



Mariposa County Behavioral Health and Recovery Services
[Fiscal Year (FY) 21/22] Specialty Mental Health Triennial Review
Corrective Action Plan

System Review

Requirement

The MHP shall meet, and require its providers to meet, Department standards for timely access to care and services, taking into account the urgency of need for services. (42 C.F.R. § 438.206(c)(1)(i); WIC, § 14197; MHP Contract, Ex. A, Att. 8, sec. 4(A)(1); see CCR, tit. 28, § 1300.67.2.2 (c)(5); BHIN No. 20-012.)

NOTE: Non-urgent and non-physician appointments are monitored through the Network Adequacy data submission process. Triennial reviews focus on timeliness of all urgent appointments and physician appointments.

Except as provided in CCR, title 9, section 1300.67.2.2(c)(5)(G),

- Urgent care appointments for services that do not require prior authorization must be provided within 48 hours of the request for appointment
- Urgent care appointments for services that require prior authorization must be provided within 96 hours of the request for appointment

DHCS Finding 1.1.3

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(i). The MHP must meet, and require its providers to meet, Department standards for timely access to care and services, taking into account the urgency of need for services.

Triennial review will focus on timeliness of all urgent appointments and physician appointments.

1. Urgent care appointments for services that do not require prior authorization: within 48 hours of the request for appointment



2. Urgent care appointments for services that require prior authorization: within 96 hours of the request for appointment

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP meets Department standards for timely access to care for physician and urgent care services. Of the 100 appointments reviewed by DHCS, 3 of the 50 physician appointments and 2 of the 50 urgent appointments did not meet timeliness standards. Per the discussion during the review, the MHP stated that it is in the process of implementing a new Electronic Health Record (EHR) system and is currently using a manual logging and tracking process during the transition. The MHP submitted additional evidence to demonstrate compliance with this requirement, including Notice of Adverse Beneficiary Determinations (NOABD), however, the MHP did not demonstrate the timeliness standards were met for these appointments.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(i).

Corrective Action Description

To ensure that all urgent and physician appointment timeliness is met Mariposa County Behavioral Health and Recovery Services (MCBHRS) will implement a new monitoring module in the electronic health record (EHR) known as Referral Tracking. The Referral Tracking module will assist medical records staff in monitoring appointment requests, expediting schedules, and setting alerts to notify staff of appointment types. The medical records staff will also collaborate with providers to confirm scheduling availability to expedite access to services.

Proposed Evidence/Documentation of Correction

EHR Referral Tracking Template

Ongoing Monitoring (if included)

The medical records staff will monitor and maintain the Referral Tracking module with the EHR daily to identify if the corrective action is effective. Quality Assurance will collaborate with the medical records staff to identify any system or data inconsistencies to improve scheduling timeliness.

Person Responsible (job title)



Quality Assurance – Staff Services Analyst

Medical Records – Office Assistant

Implementation Timeline: Quality Assurance will work with the EHR to complete the Referral Tracking module in December 2022. The Referral Tracking module will be utilized beginning February 2023.

Requirement

The MHP must provide Therapeutic Foster Care (TFC) services to all children and youth who meet medical necessity criteria for TFC. (Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, (3rd ed., Jan. 2018), p. 34.)

DHCS Finding 1.2.7

The MHP did not furnish evidence to demonstrate compliance with the Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must provide TFC services to all children and youth who meet medical necessity criteria for TFC.

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides TFC services to all children and youth who meet medical necessity criteria for TFC. Per the discussion during the review, the MHP stated it is currently working with its local Short Term Residential Treatment Program (STRTP) provider to become certified as a TFC provider. Post review, the MHP submitted evidence of meetings between the MHP and STRTP regarding TFC services, however, it is not evident that TFC services are established or available for children and youth who meet medical necessity criteria.

DHCS deems the MHP out of compliance with the Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care Services (TFC) for Medi-Cal Beneficiaries, 3rd Edition, January 2018.

Corrective Action Description

Quality Assurance will update the Children's Specialty Services P&P to outline the process of care for Therapeutic Foster Care Services (TFC). MCHBRS will implement a TFC program training and update the MCBHRS Documentation Manual with TFC



documentation requirements that describe the medical necessity criteria for TFC services available for children and youth.

Proposed Evidence/Documentation of Correction

Children's Specialty Services P&P

2022-2023 Documentation Manual

TFC Program Training Attendee Roster Screenshot

Ongoing Monitoring (if included)

Quality Assurance will update the MCBHRS Documentation Manual and Children's Services P&P with the TFC process of care. Quality Assurance will monitor the results of the TFC program training to determine trends and training opportunities identified.

Person Responsible (job title)

Quality Assurance – Staff Services Analyst

Implementation Timeline: Quality Assurance will update the Children's Specialty Services P&P and MCBHRS Documentation Manual to include the process for TFC in March 2023. Quality Assurance will hold a TFC program training in March 2023.

Requirement

The MHP has an affirmative responsibility to determine if children and youth who meet medical necessity criteria need TFC. (Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, (3rd ed., Jan. 2018), p. 11.)

DHCS Finding 1.2.8

The MHP did not furnish evidence to demonstrate compliance with the Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must have an affirmative responsibility to determine if children and youth who meet medical necessity criteria need TFC.



While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP assesses all children and youth to determine if they meet medical necessity criteria for TFC. Per the discussion during the review, the MHP stated that it does not use a TFC assessment tool, but instead uses the ICC process to determine the need for TFC services. The MHP was provided the opportunity to submit additional evidence of this process, including examples of children and youth who were assessed for the need for TFC services, however, no additional evidence was provided.

DHCS deems the MHP out of compliance with the Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018.

Corrective Action Description

MCBHRS will implement a TFC screening tool to assess children and youth to determine if they meet medical necessity criteria for TFC services. Training will be implemented for MHPs to ensure accurate TFC documentation standards and that beneficiaries receive appropriate treatment for TFC services.

Proposed Evidence/Documentation of Correction

EHR TFC Screening Tool

TFC Training Attendance Roster Screenshot

Ongoing Monitoring (if included)

Supervisors and clinical staff will monitor the results of the new TFC screening tool to determine medical necessity and access to services. Quality Assurance will monitor trends identified to determine if corrective action is effective.

Person Responsible (job title)

Quality Assurance – Staff Services Analyst

Mental Health Provider – Clinician, Clinical Supervisor

Implementation Timeline: MCBHRS will implement a TFC Screening Tool in March 2023.

Requirement

The MHP shall certify, or use another MHP's certification documents to certify, the organizational providers that subcontract with the MHP to provide SMHS, in accordance with California Code of Regulations, title 9, section 1810.435. (MHP Contract, Ex. A, Att. 8, sec. 8(D).)

DHCS Finding 1.4.4

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 8. The MHP must certify, or use another MHP's certification documents to certify, the organizational providers that contract with the MHP to provide SMHS, in accordance with California Code of Regulations, title 9, section 1810, subsection 435.

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP certifies, or uses another MHP's certification documents to certify, the organizational providers that contract with the MHP to provide SMHS. Of the five (5) active MHP providers, two (2) had overdue certifications. Per the discussion during the review, the MHP stated that it monitors its providers by reviewing its certification log on a monthly basis to ensure compliance with contractual requirements and it would review the certifications in question. Post review, the two MHP certifications remained overdue.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 8.

Corrective Action Description

Quality Assurance will update the recertification requirements specified in the Certification and Monitoring P&P and Provider Monitoring P&P monitoring requirements to implement an ongoing monitoring process for provider certifications to ensure compliance.

Proposed Evidence/Documentation of Correction

Certification and Monitoring P&P

Provider Monitoring P&P



Ongoing Monitoring (if included)

Quality Assurance will monitor MHP certifications and recertifications to ensure compliance and monitor past trends to determine the effectiveness of updated Certification and Monitoring and Provider Monitoring requirements.

Person Responsible (job title)

Quality Assurance – Staff Services Analyst

Implementation Timeline: Quality Assurance will update the Certification and Monitoring P&P and Provider Monitoring P&P in March 2023.

Requirement

The MHP shall disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries. (MHP Contract, Ex. A, Att. 5, sec. 6(c); 42 C.F.R. § 438.236(c); CCR, tit. 9, § 1810.326.)

DHCS Finding 3.5.2

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, Federal Code of Regulations, title 42, section 438, subdivision 236(b), and California Code of Regulations, title 9, section 1810, subdivision 326. The MHP must disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries.

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP disseminates the guidelines, upon request, to beneficiaries and potential beneficiaries. Per the discussion during the review, the MHP stated that it does not have an established practice to provide beneficiaries or potential beneficiaries the practice guidelines. Post review, the MHP provided evidence that it disseminates its practice guidelines to all of its providers, however, no evidence was provided demonstrating a process is in place to disseminate the guidelines to beneficiaries or potential beneficiaries upon request.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, Federal Code of Regulations, title 42, section 438, subdivision 236(b), and California Code of Regulations, title 9, section 1810, subdivision 326.

Corrective Action Description

Quality Assurance will disseminate the requirements and practice guidelines for beneficiaries or potential beneficiaries in the MCBHRS Implementation Plan.

Proposed Evidence/Documentation of Correction

MCBHRS Implementation Plan

Ongoing Monitoring (if included)

Quality Assurance will disseminate the MCBHRS Implementation Plan and ensure practice guidelines are current and available to all beneficiaries. Quality Assurance will monitor the effectiveness of the disseminated requirements in the MCBHRS Implementation Plan and the trends identified.

Person Responsible (job title)

Quality Assurance – Staff Services Analyst

Implementation Timeline: Quality Assurance will disseminate the MCBHRS Implementation Plan by March 2023.

Requirement

Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number:

- 1) The MHP provides a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county.
- 2) The toll-free telephone number provides information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met.
- 3) The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition.
- 4) The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.

(CCR, tit. 9, chapter 11, §§ 1810.405, subd. (d); 1810.410, subd. (e)(1).)

DHCS Finding 4.3.2

DHCS' review team made seven (7) calls to test the MHP's statewide 24/7 toll-free number. The seven (7) test calls must demonstrate compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1). The toll-free telephone number provides information to beneficiaries to the below listed requirements:

1. The MHP provides a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county.
2. The toll-free telephone number provides information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met.
3. The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition.
4. The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.

Based on the test calls, DHCS deems the MHP *partial compliance* with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1).

Repeat deficiency Yes

Corrective Action Description

Quality Assurance will continue to hold a 24/7 Access Line training biannually for the MHP to demonstrate state compliance and ensure the MHP follows state access line requirements. Quality Assurance will implement updated 24/7 Access Line training during the internal onboarding procedures for new employees.

Proposed Evidence/Documentation of Correction

24/7 Access Line Pre-Recorded Video Training

Ongoing Monitoring (if included)

Quality Assurance will continue to monitor and update 24/7 Access Line guidelines per state requirements to provide information for access to services to all beneficiaries.

Quality Assurance will monitor the 24/7 Access Line to determine the effectiveness of increased trainings and ensure compliance.

Person Responsible (job title)

Quality Assurance – System Support Analyst

Implementation Timeline: Quality Assurance will update 24/7 Access Line training standards for new employees in February 2023.

Requirement

The written log(s) contain the following required elements:

- a) Name of the beneficiary.
 - b) Date of the request.
 - c) Initial disposition of the request.
- (CCR, tit. 9, § 1810.405, subd. (f).)

DHCS Finding 4.3.4

The MHP did not furnish evidence to demonstrate compliance with California Code for Regulations, title 9, chapter 11, section 1810, subdivision 405(f). The MHP must maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing. The written log(s) must contain name of the beneficiary, date of the request, and initial disposition of the request.

While the MHP submitted evidence to demonstrate compliance with this requirement, two (2) of five (5) required DHCS test calls were not logged on the MHP's written log of initial requests in compliance with the regulation. The table below summarizes DHCS' findings pertaining to its test calls: initial requests in compliance with the regulation. The table below summarizes DHCS' findings pertaining to its test calls:

Test Call #	Date of Call	Time of Call	Log Results		
			Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
1	4/27/2022	4:08 p.m.	IN	IN	IN
2	5/16/2022	9:22 p.m.	IN	IN	IN
3	5/11/2022	12:17 p.m.	IN	IN	IN
4	5/11/2022	1:47 p.m.	OOC	OOC	OOC
5	5/12/2022	7:47 a.m.	OOC	IN	IN
Compliance Percentage			60%	80%	80%

Note: Only calls requesting information about SMHS, including services needed to treat a beneficiary's urgent condition, are required to be logged.



DHCS deems the MHP in partial compliance with California Code of Regulations, title 9, section 1810, subdivision 405(f).

Repeat deficiency Yes

Corrective Action Description

Quality Assurance will continue to hold a 24/7 Access Line training biannually for the MHP to demonstrate state compliance and ensure the MHP follows state access line requirements. Quality Assurance will include additional 24/7 Access Line training during the internal onboarding procedures for new employees.

Proposed Evidence/Documentation of Correction

24/7 Access Line Pre-Recorded Video Training

Ongoing Monitoring (if included)

Quality Assurance will monitor and update 24/7 Access Line guidelines per state requirements for the MHP to log all requested information from the beneficiary. Quality Assurance will monitor the 24/7 Access Line to determine the effectiveness of increased trainings and ensure compliance.

Person Responsible (job title)

Quality Assurance – System Support Analyst

Implementation Timeline: Quality Assurance will update 24/7 Access Line training standards for new employees in February 2023.

Mariposa County Behavioral Health and Recovery Services [Fiscal Year (FY) 21/22] Specialty Mental Health Triennial Review Corrective Action Plan

Chart Review

Assessment

Requirement

The MHP must establish written standards for (1) timeliness and (2) frequency of the assessment documentation. (MHP Contract, Ex. A, Att. 9, Sec. 1(A)(2)).

DHCS Finding 8.2.1

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

Corrective Action Description

MCBHRS Documentation Manual will be updated as clinically appropriate, if no less than annually, to reflect written documentation standards of timeliness and frequency for assessments/reassessments. MCBHRS will continue documentation training twice a year to ensure the MHP follows updated documentation standards.

Proposed Evidence/Documentation of Correction

2022-2023 Documentation Manual

Documentation Manual PowerPoint Training

Ongoing Monitoring (if included)

Quality Assurance will continue to monitor assessments/reassessments timeliness and frequency monthly by monitoring EHR alerts and performing spot checks. Supervisors are provided with assessment reports monthly for review.

Person Responsible (job title)

Quality Assurance – Staff Services Analyst

Implementation Timeline: Quality Assurance will continue to update the MCBHRS Documentation Manual to reflect the written standards of timeliness and frequency for assessments/reassessments per the CalAIM guidelines in July 2022.

Requirement

All entries in the beneficiary record (i.e., Assessments) include:

- 1) Date of service.
- 2) The signature of the person providing the service (or electronic equivalent).
- 3) The person's type of professional degree, licensure or job title.

4) The date the documentation was entered in the medical record.
(MHP Contract, Ex. A, Att. 9, Sec. 1(D)(2)(a)-(c)).

DHCS Finding 8.2.3

One of the assessments reviewed did not include the professional degree, licensure, and/or job title of the person providing the service.

Corrective Action Description

MCBHRS will adjust the internal new user setup to include a collation of providers' professional credentials before access to the EHR. Providers will be required to fill out a form with their professional degree, licensure, and/or job title and other identifiable information. Quality Assurance will validate and enter the information into the EHR.

Proposed Evidence/Documentation of Correction

EHR Encounter Note with the Provider's Professional Degree, Licensure, and/or Job Title

InSync New User Setup Form

Ongoing Monitoring (if included)

Quality Assurance will enter provider information into the EHR and continue to monitor the EHR system. Quality Assurance will also spot-check encounter notes to ensure that the professional degree, licensure, and/or job title of the person providing the service are included on all entries.

Person Responsible (job title)

Quality Assurance – System Support Analyst

Implementation Timeline: Quality Assurance will implement provider onboarding procedures in December 2022.

Medication Consent

Requirement

The provider obtains and retains a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication. (MHP Contract, Ex. A, Att. 9, Sec. 1(D)(4)).

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

Quality Assurance will update the medication consent form in the EHR with mandatory default fields to ensure the provider obtains and retains written consent from the beneficiary. Quality Assurance will also hold training to ensure medication consent documentation requirements.

Proposed Evidence/Documentation of Correction

EHR Medication Consent Form with Mandatory Fields Screenshot

Attendee Roster Medication Consent Training

Ongoing Monitoring (if included)

Quality Assurance will monitor the results of the chart audits to determine trends and if there are training opportunities identified. After the implementation of trainings, Quality Assurance will monitor past trends to determine the effectiveness of trainings.

Person Responsible (job title)

Quality Assurance – Staff Services Analyst

Implementation Timeline: Quality Assurance will update the medication consent form in the EHR and update the MCBHRS Documentation Manual in January 2023.

Requirement

Written medication consents shall include, but not be limited to, the following required elements:

- 1) The reasons for taking such medications.
- 2) Reasonable alternative treatments available, if any.
- 3) Type of medication.
- 4) Range of frequency (of administration).
- 5) Dosage.
- 6) Method of administration.

- 7) Duration of taking the medication.
- 8) Probable side effects.
- 9) Possible side effects if taken longer than 3 months
- 10) Consent, once given, may be withdrawn at any time.

(MHP Contract, Ex. A, Att. 9, Sec. 1(D)(4)).

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

Quality Assurance will update the medication consent form in the EHR with mandatory default fields to ensure the provider obtains and retains all required elements as specified in the MHP contract. Quality Assurance will update the MCBHRS Documentation Manual accordingly and continue to hold biannual training to establish updated changes.

Proposed Evidence/Documentation of Correction

EHR Medication Consent Form with Mandatory Fields Screenshot

Ongoing Monitoring (if included)

Quality Assurance will monitor the results of the chart audits to determine trends and if there are training opportunities identified. After the implementation of trainings, Quality Assurance will monitor past trends to determine the effectiveness of trainings.

Person Responsible (job title)

Quality Assurance – Staff Services Analyst

Implementation Timeline: Quality Assurance will update the medication consent form in January 2023.

Progress Notes

Requirement



Health & Human Services Agency

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Items that shall be contained in the client record (i.e., Progress Notes) related to the beneficiary's progress in treatment include all of the following:

- 1) Timely documentation of relevant aspects of client care, including documentation of medical necessity.
- 2) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions.
- 3) Interventions applied, beneficiary's response to the interventions, and the location of the interventions.
- 4) The date the services were provided.
- 5) Documentation of referrals to community resources and other agencies, when appropriate.
- 6) Documentation of follow-up care or, as appropriate, a discharge summary.
- 7) The amount of time taken to provide services.
- 8) The following:
 - a) The signature of the person providing the service (or electronic equivalent).
 - b) The person's type of professional degree and,
 - c) Licensure or job title.

(MHP Contract, Ex. A, Att. 9, Sec. 1(C)(1)(a)-(h)).

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.

Corrective Action Description

Quality Assurance will hold a weekly training for clinical supervisors for updated documentation standards for encounter notes which include the beneficiary's progress in treatment.

Proposed Evidence/Documentation of Correction

Weekly Supervisor Q & A Attendee Roster

Weekly Supervisor Q & A Attendee Calendar Invite

Ongoing Monitoring (if included)



Quality Assurance will perform spot checks to identify if the CAP is effective. Quality Assurance will also monitor past trends to determine the effectiveness of weekly clinical trainings and additional training opportunities identified.

Person Responsible (job title)

Quality Assurance – Staff Services Analyst

Implementation Timeline: Quality Assurance will implement weekly clinical supervisor training in January 2023.

Requirement

When services are being provided to, or on behalf of, a beneficiary by two or more persons at the same time or on the same day, the progress notes shall include:

- 1) Documentation of each person's involvement in the context of the mental health needs of the beneficiary.
- 2) The exact number of minutes used by persons providing the service.
- 3) Signature(s) of person(s) providing the service.

NOTE: A separate claim for reimbursement must be submitted for each SMHS provided by each practitioner. (CCR, tit. 9, § 1840.314(c); BHIN 20-060R, MHP Contract, Ex. A, Att. 9, Sec. 1(C)(1)(H)).

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.

Corrective Action Description

Quality Assurance will update the MCBHRS Documentation Manual to establish the billing requirements for multiple persons, providing services at the same time to a beneficiary. Group templates have default settings within the EHR to ensure the number of group participants is accurately counted for claims.

Proposed Evidence/Documentation of Correction

2022-2023 Documentation Manual

Documentation Manual PowerPoint Training

EHR Group Template



Ongoing Monitoring (if included)

Quality Assurance will monitor the results of the chart audits to determine trends and if there are training opportunities identified. Quality Assurance will perform spot checks to identify if the CAP is effective. After the implementation of trainings, Quality Assurance will also monitor past trends to determine the effectiveness of trainings.

Person Responsible (job title)

Quality Assurance – Staff Services Analyst

Implementation Timeline: Quality Assurance will update the MCBHRS Documentation Manual to establish billing requirements in February 2023.

Provision of ICC Services and IHBS for Children and Youth

Requirement

The MHP must make individualized determinations of each child's/youth's need for ICC and IHBS, based on the child's/youth's strengths and needs. (Medi-Cal Manual for ICC, IHBS, and TFC Services for Medi-Cal Beneficiaries, (3d ed. 2018), p. 9).

DHCS Finding 8.6.1

- 1) 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

Quality Assurance will update the Children's Specialty Services P&P to reflect the requirements of ICC and IHBS responsibilities on determination and coordination of care. Quality Assurance will also implement an ICC and IHBS electronic form in the EHR to the clinical encounter system workflow ensure to program requirements are met.

Proposed Evidence/Documentation of Correction

Children's Specialty Services P&P

EHR ICC and IBHS Form



Ongoing Monitoring (if included)

Quality Assurance will monitor the results of the chart audits to determine trends and if there are training opportunities identified. Quality Assurance will perform spot checks to identify if the CAP is effective.

Person Responsible (job title)

Quality Assurance – Staff Services Analyst

Implementation Timeline: Quality Assurance will update the Children’s Specialty Services P&P in March 2023. Quality Assurance will add the electronic ICC and IHBS form in the EHR in February 2023.

Requirement

Claims for IHBS must use the following:

- 1) Procedure code H2015
- 2) Procedure modifier “HK”
- 3) Mode of service 15
- 4) Service function code 57

(Medi-Cal Manual for ICC, IHBS, and TFC Services for Medi-Cal Beneficiaries, (3d ed. 2018), pp. 33-34).

DHCS Finding 8.6.4 CLOSED

The content of one or more progress note documented the provision of an IHBS service but the corresponding claim(s) did not use one or more of the following: Procedure code H2015; Procedure modifier “HK”; Mode of service 15; Service function code 57.

Corrective Action Description

Development was completed within the EHR billing software to identify the HK modifier and mode of service. Service function codes have been identified for beneficiaries with only the HK modifier attached to a claim.

Proposed Evidence/Documentation of Correction

EHR IHBS Sample Claim

Ongoing Monitoring (if included)



Quality Assurance will monitor the results of the chart audits to determine trends and if there are training opportunities identified. Providers are required to check entries on the beneficiary record that procedure codes and modifiers are correct. Quality Assurance will perform spot checks to identify if the CAP is effective.

Person Responsible (job title)

Quality Assurance – Staff Services Analyst

Implementation Timeline: EHR backend development for IHBS billing requirements was completed in June 2022.