

**Mono County Behavioral Health Services**  
**FY 17/18 Specialty Mental Health Triennial Review**  
**Corrective Action Plan**

**System Review**

**Requirement**

Does the MHP have a mechanism for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and/or culturally appropriate field testing)?

CFR, title 42, section 438.10(d)(i),(ii)

CCR, title 9, chapter 11, sections 1810.110(a) and 1810.410(e)(4)

CFR, title 42, section 438.10(d)(2)

MHP Contract, Exhibit A, Attachment I

**DHCS Finding B.5.f.**

The MHP did not furnish evidence it has a mechanism for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and/or culturally appropriate field testing). DHCS reviewed the MHP's Cultural Competence Plan (FYs 17/18 and 18/19). However, it did not include evidence that the MHP has a mechanism for ensuring the accuracy of translated materials in terms of both language and culture. Protocol question B5f is deemed OOC.

**Corrective Action Description**

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a mechanism for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and/or culturally appropriate field testing).

**Proposed Evidence/Documentation of Correction**

The MHP will take the following steps toward corrective action:

- The Cultural Outreach Committee and/or the Quality Improvement Committee will create a policy to ensure that translated materials are accurate in terms of both language and culture.
  - Evidence: A copy of the policy will be submitted to DHCS.

- The QA Coordinator will contact California Mental Health Services Authority (CalMHSA) to inquire about the availability of translation of informing materials.
  - Evidence: If CalMHSA is able to assist - or direct the MHP to another resource - the MHP will submit completed translated materials to DHCS.

**Implementation Timeline:** 12/31/20

**Requirement**

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

- 1) Does the MHP provide a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county?
- 2) Does the toll-free telephone number provide 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) Does the toll-free telephone number provide information to beneficiaries about services needed to treat a beneficiary’s urgent condition?
- 4) Does the toll-free telephone number provide information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes?

CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1)

CFR, title 42, section 438.406 (a)(1)

DMH Information Notice No. 10-02, Enclosure, Page 21, and DMH Information Notice No. 10-17, Enclosure, Page 16

MHP Contract, Exhibit A, Attachment I

**DHCS Finding B.9.a.**

The DHCS review team made seven (7) calls to test the MHP's 24/7 toll-free line. Test Call #5 was OOC for protocol section B9a2 as the operator did not provide all of the information (Address) about how to access SMHS and was referred to call another number.

**Corrective Action Description**

The MHP will submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides a statewide, toll-free telephone number 24 hours a day, 7 days per week, with language capability in all languages spoken by beneficiaries of the county that will provide information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, services

needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearing processes.

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

The MHP maintains a 24/7 statewide toll-free telephone number with language capability in all of Mono County's threshold languages. Monday through Friday from 8:00 a.m. to 5:00 p.m. the telephone number is answered by Mono County Behavioral Health front office staff. After 5:00 p.m., on weekends, and on holidays, the telephone is answered by our 24/7 Access Line staff members. Mono County has put additional processes in place to ensure compliance with the requirements regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number:

- On 8/9/2018, the QA Coordinator provided training to all staff titled "Beneficiary Protection Training". Topics covered included: Beneficiary Protection, Patients' Rights Advocacy, Ombudsman, Appeals and Grievances, Notice of Adverse Benefit Determination (NOABD's), Advance Health Care Directive.
- On 11/1/2018, the QA Coordinator provided training to all staff titled "The 24/7 Access Line". Topics covered included: 24/7 Access Line Requirements, Contact Logs, How to answer the 24/7 Line, Beneficiary Problem Resolution Process, Problem Resolution Process Grievances and Complaints, Problem Resolution Process Appeals, Expedited Appeals, State Fair Hearing, Example of Annual Beneficiary Grievance Report, Out of Network Providers, American Indian Health Facilities, Information on MCBH Requests for Services, Information for Local Out of Network Medi-Cal, Test Calls, Example of Internal Test Call Worksheet, Language Line, Example of Language Line process, Language Line (Important Information).
- On 10/16/2018, the QA Coordinator created call scripts and guidelines for those answering the telephone titled "Answering the 24/7 Access Line".
- On 10/18/2018, the QA Coordinator created a "Beneficiary Protections – FAQs" list for staff that addresses American Indian Health Facilities (AIHF), Out-of-Network Providers, etc., as well as other Beneficiary Protections such as: Patients' Rights Advocacy, Ombudsman, Grievance, Appeal, Expedited Appeal, State Fair Hearing, Notice of Adverse Benefit Determination, Advance Health Care Directive. This FAQ list will be a 'fluid' document that will be updated and added to by QA/QI and also by staff as time progresses and as information is revised or changed, and will provide information via our shared drive, email, an electronic copy on staff's desktop, paper/physical printed copy, etc.
- On 11/9/2018, the QA Coordinator met individually with a newly hired staff member and trained on above trainings, additional office telephone answering protocols, and other required office policies and procedures.
- In December 2018, there was a change-over on staff for the 24/7 Access Line. QA Coordinator provided one-on-one training to the new 24/7 Access Line person.

- Also, in December 2018, the QA Coordinator completely revamped the 24/7 Access Line binder that the access person carries with them when on-call. This included a table of contents, checklist, tabbed sections, and a reminder sheet.
- On 1/9/2019, the QA Coordinator met one-on-one with one of two 24/7 Access Line staff members for a 24/7 Access Line refresher. 24/7 Access Line check-in training. This included a discussion of the complete 24/7 Access Line binder overhaul with new Table of Contents, Checklists, Tabs, What State is looking for/requiring with the calls, discussion of Language Line, other languages, hearing impaired, etc. Included refresher of 24/7 Access Line process, etc. Discussion of the Excel spreadsheet "Access Call Log" on the shared x:/drive, collaboration as to what will be, and/or is, helpful for the 24/7 Access Line success, scheduling of all of 2019 in the Outlook 24/7 Access Line shared calendar, etc.
- On 8/28/19, the QA Coordinator met one-on-one with a new 24/7 Access Line staff member regarding the responsibilities for the 24/7 Access Line, with an upcoming effective date of 9/1/19. Provided 24/7 Access Line training. This included a discussion of the complete 24/7 Access Line binder overhaul with new Table of Contents, Checklists, Tabs, What State is looking for/requiring with the calls, discussion of Language Line, other languages, hearing impaired, etc. Included refresher of 24/7 Access Line process, etc. Discussion of the Excel spreadsheet "Access Call Log" on the shared x:/drive, collaboration as to what will be, and/or is, helpful for the 24/7 Access Line success, scheduling of all of 2019 in the Outlook 24/7 Access Line shared calendar, etc.
  - Also, QA Coordinator has made regular and on-going check-in's with this staff member since the 8/28/19 training for any questions, concerns, comments, etc., in addition to verifying that call logging is occurring correctly, etc.

Evidence: The MHP will provide PowerPoint presentations, sign-ins, PDF's, samples, etc., of the above line items to DHCS.

**Implementation Timeline:** Please refer to above for each specific timeline that has been met.

The MHP will continue to provide ongoing training for all staff that answer the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number.

Additionally, the MHP will continue to perform ongoing routine test calls to ensure that requirements are being met.

### **Requirement**

Regarding Memorandums of Understanding (MOUs) with Medi-Cal Managed Care Plans (MCPs):

- 1) Does the MHP have MOUs in place with any Medi-Cal MCP that enrolls beneficiaries covered by the MHP? If not, does the MHP have documentation that a “good faith effort” was made to enter into an MOU?
- 2) Does the MHP have a process for resolving disputes between the MHP and MCPs that include a means for beneficiaries to receive medically necessary services, including specialty mental health services and prescription drugs, while the dispute is being resolved?
- 3) Does the MHP have a mechanism for monitoring and assessing the effectiveness of any MOU with a physical health care plan?
- 4) Does the MHP have a referral protocol between MHP and Medi-Cal Managed Care Plan to ensure continuity of care?

CCR, title 9, chapter 11, sections 1810.370 and 1810.415

MHP Contract, Exhibit A, Attachment I

**DHCS Finding F.2., F.2.a., F.2.b., F.2.c., F.2.d.**

The MHP did not furnish evidence it has entered into MOUs, or has documentation of a good faith effort to do so with any Medi-Cal MCPs that enrolls beneficiaries covered by the MHP. The MHP does not have an MOU with California Health and Wellness (CHW), nor did the MHP provide evidence it has made a good faith effort to enter into an MOU with CHW.

DHCS reviewed the MHP's MOU with Anthem (since 2014); however, the MHP did not furnish evidence it has a mechanism for monitoring and assessing the effectiveness of the MHP's MOU with Anthem. In addition, the MHP does not have a formal processes (e.g., referral protocol, coordination meetings) in place to coordinate care between the MHP and MCP.

Protocol questions F.2.a, F.2.c, and F.2.d are deemed OOC.

**Corrective Action Description**

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has entered into MOUs, or has documentation of a good faith effort to do so, with any Medi-Cal MCPs that enrolls beneficiaries covered by the MHP. The MHP must also have processes in place for resolving disputes between the MHP and MCPs, mechanisms for monitoring and assessing the effectiveness of MOUs, and/or referral protocols between the MHP and MCPs to ensure continuity of care.

**Proposed Evidence/Documentation of Correction**

The MHP has entered into a Memorandum of Understanding (MOU) between California Health and Wellness Plan (CHWP) and County of Mono for Coordination of Services. The term of the MOU was effective July 3, 2018.

Evidence: The MHP will provide a copy of the MOU between CHWP and County of Mono for Coordination of Services to DHCS.

**Implementation Timeline**: The MHP will submit MOU in conjunction with POC.

### **Requirement**

- 1) Is there evidence of effective training and education for the compliance officer?
- 2) Is there evidence of effective training and education for the MHP's employees and contract providers?

CFR, title 42, sections 438.10, 438.604, 438.606, 438.608 and 438.610

MHP Contract, Exhibit A, Attachment I

### **DHCS Finding H.2.d., H.2.e.**

The MHP did not furnish evidence of effective training and education for the compliance officer. DHCS reviewed the following documentation presented by the MHP as evidence of compliance:

- PowerPoint training related to Compliance, Fraud, Waste, and Abuse;
- Training sign in sheets; and,
- A spreadsheet of additional trainings provided to all employees.

However, the MHP did not provide evidence the Compliance Officer received effective training and education regarding the role and responsibilities of the Compliance Officer. The training provided by the MHP are the trainings required of all individuals employed by the MHP. Protocol question H2d is deemed OOC.

### **Corrective Action Description**

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides for effective training and education for the compliance officer and for the MHP's employees and contract providers.

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

The MHP will take the following steps toward corrective action:

- The Quality Improvement Committee, the Compliance Officer, and the QA Coordinator will update the existing Compliance Program policy and procedure.
  - Evidence: A copy of the policy will be submitted to DHCS.
- The Quality Improvement Committee, the Compliance Officer, and the QA Coordinator will meet and will determine and develop training needs that fulfill the requirements for effective training and education for the compliance officer.

- Evidence: A copy of the training plan will be submitted to DHCS. Trainings and/or sign-in sheets of completed trainings by the Compliance Officer will be submitted to DHCS.

**Implementation Timeline:** 12/31/20

## **Requirement**

Regarding monitoring and verification of provider eligibility:

Does the MHP ensure the following requirements are met:

- 1) Is there evidence that the MHP has a process in place to verify new and current (prior to contracting/employing and monthly thereafter) providers, including contractors, are not on the Office of Inspector General List of Excluded Individuals/Entities (LEIE)?
- 2) Is there evidence that the MHP has a process in place to verify new and current (prior to contracting/employing and monthly thereafter) providers and contractors are not on the DHCS Medi-Cal List of Suspended or Ineligible Providers?
- 3) Is there evidence that the MHP has a process in place to verify new and current (prior to contracting/employing) providers and contractors are not in the Social Security Administration's Death Master File?
- 4) Is there evidence that the MHP has a process in place to verify the accuracy of new and current (upon enrollment and reenrollment) providers and contractors in the National Plan and Provider Enumeration System (NPPES)?
- 5) Is there evidence the MHP has a process in place to verify new and current (prior to contracting/employing and monthly thereafter) providers and contractors are not in the Excluded Parties List System/System Award Management (EPLS/SAM) database?
- 6) When an excluded provider/contractor is identified by the MHP, does the MHP have a mechanism in place to take appropriate corrective action?

CFR, title 42, sections 438.214(d), 438.610, 455.400-455.470, 455.436(b)

DMH Letter No. 10-05

MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements

### **DHCS Finding H.5., H.5.a., H.5.b.**

The MHP did not furnish evidence it monitors and verifies provider eligibility (prior to contracting and monthly) to ensure providers, including contractors, are not on the OIG LEIE, Medi-Cal List of Suspended or Ineligible Providers, the NPPES, and the EPLS/SAM databases. DHCS reviewed the following documentation presented by the MHP as evidence of compliance:

- Results of OIG LEIE exclusion searches (completed on May 25, 2017, October 3, 2017, January 9, 2018 and April 8, 2018).

## Corrective Action Description

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it monitors and verifies provider eligibility (prior to contracting and monthly) to ensure providers, including contractors, are not on the OIG LEIE, Medi-Cal List of Suspended or Ineligible Providers, the NPPES, and the EPLS/SAM database.

## Proposed Evidence/Documentation of Correction

The MHP will take the following steps toward corrective action:

- Prior to contracting and on a monthly basis, Mono County will monitor and verify that providers are not on the Office of Inspector General List of Excluded Individuals/Entities (LEIE).
  - Evidence: Mono County will provide a copy of evidence of monthly LEIE verification.
- Prior to contracting and on a monthly basis, Mono County will monitor and verify that providers are not on the DHCS Medi-Cal List of Suspended or Ineligible Providers.
  - Evidence: Mono County will provide a copy of evidence of monthly DHCS Medi-Cal List of Suspended or Ineligible Providers.
- Prior to contracting, and with current providers and contractors, Mono County will monitor and verify that providers are not in the Social Security Administration's Death Master File.
  - Evidence: Mono County will provide a copy of evidence that new and current providers and contractors are not in the Social Security Administration's Death Master File.
- Prior to contracting, and with current providers and contractors, Mono County will monitor and verify the accuracy of new and current (upon enrollment and reenrollment) providers and contractors in the National Plan and Provider Enumeration System (NPPES).
  - Evidence: Mono County will provide a copy of evidence that new and current providers and contractors are in the National Plan and Provider Enumeration System (NPPES).
- Prior to contracting and on a monthly basis, Mono County will monitor and verify that providers are not in the Excluded Parties List System/System Award Management (EPLS/SAM) database.

- Evidence: Mono County will provide a copy of evidence that new and current providers and contractors are not in the Excluded Parties List System/System Award Management (EPLS/SAM) database.

**Implementation Timeline:** 12/31/20

### **Requirement**

Regarding monitoring of medication practices:

- 1) Does the MHP have mechanisms to monitor the safety and effectiveness of medication practices at least annually?

MHP Contract, Exhibit A, Attachment I

### **DHCS Finding I.3., I.3.a.**

The MHP did not furnish evidence it has mechanisms to monitor the safety and effectiveness of medication practices at least annually. DHCS reviewed the following documentation presented by the MHP as evidence of compliance:

- Kingsview Informed Consent, Psychotropic Medications, and Guidelines Psychotropic Mediation Practices.

The MHP delegates medication monitoring activities to its subcontractor, Kingsview; however, the MHP does not have a formal process and procedure to oversee its subcontractor's medication monitoring activities. Protocol question I.3.a is deemed OOC.

### **Corrective Action Description**

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has mechanisms to monitor the safety and effectiveness of medication practices at least annually.

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

The MHP will take the following steps toward corrective action:

- The Quality Improvement Committee will create a policy for monitoring the safety and effectiveness of medication practices.
  - Evidence: A copy of the policy will be submitted to DHCS.
- The Quality Improvement Committee and the QA Coordinator will meet and will develop a monitoring mechanism to monitor the safety and effectiveness of medication practices at least annually.
  - Evidence: A copy of the monitoring mechanism will be submitted to DHCS.

**Implementation Timeline:** 12/31/20

### **System Review**

#### **Requirement**

Does the beneficiary meet all three (3) of the following medical necessity criteria for reimbursement (1.a., 1.b., and 1.c. below)?

1.a. The beneficiary has a current ICD diagnosis which is included for non-hospital SMHS in accordance with the MHP contract?

1.b. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1.a., must have at least one (1) of the following criteria (1-4 below):

- 1) A significant impairment in an important area of life functioning.
- 2) A probability of significant deterioration in an important area of life functioning.
- 3) A probability that the child will not progress developmentally as individually appropriate.
- 4) For full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that SMHS can correct or ameliorate.

1.c. Do the proposed and actual intervention(s) meet the intervention criteria listed below:

- 1) The focus of the proposed and actual intervention(s) is to address the condition identified in No. 1b (1-3) above, or for full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that SMHS can correct or ameliorate per No. 1 b(4).
- 2) The expectation is that the proposed and actual intervention(s) will do at least one (1) of the following (A, B, C, or D):
  - A. Significantly diminish the impairment.
  - B. Prevent significant deterioration in an important area of life functioning.
  - C. Allow the child to progress developmentally as individually appropriate.
  - D. For full-scope MC beneficiaries under the age of 21 years, correct or ameliorate the condition.

1.d. The condition would not be responsive to physical health care based treatment.

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

1. Documentation in the medical record does not establish that the beneficiary has a diagnosis contained in California Code of Regulations, (CCR), title 9, chapter 11, section 1830.205(b)(1 )(A- R).

13. No service provided:

- a) No show/ appointment cancelled, and no other eligible service documented (e.g., chart review to prepare for an appointment that turns out to be a "no show"), or

14. The service provided was not within the scope of practice of the person delivering the service.

**DHCS Finding K.1, K.1.a., K.1.b., K.1.c., K.1.d., RR.1, RR.13, RR.14**

Finding 1.a:

The medical record associated with the following Line number did not establish that the beneficiary had a mental health diagnosis contained in the CCR, title 9, chapter 11, section 1830.205(b)(1)(A-R):

- Line number 5. RR.1, diagnosis not included, refer to Recoupment Summary for additional details. The Assessment documented that the beneficiary's symptom presentation may be attributed to "possible opiate addiction." The beneficiary was referred to the tele-psychiatrist for further evaluation and clarification of diagnosis. The psychiatrist concluded that the symptoms of depression and anxiety were secondary to a general medical condition and an alcohol use disorder (not included diagnoses). There were four claims, representing planned services, that were found to be not eligible under SMHS.

**Corrective Action Description**

Plan of Correction 1.a.: The MHP shall submit a POC that describes how the MHP will ensure that only beneficiaries with an included mental health diagnosis have claims submitted for specialty mental health services (SMHS) in order to meet the medical necessity criteria contained in CCR, title 9, chapter 11, section 1830.205(b)(1)(A-R) for Medi-Cal reimbursement.

**Proposed Evidence/Documentation of Correction**

The MHP will take the following steps toward corrective action:

- The Quality Improvement Committee will create a policy for monitoring diagnoses and treatment planning.
  - Evidence: A copy of the policy will be submitted to DHCS.
- The MHP will provide quarterly training to clinical staff regarding standards of current ICD diagnosis that meet all title 9 requirements.
  - Evidence: A copy of the chart review training tracking log and/or sign-in will be submitted to DHCS.

**Implementation Timeline:** 12/31/20

**Requirement**

Do the Assessments include the areas specified in the MHP Contract with the Department?

- 1) Presenting Problem. The beneficiary's chief complaint, history of presenting problem(s) including current level of functioning, relevant family history and current family information;
- 2) Relevant conditions and psychosocial factors affecting the beneficiary's physical health and mental health including, as applicable; living situation, daily activities, social support, and cultural and linguistic factors;
- 3) History of trauma or exposure to trauma;
- 4) Mental Health History. Previous treatment, including providers, therapeutic modality (e.g., medications, psychosocial treatments) and response, and inpatient admissions. If possible, include information from other sources of clinical data such as previous mental health records and relevant psychological testing or consultation reports;
- 5) Medical History. Relevant physical health conditions reported by the beneficiary or a significant support person. Include name and address of current source of medical treatment. For children and adolescents the history must include prenatal and perinatal events and relevant/significant developmental history. If possible, include other medical information from medical records or relevant consultation reports
- 6) Medications. Information about medications the beneficiary has received, or is receiving, to treat mental health and medical conditions, including duration of medical treatment. The assessment must include documentation of the absence or presence of allergies or adverse reactions to medications and documentation of an informed consent for medications;
- 7) Substance Exposure/Substance Use. Past and present use of tobacco, alcohol, caffeine, CAM (complementary and alternative medications) and over-the-counter drugs, and illicit drugs;
- 8) Client Strengths. Documentation of the beneficiary's strengths in achieving client plan goals related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis;
- 9) Risks. Situations that present a risk to the beneficiary and/or others, including past or current trauma;
- 10) A mental status examination;
- 11) A Complete Diagnosis; A diagnosis from the current ICD-code must be documented, consistent with the presenting problems, history, mental status examination and/or other clinical data; including any current medical diagnoses.

CCR, title 9, chapter 4, section 851- Lanterman-Petris Act

MHP Contract, Exhibit A, Attachment I

**DHCS Finding K.2.b.**

One or more of the assessments reviewed did not include all of the elements specified in the MHP Contract. The following required elements were incomplete or missing:

- Mental Health History: Line numbers 1, 2, 3, 7, and 10.
- Medications: Line numbers 1, 2, and 3.
- A Complete Diagnosis: Line numbers 5 and 7.
  - Line 5: The diagnosis was not completed (updated) once psychiatrist's evaluation was received, following the referral for diagnostic clarification.
  - Line 7: The diagnosis of Oppositional Defiant Disorder is an included diagnosis for eligibility for SMHS; however, the information presented in the Assessment document did not clearly meet criteria under the guidance of DSM-5:
    - The mental health history is not sufficiently detailed (e.g., the precipitating events leading up to the current presenting behaviors).
    - There is no exploration of the acculturation concerns including current family/cultural dynamics.
    - Possible verbal and physical abuse is not detailed or put into context in the Assessment. Is this abuse happening now? Who is/are the abusers? In which environment/context does the abuse happen? How extensive is the abuse?
    - The client's drug use (substance abuse/dependence issue) of Crystal Meth, Alcohol, THC is noted in the Assessment, but is not discussed and appears to be an ongoing concern.
    - The youth's statement that he sometimes has thoughts about killing himself is not typical of ODD and warrants further exploration.

### **Corrective Action Description**

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

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

The MHP will take the following steps toward corrective action:

- The Quality Improvement Committee will create a policy for monitoring assessment and treatment planning.
  - Evidence: A copy of the policy will be submitted to DHCS.

- The MHP will provide quarterly training to clinical staff regarding standards of assessment and treatment planning to meet full compliance with title 9 and all of the required elements specified in the MHP Contract with the Department.
  - Evidence: A copy of the chart review training tracking log and/or sign-in will be submitted to DHCS.

**Implementation Timeline:** 12/31/20

**Requirement**

Does the assessment include:

- 1) The date of service?
- 2) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, and licensure or job title?
- 3) The date the documentation was entered in the medical record?

CCR, title 9, chapter 11, section 1810.204

CCR, title 9, chapter 11, section 1840.112(b)(1-4)

CCR, title 9, chapter 11, section 1840.314(d)(e)

CCR, title 9, chapter 4, section 851- Lanterman-Petris Act

MHP Contract, Exhibit A. Attachment I

**DHCS Finding K.2.c.**

The Assessment 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.

- Line number 9

**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.

**Proposed Evidence/Documentation of Correction**

The MHP will take the following steps toward corrective action:

- The Quality Improvement Committee will create a policy for monitoring assessment and treatment planning.
  - Evidence: A copy of the policy will be submitted to DHCS.

- The MHP will provide quarterly training to clinical staff ensuring all documents are signed with the professional degree, licensure or title of the person providing the service that meet the required elements specified in the MHP Contract with the Department.
  - Evidence: A copy of the chart review training tracking log and/or sign-in will be submitted to DHCS.

**Implementation Timeline:** 12/31/20

**Requirement**

Does the medication consent for psychiatric medications include the following required elements:

- 1) The reasons for taking such medications?
- 2) Reasonable alternative treatments available, if any?
- 3) Type of medication?
- 4) Range of frequency (of administration)?
- 5) Dosage?
- 6) Method of administration?
- 7) Duration of taking the medication?
- 8) Probable side effects?
- 9) Possible side effects if taken longer than 3 months?
- 10) Consent once given may be withdrawn at any time?

CCR, title 9, chapter 11, section 1810.204

CCR, title 9, chapter 11, section 1840.112(b)(1-4)

CCR, title 9, chapter 11, section 1840.314(d)(e)

CCR, title 9, chapter 4, section 851- Lanterman-Petris Act

MHP Contract, Exhibit A, Attachment I

**DHCS Finding K.3.b.**

Written medication consents did not contain all of the required elements specified in the MHP Contract. The following required elements were not documented to have been reviewed with the beneficiary:

- Reasonable alternative treatments available, if any: Line number 2.
- Type of medication: Line number 2.
- Range of Frequency: Line number(s) 1, 2, and 3.
- Dosage: Line number 2.
- Method of administration (oral or injection): Line number(s) 1, 2, 3, 5, and 8.

- Duration of taking each medication: Line number(s) 1, 2, 3, 5, and 8.
- Possible side effects if taken longer than 3 months: Line number(s) 1, 2, 3, 5, and 8.
- Consent once given may be withdrawn at any time: Line number(s) 1, 2, 3, 5, and 8.

### **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.

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

The MHP will take the following steps toward corrective action:

- The Quality Improvement Committee will work with our telemedicine provider to ensure all information is provided on the medication consent form.
  - Evidence: A copy of the medication consent form will be submitted to DHCS.
- The MHP will provide quarterly training to telemedicine staff to ensure that the medication consent process addresses all of the required elements specified in the MHP Contract.
  - Evidence: A copy of the chart review training tracking log and/or sign-in will be submitted to DHCS.

**Implementation Timeline:** 12/31/20

### **Requirement**

Do medication consents include:

- 1) The date of service?
- 2) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, and licensure or job title?
- 3) The date the documentation was entered in the medical record?

CCR, title 9, chapter 11, section 1810.204

CCR, title 9, chapter 11, section 1840.112(b)(1-4)

CCR, title 9, chapter 11, section 1840.314(d)(e)  
851- Lanterman-Petris Act

CCR, title 9, chapter 4, section

MHP Contract, Exhibit A, Attachment I

### **DHCS Finding K.3.b.**

The medication consent(s) 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.

- Line number(s) 1, 2, 3, 5, and 8.

### **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) of the qualified person providing the service with the professional degree, licensure or title.

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

The MHP will take the following steps toward corrective action:

- The MHP will provide quarterly training to telemedicine staff to ensure that all documentation includes the signature (or electronic equivalent) of the qualified person providing the service with the professional degree, licensure or title.
  - Evidence: A copy of the chart review training tracking log and/or sign-in will be submitted to DHCS.

**Implementation Timeline:** 12/31/20

### **Requirement**

Does the client plan include the items specified in the MHP Contract with the Department?

- 1) Specific, observable, and/or specific quantifiable goals/treatment objectives related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis.
- 2) The proposed type(s) of intervention/modality including a detailed description of the intervention to be provided.
- 3) The proposed frequency of intervention(s).
- 4) The proposed duration of intervention(s).
- 5) Interventions that focus and address the identified functional impairments as a result of the mental disorder or emotional disturbance.
- 6) Interventions are consistent with client plan goal(s)/treatment objective(s).
- 7) Be consistent with the qualifying diagnoses.

CCR, title 9, chapter 11, section 1810.205.2

CCR, title 9, chapter 11, section 1810.254

CCR, title 9, chapter 11, section 1810.440(c)(1)(2)

CCR, title 9, chapter 11, section 1840.112(b)(2-5)

CCR, title 9, chapter 11, section 1840.314(d)(e)

DMH Letter 02-01, Enclosure A

WIC, section 5751.2

MHP Contract, Exhibit A, Attachment I

CCR, title 16, Section 1820. 5

California Business and Profession Code, Section 4999.20

### **DHCS Finding K.4.b.**

The following Line number(s) had client plan(s) that did not include all of the items specified in the MHP Contract with the Department:

4b-1) One or more of the goals/treatment objectives were not specific, observable, and/or quantifiable and related to the beneficiary's mental health needs and identified functional impairments as a result of the mental health diagnosis. Line number 5.

4b-3) One or more of the proposed interventions did not indicate an expected frequency. Line number(s) 1, 2, 3, 4, 5, 7, 8, and 10. "Use of terms such as 'as needed' and 'ad hoc' do not meet the requirement that a client plan contain a proposed frequency for interventions. The proposed frequency for delivery of an intervention must be stated specifically (e.g., daily, weekly, etc.), or as a frequency range (e.g., 1-4x's monthly)." - MHSUDS Information Notice 17-040, item 13.

4b-4) One or more of the proposed interventions did not indicate an expected duration. Line number 5.

- Line number 5: Interventions were documented on a plan with an assigned duration of 12 months, even as the assessing clinician was in the process of obtaining information needed to conduct a differential diagnosis. There is a need to know the contributing factors to a mental health condition before a plan with measurable goals can be developed. The focus of the intervention is to address the beneficiary's included mental health condition – CCR, Title 9, Ch. 11, Sec 1830.205(b)(3)(A) and 1840.112(b)(4).

4b-5i) One or more of the proposed interventions did not address the mental health needs and functional impairments identified as a result of the mental disorder. Line number(s) 7 and 8.

- Line number 7: The interventions appear to address the beneficiary's oppositional defiant behavior in general; however, clear steps for addressing the safety needs of the client were not included in the plan (e.g. addressing the client wanting to kill himself, and any current verbal and physical abuse as noted in the diagnostic impression).

- Line number 8: The interventions are broadly written, and are not specific to the needs of the client (e.g., "Case Management" on the beneficiary's treatment plan).

4b-5ii) One or more client plans did not address the functional impairments identified in the Assessment as a result of a mental disorder or emotional disturbance. Line number(s) 5 and 7.

- Line number 5: The provider put in a referral for a psychiatric evaluation for further diagnostic clarification, and proceeded to develop and complete a 12 month services plan. The results of the evaluation showed that the client's anxiety and depression were secondary to substance use. The diagnostic information serves to help the provider(s) assist the client with obtaining necessary services which correspond to their functional impairments and treatment needs.
- Line number 7: Inconsistencies within the Assessment impact the development of a treatment approach and interventions which meet the mental health needs of the client. The proposed interventions on the client plan address behaviors of arguing, yelling, lying, running away (behavior not identified in the Assessment), poor academic functioning (present in the diagnostic impression but not supported in the Assessment), and negative peer relationships (present in the diagnostic impression but not supported in the Assessment). The clinician lists obstacles to be addressed, including: drug abuse (not noted in the diagnostic impression), history of physical and verbal abuse (noted in diagnostic impression as a possible current problem), etc.

4b-7) One or more client plans were not consistent with a qualifying diagnosis.

- Line number 5: In this case, the client's identified functional impairments are determined to be resulting from ongoing substance use.

### **Corrective Action Description**

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

- 1) (4b-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) (4b-3, 4b-4.) All mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.
- 3) (4b-5.) 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.
- 4) (4b-7.) All client plans are consistent with the qualifying diagnosis.

## Proposed Evidence/Documentation of Correction

The MHP will take the following steps toward corrective action:

- The MHP will provide quarterly training to clinical staff to ensure that all documentation includes the following:
  - 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.
  - All mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.
  - 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.
  - All client plans are consistent with the qualifying diagnosis.
  - Evidence: A copy of the chart review training tracking log and/or sign-in will be submitted to DHCS.

**Implementation Timeline:** 12/31/20

### Requirement

Do the progress notes document the following:

- 1) Timely documentation of relevant aspects of client care, including documentation of medical necessity?
- 2) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions?
- 3) Interventions applied, beneficiary's response to the interventions, and the location of the interventions?
- 4) The date the services were provided?
- 5) Documentation of referrals to community resources and other agencies, when appropriate?
- 6) Documentation of follow-up care or, as appropriate, a discharge summary?
- 7) The amount of time taken to provide services?
- 8) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, and licensure or job title?

CCR, title 9, chapter 11, section 1810.254

CCR, title 9, chapter 11, section 1810.440(c)

CCR, title 9, chapter 11, section 1840.112(b)(2-6)

CCR, title 9, chapter 11, section 1840.314  
1840.316 - 1840.322

CCR, title 9, chapter 11, sections

CCR, title 22, chapter 3, section 51458.1

CCR, title 22, chapter 3, section 51470

MHP Contract, Exhibit A, Attachment I

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

RR6. No progress note found for service claimed.

- a) No progress note found.
- b) Progress note provided does not match the claim in terms of
  - 1) Specialty Mental Health Service and/or Service Activity claimed.
  - 2) Date of Service, and/or
  - 3) Units of time.

RR12. The progress note was not signed (or electronic equivalent) by the person(s) providing the service.

RR13. No service was provided.

- a) No show / appointment cancelled, and no other eligible service documented
- b) Service provided did not meet definition of a specific SMHS.

#### **DHCS Finding K.5.a.**

Progress notes were not completed in accordance with contractual requirements and/or with the MHP's written documentation standards:

- The MHP was not following its own written documentation standards for timeliness of staff signatures on progress notes.

5a-1) Line number(s) 2, 3, 4, 5, 6, 8 and 10: Timely documentation of relevant aspects of beneficiary care, as specified by the MHP's documentation standards (i.e., progress notes completed late based on the MHP's written documentation standards in effect during the audit period).

- Line 2: Four late notes
- Line 3: One late note
- Line 4: One late note
- Line 5: One late note

- Line 6: One late note
- Line 8: Two late notes
- Line 10: Seven late notes
- Progress notes did not document the following:
  - 5a-3) Line number 1: The beneficiary's response to the interventions.
  - 5a-7i) Line number(s) 2 and 5: The amount of time taken to provide services. There was a progress note in the medical record for the date of service claimed. However, the amount of time documented on the progress note to provide the service was less than the time claimed, or was missing on the progress note. RR6b3, refer to Recoupment Summary for details.
  - 5a-8i) Line number 7: The signature of the person providing the service. RR12, refer to Recoupment Summary for details.
  - 5a-8ii) Line number(S) 1, 2, 3, 4, 5, 6, 8, 9 and 10: The provider's professional degree, licensure or job title.
- Line number(s) 4, 7 and 10: The MHP submitted a claim for a missed or cancelled appointment. RR13a, refer to Recoupment Summary for details.

### **Corrective Action Description**

- 1) The MHP shall submit a POC that describes how the MHP will ensure that progress notes document:
  - 5a-1) 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.
  - 5a-3) Interventions applied, the beneficiary's response to the interventions and the location of the interventions, as specified in the MHP Contract with the Department.
  - 5a-7) The claim must accurately reflect the amount of time taken to provide services.
  - 5a-8) The provider's/providers' professional degree, licensure or job title.
- 2) Documentation is individualized for each service provided.
- 3) Each progress note describes how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning.

- 4) All services claimed are appropriate, relate to the qualifying diagnosis and identified functional impairments and are medically necessary as delineated in the CCR, title 9, chapter 11, sections 1830.205(a)(b).
- 5) Specialty Mental Health Services claimed are actually furnished to the beneficiary.

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

The MHP will take the following steps toward corrective action:

- The MHP will provide quarterly training to clinical staff to ensure that 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 standard.
  - Interventions applied, the beneficiary's response to the interventions and the location of the interventions, as specified in the MHP Contract with the Department.
  - The claim must accurately reflect the amount of time taken to provide services.
  - The provider's/providers' professional degree, licensure or job title.
  - Evidence: A copy of the chart review training tracking log and/or sign-in will be submitted to DHCS.
- The MHP will provide quarterly training to clinical staff to ensure that documentation is individualized for each service provided.
  - Evidence: A copy of the chart review training tracking log and/or sign-in will be submitted to DHCS.
- The MHP will provide quarterly training to clinical staff to ensure that each progress note describes how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning.
  - Evidence: A copy of the chart review training tracking log and/or sign-in will be submitted to DHCS.
- The MHP will provide quarterly training to clinical staff to ensure that all services claimed are appropriate, relate to the qualifying diagnosis and identified functional impairments and are medically necessary as delineated in the CCR, title 9, chapter 11, sections 1830.205(a)(b).

- Evidence: A copy of the chart review training tracking log and/or sign-in will be submitted to DHCS.
- The MHP will verify that Specialty Mental Health Services claimed are actually furnished to the beneficiary.
  - The Quality Improvement Committee will create a policy for verifying that services are actually furnished to the beneficiary.
    - Evidence: A copy of the policy will be submitted to DHCS.
  - The Quality Improvement Committee will implement tracking tools for verifying that services were furnished, such as a service verification tracking log, call script/logs for calling a beneficiary, evidence of services letters sent to beneficiaries.
  - Evidence: The Quality Improvement Committee will submit copies of tracking tools and logs to DHCS.

**Implementation Timeline:** 12/31/20

**Requirement**

- 1) 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:
- 2) Documentation of each person's involvement in the context of the mental health needs of the beneficiary?
- 3) The exact number of minutes used by persons providing the service?
- 4) Signature(s) of person(s) providing the services?

CCR, title 9, chapter 11, section 1810.254

CCR, title 9, chapter 11, section 1810.440(c)

CCR, title 9, chapter 11, section 1840.112(b)(2-6)

CCR, title 9, chapter 11, section 1840.314

CCR, title 9, chapter 11, sections 1840.316 - 1840.322

CCR, title 22, chapter 3, section 51458.1

CCR, title 22, chapter 3, section 51470

MHP Contract, Exhibit A. Attachment I

**DHCS Finding K.5.b.**

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. Specifically,

- Line number 7: Progress notes did not document the specific amount of time of involvement of each provider, including travel and documentation time, when appropriate. RR11b, refer to Recoupment Summary for details.

### **Corrective Action Description**

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

- 1) Progress notes clearly document the contribution as it relates to the identified functional impairment and mental health needs of the beneficiary.
- 2) Progress notes clearly document the specific amount of time of involvement of each provider in providing the service, including travel and documentation time if applicable.
- 3) A clinical rationale for the use of more than one staff in the group setting is documented.

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

The MHP will take the following steps toward corrective action:

- The MHP will provide quarterly training to clinical staff to ensure that progress notes documentation includes the following:
  - Progress notes clearly document the contribution as it relates to the identified functional impairment and mental health needs of the beneficiary.
  - Progress notes clearly document the specific amount of time of involvement of each provider in providing the service, including travel and documentation time if applicable.
  - A clinical rationale for the use of more than one staff in the group setting is documented.
  - Evidence: A copy of the chart review training tracking log and/or sign-in will be submitted to DHCS.

**Implementation Timeline:** 12/31/20

### **Requirement**

Timeliness/frequency as follows:

- 1) Every service contact for:
  - A. Mental health services
  - B. Medication support services
  - C. Crisis intervention
  - D. Targeted Case Management

- E. Intensive Care Coordination
- F. Intensive Home Based Services
- G. Therapeutic Behavioral Services
  - a. Daily for:
    - A. Crisis residential
    - B. Crisis stabilization (one per 23/hour period)
    - C. Day treatment intensive
    - D. Therapeutic Foster Care
  - b. Weekly for:
    - A. Day treatment intensive (clinical summary)
    - B. Day rehabilitation
    - C. Adult residential

CCR, title 9, chapter 11, sections 1840.316 - 1840.322

CCR, title 22, chapter 3, section 51458.1

CCR, title 22, chapter 3, section 51470

MHP Contract, Exhibit A, Attachment I

**DHCS Finding K.5.c.**

Documentation in the medical record did not meet the following requirements:

- Line number(s) 1, 2, 6, 7 and 9: For Mental Health Services claimed, the service activity (i.e., Individual Therapy and Collateral) identified on the progress note was not consistent with the specific service activity actually documented in the body of the progress note (i.e., Family Therapy).

**Corrective Action Description**

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

- 1) Ensure that all SMHS claimed are claimed for the correct service modality billing code, and units of time.
- 2) Describe the type of service or service activity, the date the service was provided and the amount of time taken to provide the service, as specified in the MHP Contract with the Department.

**Proposed Evidence/Documentation of Correction**

The MHP will take the following steps toward corrective action:

- The MHP will provide quarterly training to clinical staff to ensure that progress notes documentation includes the following:
  - Ensure that all SMHS claimed are claimed for the correct service modality billing code, and units of time.

- Describe the type of service or service activity, the date the service was provided and the amount of time taken to provide the service, as specified in the MHP Contract with the Department.
- Evidence: A copy of the chart review training tracking log and/or sign-in will be submitted to DHCS.

**Implementation Timeline:** 12/31/20

**Requirement**

Do all entries in the beneficiary's medical record include:

- 1) The date of service?
- 2) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, and licensure or job title?
- 3) The date the documentation was entered in the medical record?

CCR, title 9, chapter 11, section 1810.254

CCR, title 9, chapter 11, section 1810.440(c)

CCR, title 9, chapter 11, section 1840.112(b)(2-6)

CCR, title 9, chapter 11, section 1840.314

CCR, title 9, chapter 11, sections 1840.316-1840.322

CCR, title 22, chapter 3, section 51458.1

CCR, title 22, chapter 3, section 51470

MHP Contract, Exhibit A, Attachment

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

RR12. The progress note was not signed (or electronic equivalent) by the person(s) providing the service.

RR14. The service provided was not within the scope of practice of the person delivering the service.

**DHCS Finding K.5.d.**

Documentation in the medical record indicated that one of the intervention activities being provided was not within the scope of practice of the person delivering the service.

- Line number(s) 1, 2, 3, 5 and 8: While the service being provided was identified as target case management, the documentation included a medication support activity, found not to be within the scope of practice of the provider signing the progress notes.

- The medication support activity documented in the progress notes consisted of reporting Height/Weight/Blood Pressure to assist telepsychiatry. These routine, non-invasive support services have training guidance per Title 16 of the California Code of Regulations, see Division 13, Chapter 3, Article 2, Section 1366; and, are further regulated by the Business and Professions Code, Division 2, Chapter 5, Article 3, Sections 2069 and 2070, and the Health and Safety Code Chapter 1, Article 1, Section 1204.
- The Case Manager indicated that she had not received any formal training pertaining to telepsychiatry services; and, the review team was provided the duty statement and job qualifications and responsibilities for the Mental Health Case Manager, which did not include services and responsibilities as they relate to telepsychiatry services.

### **Corrective Action Description**

The MHP shall submit a POC that describes how the MHP will ensure that staff adheres to the MHP's written documentation standards and policies and procedures for providing services/service activities within the staff's scope of practice.

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

The MHP will take the following steps toward corrective action:

- The MHP will provide quarterly training to all staff to ensure adherence to the MHP's written documentation standards and policies and procedures for providing services/service activities within the staff's scope of practice:
  - Evidence: A copy of the chart review training tracking log and/or sign-in will be submitted to DHCS.

**Implementation Timeline:** 12/31/20