

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

Chart Review

MEDICAL NECESSITY

DHCS FINDING 8.1.1.3b

- The actual interventions documented in the progress note(s) for the following Line number(s) did not meet medical necessity criteria since the intervention(s) were not reasonably likely to result in at least one of the following: a) significantly diminish the impairment; b) prevent deterioration in an important area of life functioning; c) allow the child to progress developmentally; d) correct or ameliorate the mental health condition of a beneficiary who is under age 21. Specifically:
 - 1) **Line number 17.** The progress note indicated a “no-show” or cancelled appointment and the documentation failed to provide evidence of another valid service. **RR15a, refer to Recoupment Summary for details.**
 - 2) **Line number 3.** The intervention documented on the progress note did not meet the definition of a valid Specialty Mental Health Service. **RR15b, refer to Recoupment Summary for details.**
- The Mental Health Plan (MHP) shall submit a CAP that describes how the MHP will ensure that all SMHS interventions are reasonably likely to correct or reduce the beneficiary’s documented mental health condition, prevent the condition’s deterioration, or help a beneficiary who is under age 21 to progress developmentally as individually appropriate.

Finding 8.1.13b Yolo MHP Corrective Action

- **Description & Ongoing Monitoring Plan**
 - 1) The MHP incorporated DHCS’ chart review findings and feedback into clinical documentation training materials, which are provided multiple times throughout the year for internal staff and contract providers by the Behavioral Health Quality Management (QM) unit.
 - 2) The MHP will conduct routine monitoring via Utilization / Chart Reviews of internal programs and contract providers to ensure ongoing compliance. Programs will be placed on a CAP for findings of non-compliance.
- **Proposed Evidence/Documentation of Correction**

- 1) Documentation training materials, such as PowerPoints, Handouts, Policies & Procedures, Attendance Logs, Training Announcement Emails
 - 2) MHP Chart / Utilization Review tool
- **Person Responsible:** Mila Green, PhD, Deputy Mental Health Director, Deputy Adult and Aging Branch Director, Quality Management Manager
 - **Implementation Timeline:**
 - 1) The MHP provided trainings on *Assessments*, *Treatment Plans*, and *Progress Notes* in September, October, and November 2021, respectively, to internal and contract provider staff. The MHP plans to provide additional trainings in calendar year 2022, which will incorporate any finalized DHCS-issued documentation guidance related to CalAIM.
 - 2) The MHP began FY21/22 chart reviews for ongoing compliance monitoring in August 2021.

DHCS FINDING 8.1.1.3b1

- The intervention(s) documented on the progress note(s) for the following Line number(s) did not meet medical necessity since the service provided did not specifically address the mental health condition or impairment identified in the assessment, and was solely:
 - 1) Clerical: **Line numbers 2, 5, and 17. RR11f, refer to Recoupment Summary for details.**
- The MHP shall submit a CAP that describes how the MHP will ensure that:
 - 1) Services provided and claimed are not solely transportation, clerical or payee related.
 - 2) 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, sections 1810.247, 1810.345(a), 1810.335(a)(2), 1830.205(b)(3), and MHSUDS IN. NO. 20-061, Enclosure 4.

Finding 8.1.1.3b1 Yolo MHP Corrective Action

- **Description & Ongoing Monitoring Plan**
 - 1) The MHP incorporated DHCS' chart review findings and feedback into clinical documentation training materials, which are provided multiple times throughout the year for internal staff and contract providers by the Behavioral Health Quality Management (QM) unit.
 - 2) The MHP will conduct routine monitoring via Utilization / Chart Reviews of internal programs and contract providers to ensure ongoing compliance. Programs will be placed on a CAP for findings of non-compliance.
- **Proposed Evidence/Documentation of Correction**
 - 1) Documentation training materials, such as PowerPoints, Handouts, Policies & Procedures, Attendance Logs, Training Announcement Emails
 - 2) MHP Chart / Utilization Review tool

- **Person Responsible:** Mila Green, PhD, Deputy Mental Health Director, Deputy Adult and Aging Branch Director, Quality Management Manager
- **Implementation Timeline:**
 - 1) The MHP provided trainings on *Assessments*, *Treatment Plans*, and *Progress Notes* in September, October, and November 2021, respectively, to internal and contract provider staff. The MHP plans to provide additional trainings in calendar year 2022, which will incorporate any finalized DHCS-issued documentation guidance related to CalAIM.
 - 2) The MHP began FY21/22 chart reviews for ongoing compliance monitoring in August 2021.

ASSESSMENTS

DHCS FINDING 8.2.1

- The Assessments were not completed in accordance with regulatory and contractual requirements, specifically:
 - 1) One or more assessments were not completed within the initial timeliness and/or update frequency requirements specified in the MHP's written documentation standards. Per the MHP's policy, initial assessments are to be completed within 30 days of the episode opening date for all beneficiaries. The MHP's policy also indicates that assessments are to be updated annually for children/youth; and every three years for adults.
 - 2) The following are specific findings from the chart sample:
 - **Line number 6.** The initial Crisis Residential assessment was not co-signed by a licensed provider until 5/15/2020, which was following not only all claimed services, but also following the beneficiary's discharge from Crisis Residential.
 - **Line number 13.** The initial assessment was due to be completed by 12/11/2019 given that the episode opening date was 11/11/2019; however, the initial assessment was not finalized until 6/10/2020.
 - **Line number 17.** The initial assessment was due to be completed by 4/17/2020 given that the episode opening date was 3/17/2020; however, the initial assessment was not finalized until 8/16/2020.
 - **Line number 10.** The prior assessment was completed on 4/26/2019. The updated assessment was due by 4/26/2019; however, the updated assessment was not finalized until 5/9/2019.
 - **Line number 14.** The prior assessment was completed on 5/24/2019. The updated assessment was due by 5/14/2020; however, the updated assessment was not finalized until 5/27/2020.
- The MHP shall submit a CAP that:

- 1) 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.
- 2) Planned Specialty Mental Health Services are not claimed in the absence of an assessment that substantiates those services.

Finding 8.2.1 Yolo MHP Corrective Action

- **Description & Ongoing Monitoring Plan**

- 1) The MHP incorporated DHCS' chart review findings and feedback into clinical documentation training materials, which are provided multiple times throughout the year for internal staff and contract providers by the Behavioral Health Quality Management (QM) unit.
- 2) The MHP will conduct routine monitoring via Utilization / Chart Reviews of internal programs and contract providers to ensure ongoing compliance. Programs will be placed on a CAP for findings of non-compliance.
- 3) The MHP developed an Avatar report that shows assessments completed within a specified time period, including whether assessments are in draft or have been finalized. The MHP will implement a process whereby supervisors will utilize this report monthly to monitor their staff who complete assessments in Avatar and ensure they are finalized timely.
Note: The MHP monitors assessment appointment availability to ensure they are offered within required timeframes. The MHP will remind staff to document the reason why assessment timeliness standards are not met, for example in the event of client no shows or appointment refusals.
- 4) The MHP will issue a Memo to internal programs and contract providers as a reminder to ensure compliance with this requirement.

- **Proposed Evidence/Documentation of Correction**

- 1) Documentation training materials, such as PowerPoints, Handouts, Policies & Procedures, Attendance Logs, Training Announcement Emails
- 2) MHP Chart / Utilization Review tool
- 3) Sample Avatar Assessment report
- 4) Memo issued by the MHP

- **Person Responsible:** Mila Green, PhD, Deputy Mental Health Director, Deputy Adult and Aging Branch Director, Quality Management Manager

- **Implementation Timeline:**

- 1) The MHP provided trainings on *Assessments*, *Treatment Plans*, and *Progress Notes* in September, October, and November 2021, respectively, to internal and contract provider staff. The MHP plans to provide additional trainings in calendar year 2022, which will incorporate any finalized DHCS-issued documentation guidance related to CalAIM.
- 2) The MHP began FY21/22 chart reviews for ongoing compliance monitoring in August 2021.
- 3) The MHP will implement the Avatar assessment report monitoring process by January 2022.

- 4) The MHP will issue a Memo to contract providers by January 2022 related to this requirement.

DHCS FINDING 8.2.3

- One or more of the assessments reviewed did not include the signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, job title, or the date the documentation was entered into the medical record. Specifically:
 - 1) The type of professional degree, licensure, or job title of person providing the service, **Line number 18**.
- The MHP shall submit a CAP 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.

Finding 8.2.3 Yolo MHP Corrective Action

- **Description & Ongoing Monitoring Plan**
 - 1) The MHP incorporated DHCS' chart review findings and feedback into clinical documentation training materials, which are provided multiple times throughout the year for internal staff and contract providers by the Behavioral Health Quality Management (QM) unit.
 - 2) The MHP will conduct routine monitoring via Utilization / Chart Reviews of internal programs and contract providers to ensure ongoing compliance. Programs will be placed on a CAP for findings of non-compliance.
 - 3) For programs that document directly in Avatar, the system is set up to ensure compliance with signature requirements on Assessments. This finding relates to a chart of one of the MHP's contractors who do not document directly in Avatar. The MHP will issue a Memo to contract providers who do not use Avatar as their primary medical record to ensure their systems capture all signature requirements.
- **Proposed Evidence/Documentation of Correction**
 - 1) Documentation training materials, such as PowerPoints, Handouts, Policies & Procedures, Attendance Logs, Training Announcement Emails
 - 2) MHP Chart / Utilization Review tool
 - 3) Memo issued by the MHP
- **Person Responsible:** Mila Green, PhD, Deputy Mental Health Director, Deputy Adult and Aging Branch Director, Quality Management Manager
- **Implementation Timeline:**
 - 1) The MHP provided trainings on *Assessments*, *Treatment Plans*, and *Progress Notes* in September, October, and November 2021, respectively, to internal and contract provider staff. The MHP plans to provide additional trainings in calendar year 2022, which will incorporate any finalized DHCS-issued documentation guidance related to CalAIM.

- 2) The MHP began FY21/22 chart reviews for ongoing compliance monitoring in August 2021.
- 3) The MHP will issue a Memo to contract providers by January 2022 related to this requirement.

MEDICATION CONSENTS

DHCS FINDING 8.3.1

- The provider did not obtain and retain a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication, and there was no documentation in the medical record of a written explanation regarding the beneficiary's refusal or unavailability to sign the medication consent:
 - 1) **Line number 6:** There was no written medication consent form found in the medical record. 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.
 - 2) **Line number 17:** Although there was a written medication consent form in the medical record, there was no medication consent for each of the medications prescribed. The MHP was given the opportunity to locate the medication consents in question but was unable to locate it/them in the medical record.
- 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.

Finding 8.3.1 Yolo MHP Corrective Action

- **Description & Ongoing Monitoring Plan**
 - 1) The MHP will conduct routine monitoring via Utilization / Chart Reviews of internal programs and contract providers to ensure ongoing compliance. Additionally, for contractors who do not document in Avatar, the MHP will update chart review procedures to request submission of a medication list for the review period to ensure each medication is included on the consent. Programs will be placed on a CAP for findings of non-compliance.

- 2) The MHP will issue a Memo to internal programs and contract providers as a reminder to ensure a consent form is obtained and retained for each medication prescribed and administered.
- **Proposed Evidence/Documentation of Correction**
 - 1) MHP Chart / Utilization Review tool, including templated email to contractors requesting medication list
 - 2) Memo issued by the MHP
 - **Person Responsible:** Mila Green, PhD, Deputy Mental Health Director, Deputy Adult and Aging Branch Director, Quality Management Manager
 - **Implementation Timeline**
 - 1) The MHP began FY21/22 chart reviews for ongoing compliance monitoring in August 2021.
 - 2) The MHP will issue a Memo to contract providers by January 2022 related to this requirement.

DHCS FINDING 8.3.2

- Written medication consents did not contain all of the required elements specified in the MHP Contract with the Department. The following required elements were not documented on the medication consent form, and/or documented to have been reviewed with the beneficiary, and/or provided in accompanying written materials to the beneficiary:
 - 1) The reason for taking each medication: **Line number 9.**
 - 2) Reasonable alternative treatments available, if any: **Line number 9.**
 - 3) Duration of taking the medication: **Line number 2.**
 - 4) Probable side effects: **Line number 9.**
 - 5) Possible side effects if taken longer than 3 months: **Line numbers 9 and 18.**
 - 6) Consent once given may be withdrawn at any time: **Line number 9.**
- 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.

Finding 8.3.2 Yolo MHP Corrective Action

- **Description & Ongoing Monitoring Plan**
 - 1) The MHP updated the Medication Consent form in Avatar to ensure all required elements are included. The consent forms found to be out of compliance predated these updates.
 - 2) The MHP will issue a Memo to contract providers who do not use Avatar as their primary medical record to ensure their Medication Consents capture all required elements.
 - 3) The MHP will conduct routine monitoring via Utilization / Chart Reviews of internal programs and contract providers to ensure ongoing compliance. Programs will be placed on a CAP for findings of non-compliance.

- **Proposed Evidence/Documentation of Correction**
 - 1) Sample Avatar Medication Consent form showing all required elements
 - 2) MHP Chart / Utilization Review tool
 - 3) Memo issued by the MHP
- **Person Responsible:** Mila Green, PhD, Deputy Mental Health Director, Deputy Adult and Aging Branch Director, Quality Management Manager
- **Implementation Timeline**
 - 1) The MHP updated the Medication Consent form and notified the MHP's Medical Director in December 2020.
 - 2) The MHP began FY21/22 chart reviews for ongoing compliance monitoring in August 2021.
 - 3) The MHP will issue a Memo to contract providers by January 2022 related to this requirement.

DHCS FINDING 8.3.3

- Medication Consents in the chart sample did not include the signature of the provider of service (or electronic equivalent) that includes the provider's professional degree, licensure, job title, and/or the date the provider completed and entered the document into the medical record. Specifically:
 - 1) The type of professional degree, licensure, or job title of person providing the service, **Line numbers 3, 9, 16, 17, and 18.**
- The MHP shall submit a CAP that describes how the MHP will ensure that all Medication Consents include the provider's signature (or electronic equivalent) that includes professional degree, licensure or title.

Finding 8.3.3 Yolo MHP Corrective Action

- **Description & Ongoing Monitoring Plan**
 - 1) The MHP updated the Medication Consent form in Avatar to ensure all required signature elements are included.
 - 2) The MHP will conduct routine monitoring via Utilization / Chart Reviews of internal programs and contract providers to ensure ongoing compliance. Programs will be placed on a CAP for findings of non-compliance.
 - 3) For programs that document directly in Avatar, the system is set up to ensure compliance with signature requirements. The MHP will issue a Memo to contract providers who do not use Avatar as their primary medical record, to ensure their systems capture all signature requirements.
- **Proposed Evidence/Documentation of Correction**
 - 1) Sample Avatar Medication Consent form showing all required elements
 - 2) MHP Chart / Utilization Review tool
 - 3) Memo issued by the MHP
- **Person Responsible:** Mila Green, PhD, Deputy Mental Health Director, Deputy Adult and Aging Branch Director, Quality Management Manager

- **Implementation Timeline**
 - 1) The MHP updated the Medication Consent form in Avatar to ensure all required signature elements are included.
 - 2) The MHP began FY21/22 chart reviews for ongoing compliance monitoring in August 2021.
 - 3) The MHP will issue a Memo to contract providers who do not use the Avatar Medication Consent form by January 2022 related to this requirement.

CLIENT PLANS

DHCS FINDING 8.4.2b

- Services claimed and documented on the beneficiary’s progress notes were not sufficient and consistent in amount, duration or scope with those documented on the beneficiary’s current Client Plan. Specifically:
 - 1) No services were provided during the three-month review period for one or more interventions as documented in the Client Plan (example: Individual Therapy with a frequency of twice monthly, but no therapy services were provided). **Line numbers 5, 7, 8, 10, 12, 13, 18, and 20.**
- The MHP shall submit a CAP that describes how the MHP will ensure that services are provided in the amount, duration, and scope as specified in the Individualized Client Plan for each beneficiary, or that that the Client Plan is updated to reflect that the proposed interventions are no longer needed or that those services can no longer be provided due to extenuating circumstances.

Finding 8.4.2b Yolo MHP Corrective Action

- **Description & Ongoing Monitoring Plan**
 - 1) The MHP incorporated DHCS’ chart review findings and feedback into clinical documentation training materials, which are provided multiple times throughout the year for internal staff and contract providers by the Behavioral Health Quality Management (QM) unit.
 - 2) The MHP will conduct routine monitoring via Utilization / Chart Reviews of internal programs and contract providers to ensure ongoing compliance. Programs will be placed on a CAP for findings of non-compliance.
- **Proposed Evidence/Documentation of Correction**
 - 1) Documentation training materials, such as PowerPoints, Handouts, Policies & Procedures, Attendance Logs, Training Announcement Emails
 - 2) MHP Chart / Utilization Review tool
- **Person Responsible:** Mila Green, PhD, Deputy Mental Health Director, Deputy Adult and Aging Branch Director, Quality Management Manager
- **Implementation Timeline:**

- 1) The MHP provided trainings on *Assessments*, *Treatment Plans*, and *Progress Notes* in September, October, and November 2021, respectively, to internal and contract provider staff. The MHP plans to provide additional trainings in calendar year 2022, which will incorporate any finalized DHCS-issued documentation guidance related to CalAIM.
- 2) The MHP began FY21/22 chart reviews for ongoing compliance monitoring in August 2021.

DHCS FINDING 8.4.3

- 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:
 - 1) **Line number 12.** There was no Client Plan for one or more type of claimed service. 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.**
- 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.
 - 2) Planned services are not claimed when the service provided is not included on a current Client Plan.

Finding 8.4.3 Yolo MHP Corrective Action

- **Description & Ongoing Monitoring Plan**
 - 1) The MHP incorporated DHCS' chart review findings and feedback into clinical documentation training materials, which are provided multiple times throughout the year for internal staff and contract providers by the Behavioral Health Quality Management (QM) unit.
 - 2) The MHP will conduct routine monitoring via Utilization / Chart Reviews of internal programs and contract providers to ensure ongoing compliance. Programs will be placed on a CAP for findings of non-compliance.
 - 3) The MHP will issue a Memo to internal programs and contract providers as a reminder to ensure compliance with this requirement.
- **Proposed Evidence/Documentation of Correction**
 - 1) Documentation training materials, such as PowerPoints, Handouts, Policies & Procedures, Attendance Logs, Training Announcement Emails
 - 2) MHP Chart / Utilization Review tool
 - 3) Memo issued by the MHP
- **Person Responsible:** Mila Green, PhD, Deputy Mental Health Director, Deputy Adult and Aging Branch Director, Quality Management Manager
- **Implementation Timeline:**

- 1) The MHP provided trainings on *Assessments, Treatment Plans, and Progress Notes* in September, October, and November 2021, respectively, to internal and contract provider staff. The MHP plans to provide additional trainings in calendar year 2022, which will incorporate any finalized DHCS-issued documentation guidance related to CalAIM.
- 2) The MHP began FY21/22 chart reviews for ongoing compliance monitoring in August 2021.
- 3) The MHP will issue a Memo to contract providers by January 2022 related to this requirement.

DHCS FINDING 8.4.6

- One or more client plans was not updated at least annually and/or when there were significant changes in the beneficiary's condition. Specifically:
 - 1) **Line numbers 8 and 17.** The Client Plan completed on 6/12/2019 was not signed or co-signed (or electronic equivalent) by an approved category of provider: i.e., MD/DO, RN, licensed/registered/waivered LCSW, MFT, LPCC, or licensed / waivered psychologist); however, this was outside of the review period
 - 2) **Line number 6.** Services were claimed when the Client Plan was not signed or co-signed (or electronic equivalent) by an approved category of provider until after the claimed service dates. Although an unlicensed provider signed the Initial Client Plan, the MHP policy requires a licensed signature or co-signature of the Client Plan. In this case, the licensed co-signature was dated long after the beneficiary received the claimed services. The MHP was given the opportunity to locate a valid Client Plan covering the review period but could not find written evidence of it in the medical record. **RR4a, refer to Recoupment Summary for details.**
- The MHP shall submit a CAP that describes how the MHP will ensure that:
 - 1) The appropriate provider signs the Client Plan.
 - 2) The signature and co-signature of an approved category of provider is obtained when required as specified in the MHP Contract or the MHPs own policy.
 - 3) The signature/co-signature of the appropriate provider is timely.

Finding 8.4.6 Yolo MHP Corrective Action

- **Description & Ongoing Monitoring Plan**
 - 1) The MHP incorporated DHCS' chart review findings and feedback into clinical documentation training materials, which are provided multiple times throughout the year for internal staff and contract providers by the Behavioral Health Quality Management (QM) unit.
 - 2) The MHP will conduct routine monitoring via Utilization / Chart Reviews of internal programs and contract providers to ensure ongoing compliance. Programs will be placed on a CAP for findings of non-compliance.

- 3) Since all the disallowances for this finding were related to the chart of one of the MHP's contractors (100% disallowance rate for this contractor, for this reason), the MHP will issue a separate Memo to this contractor. This Memo will include a request by the contractor to submit a CAP related to this finding. The MHP will also schedule a meeting with this contractor to review the findings and provide technical assistance as needed. This contractor's documentation will also be monitored during the MHP's concurrent review process for Crisis Residential Treatment Services.
- **Proposed Evidence/Documentation of Correction**
 - 1) Documentation training materials, such as PowerPoints, Handouts, Policies & Procedures, Attendance Logs, Training Announcement Emails
 - 2) MHP Chart / Utilization Review tool
 - 3) Memo issued by the MHP
 - **Person Responsible:** Mila Green, PhD, Deputy Mental Health Director, Deputy Adult and Aging Branch Director, Quality Management Manager
 - **Implementation Timeline:**
 - 1) The MHP provided trainings on *Assessments, Treatment Plans, and Progress Notes* in September, October, and November 2021, respectively, to internal and contract provider staff. The MHP plans to provide additional trainings in calendar year 2022, which will incorporate any finalized DHCS-issued documentation guidance related to CalAIM.
 - 2) The MHP began FY21/22 chart reviews for ongoing compliance monitoring in August 2021.
 - 3) The MHP will issue a Memo and schedule a meeting with the contract provider by January 2022.

DHCS FINDING 8.4.11

- **Line number 4:** There was no documentation on the current Client Plan that the beneficiary or legal guardian was offered a copy of the Client Plan.
- The MHP shall submit a CAP that describes how the MHP will:
 - 1) Ensure that there is documentation on the Client Plan substantiating that the beneficiary was offered a copy of the Client Plan.
 - 2) Submit evidence that the MHP has an established process to document that each beneficiary is offered a copy of their current Client Plan.

Finding 8.4.11 Yolo MHP Corrective Action

- **Description & Ongoing Monitoring Plan**
 - 1) The MHP incorporated DHCS' chart review findings and feedback into clinical documentation training materials, which are provided multiple times throughout the year for internal staff and contract providers by the Behavioral Health Quality Management (QM) unit.

- 2) The MHP will conduct routine monitoring via Utilization / Chart Reviews of internal programs and contract providers to ensure ongoing compliance. Programs will be placed on a CAP for findings of non-compliance.
 - 3) For programs that document treatment plans directly in Avatar, the system is set up to ensure compliance with this requirement. This finding relates to a chart of one of the MHP's contractors who do not document directly in Avatar. The MHP will issue a Memo to contract providers who do not use Avatar as their primary medical record to ensure their systems capture all signature requirements.
- **Proposed Evidence/Documentation of Correction**
 - 1) Documentation training materials, such as PowerPoints, Handouts, Policies & Procedures, Attendance Logs, Training Announcement Emails
 - 2) MHP Chart / Utilization Review tool
 - 3) Memo issued by the MHP
 - **Person Responsible:** Mila Green, PhD, Deputy Mental Health Director, Deputy Adult and Aging Branch Director, Quality Management Manager
 - **Implementation Timeline:**
 - 1) The MHP provided trainings on *Assessments, Treatment Plans, and Progress Notes* in September, October, and November 2021, respectively, to internal and contract provider staff. The MHP plans to provide additional trainings in calendar year 2022, which will incorporate any finalized DHCS-issued documentation guidance related to CalAIM.
 - 2) The MHP began FY21/22 chart reviews for ongoing compliance monitoring in August 2021.
 - 3) The MHP will issue a Memo to contract providers by January 2022 related to this requirement.

DHCS FINDING 8.4.12

- One or more Client Plan did not include signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, job title, relevant identification number, or date the documentation was entered into the medical record. Specifically:
 - 1) **Line number 9:** Missing provider's professional degree, licensure, or job title on the Client Plan in effect during the review period.
- The MHP shall submit a CAP that describes how the MHP will ensure that all documentation includes:
 - 1) The provider signature (or electronic equivalent) with the professional degree, licensure, or job title.
 - 2) The date the provider completed the document and entered it into the medical record, as evidenced by a signature date (or electronic equivalent).

Finding 8.4.12 Yolo MHP Corrective Action

- **Description & Ongoing Monitoring Plan**
 - 1) The MHP incorporated DHCS’ chart review findings and feedback into clinical documentation training materials, which are provided multiple times throughout the year for internal staff and contract providers by the Behavioral Health Quality Management (QM) unit.
 - 2) The MHP will conduct routine monitoring via Utilization / Chart Reviews of internal programs and contract providers to ensure ongoing compliance. Programs will be placed on a CAP for findings of non-compliance.
 - 3) For programs that document directly in Avatar, the system is set up to ensure compliance with signature requirements on treatment plans. The MHP will issue a Memo to contract providers who do not use Avatar as their primary medical record to ensure their systems capture all signature requirements.
- **Proposed Evidence/Documentation of Correction**
 - 1) Documentation training materials, such as PowerPoints, Handouts, Policies & Procedures, Attendance Logs, Training Announcement Emails
 - 2) MHP Chart / Utilization Review tool
 - 3) Memo issued by the MHP
- **Person Responsible:** Mila Green, PhD, Deputy Mental Health Director, Deputy Adult and Aging Branch Director, Quality Management Manager
- **Implementation Timeline:**
 - 1) The MHP provided trainings on *Assessments, Treatment Plans, and Progress Notes* in September, October, and November 2021, respectively, to internal and contract provider staff. The MHP plans to provide additional trainings in calendar year 2022, which will incorporate any finalized DHCS-issued documentation guidance related to CalAIM.
 - 2) The MHP began FY21/22 chart reviews for ongoing compliance monitoring in August 2021.
 - 3) The MHP will issue a Memo to contract providers by January 2022 related to this requirement.

PROGRESS NOTES

DHCS FINDING 8.5.2

- Progress notes did not include all required elements specified in the MHP Contract, and/or were not in accordance with the MHP’s written documentation standards. Specifically:
 - 1) **Line numbers 1, 2, 3, 4, 5, 7, 9, 12, 13, 14, 15, 16, 17, 18, 19, and 20.** One or more progress note was not completed within the MHP’s written timeliness standard of 5 business days after provision of service. 88 (or 18.9%) of all progress notes reviewed were completed late.
 - 2) **Line numbers 6 and 19.** One or more progress note did not match its corresponding claim in terms of amount of time to provide services: The

service time documented on the Progress Note was less than the time claimed, or the service time was entirely missing on the Progress Note.

RR8b3, refer to Recoupment Summary for details.

- 3) **Line numbers 3 and 13.** One or more progress note was missing the provider's professional degree, licensure or job title. 42 (or 9%) of all progress notes reviewed did not include the provider's professional degree, licensure or job title. (91% compliance)
- 4) **Line numbers 5 and 19.** Multiple progress notes contained the exact same verbiage, and therefore those progress notes were not individualized in terms of the specific interventions applied, as specified in the MHP Contract with the Department.
- The MHP shall submit a CAP that describes how the MHP will ensure that:
 - 1) The MHP has written documentation standards for progress notes, including timeliness and frequency, as required by the MHP Contract with the Department.
 - 2) Progress notes document:
 - Timely completion and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP's written documentation standards.
 - Date the progress note was completed and entered into the medical record in order to determine completion timeliness, as specified in the MHP Contract with the Department.
 - The provider's/providers' professional degree, licensure or job title.
 - 3) Both service dates and times recorded on progress notes match their corresponding claims.
 - 4) Progress notes contain documentation that is individualized for each service provided.
 - 5) Specialty Mental Health Services claimed are accurate and are actually provided to the beneficiary.

Finding 8.5.2 Yolo MHP Corrective Action

- **Description & Ongoing Monitoring Plan**
 - 1) The MHP incorporated DHCS' chart review findings and feedback into clinical documentation training materials, which are provided multiple times throughout the year for internal staff and contract providers by the Behavioral Health Quality Management (QM) unit.
 - 2) The MHP will conduct routine monitoring via Utilization / Chart Reviews of internal programs and contract providers to ensure ongoing compliance. Programs will be placed on a CAP for findings of non-compliance.
 - 3) For programs that document directly in Avatar, the system is set up to ensure progress note service times align with claims as well as compliance with signature requirements. The MHP will issue a Memo to contract providers who do not use Avatar as their primary medical record to ensure their systems capture these requirements.

- 4) The MHP developed an Avatar report that shows progress notes completed within a specified time period, including whether they are in draft or have been finalized. The MHP will implement a process whereby supervisors will utilize this report monthly to monitor their staff who complete progress notes in Avatar and ensure they are finalized timely.
- **Proposed Evidence/Documentation of Correction**
 - 1) Documentation training materials, such as PowerPoints, Handouts, Policies & Procedures, Attendance Logs, Training Announcement Emails
 - 2) MHP Chart / Utilization Review tool
 - 3) Memo issued by the MHP
 - 4) Sample Avatar Progress Note report
- **Person Responsible:** Mila Green, PhD, Deputy Mental Health Director, Deputy Adult and Aging Branch Director, Quality Management Manager
- **Implementation Timeline:**
 - 1) The MHP provided trainings on *Assessments, Treatment Plans, and Progress Notes* in September, October, and November 2021, respectively, to internal and contract provider staff. The MHP plans to provide additional trainings in calendar year 2022, which will incorporate any finalized DHCS-issued documentation guidance related to CalAIM.
 - 2) The MHP began FY21/22 chart reviews for ongoing compliance monitoring in August 2021.
 - 3) The MHP issued a Memo to contract providers in November 2021 related to this requirement.
 - 4) The MHP will implement the Avatar progress note report monitoring process by January 2022.

DHCS FINDING 8.5.4

- Progress notes were not documented according to the frequency requirements specified in the MHP Contract. Specifically:
 - 1) **Line numbers 4, 6, 14, 18, and 19:** There was no progress note in the medical record for the services claimed. **RR8a, refer to Recoupment Summary for details.** The MHP was given the opportunity to locate the documents in question but did not provide written evidence of the documents in the medical record.
- The MHP shall submit a CAP that describes how the MHP will:
 - 1) Ensure that all Specialty Mental Health Services claimed are:
 - a) Documented in the medical record.
 - b) Actually provided to the beneficiary.
 - c) Claimed for the correct service modality billing code, and units of time
 - 2) Ensure that all progress notes:
 - a) Are accurate, complete and legible and meet the documentation requirements described in the MHP Contract with the Department.

- b) Describe the type of service or service activity, the date of service and the amount of time to provide the service, as specified in the MHP Contract with the Department.
- c) Are completed within the timeline and frequency specified in the MHP Contract with the Department, and as specified in the MHP's written documentation standards.

Finding 8.5.4 Yolo MHP Corrective Action

- **Description & Ongoing Monitoring Plan**
 - 1) The MHP incorporated DHCS' chart review findings and feedback into clinical documentation training materials, which are provided multiple times throughout the year for internal staff and contract providers by the Behavioral Health Quality Management (QM) unit.
 - 2) The MHP will conduct routine monitoring via Utilization / Chart Reviews of internal programs and contract providers to ensure ongoing compliance. Programs will be placed on a CAP for findings of non-compliance.
 - 3) For programs that document directly in Avatar, the system is set up to ensure there is a progress note for each claimed service, since claims are generated from progress not entry. This finding relates to charts of the MHP's contractors. The MHP will issue a Memo to contract providers who do not use Avatar as their primary medical record as a reminder to ensure compliance with this requirement.
- **Proposed Evidence/Documentation of Correction**
 - 1) Documentation training materials, such as PowerPoints, Handouts, Policies & Procedures, Attendance Logs, Training Announcement Emails
 - 2) MHP Chart / Utilization Review tool
 - 3) Memo issued by the MHP
- **Person Responsible:** Mila Green, PhD, Deputy Mental Health Director, Deputy Adult and Aging Branch Director, Quality Management Manager
- **Implementation Timeline:**
 - 1) The MHP provided trainings on *Assessments*, *Treatment Plans*, and *Progress Notes* in September, October, and November 2021, respectively, to internal and contract provider staff. The MHP plans to provide additional trainings in calendar year 2022, which will incorporate any finalized DHCS-issued documentation guidance related to CalAIM.
 - 2) The MHP began FY21/22 chart reviews for ongoing compliance monitoring in August 2021.
 - 3) The MHP will issue a Memo to contract providers by January 2022 related to this requirement.