

Madera County Behavioral Health Services
Fiscal Year (FY) 21/22 Specialty Mental Health Triennial Review
Corrective Action Plan
Chart Review

Requirement

Assessment

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 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 60 days of the episode opening date for all beneficiaries. The MHP's policy also indicates that assessments are to be updated annually for all beneficiaries. The following are specific findings from the chart sample:

- **Line 1.** The prior assessment was completed on 9/5/2019. The updated assessment was due to be completed every year thereafter; however, the updated assessment was not finalized until 9/21/2020.
- **Line 2.** The prior assessment was completed on 4/9/2019. The updated assessment was due to be completed every year thereafter; however, the updated assessment was not finalized until 5/1/2020.
- **Line 4.** The prior assessment was completed on 7/10/2019. The updated assessment was due to be completed every year thereafter; however, the updated assessment was not finalized until 8/7/2020.

Corrective Action Description

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.

Proposed Evidence/Documentation of Correction

Review Date Tracker report

Training Documentation

The MHP will enable the use of tracking function within the new Electronic Health Record (Review Date Tracker). This function has been configured to occur on an annual basis, exactly one year from the date in which the client was initially opened to treatment. This function is configured to alert the primary service provider in the form of a "To Do" 45 days prior to the annual review date. The Review Date Tracker has a

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module which will populate on all clients face sheet. Upon opening of a client's face sheet providers are able to view the next review date. Past due reviews will appear in red. Supervisors are able to run reports which will indicate upcoming review dates for their staff and staff member's caseload.

Ongoing Monitoring (if included)

Weekly Review Date Tracker Module Monitoring

Person Responsible (job title)

Eva H. García Weikel, Division Manager

Implementation Timeline: 10/31/2022

Requirement

Medication Consent

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 6.**
- 2) Reasonable alternative treatments available, if any: **Line number 6.**
- 3) Range of Frequency (of administration): **Line number 6.**
- 4) Method of administration: **Line number 6.**
- 5) Duration of taking the medication: **Line number 6.**
- 6) Possible side effects if taken longer than 3 months: **Line numbers 3 and 6.**
- 7) Consent once given may be withdrawn at any time: **Line numbers 3 and 6.**

Corrective Action Description

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.

Proposed Evidence/Documentation of Correction

Medication Consent Form

Ongoing Monitoring (if included)

Monthly Chart Review Process

Person Responsible (job title)

Eva H. García Weikel, Division Manager

Implementation Timeline: 10/31/2022

Requirement

Progress Notes

DHCS Finding 8.5.1

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 numbers 1, 3, 5, 8, 9, and 10.** One or more progress note was not completed within the MHP's written timeliness standard of 24 hours after provision of service and final approval within 5 business days. 44 or 15.5 percent of all progress notes reviewed were completed late (84.5% compliance).
- **Line number 6.** One or more progress note did not match its corresponding claim in terms of amount of time to provide services: The service time was entirely missing on the Progress Notes. It should be noted that the MHP was able to provide evidence (i.e. 1500 Health Insurance Claim Form) demonstrating the MHP's Professional Fee for Service rate that directly corresponded to the service time, in lieu of displaying the service time on these particular Progress Notes.
- **Line number 1.** One or more progress note was missing the provider's professional degree, licensure or job title. 4 or 1.4 percent of all progress notes reviewed did not include the provider's professional degree, licensure or job title.

Corrective Action Description

- 1) The MHP shall submit a CAP that describes how the MHP will ensure that the MHP has written documentation standards for progress notes, including timeliness and frequency, as required by the MHP Contract with the Department.
- 2) 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.
 - 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) The MHP shall submit a CAP that describes how the MHP will ensure that both service dates and times recorded on progress notes match their corresponding claims.

Proposed Evidence/Documentation of Correction

Updated CLN 19.00 Progress Note Timeliness Standard

MHP 17.00 Progress Notes

Updated Documentation Training

Progress Notes showing provider's professional degree, licensure, or job title

Ongoing Monitoring (if included)

Monthly Chart Review Process

Person Responsible (job title)

Eva H. García Weikel, Division Manager

Implementation Timeline: 12/31/2022

Requirement

Progress Notes

DHCS Finding 8.5.2

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 number 2.** While progress notes themselves did not accurately document the number of group participants on one or more group progress notes, the MHP was able to provide separate documentation listing the number of participants in each group.

Corrective Action Description

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.

Proposed Evidence/Documentation of Correction

Group Notes containing the actual number of clients participating in a group activity

Ongoing Monitoring (if included)

Monthly Chart Review Process

Person Responsible (job title)

Eva H. García Weikel, Division Manager

Implementation Timeline: 06/31/23

Requirement

Provision of ICC Services and IHBS for Children and Youth

DHCS Finding 8.6.1

- 1) The medical record associated with the following Line numbers 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.

Although the MHP has developed and is now utilizing a screening tool to assess for eligibility and need for ICC/IHBS services, MHP staff indicated that during the review period, not all youth beneficiaries were receiving an individualized determination of eligibility and need for ICC/IHBS services.

Lastly, it should be noted that the MHP was given the opportunity to locate evidence of any formal (or informal) determination for the need for ICC/IHBS services; however, the MHP was unable to locate it in the medical record for the following:

- **Line numbers 8, 9, and 10.**
- 2) **Line number 8.** The Assessment dated 10/4/2019 documented that the beneficiary had involvement with multiple child serving systems (i.e., Legal/Child Protective Services, foster home placement, mental health services, etc.), and was referred for an assessment according to the Katie A program, indicating the beneficiary met eligibility criteria for ICC services and IHBS; however, these services were not included in the 12/4/2019 Client Plan.

Corrective Action Description

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.

Proposed Evidence/Documentation of Correction

Copy of updated Policy CLN 09.00

Copy of revised ICC/IHBS training

Ongoing Monitoring (if included)

Monthly Chart Review Process

Person Responsible (job title)

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Eva H. García Weikel, Division Manager

Implementation Timeline: 12/31/2022