to include:
  - Documentation Standards (Group)
    - o Timeliness as per P&P CLN 18.00 & CLN 19.00
    - o Documentation with regards to medical necessity
    - o Documentation with regards to facilitator role/contribution in group process
    - o Clinical Rationale with regards to need for more than one facilitator
    - o Documentation with regards to maintaining integrity of Clinical Loop
  - EHR set up for each provider to account for their time contributing to group process
  - The Documentation training has been uploaded into Relias Training system which is accessible by all BHS staff and modules can be assigned to staff at any time as an additional support.

- Documentation training to be reviewed and updated as necessary to include current regulation.

#### B. Structured Chart Review Process

- Charts for Review will be selected at random by support staff every 2 months to maintain an adequate number of charts for review at all time. The chart review is to be completed by the Crisis Team.
- Charts reviewed will be submitted to Supervisors who will complete a Plan of Correction if necessary.
- The Supervisor will work with the staff person to make appropriate changes and to provide training on the necessary area.
- Completed Plans of Correction will be logged by the MHP.

Trends will be collected by the MHP for issuance to the Supervisors in the QI meetings.

#### **Proposed Evidence/Documentation of Correction**

CLN 18.00A, 18.00B, 18.00C – see page 12 CLN 19.00, 19.A1 – see page 12

Documentation Training – see page 12 Sign-In Sheets – see page 12

QA Agenda – see page 12

#### **Measures of Effectiveness (if included)**

The process will be monitored throughout current chart review process. This is our process P&P along with chart review form and plan of correction form.

QMP 16.00 Quality Management Chart Review – see page 1 QMP 16.A1 Outpatient Chart Review Form – see page 1 QMP 16.A2 Plan of Correction Form – see page 1

Chart Review Log – Sample – see page 1

#### **Implementation Timeline:**

In July of 2019 this MHP facilitated a Documentation Training with all service providers.

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#### **Requirement**

Progress notes shall be documented at the frequency by type of service indicated below... (MHP Contract, Ex. A, Attachment 9)

**Reasons for Recoupment (RR): Refer to the enclosed Recoupment Summary for additional details about disallowances.**

RR8. The MHP did not submit a progress note corresponding to the claim submitted to DHCS for reimbursement, as follows...

RR20. Required DTI/DR documentation was not present as follows... (MHSUDS IN No. 17-050, Enclosure 4)

**DHCS Finding [Finding Number]**

(No Protocol finding number or text provided)

**Corrective Action Description**

The MHP shall submit a POC that describes how the MHP will ensure that all SMHS claimed are claimed for the correct service modality billing code, and units of time. The MHP will ensure correct units/services are claimed by:

1. Providing an annual Documentation Standards Training to include:
  - Timeliness as per P&P CLN 18.00 & CLN 19.00
  - Charting with regards to medical necessity
  - Charting with regards to maintaining integrity of Clinical Loop
  - Charting with regards to identified service interventions
    - o Staff provided with handout defining each SMHS service intervention
    - o Staff trained to the importance of reviewing service intervention as it is indicated within client treatment plan
  - The Documentation training has been uploaded into Relias Training system which is accessible by all BHS staff and modules can be assigned to staff at any time as an additional support.
  - Documentation training to be reviewed and updated as necessary to include current regulation.
2. Structured Chart Review Process

- Charts for Review will be selected at random by support staff every 2 months to maintain an adequate number of charts for review at all time. The chart review is to be completed by the Crisis Team.
- Charts reviewed will be submitted to Supervisors who will complete a Plan of Correction if necessary.
- The Supervisor will work with the staff person to make appropriate changes and to provide training on the necessary areas.

In the case an incorrect service the MHP will proceed as follows:

1. If the error is caught prior to the service being billed: the void and replicate process will be followed to allow for correction before billing to the state.
2. If the error is caught after it's already been billed to the state: all the service details (last 5 digits of chart #, service date, duration, form# and description of error) will be sent to our internal fiscal unit who will then forward the information to our EHR contractor Kingsview. Kingsview follows up to reverse the claim and notifies our agency of the approval of reversal so that the staff who originally entered the

service can correct it in the EHR for rebilling.

### **Proposed Evidence/Documentation of Correction**

CLN 18.00A, 18.00B, 18.00C – see page 12 CLN 19.00, 19.A1 – see page 12

Documentation Training – see page 12 Sign-In Sheets – see page 12

QA Agenda – see page 12

### **Measures of Effectiveness (if included)**

The process will be monitored throughout current chart review process. This is our process P&P along with chart review form and plan of correction form.

QMP 16.00 Quality Management Chart Review – see page 1 QMP 16.A1 Outpatient Chart Review Form – see page 1 QMP 16.A2 Plan of Correction Form – see page 1

Chart Review Log – Sample – see page 1

### **Implementation Timeline:**

In July of 2019 this MHP facilitated a Documentation Training with all service providers.

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## Requirement

**Reasons for Recoupment (RR): Refer to the enclosed Recoupment Summary for additional details about disallowances.**

RR9. The service was provided while the beneficiary resided in a setting where the beneficiary was ineligible for Federal Financial Participation (e.g., Institution for Mental Disease (IMD), jail, and other similar settings, or in a setting subject to lockouts per CCR, Title 9, chapter 11.

RR11. The service provided was solely for one of the following... (MHSUDS IN No. 17-050, Enclosure 4)

## DHCS Finding [Finding Number]

(No Protocol finding number or text provided)

## Corrective Action Description

The MHP shall submit a POC that describes how the MHP will ensure that:

1. Services provided and claimed are not solely transportation, clerical or payee related.
  2. Services claimed were provided in a setting where the beneficiary was eligible for FFP or not subject to lockouts.
- A. Providing an annual Documentation Standards Training to include:
- Documentation Standards
    - o Timeliness as per P&P CLN 18.00 & CLN 19.00
    - o Charting with regards to medical necessity
    - o Charting with regards to maintaining integrity of Clinical Loop
    - o Charting with regards to identified service interventions
    - Staff provided with handout defining each SMHS service intervention
    - Staff trained to the importance of reviewing service intervention as it is indicated within client treatment plan
  - Documentation training included:

- o The identification of DHCS defined “lockouts” and non-billable services
- o A list & examples of non-billable services
- The Documentation training has been uploaded into Relias Training system which is accessible by all BHS staff and modules can be assigned to staff at any time as an additional support.
- Documentation training to be reviewed and updated as necessary to include current regulation.

#### B. Structured Chart Review Process

- Charts for Review will be selected at random by support staff every 2 months to maintain an adequate number of charts for review at all time. The chart review is to be completed by the Crisis Team.
- Charts reviewed will be submitted to Supervisors who will complete a Plan of Correction if necessary.
- The Supervisor will work with the staff person to make appropriate changes and to provide training on the necessary areas.
- Completed Plans of Correction will be logged by the MHP.

Trends will be collected by the MHP for issuance to the Supervisors in the QI meetings.

#### **Proposed Evidence/Documentation of Correction**

CLN 18.00A, 18.00B, 18.00C – see page 12 CLN 19.00, 19.A1 – see page 12

Documentation Training – see page 12 Sign-In Sheets – see page 12

QA Agenda – see page 12

Chart Review Log – Sample – see page 1

#### **Measures of Effectiveness (if included)**

The process will be monitored throughout current chart review process. This is our process P&P along with chart review form and plan of correction form.

QMP 16.00 Quality Management Chart Review – see page 1 QMP 16.A1 Outpatient Chart Review Form – see page 1 QMP 16.A2 Plan of Correction Form – see page 1

**Implementation Timeline:**

In July of 2019 this MHP facilitated a Documentation Training with all service providers.

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**Requirement**

The MHP must make individualized determinations of each child's/youth's need for ICC and IHBS, based on the child's/youth's strengths and needs. (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 [Finding Number]**

(No Protocol finding number or text provided)

**Corrective Action Description**

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

1. Written documentation is in place describing the process for determining and documenting the eligibility and need for ICC and IHBS.
2. 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 IBHS.
3. Each beneficiary under the age of 22 who is authorized to receive Specialty Mental Health Services (SMHS) also receives an individualized determination of eligibility and need for ICC and IHBS prior to or during the development of the beneficiary's Initial Client Plan by:

**A. Providing an ICC/IHBS/CFT specific training**

- Training was developed as per the direction & Guidance offered by DHCS information notices and the MEDI-CAL Manual 3rd Edition January 2018
- Training identified need to evaluate for eligibility of ICC & IHBS for clients receiving Specialty Mental Health Services under the age of 21.

- Training was uploaded onto Relias Training System
- Staff were instructed to complete the training on Relias

Upon each staff completing the training on Relias, a Division Manager followed up with additional training at each BHS site.

### **Proposed Evidence/Documentation of Correction**

P&P CLN 9.00 describes in detail the process in which to:

- Definitions of ICC, IHBS, TBS & CFT
- Screen for ICC, IHBS & TBS
- Refer for ICC, IHBS & TBS
- Timelines associated with having CFTs
- Timelines associated in which to evaluate for medical necessity pertinent to the continual need for ICC, IHBS or TBS

(Attachments)

### **Measures of Effectiveness (if included)**

The process will be monitored throughout current chart review process. This is our process P&P along with chart review form and plan of correction form.

QMP 16.00 Quality Management Chart Review – see page 1 QMP 16.A1 Outpatient Chart Review Form – see page 1 QMP 16.A2 Plan of Correction Form – see page 1

Chart Review Log – Sample – see page

### **Implementation Timeline:**

October 2018 - ICC/IHBS/CFT Training was made available in Relias Training portal with most completions happening in October and November of 2018.

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### **Requirement**

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

(No Protocol finding number or text provided)

### **Corrective Action Description**

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

1. Written documentation is in place describing the process for reassessing and documenting the eligibility and need for ICC and IHBS at least every 90-days for all beneficiaries receiving SMHS under the age of 22.
2. Training is provided to all staff and contracted providers who have the responsibility for determining eligibility and the need for the provision of ICC and IBHS.
3. Each beneficiary under the age of 22 who is receiving SMHS also receives a reassessment at least every 90-days of eligibility regarding their need for ICC and IHBS by:

#### **A. Providing an ICC/IHBS/CFT specific training**

- Training was developed as per the direction & Guidance offered by DHCS information notices and the MEDI-CAL Manual 3rd Edition January 2018
- Training identified need to evaluate for eligibility of ICC & IHBS for clients receiving Specialty Mental Health Services under the age of 21.
- Training was uploaded onto Relias Training System
- Staff were instructed to complete the training on Relias

Upon each staff completing the training on Relias, a Division Manager followed up with additional training at each BHS site.

### **Proposed Evidence/Documentation of Correction**

P&P CLN 9.00 describes in detail the process in which to:

- Definitions of ICC, IHBS, TBS & CFT
- Screen for ICC, IHBS & TBS
- Refer for ICC, IHBS & TBS
- Timelines associated with having CFTs
- Timelines associated in which to evaluate for medical necessity pertinent to the continual need for ICC, IHBS or TBS

CLN 09.00 and attachments – see page 19  
 page 19 ICC/IHBS Referral Form – see page 19  
 Training Completions – see page 19

ICC/IHBS Eligibility Form – see  
 ICC/IHBS Training – see page 19

### **Measures of Effectiveness (if included)**

The process will be monitored throughout current chart review process. This is our process P&P along with chart review form and plan of correction form.

QMP 16.00 Quality Management Chart Review – see page 1 QMP 16.A1 Outpatient Chart Review Form – see page 1 QMP 16.A2 Plan of Correction Form – see page 1  
 Chart Review Log – Sample – see page 1

### **Implementation Timeline:**

October 2018 - ICC/IHBS/CFT Training was made available in Relias Training portal with most completions happening in October and November of 2018.