

County of Del Norte Mental Health Services
Fiscal Year 2020/21 Specialty Mental Health Triennial Review
Corrective Action Plan

Chart Review

Requirement

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.

DHCS Finding 8.2.1

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

One or more assessments were not completed within the update frequency requirements specified in the MHP's written documentation standards.

Per the MHP's Documentation Manual, "An updated assessment must be completed annually..."

Corrective Action Description

The Electronic Health Records system will alert the primary counselor 30 days prior to an annual assessment being due. In addition to this alert the Staff Services Analyst will run a report indicating all annuals due in the system on a monthly basis and will provide this report to each supervisor. Supervisors will have access to monitor their staff's notification page in order to provide oversight. All staff will undergo a Treatment Planning Training.

Proposed Evidence/Documentation of Correction

The MHP can provide reports of annual assessments due, Sample of notifications, Training Log.

Ongoing Monitoring (if included)

Monitoring will be conducted by supervisors ongoing. During Chart reviews the MHP will monitor for compliance.

Person Responsible (job title)

Clinical Services Manager will oversee training on Treatment Plans. The Staff Services Analyst will run monthly reports.

Implementation Timeline: 05/31/2022

Requirement

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

- 1) Written medication consent forms are completed in accordance with the MHP's written documentation standards.

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

Corrective Action Description

The MHP will update the Medication Consent Form.

Proposed Evidence/Documentation of Correction

Update Medication Consent Form

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Program Manager and Supervising Behavioral Health Specialist who oversees the psychiatry services.

Implementation Timeline: 04/15/2022

Requirement

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.

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

Corrective Action Description

The MHP will update the Medication Consent Form to include required elements.

Proposed Evidence/Documentation of Correction

Updated Medication Consent Form

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Program Manager and Supervising Behavioral Health Specialist who oversees the psychiatry services.

Implementation Timeline: 04/15/2022

Requirement

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

DHCS Finding 8.4.3a

One or more client plan(s) was not completed in accordance with the MHP's initial timeliness standards, or updated at least annually.

Corrective Action Description

The Electronic Health Records system will alert the primary counselor 30 days prior to an annual assessment being due. In addition to this alert the Staff Services Analyst will run a report indicating all annuals due in the system on a monthly basis and will provide this report to each supervisor. Supervisors will have access to monitor their staff's notification page in order to provide oversight. All staff will undergo a Treatment Planning Training.

Proposed Evidence/Documentation of Correction

The MHP can provide reports of annual assessments due, Sample of notifications, Training Log.

Ongoing Monitoring (if included)

Monitoring will be conducted by supervisors ongoing. During Chart reviews the MHP will monitor for compliance.

Person Responsible (job title)

Clinical Services Manager will oversee training on Treatment Plans. The Staff Services Analyst will run monthly reports.

Implementation Timeline: 05/31/2022

Requirement

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.

- The provider's/providers' professional degree, licensure or job title.

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.

Corrective Action Description

Progress note timeliness is monitored through a Dashboard report. Staff will complete progress note training and review the existing policy. One thing the MHP would like to bring attention to is that at times notes have been voided and replicated due to billing coding errors, when a void and replicate on the billing line is conducted the staff must resign the clinical progress note which then will incorrectly show the note as being late. The original note can still be seen to verify original signed date.

The staff set up form will be updated to ensure that the provider's professional degree, licensure or job title is completed.

Proposed Evidence/Documentation of Correction

Training Log for Progress Note standards.

Staff Set Up Form Sample.

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Clinical Services Manager and Program Manager will conduct Progress Note Training.
Fiscal Manager / Kings View IT vendor for the Electronic Health Record – Staff Set Up

Implementation Timeline: 04/30/2022

Requirement

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.

DHCS Finding 8.5.3

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

Corrective Action Description

The MHP will develop a report in the current EHR that will contain the actual number of clients participating in a group activity.

Proposed Evidence/Documentation of Correction

Sample of report

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Program Manager

Implementation Timeline: 04/01/2022

Requirement

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

- 1) Written documentation is in place describing the process for determining and documenting eligibility and need for ICC Services and IHBS.
- 2) Training is provided to all staff and contract providers who have the responsibility for determining eligibility and need for ICC and IBHS.
- 3) 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.

DHCS Finding 8.6.1

- 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.

During the virtual on-site, the MHP staff discussed their process for making referrals for consideration of ICC services or IHBS. The MHP uses a referral process, "Pathways to Wellbeing Referral" in conjunction with an eligibility process, when considering a child for ICC services or IHBS. A child is referred for ICC services or IHBS based on the level of severity of symptoms, not only depending on Katie A. subclass criteria.

Although there was evidence that the MHP made a referral for ICC services and IHBS for one of the children within the review sample, these determinations were not seen within the complete sample. There was insufficient evidence that determinations are made for every child regarding consideration for ICC services and/or IHBS. With a referral-only system for ICC/IHBS, the MHP currently does not have a standard procedure regarding making individualized determinations of eligibility for ICC services and IHBS on behalf of beneficiaries under age 22.

- 2) The medical record associated with the following Line number(s) did not contain evidence that the beneficiary received an individualized determination of eligibility and need for ICC services and IHBS, and that if appropriate, such services were included in their Client Plan

Corrective Action Description

The MHP will oversee the Children's Service provider in updating the screening tool to determine ICC and IHBS. All staff who determines eligibility for children will undergo training on ICC and IHBS. During Utilization Review the LPHA will monitor that these screening have been conducted prior to final approval of the client plan.

Proposed Evidence/Documentation of Correction

Screening Tool, training log.

Ongoing Monitoring (if included)

Chart Reviews

Person Responsible (job title)

Clinical Services Manager will oversee training and work with the Contract Provider on Screening Tool updates.

Implementation Timeline: 05/31/2022
