

Orange County Mental Health Plan
Triennial Onsite Review October 2016
Plan of Correction

ACCESS

The DHCS review team made seven (7) calls to test the MHP's 24/7 toll-free line. The seven (7) test calls are summarized below.

FINDINGS

Test Calls Summary

Protocol Question	Test Call Findings								Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	#8	
9a-1	IN	IN	IN	IN	IN	IN	IN	N/A	100%
9a-2	IN	OOB	N/A	IN	N/A	IN	IN	N/A	80%
9a-3	IN	IN	N/A	IN	N/A	IN	IN	N/A	100%
9a-4	N/A	N/A	OOB	N/A	OOB	N/A	N/A	N/A	0%

Protocol question B92 is deemed in partial compliance and protocol question B9a4 us deemed out of compliance.

PLAN OF CORRECTION

The MHP will submit a POC addressing the OOB 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 S<HS, 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.

Findings

- Call 2. B9a2 Did not provide information about how to access SMHS.
- Call 3. B9a4 The caller was not given information about how to access the grievance process without having to make an oral or written request.
- Call 4. B9a4 The caller was not provided information about how to access the beneficiary problem resolution and fair hearing processes.

MHP RESPONSE:

PLAN OF CORRECTION - TEST CALLS

- *Scripts for the 800 line will be updated to add the online availability of the Grievance/ Appeal/Expedited Appeal form to the other Problem Resolution Information already given.*
- *Persons answering the 800 line will be trained on the change.*
- *Persons answering the 800 line will be re-trained on the existing requirement for providing information on how to access SMHS, including review of the existing scripts.*
- *Persons answering the 800 line will include that information and the link information to callers.*
- *Test calls that test for the Problem Resolution Information will include this as a necessary element and feedback will be given to the 800 line manager for training purposes.*

Evidence of Correction

- *The link to the web page where the form is posted.*
- *A copy of the modified scripts.*
- *A copy of the minutes from the meeting where the staff was trained on the link*
- *A copy of the minutes from the meeting where the staff was reminded of the requirement to inform callers on how to access SMHS, including review of the existing scripts.*
- *A copy of the test call findings for this issue.*

ASSESSMENT

FINDINGS 2a:

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

One or more assessments were not completed within the timeliness and frequency requirements specified in the MHP's written documentation standards.
The following are specific findings from the chart sample:

PLAN OF CORRECTION 2a:

The MHP shall submit a POC that indicates how the MHP will ensure that assessment is completed in accordance with the timeliness and frequency requirements specified in the MHP's written documentation standards.

MHP RESPONSE:

PLAN OF CORRECTION 2a

All assessments are to be completed in accordance with the timeliness and frequency requirements specified in the MHP/s written documentation standards.

- **Assessment documentation standards, timeliness and frequency requirements are to be reviewed and discussed at the following trainings/meetings:**
 - **Authority and Quality Improvement Services (AQIS) Annual Provider Training (APT).**
 - **Adult and Older Adult Behavioral Health (AOABH) County and Contract monthly Core Trainers Meeting.**
 - **Children Youth Behavioral Health (CYBH) Quarterly Divisional Quality Improvement Committee.**
- **AOABH and CYBH AQIS Support Teams to include the timeliness and frequency requirements for assessment in the monthly QRTips Blog/Newsletter.**
- **All actions to be completed by end of 3d quarter 2017-2018**
- **Responsible to ensure actions are completed: Dr. David Horner, Director, AQIS.**
- **Evidence of Completion:**
 - **APT slides highlighting Assessment documentation standards, timeliness and frequency and attendance tracking.**
 - **Meeting agenda, meeting minutes, staff sign-in sheet will be provided as evidence of review at the AOABH County and Contracted monthly Core Trainers Meeting, as well as the CYBH Quarterly Divisional Quality Improvement Committee.**
 - **Copy of QRTips Blog**

FINDING 2b:

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

1. Mental Health History:
2. Medical History:
3. Medications:
4. Substance Exposure/Substance Use:
5. Client Strengths:
6. A mental status examination:

PLAN OF CORRECTION 2b:

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

MHP RESPONSE:

PLAN OF CORRECTION 2b:

All assessments completed by the MHP will contain all the required elements as specified in the MHP Contract with the Department, including, but not limited to; Mental Health History, Medical History, Medications, Substance Exposure/Substance Use, Client Strengths, and a Mental Status Examination.

- The required elements for an assessment are to be reviewed and discussed at the following trainings/meetings:
 - Authority and Quality Improvement Services (AQIS) Annual Provider Training (APT).
 - Adult and Older Adult Behavioral Health (AOABH) County and Contract monthly Core Trainers Meeting.
 - Children Youth Behavioral Health (CYBH) Quarterly Divisional Quality Improvement Committee.
- All County Service Chiefs and Contracted Program Directors are to review the required elements of an assessment with their staff at an upcoming staff meeting.
- AOABH and CYBH AQIS Support Teams to include an information notice regarding all required elements of an assessment in the monthly QRTips Blog/Newsletter.
- All actions to be completed by end of 3d quarter 2017-2018
- Responsible to ensure actions are completed: Dr. David Horner, Director, AQIS.
- Evidence of Completion:
 - APT slides highlighting Assessment documentation standards, timeliness and frequency and attendance tracking.
 - Meeting agenda, meeting minutes, staff sign-in sheet will be provided as evidence of review at the AOABH County and Contracted monthly Core Trainers Meeting, as well as the CYBH Quarterly Divisional Quality Improvement Committee.
 - County and Contracted staff meeting agendas, meeting minutes and staff sign-in sheet will be evidence of review and training at all AOABH County and Contracted staff meetings.
 - Copy of QRTips Blog

FINDING 2c:

Assessments did not include:

Signature of the person providing the service or (electronic equivalent) that includes the person's professional degree, licensure, or job title.

PLAN OF CORRECTION 2c:

The MHP shall submit a POC that indicates how the MHP will ensure that all documentation includes:

1. The signature or (electronic equivalent) with the professional degree, licensure or title of the person providing the service.
2. The date the signature was completed and the document was entered into the medical record.

MHP RESPONSE:

PLAN OF CORRECTION 2c:

All assessments documentation and other documentation completed by the MHP shall include; the signature or (electronic equivalent) with the professional degree, licensure or title of the person providing the service and the date the signature was completed and the documentation was entered into the medical record.

- *The County EHR:*
 - *Is being modified to add the professional degree, licensure or title to every county provider documenting services within the EHR. These will appear every time the provider's signature appears in the EHR, including the Assessments, the Client Plans and the Progress Notes.*
 - *Progress notes printed from the County EHR system will re-label on the notes printed from the EHR the field previously labeled "verified by", which is the field that is the name of the signer and the date the signature was completed, to make the date of entry more clear. The new name for the field will be "signing clinician I date signed". The date in the Different Day Documentation box is clearly the date signed (including "S" if the date signed is the same as the service date) however the change will ease the auditors' review.*

- *Contracted Providers:*
 - *Notification to all contracted providers from Contacts regarding the requirement that all documentation include the signature or (electronic equivalent) with the professional degree, licensure or title of the person providing the service and the date the signature was completed and the documentation was entered into the medical record must be clear.*
 - *The requirement is to be reviewed and discussed at the following trainings/meetings:*
 - *Authority and Quality Improvement Services (AQIS) Annual Provider Training (APT).*
 - *Adult and Older Adult Behavioral Health (AOABH) Contract monthly Core Trainers Meeting.*
 - *AOABH and CYBH Support Team meeting.*

- *All actions to be completed by end of 3d quarter 2017-2018.*
- *Responsible to ensure actions are completed: Dr. David Horner, Director, AQIS.*
- *Evidence of Completion:*
 - *APT slides highlighting this requirement and attendance tracking.*
 - *Screen shots of the above changes in the County EHR.*

- o *Meeting agenda, meeting minutes, staff sign-in sheet will be provided as evidence of review at the AOABH Contracted monthly Core Trainers Meeting, as well as the CYBH Quarterly Divisional Quality Improvement Committee.*
- o *Copy of QRTips Blog.*

CLIENT PLANS

FINDING 4e:

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

PLAN OF CORRECTION 4e:

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

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

MHP RESPONSE:

PLAN OF CORRECTION 4e

A copy of the Care Plan is always to be offered to the beneficiary or legal guardian at the time the Care Plan is completed or revised. The box, already on the Care Plan addressing this issue, must be checked by the provider as soon as the provider does offer a copy of the Care Plan as a way to demonstrate that the offer was done.

- *Offering a copy of the Care Plan will be reviewed and discussed with all county and contract providers at the following trainings/meetings:*
 - o *Authority and Quality Improvement Services (AQIS) Annual Provider Training (APT).*
 - o *Adult and Older Adult Behavioral Health (AOABH) County and Contract monthly Core Trainers Meeting.*
 - o *Children Youth Behavioral Health (CYBH) Quarterly Divisional Quality Improvement Committee.*
- *AOABH and CYBH AQIS Support Teams to include the requirement for offering a copy of the Care Plan to beneficiaries in the monthly QRTips Blog/Newsletter.*
- *All actions to be completed by end of 3d quarter 2017-2018*
- *Responsible to ensure actions are completed: Dr. David Horner, Director, AQIS.*
- *Evidence of Completion:*
 - o *APT slides highlighting of offering a copy of the Care Plan to the beneficiary.*
 - o *Meeting agenda, meeting minutes, staff sign-in sheet will be provided as evidence of review at the AOABH County and Contracted monthly Core Trainers*

Meeting, as well as the CYBH Quarterly Divisional Quality Improvement Committee.

- o *Copy of the QRTips Blog/Newsletter.*

FINDING 4f:

Client plans did not include:

1. The signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, or job title.

PLAN OF CORRECTION 4f:

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

MHP RESPONSE:

PLAN OF CORRECTION 4f

- *County EHR*
 - o *Is being modified to add credential to every county provider name in the EHR. These will appear every time the provider's signature appears in the EHR, including the Assessments, the Client Plans and the Progress Notes.*
- *Contracted providers*
 - o *Notification to all contracted providers from Contracts regarding this requirement*
 - o *Inclusion in the Annual Provider Training of this requirement*
 - o *Review of this requirement at the monthly meetings with contract providers*
 - o *Send out the BHS Monthly QRTips with information on this issue*
- *Programs documenting on paper*
 - o *Inclusion in the Annual Provider Training of this requirement*
 - o *Review of this requirement at the monthly meetings with county Service Chiefs*
 - o *Send out the BHS Monthly QRTips with information on this issue*
- *All actions to be completed by end of 3rd quarter 2017-18*
- *Responsible to ensure actions are completed: David Horner, Director, Authority & Quality Improvement Services.*
- *Evidence of Completion:*
 - o *Annual Provider Training slides and attendance tracking*
 - o *Copy of the BHS Monthly QRTips addressing this issue*
 - o *Screen shots of the above changes in the County EHR*
 - o *Copy of the notification from Contracts to contract providers*

- *Attestation from all contracted provider organizations that the changes have been made.*
- *Copy of the revised paper forms.*
- *Copy of meeting minutes address this issue.*

PROGRESS NOTES

FINDING 5a:

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

- The MHP was not following its own written documentation standards for timeliness of staff signatures (i.e., completion date) on progress notes.
- Progress notes did not document the following:

5a-1 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):

PLAN OF CORRECTION 5a-1: Ensure timely completion of progress notes by the person(s) providing the service and relevant aspects of client care, as specified in the MHP Contract with the Department and the MHP's written documentation standards.

PLAN OF CORRECTION 5a-1):

All progress notes are to be completed timely by MHP providers as specified in the MHP Contract and written documentation standards.

- ***Progress Notes standards and timeliness requirements are to be reviewed and discussed at the following trainings/meetings:***
 - ***Authority and Quality Improvement Services {AQIS} Annual Provider Training {APT}.***
 - ***Adult and Older Adult Behavioral Health {AOABH} County and Contract monthly Core Trainers Meeting.***
 - ***Children Youth Behavioral Health {CYBH} Quarterly Divisional Quality Improvement Committee.***
 - ***AOABH and CYBH AQIS Support Team meetings.***
- ***All actions to be completed by end of 3d quarter 2017-2018***
- ***Responsible to ensure actions are completed: Dr. David Horner, Director, AQIS.***
- ***Evidence of Completion:***
 - ***APT slides highlighting Progress Notes standards and timeliness requirements and frequency and attendance tracking.***

- *Meeting agenda, meeting minutes, staff sign-in sheet will be provided as evidence of review at the AOABH County and Contracted monthly Core Trainers Meetings as well as the CYBH Quarterly Divisional Quality Improvement Committee.*

5a-4 Timeliness of the progress note could not be determined because the note was signed but not dated by the person providing the service. Therefore, the date the progress note was entered into the medical record could not be determined.

The number of progress notes reviewed with missing completion dates was as follow:

PLAN OF CORRECTION 5a-4: Ensure that all progress notes include the date completed and entered into the medical record by the person(s) providing the service in order to determine the timeliness of completion, as specified in the MHP Contact with the Department.

PLAN OF CORRECTION 5a-4):

All progress notes are to include the date completed and entered into the medical record by the MHP provider providing the service in order to determine the timeliness of completion.

- ***The County EHR:***
 - ***Progress notes printed from the County EHR system will re-label on the notes printed from the EHR the field previously labeled "verified by", which is the field that is the name of the signer and the date the signature was completed, to make the date of entry more clear. The new name for the field will be "signing clinician/ date signed". The date in the Different Day Documentation box is clearly the date signed (including "5" if the date signed is the same as the service date) however the change will ease the auditors' review.***
- ***Contracted Providers:***
 - ***Notification to all contracted providers regarding the requirement that the date a progress note was completed and entered into the medical record must be clear.***
 - ***The requirement is to be reviewed and discussed at the following trainings/meetings:***
 - ***Authority and Quality Improvement Services (AQIS) Annual Provider Training (APT).***
 - ***Adult and Older Adult Behavioral Health (AOABH) Contract monthly Core Trainers Meeting.***
- ***All actions to be completed by end of 3d quarter 2017-2018.***

- *Responsible to ensure actions are completed: Dr. David Horner, Director, AQIS.*
- *Evidence of Completion:*
 - *APT slides highlighting this requirement and attendance tracking.*
 - *Screen shots of the above changes in the County EHR.*
 - *Meeting agenda, meeting minutes, staff sign-in sheet will be provided as evidence of review at the AOABH Contracted monthly Core Trainers Meeting, as well as the CYBH Quarterly Divisional Quality Improvement Committee.*
 - *Copy of QRTips Blog.*

Sa-7 The number of sessions and total amount of time taken to complete the initial Assessment was excessive (i.e., time billed was greater than what is reasonable, as determined from the documentation recorded on the claims' corresponding progress notes).

PLAN OF CORRECTION Sa-7: Ensure that all services claimed are not excessive.

Suggested example initiatives include, but are not limited to: a) development of threshold measures that define services exceeding the number of sessions and total time needed to complete a given activity; b) implementation of auditing procedures to identify and review and service that is likely to be excessive, and c) provision of staff and organizational contractor training regarding these services.

PLAN OF CORRECTION Sa-7

- *Create a report that identifies in a 90-day period cases from county and contract clinics with cumulative assessment services over 300 minutes.*
- *Authority and Quality Improvement Services (AQIS) to audit the identified cases for possible excessive amount of services. Reimburse services to Medi-Cal if there is an excess of services with no clinical justification.*
- *Assign front office work station to periodically run the report for review by Service Chief.*
- *Notify all county and contract agencies of this new report via Service Chief meetings and contract meetings.*
- *Remind all county and contract providers of appropriate billing and documentation of services via sending out the BHS Monthly QRTips with information on this issue*
- *All actions to be completed by end of 3rd quarter 2017-18*
- *Responsible to ensure actions are completed: David Horner, Director, Authority & Quality Improvement Services.*
- *Evidence of Completion:*
 - *Annual Provider Training slides regarding appropriate billing and documentation of services and attendance tracking*
 - *Copy of the BHS Monthly QRTips addressing this issue*
 - *Copy of contracts meeting minutes addressing this issue*
 - *Copy of reports and audits in regards to assessment services exceeding 300 minutes*

- o *Copy of Service Chiefs meeting minutes addressing this issue.*

5a-8 The provider's professional degree, licensure or job title:

The number of progress notes reviewed with missing professional degree or job title was as follows:

PLAN OF CORRECTION 5a-8: Ensure that all progress notes include the providers'/providers' professional degree, licensure or job title.

PLAN OF CORRECTION Sa-8

- *County EHR*
 - o *Is being modified to add credential to every county provider name in the EHR. These will appear every time the provider's signature appears in the EHR, including the Assessments, the Client Plans and the Progress Notes.*
- *Contracted providers*
 - o *Notification to all contracted providers from Contracts regarding this requirement*
 - o *Inclusion in the Annual Provider Training of this requirement*
 - o *Review of this requirement at the monthly meetings with contract providers*
 - o *Send out the BHS Monthly QRTips with information on this issue*
- *Programs documenting on paper*
 - o *Inclusion in the Annual Provider Training of this requirement*
 - o *Review of this requirement at the monthly meetings with county Service Chiefs*
 - o *Send out the BHS Monthly QRTips with information on this issue*
- *All actions to be completed by end of 3rd. quarter 2017-18*
- *Responsible to ensure actions are completed: David Horner, Director, Authority & Quality Improvement Services.*
- *Evidence of Completion:*
 - o *Annual Provider Training slides and attendance tracking*
 - o *Copy of the BHS Monthly QRTips addressing this issue*
 - o *Screen shots of the above changes in the County EHR*
 - o *Copy of the notification from Contracts to contract providers*
 - o *Attestation from all contracted provider organizations that the changes have been made.*
 - o *Copy of the revised paper forms.*
 - o *Copy of meeting minutes address this issue.*

FINDING 5c:

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

There was no progress note in the medical record for the service claimed. **RR9, refer to Recoupment Summary for details.**

The type of specialty mental health service (SMHS) documented on the progress note was not the same type of SMHS claimed. **RR9, refer to Recoupment Summary for details.**

PLAN OF CORRECTION 5c:

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

- 1) Ensure that all SMHS claimed are:
 - a) Actually provided to the beneficiary.
 - b) Claimed for the correct service modality and billing code.
 - c) Accurate and reflect services provided to the correct beneficiary.

PLAN OF CORRECTION 5c:

- ***County EHR-***
 - ***Change the title of the note from 'family therapy' to 'family therapy/collateral'***
 - ***Change the name of the form from 'family therapy' to 'family therapy/ collateral.'***
 - ***Change the name of the CPT code for both family therapy and family therapy without client from 'family therapy' to 'family therapy/collateral'.***
 - ***Change the Care Plan drop down choice from 'family therapy' to 'family therapy/ collateral'***
 - ***Include notification of the change to staff in the Annual Provider Training***
- ***Contracts***
 - ***Notification to all contracted providers from Contracts regarding the need for notes and care plans to reflect collateral.***
 - ***Change of the Batch Charge Entry where contracted providers enter service data from 'family therapy' to 'family therapy/collateral'***
 - ***Include notification of the change to staff in the Annual Provider Training***
- ***Programs documenting onpaper***
 - ***Change the master forms used by all to reflect the same changes on both the paper encounter documents and the paper care plan.***
 - ***Include notification of the change to staff in the Annual Provider Training***
- ***All actions to be completed by end of 3rd. quarter 2017-18***
- ***Responsible to ensure actions are completed: David Horner, Director, Authority & Quality Improvement Services.***

- **Evidence of Completion:**
 - **Annual Provider Training slides and attendance tracking**
 - **Screen shots of the above changes in the County EHR**
 - **Copy of the notification from Contracts to contract providers**
 - **Attestation from all contracted provider organizations that the changes have been made.**
 - **Copy of the revised paper forms.**

FINDING 5d:

PLAN OF CORRECTION 5d:

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

- 1) Ensure that all documentation includes the signature or (electronic equivalent) with the professional degree, licensure or title of the person providing the service.
- 2) Ensure that all documentation includes the date the signature was completed and the document was entered into the medical record.

Assessments did not include:

The provider's professional degree, licensure, or job title:

PLAN OF CORRECTION 5d

- **County EHR**
 - **Is being modified to add credential to every county provider name in the EHR. These will appear every time the provider's signature appears in the EHR, including the Assessments, the Client Plans and the Progress Notes.**
- **Contracted providers**
 - **Notification to all contracted providers from Contracts regarding this requirement**
 - **Inclusion in the Annual Provider Training of this requirement**
 - **Review of this requirement at the monthly meetings with contract providers**
- **Programs documenting on paper**
 - **Inclusion in the Annual Provider Training of this requirement**
 - **Review of this requirement at the monthly meetings with county Service Chiefs**
- **All actions to be completed by end of 3rd. quarter 2017-18**
- **Responsible to ensure actions are completed: David Horner, Director, Authority & Quality Improvement Services.**

- *Evidence of Completion:*
 - o *Annual Provider Training slides and attendance tracking*
 - o *Screen shots of the above changes in the County EHR*
 - o *Copy of the notification from Contracts to contract providers*
 - o *Attestation from all contracted provider organizations that the changes have been made.*
 - o *Copy of the revised paper forms.*

Client Plans did not include:

The provider's professional degree, licensure, or job title:

Plan of Correction, see above.

Progress Notes did not include:

The provider's professional degree, licensure, or job title:

Plan of Correction: See above

Progress Notes did not include:

The date the documentation was entered into the medical record (completion date):

Plan of correction

- **County EHR**
 - o *Progress notes printed from the County EHR system will re-label on the notes printed from the EHR the field previously labeled "verified by", which is the field that is the name of the signer and the date the signature was completed, to make the date of entry more clear. The new name for the field will be "signing clinician | date signed". The date in the Different Day Documentation box is clearly the date signed (including "S" if the date signed is the same as the service date) however the change will ease the auditors' review.*
- *Contracted providers*
 - o *Notification to all contracted providers from Contracts that the date the progress note is signed must be clear.*

Programs documenting on paper

- o *A box will be added for date signed to the forms used for documenting. County contends that the date in the Different Day Documentation box is clearly the*

date signed (including "S" if the date signed is the same as the service date) and that this change is strictly for ease of the auditors' review.

- *All actions to be completed by end of 3rd quarter 2017-18*
- *Responsible to ensure actions are completed: David Horner, Director, Authority & Quality Improvement Services.*
- *Evidence of Completion:*
 - *Screen shots of the above changes in the County EHR*
 - *Copy of the notification from Contracts to contract providers*
 - *Attestation from all contracted provider organizations that the changes have been made.*
 - *Copy of the paper forms*