

**MODOC COUNTY BEHAVIORAL HEALTH
Fiscal Year 20/21 Specialty Mental Health Triennial Review
Corrective Action Plan**

System Review

➤ **Question 1.1.3**

FINDING

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

Corrective Action Description

Modoc County Behavioral Health (MCBH) has drafted an update to the relevant policy and tracking mechanism to ensure implementation of these timely access standards. The draft policy and related tracking mechanism were reviewed and approved by the MCBH Quality Improvement Committee (QIC) in November 2021. MCBH is currently implementing the revised documentation.

Proposed Evidence/Documentation of Correction

Once fully implemented, the relevant QIC minutes, updated policy, and Access Log documentation will be submitted as evidence of the correction.

Ongoing Monitoring (if included)

The QIC reviews the Access Log at each meeting, to ensure that documentation and timely access standards are met. Evidence of each review is documented in the QIC minutes.

Person Responsible (job title)

Branch Director

Implementation Timeline: [Date(s)]

Full implementation and evidence submission anticipated by June 30, 2022.

➤ **Question 1.2.7**

FINDING

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.

Corrective Action Description

MCBH is working with its local Foster Family Agency and Modoc County Social Services to identify possible TFC organizational providers to serve Modoc County clients. Due to Modoc's remote location and sparse population, local TFC families are difficult to obtain. Working through the local partnerships that may help to locate these resources.

Proposed Evidence/Documentation of Correction

If a TFC provider contract is successfully curated, a copy of the TFC contract will be submitted as evidence of the correction.

Ongoing Monitoring (if included)

A TFC provider would be monitored per MCBH policy, and state and federal requirements.

Person Responsible (job title)

Branch Director

Implementation Timeline: [Date(s)]

Within 30 days once a TFC provider contract curated.

➤ **Question 1.4.3**

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 12(a) (1). The MHP must comply with following:

- The MHP shall give practitioners or groups of practitioners who apply to be MHP contract providers and with whom the MHP decides not to contract written notice of the reason for a decision not to contract.

Corrective Action Description

MCBH will update Policy #3700 (Provider Contract Development and Monitoring) to include a mechanism to notify a provider in writing when MCBH determines that a contract will not be executed with the provider. The standing QIC Agenda will also

be updated to include contract provider status and any concerns. The QIC will review the policy and procedure update; and relevant staff will be trained.

Proposed Evidence/Documentation of Correction

Once fully implemented, the relevant QIC minutes, updated policy, and training documentation will be submitted as evidence of the correction.

Ongoing Monitoring (if included)

The QIC reviews contract provider concerns at each meeting to ensure that documentation and standards are met. Evidence of each review is documented in the QIC minutes.

Person Responsible (job title)

Branch Director

Implementation Timeline: [Date(s)]

Full implementation and evidence submission anticipated by June 30, 2022.

➤ **Question 1.4.4**

FINDING

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 subcontract with the MHP to provide SMHS, in accordance with California Code of Regulations, title 9, section 1810, subsection 435.

Corrective Action Description

MCBH will update Policy #177 (Medi-Cal Certification of Contract SMHS Providers) to include a clear mechanism for tracking certifications of organizational providers. The standing QIC Agenda will also be updated to include contract provider status and any concerns. The QIC will review the policy and procedure update; and relevant staff will be trained.

Proposed Evidence/Documentation of Correction

Once fully implemented, the relevant QIC minutes, updated policy, and training documentation will be submitted as evidence of the correction.

Ongoing Monitoring (if included)

The QIC reviews contract provider concerns at each meeting to ensure that documentation and standards are met. Evidence of each review is documented in the QIC minutes.

Person Responsible (job title)

Branch Director

Implementation Timeline: [Date(s)]

Full implementation and evidence submission anticipated by June 30, 2022.

➤ **Question 4.3.2**

FINDING

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).

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

Corrective Action Description

All of the out-of-compliance test calls were conducted when the MCBH clinic was closed, and the after-hours service was fielding calls. The majority of out-of-compliance test calls revolved around the lack of information provided to the caller on accessing SMHS through MCBH. MCBH will work with the after-hour contractor on a plan of correction to ensure the requirements of the Access Line, including providing information about accessing MCBH services and urgent care are addressed.

Proposed Evidence/Documentation of Correction

Contractor plan of correction to be submitted. Test calls will be submitted as evidence of the correction.

Ongoing Monitoring (if included)

MCBH will conduct training to the after-hours service on the requirements of the Access Line, including providing information about accessing MCBH services and urgent care. Training documentation will be maintained as evidence.

The QIC reviews the Access Log at each meeting, to ensure that documentation and timely access standards are met. Evidence of each review is documented in the QIC minutes.

Person Responsible (job title)

Branch Director

Implementation Timeline: [Date(s)]

Full implementation and evidence submission anticipated by September 30, 2022.

➤ **Question 4.3.4**

FINDING

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.

Corrective Action Description

All of the out-of-compliance test calls were conducted when the MCBH clinic was closed, and the after-hours service was logging calls. MCBH will work with the after-hour contractor on a plan of correction to ensure the requirements of the Access Line, including proper documentation are done.

Proposed Evidence/Documentation of Correction

Contractor plan of correction to be submitted. Test calls will be submitted as evidence of the correction.

Ongoing Monitoring (if included)

MCBH will conduct training of the after-hours service on the requirements of the Access Line, including providing information about accessing MCBH services and urgent care. Training documentation will be maintained as evidence.

The QIC reviews the Access Log at each meeting, to ensure that documentation and timely access standards are met. Evidence of each review is documented in the QIC minutes.

Person Responsible (job title)

Branch Director

Implementation Timeline: [Date(s)]

Full implementation and evidence submission anticipated by June 30, 2022.

➤ **Question 5.4.1**

FINDING

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 400. The MHP must provide beneficiaries with a Notice of Adverse Beneficiary Determination under the circumstances listed below:

1. The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of covered benefit.
2. The reduction, suspension, or termination of a previously authorized service.
3. The denial, in whole or in part, of a payment for service.
4. The failure to provide services in a timely manner.
5. The failure to act within timeframes provided in 42 C.F.R. § 438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.
6. The denial of a beneficiary's request to dispute financial liability, including cost sharing and other beneficiary financial liabilities.

Corrective Action Description

MCBH will conduct training of relevant staff on the requirements of NOABDs, including issuing NOABDs for lack of timely access to services and other circumstances. Training will be conducted for all new hires and at least annually for ongoing staff.

Proposed Evidence/Documentation of Correction

Once fully implemented, training documentation will be submitted as evidence of the correction.

Ongoing Monitoring (if included)

MCBH will conduct ongoing training of relevant staff on the requirements of NOABDs, including issuing NOABDs for lack of timely access to services and other circumstances. Training will be conducted for all new hires and at least annually for ongoing staff. Training documentation will be maintained as evidence.

The QIC reviews issued NOABDs at each meeting, to ensure that documentation standards are met. Evidence of each review is documented in the QIC minutes. In addition, chart reviews are conducted regularly to ensure that documentation standards are met, including NOABD requirements. A QI Chart Review Checklist is completed for each chart review, and documents the notification requirements.

Person Responsible (job title)

Branch Director

Implementation Timeline: [Date(s)]

Full implementation and evidence submission anticipated by September 30, 2022.

Chart Review

➤ **Question 8.1.1.3b**

FINDING

The actual intervention documented in the progress note for the following Line number did not meet medical necessity criteria since the intervention was 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:

Line number 6. 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.

Corrective Action Description

MCBH will conduct training for all new hires of clinical staff and at least biannually for ongoing staff.

Existing policy and non-compliance examples will be reviewed; and chart reviews will be conducted and documented.

MCBH is implementing an updated Treatment Team Agenda, which will drive the weekly Treatment Team meetings. This agenda will include case consultations and treatment plan reviews. These ongoing reviews will provide staff the opportunity to discuss cases, and ensure that 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.

Proposed Evidence/Documentation of Correction

Staff training documentation will be submitted as evidence.

Ongoing Monitoring (if included)

This Treatment Team training will provide staff the opportunity to discuss cases, and ensure that all SMHS interventions are appropriate. Training documentation will be maintained as evidence. In addition, chart reviews are conducted regularly to ensure that documentation standards are met, including NOABD requirements. A QI Chart Review Checklist is completed for each chart review, and documents the notification requirements. The QIC regularly reviews these chart audits, to ensure that documentation standards are met. Evidence is documented in the QIC minutes.

Person Responsible (job title)

Branch Director

Implementation Timeline: [Date(s)]

Full implementation and evidence submission anticipated by September 30, 2022.

➤ **Question 8.2.1**

FINDING

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 Assessment and Reassessment Standards policy, "Reassessments are completed at least annually; and may be completed more frequently as needed."

The following are specific findings from the chart sample:

Line number 10. The prior assessment was completed October 11, 2018. The annual reassessment, which was due on October 11, 2019, was completed on October 22, 2019.

Corrective Action Description

MCBH will conduct training of clinical staff upon hire and at least annually on timeliness and frequency standards of assessments. Existing policy and non-compliance examples will be reviewed; and case reviews will be conducted and documented.

MCBH is implementing an updated Treatment Team Agenda, which will drive the weekly Treatment Team meetings. This agenda will include case consultations and treatment plan reviews. These ongoing reviews will provide staff the opportunity to discuss cases, and ensure that timeliness standards are met.

Proposed Evidence/Documentation of Correction

Once fully implemented, the revised Treatment Team Agenda, a sample of the Treatment Team meeting minutes, and training documentation will be submitted as evidence.

Ongoing Monitoring (if included)

MCBH will conduct training of clinical staff upon hire and at least annually on timeliness and frequency standards of assessments.

In addition, chart reviews are conducted regularly to ensure that documentation and timeliness standards are met. A QI Chart Review Checklist is completed for each chart review, which address the assessment standards. The QIC regularly reviews these chart audits, to ensure that documentation standards are met. Evidence is documented in the QIC minutes.

Person Responsible (job title)

Branch Director

Implementation Timeline: [Date(s)]

Full implementation and evidence submission anticipated by September 30, 2022.

➤ **Question 8.3.1**

FINDING

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 3: One written medication consent form in the medical record was not current per the MHP's documentation standards. Consent for Subutex, which was documented to "Start" in the June 15, 2020 Medication Support progress note, was signed after the review period on November 23, 2020.
- 2) Line number 2: Although there was one or more written medication consent forms in the medical record, there was no medication consent for each and every medication prescribed. *The MHP was given the opportunity to locate the medication consents in question, but reported having no documented consent for the prescription of Tramadol.*

Corrective Action Description

MCBH is reviewing its existing medication consent form and will update to better facilitate the documentation standards. Once updated, MCBH will then train staff on medication consent standards, including obtaining written consent for each medication prescribed and administered under the direction of MCBH. MCBH will ensure that written consent forms are completed in accordance with MCBH policy. Existing policy and non-compliance examples will be reviewed; and case reviews will be conducted and documented.

Proposed Evidence/Documentation of Correction

Once fully implemented, the updated consent form and training documentation will be submitted as evidence of the correction.

Ongoing Monitoring (if included)

MCBH will conduct ongoing training of staff on the medication consent standards upon hire of new medication support staff at least annually.

In addition, chart reviews are conducted regularly to ensure that documentation and timeliness standards are met. A QI Chart Review Checklist is completed for each

chart review, which addresses the medication consent process. The QIC regularly reviews these chart audits, to ensure that documentation standards are met. Evidence is documented in the QIC minutes.

Person Responsible (job title)

Supervising PHN

Implementation Timeline: [Date(s)]

Full implementation and evidence submission anticipated by September 30, 2022.

➤ **Question 8.3.2**

FINDING

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:

Duration of taking the medication: Every prescription for Line numbers 1, 2, 3, and 6 had a duration of “Indefinite,” which, as discussed during the virtual onsite review, is not individualized for each beneficiary, nor does it take into account monitoring for progress or change in the clients’ condition.

Corrective Action Description

MCBH is reviewing its existing medication consent form and will update to better facilitate the documentation standards. Once updated, MCBH will then train staff on medication consent standards. MCBH will ensure that written consent forms are completed in accordance with MCBH policy. Existing policy and non-compliance examples will be reviewed; and case reviews will be conducted and documented.

Proposed Evidence/Documentation of Correction

Once fully implemented, the updated consent form and training documentation will be submitted as evidence of the correction.

Ongoing Monitoring (if included)

MCBH will conduct ongoing training of staff on the medication consent standards, upon hire of new medication support staff and at least annually.

In addition, chart reviews are conducted regularly to ensure that documentation and timeliness standards are met. A QI Chart Review Checklist is completed for each chart review, which addresses the medication consent process. The QIC regularly reviews these chart audits, to ensure that documentation standards are met. Evidence is documented in the QIC minutes.

Person Responsible (job title)

Supervising PHN

Implementation Timeline: [Date(s)]

Full implementation and evidence submission anticipated by September 30, 2022.

➤ **Question 8.4.2b**

FINDING

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:

- Line number 9. Interventions documented on the October 21, 2019 Client Plan consisted of interventions to be provided monthly and quarterly. Monthly interventions included case management and individual rehabilitative services. Quarterly interventions included collateral, individual therapy, plan development, intensive care coordination (ICC), and intensive home-based services (IHBS). However, the only services claimed during the three-month review period were individual rehabilitation.

Corrective Action Description

MCBH will conduct training to staff on treatment plan and service requirements. Existing policy and non-compliance examples will be reviewed; and case reviews will be conducted and documented.

MCBH is implementing an updated Treatment Team Agenda, which will drive the weekly Treatment Team meetings. This agenda will include case consultations and treatment plan reviews. These ongoing reviews will provide staff the opportunity to discuss cases, and ensure that that services are provided in the amount, duration, and scope as specified in the Individualized Client Plan for each beneficiary.

Proposed Evidence/Documentation of Correction

Once fully implemented, the revised Treatment Team Agenda, a sample of the Treatment Team meeting minutes, and training documentation will be submitted as evidence.

Ongoing Monitoring (if included)

MCBH will conduct ongoing training of staff on treatment plan and service requirements, upon hire and at least annually for all clinical staff.

In addition, chart reviews are conducted regularly to ensure that documentation and timeliness standards are met. A QI Chart Review Checklist is completed for each chart review, which address the treatment plan standards. The QIC regularly

reviews these chart audits, to ensure that documentation standards are met. Evidence is documented in the QIC minutes.

Person Responsible (job title)

Branch Director

Implementation Timeline: [Date(s)]

Full implementation and evidence submission anticipated by September 30, 2022.

➤ **Question 8.4.3**

FINDING

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:

- Line number 6. The Initial Client Plan was not completed until after one or more planned services were provided and claimed. The episode opening date was December 17, 2019. The Client Plan was initiated on January 28, 2020 and completed and signed on May 5, 2020, but planned services had been claimed prior to this date, specifically: individual therapy on April 1 and individual rehabilitation on April 13, 20, and 27 of 2020. RR4a, refer to Recoupment Summary for details.

Corrective Action Description

MCBH will conduct ongoing training to staff on treatment plan timeliness standards, upon hire and at least annually for all clinical staff.

Existing policy and non-compliance examples will be reviewed; and case reviews will be conducted and documented.

MCBH is implementing an updated Treatment Team Agenda, which will drive the weekly Treatment Team meetings. This agenda will include case consultations and treatment plan reviews. These ongoing reviews will provide staff the opportunity to discuss cases, and ensure timely treatment plans.

Proposed Evidence/Documentation of Correction

Once fully implemented, the revised Treatment Team Agenda, a sample of the Treatment Team meeting minutes, and training documentation will be submitted as evidence.

Ongoing Monitoring (if included)

MCBH will conduct ongoing training to staff on treatment plan standards, upon hire and at least annually for all clinical staff.

In addition, chart reviews are conducted regularly to ensure that documentation and timeliness standards are met. A QI Chart Review Checklist is completed for each chart review, which address the treatment plan standards. The QIC regularly reviews these chart audits, to ensure that documentation standards are met. Evidence is documented in the QIC minutes.

Person Responsible (job title)

Branch Director

Implementation Timeline: [Date(s)]

Full implementation and evidence submission anticipated by September 30, 2022.

➤ **Question 8.4.3a**

FINDING

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

- Line numbers 5 and 7: The initial Client Plan was completed late based on the MHP's documentation standards of timeliness, which specify that the Client Plan is to be "Completed within 60 calendar days of the initial assessment appointment."
 - Line number 5. The beneficiary's case was opened to the agency on June 20, 2019, but the Initial Client Plan was not completed until August 27, 2019.
 - Line number 7. The beneficiary's case was opened to the agency on May 13, 2019, but the Initial Client Plan was not completed until July 23, 2019.
- Line number 2: The medical record for the following line numbers indicated an acute change occurred in the beneficiary's mental health status (e.g., hospitalized, suicide attempt, multiple crisis intervention encounters, crisis stabilization). However, there was no evidence in the medical record of a review and/or update of the current Client Plan occurred in response to the change.
 - Line number 2. On May 18, 2020 the treating clinician updated the beneficiary's Diagnostic Review Form by adding borderline personality disorder (BPD) to the existing diagnoses of major depressive disorder, posttraumatic stress disorder, and cannabis use disorder. However, there was no documentation of an updated Client Plan reflecting the change in diagnosis and requisite changes in treating BPD.

Corrective Action Description

MCBH will conduct ongoing training to staff on treatment plan timeliness standards, upon hire and at least annually for all clinical staff.

Existing policy and non-compliance examples will be reviewed; and case reviews will be conducted and documented.

MCBH is implementing an updated Treatment Team Agenda, which will drive the weekly Treatment Team meetings. This agenda will include case consultations and treatment plan reviews. These ongoing reviews will provide staff the opportunity to discuss cases, and ensure timely treatment plans.

Proposed Evidence/Documentation of Correction

Once fully implemented, the revised Treatment Team Agenda, a sample of the Treatment Team meeting minutes, and training documentation will be submitted as evidence.

Ongoing Monitoring (if included)

MCBH will conduct ongoing training to staff on treatment plan timeliness standards, upon hire and at least annually for all clinical staff.

In addition, chart reviews are conducted regularly to ensure that documentation and timeliness standards are met. A QI Chart Review Checklist is completed for each chart review, which address the treatment plan standards. The QIC regularly reviews these chart audits, to ensure that documentation standards are met. Evidence is documented in the QIC minutes.

Person Responsible (job title)

Branch Director

Implementation Timeline: [Date(s)]

Full implementation and evidence submission anticipated by September 30, 2022.

➤ **Question 8.4.4**

FINDING

Client Plans did not include all of the required elements identified in the MHP Contract. Specifically:

- One or more proposed interventions did not include a detailed description. Instead, only a “type” or “category” of intervention was recorded. Line numbers 3 and 4.
- One or more proposed intervention did not include an expected frequency or frequency range that was specific enough. Line numbers 3 and 8.
 - Line number 3. On the Client Plan completed and signed on February 13, 2020, the frequency range for all interventions were recorded as “Ad Hoc”, which is not a specific description of time.
 - Line number 8. On the Client Plan completed and signed on January 21, 2020 and updated on June 2, 2020, the frequencies for Rehabilitative Therapy and Case Management were listed as “Ad Hoc”, which is not a specific description of time.

- The proposed interventions did not include an expected duration for Line numbers 1 through 10:
 - Client Plans had a “Target Date” of one year; however, no expected duration was recorded for each individual intervention.

Corrective Action Description

MCBH will conduct ongoing training to staff on treatment plan component standards, upon hire and at least annually for all clinical staff.

Existing policy and non-compliance examples will be reviewed; and case reviews will be conducted and documented.

MCBH is implementing an updated Treatment Team Agenda, which will drive the weekly Treatment Team meetings. This agenda will include case consultations and treatment plan reviews. These ongoing reviews will provide staff the opportunity to discuss cases, and ensure accurate and complete treatment plans.

Proposed Evidence/Documentation of Correction

Once fully implemented, the revised Treatment Team Agenda, a sample of the Treatment Team meeting minutes, and training documentation will be submitted as evidence.

Ongoing Monitoring (if included)

MCBH will conduct ongoing training to staff on treatment plan component standards, upon hire and at least annually for all clinical staff.

In addition, chart reviews are conducted regularly to ensure that documentation and timeliness standards are met. A QI Chart Review Checklist is completed for each chart review, which address the treatment plan standards. The QIC regularly reviews these chart audits, to ensure that documentation standards are met. Evidence is documented in the QIC minutes.

Person Responsible (job title)

Branch Director

Implementation Timeline: [Date(s)]

Full implementation and evidence submission anticipated by September 30, 2022.

➤ Question 8.4.7

FINDING

There was no documentation of the beneficiary’s or legal representative’s degree of participation in and agreement with the Client Plan, and there was no written explanation of the beneficiary’s refusal or unavailability to sign the Plan, if a

signature was required by the MHP Contract with the Department and/or by the MHP's written documentation standards:

- Line number 2: There was no documentation of the beneficiary's participation in and agreement with the Client Plan dated March 12, 2020. The provider recorded "COVID-19" on the line designated for the beneficiary's signature. Due to an emergency situation such as COVID-19 a signature may be unobtainable; however, agreement with the Client Plan, in absence of a signature, should be documented within the client record. *The MHP was given the opportunity to locate documentation outside of the review period providing evidence the beneficiary agreed to the Client Plan but was unable to locate it in the medical record.*

Corrective Action Description

MCBH will conduct ongoing training of staff on treatment plan standards, including documenting client participation in planning, upon hire and at least annually for all clinical staff.

MCBH is implementing an updated Treatment Team Agenda, which will drive the weekly Treatment Team meetings. This agenda will include case consultations and treatment plan reviews. These ongoing reviews will provide staff the opportunity to discuss cases, and ensure accurate and complete treatment plans.

Proposed Evidence/Documentation of Correction

Once fully implemented, the revised Treatment Team Agenda, a sample of the Treatment Team meeting minutes, and training documentation will be submitted as evidence.

Ongoing Monitoring (if included)

MCBH will conduct ongoing training to staff on treatment plan standards, including documenting client participation in planning, upon hire and at least annually for all clinical staff.

In addition, chart reviews are conducted regularly to ensure that documentation and timeliness standards are met. A QI Chart Review Checklist is completed for each chart review, which address the treatment plan standards. The QIC regularly reviews these chart audits, to ensure that documentation standards are met. Evidence is documented in the QIC minutes.

Person Responsible (job title)

Branch Director

Implementation Timeline: [Date(s)]

Full implementation and evidence submission anticipated by September 30, 2022.

➤ **Question 8.4.11**

FINDING

Line numbers 2 and 6: There was no documentation on the current Client Plan that the beneficiary or legal guardian was offered a copy of the Client Plan.

Corrective Action Description

MCBH will conduct ongoing training to staff on treatment plan standards, including offering copies of the plan to the client or legal guardian, upon hire and at least annually for all clinical staff. And case reviews will be conducted and documented.

MCBH is implementing an updated Treatment Team Agenda, which will drive the weekly Treatment Team meetings. This agenda will include case consultations and treatment plan reviews. These ongoing reviews will provide staff the opportunity to discuss cases, and ensure accurate and complete treatment plans.

Proposed Evidence/Documentation of Correction

Once fully implemented, the revised Treatment Team Agenda, a sample of the Treatment Team meeting minutes, and training documentation will be submitted as evidence.

Ongoing Monitoring (if included)

MCBH will conduct ongoing training to staff on treatment plan standards, including offering copies of the plan to the client or legal guardian, upon hire and at least annually for all clinical staff. And case reviews will be conducted and documented.

In addition, chart reviews are conducted regularly to ensure that documentation and timeliness standards are met. A QI Chart Review Checklist is completed for each chart review, which address the treatment plan standards. The QIC regularly reviews these chart audits, to ensure that documentation standards are met. Evidence is documented in the QIC minutes.

Person Responsible (job title)

Branch Director

Implementation Timeline: [Date(s)]

Full implementation and evidence submission anticipated by September 30, 2022.

➤ **Question 8.5.2**

FINDING

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, 2, 3, 4, 5, 8, and 10. One or more progress notes was not completed within the MHP's written timeliness standard of 24 hours after provision of service. Sixteen (7 percent) of all progress notes reviewed were completed late (92% compliance).
- Line numbers 7 and 10. One or more progress notes was missing the provider's professional degree, licensure or job title. Twenty-two (10 percent) of all progress notes reviewed did not include the provider's professional degree, licensure or job title (90% compliance).

Corrective Action Description

MCBH will conduct ongoing training to staff on progress note standards, upon hire and at least annually for all clinical staff. And case reviews will be conducted and documented.

MCBH is implementing an updated Treatment Team Agenda, which will drive the weekly Treatment Team meetings. This agenda will include case consultations and treatment plan reviews. These ongoing reviews will provide staff the opportunity to discuss cases, and ensure accurate and complete progress notes.

Proposed Evidence/Documentation of Correction

Once fully implemented, the revised Treatment Team Agenda, a sample of the Treatment Team meeting minutes, and training documentation will be submitted as evidence.

Ongoing Monitoring (if included)

MCBH will conduct ongoing training on staff on progress note standards, upon hire and at least annually for all clinical staff. And case reviews will be conducted and documented.

In addition, chart reviews are conducted regularly to ensure that documentation and timeliness standards are met. A QI Chart Review Checklist is completed for each chart review, which address the progress note standards. The QIC regularly reviews these chart audits, to ensure that documentation standards are met. Evidence is documented in the QIC minutes.

Person Responsible (job title)

Branch Director

Implementation Timeline: [Date(s)]

Full implementation and evidence submission anticipated by September 30, 2022.

➤ **Question 8.5.4**

FINDING

Progress notes were not documented according to the contractual requirements specified in the MHP Contract. Specifically:

- Line number 7: For Mental Health Services claimed, the service activity (e.g., Assessment, Plan Development, Rehab) identified on the progress note was not consistent with the specific service activity actually documented in the body of the progress note. Seven progress note's mental health service descriptors did not match the content.

Claims for individual rehabilitation dated May 5, 13, 20, 27, and June 10, 17, and 24 of 2020 had progress notes detailing family rehabilitation and/or family therapy. While the MHP reported during the virtual onsite review that their EHR "does not allow family therapy," no documentation was present within the progress notes providing an explanation of the incorrect service designated.

Corrective Action Description

MCBH will conduct ongoing training to staff on progress note standards, including service documentation upon hire and at least annually for all clinical staff. Existing policy and non-compliance examples will be reviewed; and case reviews will be conducted and documented.

MCBH is implementing an updated Treatment Team Agenda, which will drive the weekly Treatment Team meetings. This agenda will include case consultations and treatment plan reviews. These ongoing reviews will provide staff the opportunity to discuss cases, and ensure accurate and complete progress notes.

Proposed Evidence/Documentation of Correction

Once fully implemented, the revised Treatment Team Agenda, a sample of the Treatment Team meeting minutes, and training documentation will be submitted as evidence.

Ongoing Monitoring (if included)

MCBH will conduct ongoing training to staff on progress note standards, including service documentation upon hire and at least annually for all clinical staff. In addition, chart reviews are conducted regularly to ensure that documentation and timeliness standards are met. A QI Chart Review Checklist is completed for each chart review, which address the progress note standards. The QIC regularly reviews these chart audits, to ensure that documentation standards are met. Evidence is documented in the QIC minutes.

Person Responsible (job title)

Branch Director

Implementation Timeline: [Date(s)]

Full implementation and evidence submission anticipated by September 30, 2022.

➤ **Question 8.6.1**

FINDING

- 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:
- Line number 7. The MHP failed to provide evidence that a determination of the appropriateness of ICC and IHBS services was made at the time the beneficiary was evaluated for and receiving services.
 - Line number 9. The MHP failed to provide evidence that a determination of the appropriateness of ICC and IHBS services was made at the time the beneficiary was evaluated for and receiving services. However, the MHP documented on the beneficiary's October 15, 2020 Client Discharge Summary that, "ICC/IHBS Not needed".

Corrective Action Description

MCBH will conduct ongoing training to staff on assessment standards, including determination of eligibility and need for ICC services and IHBS, upon hire and at least annually for all clinical staff. Existing policy and non-compliance examples will be reviewed; and case reviews will be conducted and documented.

MCBH is implementing an updated Treatment Team Agenda, which will drive the weekly Treatment Team meetings. This agenda will include case consultations and treatment plan reviews. These ongoing reviews will provide staff the opportunity to discuss cases, and ensure access to ICC and IHBS.

Proposed Evidence/Documentation of Correction

Once fully implemented, the revised Treatment Team Agenda, a sample of the Treatment Team meeting minutes, and training documentation will be submitted as evidence.

Ongoing Monitoring (if included)

MCBH will conduct ongoing training to staff on assessment standards, including determination of eligibility and need for ICC services and IHBS, upon hire and at least annually for all clinical staff

In addition, chart reviews are conducted regularly to ensure that documentation and timeliness standards are met. A QI Chart Review Checklist is completed for each chart review, which address the ICC and IHBS assessment standards. The QIC regularly reviews these chart audits, to ensure that documentation standards are met. Evidence is documented in the QIC minutes.

Person Responsible (job title)

Branch Director

Implementation Timeline: [Date(s)]

Full implementation and evidence submission anticipated by September 30, 2022.

➤ **Question 8.6.2**

FINDING

1) The medical record for the following beneficiary who was receiving ICC services did not contain evidence that the MHP had reassessed the strengths and needs of the beneficiary, at least every 90 days, for the purpose of determining if ICC services should be modified:

- Line number 8. The beneficiary received IHBS, as designated in the Client Plan, on May 26, June 22, and June 29 of 2020; however, there was no documented evidence of Child and Family Team (CFT) meetings occurring during the review period.

The MHP did report during the virtual on-site, that they are holding weekly treatment team meetings, which include billable but unclaimed CFT meetings. *The MHP was given the opportunity to locate documentation outside of the review period providing evidence of such meetings, but was unable to locate it in the medical record.*

Corrective Action Description

MCBH will conduct ongoing training to staff on ICC and IHBS service standards, including the need for CFT meetings and 90 day reviews at least annually for all clinical staff

MCBH is implementing an updated Treatment Team Agenda, which will drive the weekly Treatment Team meetings. This agenda will include case consultations and treatment plan reviews. These ongoing reviews will provide staff the opportunity to discuss cases, and ensure compliance with ICC and IHBS standards.

Proposed Evidence/Documentation of Correction

Once fully implemented, the revised Treatment Team Agenda, a sample of the Treatment Team meeting minutes, and training documentation will be submitted as evidence.

Ongoing Monitoring (if included)

MCBH will conduct ongoing training to staff on ICC and IHBS service standards, including the need for CFT meetings and 90-day reviews at least annually for all clinical staff

In addition, chart reviews are conducted regularly to ensure that documentation and timeliness standards are met. A QI Chart Review Checklist is completed for each chart review, which address the ICC and IHBS standards. The QIC regularly

reviews these chart audits, to ensure that documentation standards are met.
Evidence is documented in the QIC minutes.

Person Responsible (job title)

Branch Director

Implementation Timeline: [Date(s)]

Full implementation and evidence submission anticipated by September 30, 2022.