

**San Benito County Mental Health Services**  
**Fiscal Year (FY) 2019/2020 Specialty Mental Health Triennial Review**

**Corrective Action Plan**

**Chart Review**

**Requirement**

***Medical Necessity***

**DHCS Finding 1A-3b1:**

The intervention(s) documented on the progress note(s) for the following Line number(s) did not meet medical necessity since the service provided was solely:

- Transportation: **Line number 6. RR11e, refer to Recoupment Summary for details.** ○ **Line number 6.** For Targeted Case Management (TCM) claims on 3/5/19 (2 claims on same date, 30 Units of Time each), the progress notes describe services that are solely transportation and are providing transportation for the beneficiary, as the family is without a vehicle.

**Corrective Action Description**

DCHS Response: The MHP shall submit a CAP that describes how the MHP will ensure that services that were provided and claimed are not solely transportation.

**MHP Response:**

The MHP will ensure that services that were provided and claimed are not solely transportation by providing documentation training for all staff who provide transportation support services. One to one meeting will be held with staff that require additional support on progress note documentation. Per P&P numbers CLN 17:20; CLN 17:05; CLN 06:02. The MHP will conduct QI chart review every 2 months to ensure that progress notes are not solely transportation.

**Proposed Evidence/Documentation of Correction**

- P&P CLN 17:20; CLN 17:05; CLN 06:02.
- See attached Power Point Documentation training
- Action Plan forms will be completed as needed.

**Ongoing Monitoring (if included)**

- Action Plan review with staff as needed.
- QI charts review every 2-months (P&P)

**Person Responsible (job title)**

Behavioral Health Assistant Director; Behavioral Health Clinical Supervisor  
Children/TAY Team and Behavioral Health Clinical Supervisor Adult and Older Adult  
Team, Case Manager Supervisor

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**Implementation Timeline:**

- Documentation training for all staff by 6/30/21
- One to one meeting with staff and coaching on progress notes documentation will begin immediately and as needed.
- P&P review at team meetings by 5/31/21
- QI charts review every 2-months (P&P) - 6/30/21

## Chart Review

### Requirement

### **Assessment**

#### **DHCS Finding 2A:**

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

One or more assessments were not completed within the initial timeliness and/or update frequency requirements specified in the MHP's written documentation standards. Per the MHP's Policy/Procedures regarding Clinical Assessments, the initial intake assessment is to be completed "no later than sixty (60) calendar days after the request for services" and assessments are updated "at least annually".

The following are specific findings from the chart sample:

- **Line number 2.** The current assessment was completed as signed on 1/31/19, although it would have been due on 1/22/19, based on the annual requirement for assessment updates.
- **Line number 5.** Both the current and prior assessments were completed as signed significantly later than the intended assessment dates. The current assessment was dated 8/31/18 but was not signed until 6/26/19. The prior assessment was dated 8/31/17 but was not signed until 4/16/19.
- **Line number 6.** The current assessment was completed as signed significantly later than the intended assessment date. The current Assessment was dated 7/6/18 but was not signed until 7/5/19.
- **Line number 9.** The current assessment was completed as signed on 2/15/19, although it would have been due on 1/5/18, based on the annual requirement for assessment updates.

#### **Corrective Action Description: 2A**

The MHP shall submit a CAP that Describes how the MHP will ensure that assessments are completed in accordance with the initial timeliness and update frequency requirements specified in the MHP's written documentation standards. Planned Specialty Mental Health Services are not claimed in the absence of an assessment that substantiates those services.

#### **MHP Response:**

The MHP will provide staff with tracking logs from the EHR on a weekly basis. The clinicians' team will continue to conduct Utilization reviews every 3<sup>rd</sup> week of the month of open clients. The MHP will conduct meetings with staff on work completion and Action Plans will be initiated when needed. The MHP will provide continued training to staff on timeliness standards. The MHP will conduct QI chart review every 2 months to ensure that assessments are completed in accordance with the initial timeliness and update frequency requirements specified in the MHP's written documentation standards.

**Proposed Evidence/Documentation of Correction**

- P&P CLN 17:20
- EHR weekly reports and data
- Personal tracking logs
- QI charts review every 2-months (P&P)

**Ongoing Monitoring (if included)**

- Action Plan review with staff as needed.
- Utilization reviews every 3<sup>rd</sup> week of the month of open clients. T
- QI charts review every 2-months (P&P)

**Person Responsible (job title)**

Behavioral Health Assistant Director; Behavioral Health Clinical Supervisor  
Children/TAY Team and Behavioral Health Clinical Supervisor Adult and Older Adult  
Team

**Implementation Timeline:**

- Provide staff with tracking logs from the EHR on a weekly basis - ongoing.
- Utilization reviews every 3<sup>rd</sup> week of the month of open clients - ongoing.
- Meetings with staff on work completion and Action Plans initiated when needed.
- Continued training of staff on timeliness standards by 06/30/21
- QI charts review every 2-months (P&P) - 6/30/21

## Chart Review

### Requirement

### **Assessment**

#### **DHCS Finding 2B:**

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

k) A full diagnosis from the current ICD code: **Line numbers 2, 4, and 9.**

The MHP utilizes a diagnosis form separate from their assessment forms. The MHP practice is that in the case of reassessments, which applies to the noted line numbers, the diagnosis form is not required to be updated at the time of reassessment unless there is a change in diagnosis.

Although it is acceptable for the MHP to utilize a separate diagnosis form and to “link” the reassessment to the ongoing diagnosis, there is no information within the assessment form or the beneficiary’s chart to reconfirm or indicate “no change in diagnosis” at the time of the reassessment.

#### **Corrective Action Description: 2B**

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

**MHP Response:** The MHP will ensure to documents within the assessment form “no change in diagnosis” at the time of the reassessment when the diagnosis form is not required to be updated at the time of reassessment. The MHP will work on adding a “no change in Dx” box into the EHR assessment form. The MHP will provide re-training of staff on documentation when there is no diagnosis change during the re-assessment per policy and procedure CLN 17:20. The MHP will conduct QI chart review every 2 months to ensure that “no change in diagnosis” is documented at the time of the re-assessment.

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

- Document in a note or assessment form “no change in diagnosis”
- Work on EHR to add “no change in Dx” box.
- Training of all staff on documentation when no change is required of diagnosis.
- Review P&P, CLN 17:20.
- QI Chart Review’s

#### **Ongoing Monitoring (if included)**

- Action Plan review with staff as needed.

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- QI charts review every 2-months (P&P)

**Person Responsible (job title)**

Behavioral Health Assistant Director; Behavioral Health Clinical Supervisor  
Children/TAY Team and Behavioral Health Clinical Supervisor Adult and Older Adult  
Team, Case Manager Supervisor

**Implementation Timeline:**

- Document in a note or assessment form “no change in diagnosis” – immediately
- Work on EHR to add “no change in Dx” box – 6/30/21.
- Training of all staff on documentation when no change is required of diagnosis – 6/30/21.
- Review P&P, CLN 17:20 – immediately and ongoing
- QI Chart Review’s – every two months

## Chart Review

### Requirement

#### ***Medication Consent***

#### **DHCS Finding 3A:**

The provider did not obtain and retain a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication, and there was no documentation in the medical record of a written explanation regarding the beneficiary's refusal or unavailability to sign the medication consent:

**Line number 3:** There was no written medication consent form found in the medical record. Per medical records, Sertraline and Hydroxyzine were being prescribed to the client. *During the review, MHP staff was given the opportunity to locate the missing medication consent form but was unable to locate it in the medical record.*

#### **Corrective Action Description: 3A**

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

- 1) A written medication consent form is obtained and retained for each medication prescribed and administered under the direction of the MHP.
- 2) Written medication consent forms are completed in accordance with the MHP's written documentation standards

#### MHP Response:

The MHP will ensure that a written medication consent form is obtained and retained for each medication prescribed and administered by providing training to the medical team; QI chart review every two months and Med-Chart Review every two months. Action Plan review with staff as needed. The MHP will Explore adding med consent for to the EHR.

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

- QI Chart review every two months.
- Med Chart Review every two months.
- P&P CLN 06:00
- Med Consent form on EHR
- Maintain Training Log for medical team.

#### **Ongoing Monitoring (if included)**

- QI Chart Review every two months.
- Med Chart Review every two months.
- Monthly QIC meeting

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**Person Responsible (job title)**

Behavioral Health Assistant Director; Behavioral Health Clinical Supervisor  
Children/TAY Team and Behavioral Health Clinical Supervisor Adult and Older Adult  
Team

**Implementation Timeline:**

- QI Chart Review – 6/30/21
- Med-Chart Review – ongoing
- Training for med team – 6/30/21
- Training for staff who struggle with getting these forms (Action Plan) – ongoing
- Discussion with KV on updating EHR to include med consents – 7/1/21.



## Chart Review

### Requirement

#### ***Medication Consent***

#### **DHCS Finding 3B:**

Written medication consents did not contain all of the required elements specified in the MHP Contract with the Department. The following required elements were not documented on the medication consent form, and/or documented to have been reviewed with the beneficiary, and/or provided in accompanying written materials to the beneficiary:

- 3) Type of medication: **Line number 5.**
- 4) Range of Frequency: **Line numbers 5 and 8.**
- 5) Dosage or dosage range: **Line numbers 5 and 8.**
- 6) Method of administration (oral or injection): **Line numbers 5 and 8.**
- 7) Duration of taking each medication: **Line numbers 5 and 8.**
- 8) Probable side effects: **Line numbers 1, 5, 7, and 8.**

• In the noted Line numbers, there were sections on the reviewed medication consents in which the provider could either circle or check off potential side-effects for the noted medications. However, in the reviewed documents, these sections were left incomplete.

#### **Corrective Action Description: 3B**

The MHP shall submit a CAP 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

MHP Response: The MHP will update the medication consent forms to include all the above listed required elements. The MHP will train medical staff on use of the new consent forms.

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

- P&P CLN 06:00
- See attached updated medication consent form.
- Train medical staff on use of updated medication consent form.

#### **Ongoing Monitoring (if included)**

- QI medical charts review every 2-months.

#### **Person Responsible (job title)**

Behavioral Health Assistant Director; Behavioral Health Clinical Supervisor  
Children/TAY Team and Behavioral Health Clinical Supervisor Adult and Older Adult  
Team, Case Manager Supervisor

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**Implementation Timeline:**

- Update medical consent forms – 12/1/20.
- Documentation training for all staff of updated medical consent form – by 6/30/21

## Chart Review

### Requirement

#### **Client Plans**

#### **DHCS Finding 4B-1.**

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

- **Line number 3:** The Initial Client Plan was not completed until after one or more planned service was provided and claimed. **RR4a, refer to Recoupment Summary for details.**

The Initial Client Plan was completed as signed on 4/11/19. There was an Individual Counseling service provided on 3/13/19. Individual Counseling service does not meet criteria as a service that can be "delivered and billed while the Client Treatment Plan is under development", as described in the MHP's policy on Client Treatment Plan Standards. Other services provided during the review period, but prior to the completion of the Client Plan, were appropriately provided while the Client Plan was under development (e.g. Assessment and Plan Development services).

- **Line numbers 5 and 10:** There was **no** approved and appropriately signed Client Plan for one or more type of claimed service.
  - **Line number 5.** The Client Plan that added group counseling service was "Final Approved" by the licensed provider on 1/18/19, although group therapy services were being provided prior to this date, including during the review period (1/3/19, 50 Units of Time; 1/10/19, 50 Units of Time; and 1/17/19, 75 Units of Time). *The MHP was given the opportunity to locate the service(s) on a client plan that was in effect during the review period but could not find written evidence of it.* **RR4c, refer to Recoupment Summary for details.**

- **Line number 10.** The Client Plan that added group counseling service was "Final Approved" by the licensed provider on 5/3/19, although group therapy services were being provided prior to this date, including during the review period (3/28/19, 38 Units of Time). *The MHP was given the opportunity to locate the service(s) on a client plan that was in effect during the review period but could not find written evidence of it.* **RR4c, refer to Recoupment Summary for details.**

#### **Corrective Action Description: 4B-1**

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

- 1) Client plans are completed and signed by the appropriate level of provider prior to the provision of planned services.

#### **MHP Response:**

The MHP will ensure client plans are completed and signed by the appropriate level of provider prior to the provision of planned services. The MHP will provide staff with tracking logs from the EHR on a weekly basis. The clinicians' team will continue

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to conduct Utilization reviews every 3<sup>rd</sup> week of the month of open clients. The MHP will conduct meetings with staff on timely Treatment Plan completion and Action Plans for staff will be initiated when needed. The MHP will provide continued training to staff on timeliness standards. The medical team will be trained on timely Treatment Plan completion for clients open to medication support services only. Review P&P CLN 06:04

The MHP will conduct QI chart review every 2 months to ensure that Treatment Plans are completed in accordance with the initial timeliness and update frequency requirements when there is a significant change in the beneficiary's condition as specified in the MHP's written documentation standards.

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

- P&P CLN 06:04
- EHR weekly reports and data
- The MHP will provide continued training to staff on timeliness standards.
- The medical team will be trained on timely Treatment Plan completion for clients open to medication support services only.
- Personal tracking logs
- QI charts review every 2-months.

### **Ongoing Monitoring (if included)**

- Utilization reviews every 3<sup>rd</sup> week of the month of open clients.
- Action Plan review with staff as needed.
- QI charts review every 2-months

### **Person Responsible (job title)**

Behavioral Health Assistant Director; Behavioral Health Clinical Supervisor Children/TAY Team and Behavioral Health Clinical Supervisor Adult and Older Adult Team

### **Implementation Timeline:**

- Provide staff with tracking logs from the EHR on a weekly basis - ongoing.
- Utilization reviews every 3<sup>rd</sup> week of the month of open clients - ongoing.
- Meetings with staff on work completion and Action Plans initiated when needed.
- Continued training of staff on timeliness standards by 06/30/21
- QI charts review every 2-months (P&P) - 6/30/21

## Chart Review

### Requirement

#### ***Client Plans***

#### **DHCS Finding 4B-2.**

One or more client plan(s) was not updated at least annually. Specifically:

• **Line number 5:** There was a **lapse** between the prior and current Client Plans. However, this occurred outside of the audit review period.

The prior Client Plan expired on 9/12/2018; the current Client Plan was completed on 10/16/2018.

• **Line number 2:** There was a **lapse** between the prior and current Client Plans. However, there were no claims during this period.

The prior Client Plan expired on 9/21/18; the current Client Plan was completed on 1/14/19. Although the MHP provided a revised plan (completed on 1/22/18) to the prior client plan which was effective from 9/22/17 to 9/21/18, the MHP staff acknowledged that the MHP's policy is that the prior plan expired on the original indicated date of 9/21/18.

#### **Corrective Action Description: 4B-2**

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

- 1) Client plans are completed prior to the provision of planned services and are established as being in place by the signature of an appropriate mental health professional and the date of their signature.
- 2) Client plans are updated at least on an annual basis, as required by the MHP Contract with the Department, and within the timelines and frequency specified in the MHP's written documentation standards.

#### **MHP Response:**

The MHP will ensure client plans are completed and signed by the appropriate level of provider prior to the provision of planned services by training staff to complete the initial Treatment plan during the first appointment and or within 60days of the intake.

The MHP will provide staff with tracking logs from the EHR on a weekly basis.

The clinicians' team will continue to conduct Utilization reviews every 3<sup>rd</sup> week of the month of open clients to ensure timely completion of initial and annual treatment plans. The MHP will conduct meetings with staff on timely Treatment Plan completion and Action Plans for staff will be initiated when needed. The MHP will provide continued training to staff on timeliness standards for initial and annual treatment plans. The medical team will be trained on timely Treatment

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Plan completion for clients open to medication support services only. Review P&P CLN 06:04. The MHP will conduct QI chart review every 2 months to ensure that Treatment Plans are completed in accordance with the initial timeliness and update frequency requirements when there is a significant change in the beneficiary's condition as specified in the MHP's written documentation standards.

**Proposed Evidence/Documentation of Correction**

- P&P CLN 06:04
- EHR weekly reports and data
- The MHP will provide continued training to staff on timeliness standards.
- The medical team will be trained on timely Treatment Plan completion for clients open to medication support services only.
- QI charts review every 2-months.

**Ongoing Monitoring (if included)**

- Utilization reviews every 3<sup>rd</sup> week of the month of open clients.
- Action Plan review with staff as needed.
- QI charts review every 2-months.

**Person Responsible (job title)**

Behavioral Health Assistant Director; Behavioral Health Clinical Supervisor  
Children/TAY Team and Behavioral Health Clinical Supervisor Adult and Older Adult  
Team

**Implementation Timeline:**

- Provide staff with tracking logs from the EHR on a weekly basis - ongoing.
- Utilization reviews every 3<sup>rd</sup> week of the month of open clients - ongoing.
- Meetings with staff on work completion and Action Plans initiated when needed.
- Continued training of staff on timeliness standards by 06/30/21
- QI charts review every 2-months by 6/30/21.

## Chart Review

### Requirement

#### ***Client Plans***

#### **DHCS Finding 4C**

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

- One or more proposed intervention did not include an expected frequency or frequency range that was specific enough. **Line numbers 2, 3, and 6.**
  - **Line number 2.** The proposed frequency for Case Management services was listed as “ad hoc”, which is not a specific frequency.
  - **Line number 3.** The proposed frequency for Collateral services was listed as “ad hoc”, which is not a specific frequency.
  - **Line number 6.** The proposed frequency for Collateral services was listed as “ad hoc”, which is not a specific frequency.

#### **Corrective Action Description: 4C**

The MHP shall submit a CAP that describes how the MHP will ensure that Mental health interventions proposed on client plans indicate a specific expected frequency for each intervention.

#### The MHP response:

The MHP will ensure that on client plans the proposed intervention will include an expected frequency or frequency range that is specific. The MHP will provide staff with documentation training on Treatment plan development with the emphasis on documenting intervention/s that include an expected frequency or frequency range that is specific. The MHP will conduct QI chart reviews every two months and provided additional training for those staff that fail to adhere to the documentation requirements on client Treatment plans and expected frequency of the interventions.

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

- P&P CLN 06:04
- The MHP will provide documentation training on Treatment plan development with the emphasis on documenting intervention/s that include an expected frequency or frequency range that is specific.
- QI charts review every 2-months.

**Ongoing Monitoring (if included)**

- QI charts review every 2-months.

**Person Responsible (job title)**

Behavioral Health Assistant Director; Behavioral Health Clinical Supervisor  
Children/TAY Team and Behavioral Health Clinical Supervisor Adult and Older Adult  
Team

**Implementation Timeline:**

- The MHP will provide documentation training on Treatment plan development with the emphasis on documenting intervention/s that include an expected frequency or frequency range that is specific by 06/30/21.
- QI charts review every 2-months by 06/30/21.



## Chart Review

### Requirement

#### ***Client Plans***

#### **DHCS Finding 4E**

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

- **Line numbers 3 and 4:** The beneficiary or legal representative was required to sign the Client Plan as required by the MHP's written documentation standards. However, the actual signature was missing.

A document in the medical record indicated that a "hard copy" of the beneficiary's signature was obtained, but the MHP was unable to locate the actual documents with the clients' wet signatures

#### **Corrective Action Description: 4E**

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

- 1) Each beneficiary's participation in and agreement with all client plans are obtained and documented.
- 2) The beneficiary's signature is obtained on the Client Plan,

#### The MHP response:

The MHP will ensure that on client plans each beneficiary's participation in and agreement and as listed on the client Treatment plan signature page in addition to documenting the above on the supporting plan development progress note. The MHP will provide staff with documentation training on Treatment plan development with each beneficiary's participation in and agreement and the beneficiary's signature are obtained on the Client Plan on the signature page of the treatment plan. The MHP will conduct QI chart reviews every two months and provide additional training for those staff that fail to adhere to the documentation requirements to document each beneficiary's participation in and agreement and obtain the beneficiary's signature is obtained on the signature page of the treatment plan.

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

- P&P CLN 06:04
- The MHP will provide staff with documentation training on Treatment plan development with each beneficiary's participation in and agreement and the

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beneficiary's signature are obtained on the Client Plan on the signature page of the treatment plan.

- QI charts review every 2-months.

**Ongoing Monitoring (if included)**

- QI charts review every 2-months.

**Person Responsible (job title)**

Behavioral Health Assistant Director; Behavioral Health Clinical Supervisor  
Children/TAY Team and Behavioral Health Clinical Supervisor Adult and Older Adult  
Team

**Implementation Timeline:**

- The MHP will provide staff with documentation training on Treatment plan development with each beneficiary's participation in and agreement and the beneficiary's signature are obtained on the Client Plan on the signature page of the treatment plan by 06/30/21.
- QI charts review every 2-months by 06/30/21.

## Chart Review

### Requirement

### *Progress Notes*

### DHCS Finding 5B

Progress notes did not include all required elements specified in the MHP Contract, and/or were not in accordance with the MHP's written documentation standards. Specifically:

- **Line number 1, 3, 5, 6, 7, 8, 9, and 10.** One or more progress notes was not completed within the MHP's written timeliness standard of 5 working days after provision of service. Forty-two (42) progress notes or 27 percent of all progress notes reviewed were completed late.

- **Line number 5.** One or more progress notes was missing documentation of follow-up care, and/or if appropriate, referral to a higher level of care.

- **Line number 5.** For the Targeted Case Management service provided on 3/27/19 for 15 Units of Time, the progress note describes the beneficiary expressing suicidal ideation. Although the progress note indicates that the client denies suicidal intent or a plan, it also describes concerns about the client's overall safety if left alone.

The progress note indicates that the client's "treatment team" would be updated regarding the client's status, but there is no corresponding information about the update. The Case Manager appeared to schedule an urgent appointment with the psychiatrist for the next day, but the client did not show for that appointment. No further documentation was available regarding any possible follow-up after this no-show was recorded.

- **Line number 1, 2, 3, 4, 5, 7, 9, and 10.** One or more progress notes were missing the provider's professional degree, licensure or job title.

For the following examples, MHP staff indicated in the review that this is due to an error in the EHR signature set up, in which the staff's signature is missing their credentials or title, and that they are able to contact their EHR service provider to correct these errors.

- **Line numbers 1, 2, 3, 4, and 7.** Progress notes completed by Elena Perez were missing the professional degree, licensure or job title. Elena Perez holds an LVN degree and is a Vocational Nurse.

- **Line numbers 5, 7, and 10.** Progress notes completed by Jenna Lesondak were missing her job title. Jenna Lesondak was a student intern at the time of the services provided.

- **Line number 9.** Progress notes completed by Meagan Medina were missing the professional degree, licensure or job title. Meagan Medina holds an AMFT degree and works as a therapist.

### **Corrective Action Description: 5B**

1) The MHP shall submit a CAP that describes how the MHP will ensure that progress notes document:

- Timely completion and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP's written documentation standards.

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- Beneficiary encounters, including relevant clinical decisions, when decisions are made, and alternative approaches that may be considered for future interventions, as specified in the MHP Contract with the Department.
- Interventions applied, the beneficiary's response to the interventions and the location of the interventions, as specified in the MHP Contract with the Department.
- Follow-up care and, if appropriate, a discharge summary, as specified in the MHP Contract with the Department.
- The provider's/providers' professional degree, licensure or job title.

**MHP Response:**

The MHP will ensure to include all required elements specified in the MHP Contract to ensure written documentation standards are met. The MHP will provide continued training to staff on documentation standards by reviewing policy and procedure CLN 06:02. The MHP will conduct meetings with staff on documentation standards and create Action Plans with staff when needed to ensure documentations standards are met. The MHP will conduct QI chart review every 2 months to ensure that documentation include: timely completion and relevant aspects of client care, beneficiary encounters, interventions applied the beneficiary's response to the interventions and the location of the interventions and follow-up care, and the provider's/providers' professional degree, licensure or job title as specified in the MHP Contract.

**Proposed Evidence/Documentation of Correction**

- P&P CLN 06:02
- The MHP will provide continued training to staff on documentations required elements.
- QI charts review every 2-months.

**Ongoing Monitoring (if included)**

- Action Plan review with staff as needed.
- QI charts review every 2-months.

**Person Responsible (job title)**

Behavioral Health Assistant Director; Behavioral Health Clinical Supervisor  
Children/TAY Team and Behavioral Health Clinical Supervisor Adult and Older Adult  
Team

**Implementation Timeline:**

- Continued training of staff on documentation standards by – 06/30/21
- QI charts review every 2-months – ongoing.

## Chart Review

### Requirement

### *Progress Notes*

### DHCS Finding 5C

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

- **Line numbers 5 and 10.** While the MHP was able to provide separate documentation listing the number of participants in each group, one or more group progress notes did not accurately document the number of participants in the group.

### Corrective Action Description: 5C

The MHP shall submit a CAP that describes how the MHP will ensure that progress notes contain the actual number of clients participating in a group activity, the number and identification of all group provider/facilitators, the correct type of service (e.g., Group Rehabilitation or Group Psychotherapy), and date of service.

#### MHP Response:

The MHP will include all required components in documentation of services provided to beneficiary by one or more persons at one point in time. Further discussion with Kings View will help to document these sessions appropriately.

### Proposed Evidence/Documentation of Correction

P&P CLN 06:02

### Ongoing Monitoring (if included)

To be determined after discussing with Kings View

### Person Responsible (job title)

Behavioral Health Assistant Director; Behavioral Health Clinical Supervisor  
Children/TAY Team and Behavioral Health Clinical Supervisor Adult and Older Adult  
Team

### Implementation Timeline:

To be determined after discussing with Kings View

## Chart Review

### Requirement

### *Progress Notes*

#### DHCS Finding 5D

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

- **Line numbers 5 and 6:** The type of Specialty Mental Health Service (SMHS) (e.g., Medication Support, Targeted Case Management) documented on the progress note was not the same type of SMHS claimed.
- **Line number 5.** For Targeted Case Management services claimed on 1/1/19, 1/9/19, and 3/27/19, progress notes described Rehabilitation Services being provided.
- **Line number 6.** For Targeted Case Management services claimed on 1/16/19, 1/23/19, 1/24/19, 1/31/19, 2/6/19, 2/13/19, 2/15/19 (2 claims), and 2/25/19 (2 claims), progress notes described Rehabilitation Services being provided.
- **Line number 8:** For Mental Health Services claimed, the service activity (e.g., Assessment, Plan Development, Rehab) identified on the progress note was not consistent with the specific service activity actually documented in the body of the progress note. For the Collateral service claim on 2/5/19, the progress note documented another Mental Health service being provided (Therapy).

#### Corrective Action Description: 5D

The MHP shall submit a CAP that describes how the MHP will ensure that all Specialty Mental Health Services claimed are claimed for the correct service modality billing code, and units of time.

#### MHP Response:

The MHP will ensure progress notes are documented according to the contractual requirements specified in the MHP Contract by providing continued training to staff on billing the accurate service provided to beneficiary, the difference between Targeted Case Management services and Rehabilitation Services and review the definition of collateral services. The MHP will review the policy and procedure CLN 06:02. The MHP will conduct meetings with staff on the different documentation codes to ensure the service is billed appropriately and develop Action Plans with staff when needed. The MHP will conduct QI chart review every 2 months to ensure that services are billed appropriately.

#### Proposed Evidence/Documentation of Correction

- P&P CLN 06:02
- The MHP will provide continued training to staff on appropriate billing.
- QI charts review every 2-months.

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**Ongoing Monitoring (if included)**

- Action Plan review with staff as needed.
- QI charts review every 2-months.

**Person Responsible (job title)**

Behavioral Health Assistant Director; Behavioral Health Clinical Supervisor  
Children/TAY Team and Behavioral Health Clinical Supervisor Adult and Older Adult  
Team

**Implementation Timeline:**

- Continued training of staff on correct billing code use, by – 06/30/21
- QI charts review every 2-months – ongoing.

## Chart Review

### Requirement

#### ***Provision of ICC Services and IHBS for Children and Youth***

#### **DHCS Finding 6A**

1) The MHP did not furnish evidence that it has a standard procedure for providing and documenting individualized determinations of eligibility for ICC services and IHBS on behalf of beneficiaries under age 22 that is based on their strengths and needs.

At the time of the review period, the MHP's policy documents regarding ICC services and IHBS were not up to date, in that these services were specifically focused on the Katie A. subclass population. The MHP currently has policy documents, dated 3/11/20, that indicate a policy update had been made that the "Katie A. class or subclass is no longer a requirement for receiving medically-necessary Intensive Youth services".

However, there was insufficient evidence at the time of the review that the MHP has implemented a standard procedure and practice to make individualized determinations of ICC eligibility for all beneficiaries under the age of 22

#### **Corrective Action Description: 6A**

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

- 1) Training is provided to all staff and contract providers who have the responsibility for determining eligibility and need for ICC and IBHS.
- 2) Each beneficiary under age 22 who is authorized to receive Specialty Mental Health Services also receives an individualized determination of eligibility and need for ICC Service and IHBS prior to or during the development of the beneficiary's Initial Client Plan.

*MHP Response: The MHP will ensure the updated Katie A policy is followed by providing and documenting individualized determinations of eligibility for ICC services and IHBS to all beneficiaries under the age of 22 by providing Katie A training for all staff who provide ICC services and IHBS services. The MHP will also review the current policy and procedure. The MHP will complete a ICC/IHBS screening form to ensure all eligible beneficiaries are screened and train all staff utilization of the new screening form. The MHP will develop a subunit in EHR to easily track and identify these clients making correct billing for ICC/IHBS services by staff easier. The MHP will conduct QI chart review every 2 months to ensure that all beneficiaries under age 22 are screened for ICC/IHBS eligibility.*

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

- P&P CLN 16:45



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- See attached training on ICC/IHBS completed on 2/21
- ICC/IHBS screening form to be created by MHP.
- Subunit to be developed by MHP.

**Ongoing Monitoring (if included)**

- QI Chart Review

**Person Responsible (job title)**

Behavioral Health Assistant Director; Behavioral Health Clinical Supervisor  
Children/TAY Team and Behavioral Health Clinical Supervisor Adult and Older Adult  
Team, Case Manager Supervisor

**Implementation Timeline:**

- Additional training on ICC/IHBS by – 7/21
- ICC/IHBS screening form to be created by MHP by – 7/21
- Subunit to be developed by MHP by – 7/21