

Sacramento County Mental Health Services
Fiscal Year (FY) 20/21 Specialty Mental Health Triennial Review
Corrective Action Plan

System Review

Requirement 1.4.4

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)

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

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Medi-Cal Certification and Transmittal
- Site Certification Master

INTERNAL DOCUMENTS REVIEWED:

- Sacramento Provider Monitoring Report

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP certified providers that subcontract with the MHP to provide SMHS. Per the provider monitoring report, there was one (1) provider (1%) out of ninety three (93) providers that was not re-certified (99% compliance).

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 8. The MHP must comply with CAP the requirements addressing this finding of non-compliance.

Corrective Action Description

The MHP will use the master site certification list to identify and track providers who are reaching their re-certification dates. If re-certification documents are not provided, and/or any corrective actions have not been completed by the certification date the MHP will submit a termination

transmittal to DHCS until the documents have been provided or the corrections have been resolved.

Proposed Evidence/Documentation of Correction

- Site Certification Master Spreadsheet
- Site Cert 60 Day Reminder Email Template

Ongoing Monitoring (if included)

- QM staff will review Site Certification Master Spreadsheet monthly to ensure timelines are met for recertification.

Person Responsible (job title)

Program Manager, Quality Management

Implementation Timeline: December 1, 2021

Requirement 3.1.4

The MHP shall have mechanisms to detect both underutilization and overutilization of services. (MHP Contract, Ex. A, Att. 5; 42 C.F.R. § 438.330(b)(3).)

DHCS Finding 3.1.4

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, and Federal Code of Regulations, title 42, section 438, subdivision 330(b)(3). The MHP must have mechanisms to detect both underutilization and overutilization of services.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Sacramento County MHP Service Utilization
- MHP FY 19-20 Work Plan Report

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has mechanisms to detect both underutilization and overutilization of services. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated that there were no mechanisms to identify under and over utilization of services.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5, and Federal Code of Regulations, title 42, section 438, subdivision 330(b)(3).

Corrective Action Description

The MHP will use the following Avatar reports and items located on the Contract Monitoring Tool (CMT) to track overutilization and underutilization.

1. High Utilization Report
2. Provider Last Service Report
3. Average hours per client per month - CMT
4. Average hours per session per client per month - CMT
5. Average hours per prescriber session - CMT
6. Average days since last service – CMT
7. Clients with no services within 10 days of new referral - CMT
8. Client to staff ratio - CMT

Any issues or trends will be identified during monthly and quarterly contract monitoring reviews. If ongoing concerns are identified a corrective action plan will be created in partnership with the provider and monitored until resolution.

Proposed Evidence/Documentation of Correction

- High Utilization Report Sample
- Provider Last Service Report Sample
- Monthly and Quarterly Provider Monitoring Tool

Ongoing Monitoring (if included)

System wide utilization review will be incorporated into the QAPI Plan FY 22/23 using FY 21/22 data as baseline.

Person Responsible (job title)

Program Managers, Adult and Children's Programs

Division Managers, Adult and Children's Programs

Implementation Timeline: December 1, 2021 – Contract monitor meetings

August 2022 – Identifying baseline measures for QAPI inclusion

Requirement 3.1.7

The MHP shall inform providers of the beneficiary/family satisfaction activities. (MHP Contract, Ex. A, Att. 5)

DHCS Finding 3.1.7

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5. The MHP shall inform providers of the beneficiary/family satisfaction activities.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- CPS-System June 20
- Survey Results summarized

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP informs providers of the beneficiary/family satisfaction activities. Per the discussion during the review, the MHP stated that an email is sent providers to inform them of the satisfaction activities but evidence was not provided to demonstrate compliance.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 5.

Corrective Action Description

The MHP will inform County Operated and Contracted Providers of Consumer Perception Survey (CPS) activities using the following process. Once data is received from DHCS, the Research, Evaluation, and Performance Outcomes Unit will prepare a report outlining the results. This report will be posted to the Sacramento County webpage and an email containing a link to the website will be sent to all providers.

Proposed Evidence/Documentation of Correction

- Provider CPS Report Notification Email with Link

Ongoing Monitoring (if included)

CPS results will be communicated to providers bi-annually when data is received from DHCS.

Person Responsible (job title)

Program Manager, Quality Management

Program Manager, Research, Evaluation, and Performance Outcomes

Implementation Timeline: June 1, 2022 – This date is dependent on receiving Consumer Perception Survey data from DHCS.

Requirement 4.3.2

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, title 9, chapter 11, sections 1810.405(d) and 1810.410(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.

SUMMARY OF TEST CALL FINDINGS

| Required Elements | Test Call Findings | | | | | | | Compliance Percentage |
|-------------------|--------------------|-----|-----|-----|-----|-----|-----|-----------------------|
| | #1 | #2 | #3 | #4 | #5 | #6 | #7 | |
| 1 | IN | IN | IN | IN | IN | N/A | N/A | 100% |
| 2 | IN | IN | IN | IN | OOC | N/A | N/A | 80% |
| 3 | IN | IN | IN | IN | IN | N/A | N/A | 100% |
| 4 | N/A | N/A | N/A | N/A | N/A | IN | OOC | 50% |

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).

The MHP must comply with CAP requirement addressing this finding of partial compliance.

Corrective Action Description

The MHP maintains a 24/7 statewide toll free telephone number with language capability in all of Sacramento County's threshold languages. Monday through Friday from 8am to 5pm the phone is answered by staff at the County's Access team. After 5pm, on weekends and holidays the phone is answered by staff at the County's 24hr Intake Stabilization Unit. The County has put additional processes in place to ensure compliance with the requirements regarding the statewide 24 hours day, 7 days a week (24/7) toll-free number. The following activities will be used to bring the MHP in compliance:

1. All new staff will receive initial training.
2. All staff that are responsible for answering the 24/7 line will receive semi-annual refresher training.
3. Test calls will be conducted a minimum of eight times each month in English and non-English languages.
4. Immediate verbal and/or written feedback will be provided to managers and supervisors for test calls that are not in compliance.
5. Quarterly test call reports have been created and will be completed to look at trends, identify areas of improvement and are shared with managers, upper management, Quality Improvement Committee (QIC).
6. Tracking and monitoring of 24/7 access line has been incorporated into the QI Work Plan and will be monitored quarterly at QIC.

Proposed Evidence/Documentation of Correction

- Customer Services 24/7 Call Training PPT
- Access Phone Script and Scenarios
- CSU After Hours Script
- Test Call Schedule English
- Test Call Schedule Non-English
- Test Caller Training PPT
- Feedback Report Template
- Sample 24/7 Access Combo Line Report
- Quality Assurance Performance Improvement (QAPI) Plan Item 1.6

Ongoing Monitoring (if included)

Monitoring reports will be tabulated quarterly to track trends and identify training needs.

Feedback to staff and supervisors will be provided directly after calls are made.

Person Responsible (job title)

Program Manager, Quality Management

Implementation Timeline: January 1, 2022 – Test Call Schedules

February 2022 – Schedule training updates

Requirement 4.3.4

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, title 9, chapter 11, section 1810.405(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.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Access Line Sample Log-ISU#1
- Access Line Sample Log-ISU #2
- Access Line Sample Log-ISU #3
- Access Line Sample Log-Avatar #1
- Access Line Sample Log-Avatar #2
- Access Line Sample Log-Avatar #3
- After Hours Access Call Log

While the MHP submitted evidence to demonstrate compliance with this requirement, two (2) of five (5) required DHCS test calls did not have a disposition logged on the MHP's written log of initial requests. 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 | 2/22/2021 | 10:48 a.m. | IN | IN | IN |
| 2 | 3/2/2021 | 12:33 p.m. | IN | IN | OOC |
| 3 | 3/18/2021 | 3:23 p.m. | IN | IN | OOC |
| 4 | 3/29/2021 | 7:20 a.m. | IN | IN | IN |
| 5 | 5/19/2021 | 5:13 p.m. | IN | IN | IN |
| Compliance Percentage | | | 100% | 100% | 60% |

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).

Corrective Action Description

The MHP maintains a call log with all Title 9 requirements that is used to document all initial requests for Mental Health Services. The County has put additional processes in place to ensure compliance with the requirements regarding the Title 9 requirements. The following activities will be used to bring the MHP in compliance:

1. All new staff will receive initial training.
2. All staff that are responsible for answering the 24/7 line will receive semi-annual refresher training.
3. Test calls will be conducted a minimum of eight times each month in English and non-English languages.
4. Feedback regarding missing elements from the call log will be communicated to the staff and supervisor verbally and/or in writing.

Proposed Evidence/Documentation of Correction

- Customer Services 24/7 Call Training PPT
- Access Phone Script and Scenarios
- CSU After Hours Script
- Test Call Schedule English
- Test Call Schedule Non-English
- Test Caller Training PPT
- Feedback Report Template

- Sample 24/7 Access Combo Line Report
- Quality Assurance Performance Improvement (QAPI) Plan Item 1.6
- Sample of Call Log Database

Ongoing Monitoring (if included)

Monitoring reports will be tabulated quarterly to track trends and identifying training needs.

Feedback to staff and supervisors will be provided directly after calls are made.

Person Responsible (job title)

Program Manager, Quality Management

Implementation Timeline: January 1, 2022 – Test Call Schedules

February 2022 – Schedule training updates

Requirement 4.4.5

Regarding the MHP's plan for annual cultural competence training necessary to ensure the provision of culturally competent services:

- 1) There is a plan for cultural competency training for the administrative and management staff of the MHP.
 - 2) There is a plan for cultural competency training for persons providing SMHS employed by or contracting with the MHP.
 - 3) There is a process that ensures that interpreters are trained and monitored for language competence (e.g., formal testing).
- (CCR, title 9, § 1810.410 (c)(4).)

DHCS Finding 4.4.5

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 410(c)(4). The MHP must plan for annual cultural competence training necessary to ensure the provision of culturally competent services including the below requirements:

1. There is a process that ensures that interpreters are trained and monitored for language competence (e.g., formal testing).

The MHP submitted the following documentation as evidence of compliance with this requirement:

- BHIT Increasing Spanish Behavioral Health Clinic
- CBMS 1-Day Training Letter and Flyer
- CBMCS and MHI Training Report
- CBMCS On Going List

- CC Training Master Log
- CCC Annual Report-Cultural Competence Plan
- CC June meeting notes
- CCC Organization Structure
- Cultural Competence Plan 2020
- Health Equity and Multicultural Diversity Foundation Training
- Introduction to Interpreting in Behavioral Health Settings Training Registration
- P&P 02-01 Implementation of Cultural Competence
- Sacramento Behavioral Health Interpreter Training Registration Flyer
- Health Equity and Multicultural Diversity Sign In Sheet
- Increasing Spanish Terminology Sign In Sheet
- Evaluation to Interpreting in Behavioral Health Self-Assessment

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a process that ensures that interpreters are trained and monitored for language competence (e.g., formal testing). Per the discussion during the review, the MHP stated the language competence is assessed by a training followed by a formal test. However, the MHP only submitted a self-assessment and evidence of training as evidence for this requirement, but did not submit evidence of how interpreters are monitored for language competence, i.e., formal testing.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 410(c)(4).

Corrective Action Description

The MHP follows the Sacramento County Selective Certifications Policy for departments requesting the certification of staff based on special skills including language and cultural skills. For interpreters that provide services for contracted providers, they are also required to meet certification criteria as a condition of employment.

Proposed Evidence/Documentation of Correction

- 0102 Selective Certifications
- SCLS Hiring Requirement

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Program Manager, Cultural Competence and Ethnic Services

Implementation Timeline: December 1, 2021

Requirement 4.4.6

The MHP has evidence of the implementation of training programs to improve the cultural competence skills of staff and contract providers. (CCR, title 9, § 1810.410 (c)(4)).

DHCS Finding 4.4.6

The MHP did not furnish evidence to demonstrate compliance with California Code of Regulations, title 9, section 1810, subdivision 410(c)(4). The MHP must have evidence of the implementation of training programs to improve the cultural competence skills of staff and contract providers.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Cultural Competence Training Log
- Tracking of LMS
- Assurance of Cultural Competence
- P&P 02-01 Implementation of Cultural Competence
- Tracking System for required cultural competence training

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP verifies the implementation of training programs to improve the cultural competence skills of its contracted providers. Per the discussion during the review, the MHP stated it is currently not tracking the cultural competence training of its providers but has plans to implement a process to track this moving forward.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 410(c)(4).

Corrective Action Description

The MHP collaborated with California Institute for Behavioral Health Solutions (CIBHS) to identify five 1.5 hour *Eliminating Inequities in Behavioral Health* webinars to fulfill the annual cultural competence training requirements specified in the Cultural Competence Plan requirements. The MHP also worked with CIBHS to create an online system to assist in tracking who has taken the required cultural competence training and develop a mechanism to alert the MHP when someone who should have taken the training not yet completed training so a reminder can be sent to the individual. CIBHS runs quarterly reports are run to monitor staff completion of trainings and reminders are sent to those who still need to complete the trainings.

Proposed Evidence/Documentation of Correction

- Sacramento County BHS CC Training Tracking Form
- Full List 7.19.21 Sacramento Training and Tracking List

- Sample of Training Alert Email

Ongoing Monitoring (if included)

Quarterly reports will be reviewed by staff from Cultural Competence and Ethnic Services and updates will be provided to QIC.

Person Responsible (job title)

Program Manager, Cultural Competence and Ethnic Services

Implementation Timeline: December 1, 2021

Requirement 5.1.2

The MHP shall have any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested be made by a health care professional who has appropriate clinical expertise in addressing the beneficiary's behavioral health needs. (MHP Contract, Ex. A, Att 6; 42 C.F.R. § 438.210(b)(3).)

DHCS Finding 5.1.2

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 6, and Federal Code of Regulations, title 42, section 438, subdivision 210(b)(3). The MHP must have any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested be made by a health care professional who has appropriate clinical expertise in addressing the beneficiary's behavioral health needs.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Approver Licenses and Signature List
- P&P 02-04 Authorization Requests
- Service Authorization Samples

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures a health care professional, who has appropriate clinical expertise in addressing a beneficiary's behavioral health needs, denies or authorizes a service in an amount, duration, or scope that is less than requested. Per the discussion during the review, the MHP stated that the original service authorization request (SAR) samples may not be the correct samples and would submit twenty-five (25) new SARs. The MHP did not submit additional SARs during the 5-business days post review evidence submission period. The MHP submitted electronic health record (EHR) service request evidence that demonstrated requests were not authorized by a health care

professional.

In addition, DHCS inspected a sample of service authorizations to verify compliance with regulatory requirements.

The service authorization samples review findings are detailed below:

| Requirement | # of Services Authorizations in compliance | # of Service Authorizations out of compliance | Compliance Percentage |
|---|---|--|------------------------------|
| Service authorization approved or denied by licensed mental health or waived/registered professionals | 7 | 17 | 32% |
| Adverse decisions based on criteria for medical necessity or emergency admission approved by a physician (or psychologist, per regulations) | N/A | N/A | N/A |

DHCS deems the MHP in partial compliance with the MHP contract, exhibit A, attachment 6, and Federal Code of Regulations, title 42, section 438, subdivision 210(b)(3). The MHP must complete a CAP addressing this finding of partial compliance.

Corrective Action Description

When the MHP receives a Service Authorization Request (SAR) from another county, a licensed clinician reviews the request and any additional supporting information. If the beneficiary meets medical necessity for SMHS then the clinician will sign the SAR and fax it back to the requesting county. Signed SARs will be scanned into Avatar.

Proposed Evidence/Documentation of Correction

- Out of County Authorization Policy
- Access SAR Approver List
- BBS Printout Approver Licenses
- Sample of SAR Signed Authorizations

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Program Coordinator, Access

Implementation Timeline: December 1, 2021

Requirement 5.1.3

The MHP shall notify the requesting provider, and give the beneficiary written notice of any decision by the Contractor to deny a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested. (MHP Contract, Ex. A, Att 6; 42 C.F.R. § 438.210(c).)

DHCS Finding 5.1.3

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 6, and Federal Code of Regulations, title 42, section 438, subdivision 210(c). The MHP must notify the requesting provider, and give the beneficiary written notice of any decision by the Contractor to deny a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Approver Licenses and Signature List
- P&P 02-04 Authorization Requests
- Service Authorization Samples
- NOABD Avatar Generation Screen
- P&P 02-01 Notice of Adverse Benefit Determination

While the MHP submitted evidence to demonstrate compliance with this requirement, there was one (1) of twelve (12) decision (8%) to deny a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested wherein the MHP did not notify the beneficiary in writing of the decision (92% compliance)

DHCS deems the MHP out of compliance with MHP contract; exhibit A, attachment 6, and Federal Code of Regulations, title 42, section 438, subdivision 210(c).

Corrective Action Description

The MHP has implemented a process to generate Notices of Adverse Benefit Determination (NOABD) letters directly from Avatar. The letters will be scanned into Avatar as evidence of completion.

Proposed Evidence/Documentation of Correction

- NOABD Generation Screen
- Update – Notice of Adverse Benefit Determination PPT

Ongoing Monitoring (if included)

Additional threshold languages will be added to Avatar until all are implemented. QM will monitor the number of NOABDs generated through Avatar to ensure Access and providers are using the method as directed.

Person Responsible (job title)

Program Manager, Quality Management

Implementation Timeline: December 1, 2021

Requirement 5.2.8

MHPs must review and make a decision regarding a provider's request for prior authorization as expeditiously as the beneficiary's mental health condition requires, and not to exceed five (5) business days from the MHP's receipt of the information reasonably necessary and requested by the MHP to make the determination. (MHSUDS IN 19-026)

DHCS Finding 5.2.8

The MHP did not furnish evidence to demonstrate compliance with MHSUDS IN 19-026. The MHP must review and make a decision regarding a provider's request for prior authorization as expeditiously as the beneficiary's mental health condition requires, and not to exceed five (5) business days from the MHP's receipt of the information reasonably necessary and requested by the MHP to make the determination.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Approver Licenses and Signature List
- P&P 02-04 Authorization Requests
- Service Authorization Samples
- Payment Authorization Tracker
- P&P 02-03 Urgent Service Request

DHCS reviewed samples of authorizations to verify compliance with regulatory requirements. The service authorization sample verification findings are detailed below:

| Requirement | # of Services Authorizations in compliance | # of Service Authorizations out of compliance | Compliance Percentage |
|--|--|---|-----------------------|
| Regular Authorization: The MHP makes a decision regarding a provider's request for prior authorization not to exceed five (5) business days from the MHP's receipt of the information reasonably necessary and requested by the MHP to make the determination. | 6 | 18 | 28% |

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP reviews and makes a decision regarding a provider's request for prior authorization as expeditiously as the beneficiary's mental health condition requires, and not to exceed five (5) business days from the MHP's receipt of the information. Per the discussion during the review, the MHP stated that the original service authorization request (SAR) samples may not be the correct samples and would submit twenty-five (25) new SARs. However, during the 5-business days post review evidence submission period, the MHP did not submit the additional SARs for review. The MHP did submit electronic health record (EHR) service request evidence that demonstrated requests were not authorized by a health care professional.

DHCS deems the MHP out of compliance with MHSUDS 19-026.

Corrective Action Description

The MHP Access Program Coordinator will provide Access Clinicians with the Access-02-04 Authorization Requests Policy and an attestation will be signed by the Access PC upon completion of the distribution. All new staff will be supplied with the policy during orientation.

Proposed Evidence/Documentation of Correction

- PP-BHS-Access-02-04-Authorization Requests

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Program Coordinator, Access

Implementation Timeline: January 1, 2022

Requirement 6.1.5

- 1) The MHP shall acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing. (MHP Contract, Ex. A, Att. 12; 42 C.F.R. § 438.406(b)(1).)
- 2) The acknowledgment letter shall include the following:
 - a) Date of receipt
 - b) Name of representative to contact
 - c) Telephone number of contact representative
 - d) Address of Contractor (MHSUDS IN No. 18-010E)
- 3) The written acknowledgement to the beneficiary must be postmarked within five (5) calendar days of receipt of the grievance. (MHSUDS IN 18-010E)

DHCS Finding 6.1.5

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 12, Federal Code of Regulations, title 42, section 438, subdivision 406(b)(1), and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-010E. The MHP must acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing meeting the below listed requirements:

1. The MHP shall acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing.
2. The acknowledgment letter shall include the following:
 - a. Date of receipt
 - b. Name of representative to contact
 - c. Telephone number of contact representative
 - d. Address of Contractor
3. The written acknowledgement to the beneficiary must be postmarked within five (5) calendar days of receipt of the grievance.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Sample Grievances FY 19-20
- Sample Grievances FY 20-21
- Sample Appeals FY 19-20
- Sample Appeals FY 20-21
- Grievance and Appeal Log
- MHP Beneficiary Handbook

- P&P QM 03-01 Problem Resolution

While the MHP submitted evidence to demonstrate compliance with this requirement, one (1) of nineteen (19) acknowledgment letters (5%) was not sent within five (5) calendar days of receipt of the grievance (95% compliance)

In addition, DHCS reviewed grievance, appeals, and expedited appeals samples to verify compliance with this requirement. The sample verification findings are as detailed below:

| | # OF SAMPLE REVIEWED | ACKNOWLEDGMENT | | COMPLIANCE PERCENTAGE |
|--------------------------|----------------------|----------------|------------|-----------------------|
| | | # IN | # OOC | |
| GRIEVANCES | 19 | 18 | 1 | 95% |
| APPEALS | 14 | 14 | 0 | 100% |
| EXPEDITED APPEALS | 0 | N/A | N/A | N/A |

DHCS deems the MHP in partial compliance with the MHP contract, exhibit A, attachment 12, Federal Code of Regulations, title 42, section 438, subdivision 406(b)(1), and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-010E.

The MHP must comply with CAP requirement addressing this finding of partial compliance.

Corrective Action Description

The MHP will use the Member Services Database to track dates for acknowledgment of Grievances and Appeals within five (5) days from receipt.

Proposed Evidence/Documentation of Correction

- Grievance P&P – Acknowledgement Highlight
- Grievance – Appeal Log

Ongoing Monitoring (if included)

Member Services will check due dates weekly to ensure timelines are met.

Person Responsible (job title)

Program Coordinator, Member Services

Implementation Timeline: January 1, 2022

Requirement 6.3.2

Resolve each grievance as expeditiously as the beneficiary's health condition requires not to exceed 90 calendar days from the day the Contractor receives the grievance. (42 C.F.R. § 438.408(a)-(b)(1).)

DHCS Finding 6.3.2

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(a)-(b)(1). The MHP must resolve each grievance as expeditiously as the beneficiary's health condition requires not to exceed 90 calendar days from the day the Contractor receives the grievance.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Sample Grievances FY 19-20
- Sample Grievances FY 20-21
- Sample Appeals FY 19-20
- Sample Appeals FY 20-21
- Grievance and Appeal Log
- MHP Beneficiary Handbook
- P&P QM 03-01 Problem Resolution
- Problem Resolution Training PowerPoint
- Grievance and Appeal Templates

While the MHP submitted evidence to demonstrate compliance with this requirement, one (1) of twenty (20) grievances was not resolved within the 90 day timeframe.

In addition, DHCS reviews grievances, appeals, and expedited appeal samples to verify compliance with standards. Results of the sample verifications are detailed below:

| | RESOLVED WITHIN TIMEFRAMES | | | REQUIRED NOTICE OF EXTENSION EVIDENT | COMPLIANCE PERCENTAGE |
|--------------------------|----------------------------|-----------------|------------|--------------------------------------|-----------------------|
| | # OF SAMPLE REVIEWED | # IN COMPLIANCE | # OOC | | |
| GRIEVANCES | 21 | 20 | 1 | 0 | 95% |
| APPEALS | 14 | 13 | 1 | 0 | 93% |
| EXPEDITED APPEALS | 0 | N/A | N/A | N/A | N/A |

DHCS deems the MHP in partial compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(a)-(b)(1).

Corrective Action Description

The MHP will use the Member Services Database to track due dates of Grievances and Appeals due within 30, 60, 90 days from receipt. Reports will be checked each week to ensure that no deadlines are missed.

Proposed Evidence/Documentation of Correction

- Grievance P&P – Timeline Highlight
- Problem Resolution Reports – Due Date

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Program Coordinator, Member Services

Implementation Timeline: January 1, 2022

Requirement 6.4.3

Resolve each appeal and provide notice, as expeditiously as the beneficiary's health condition requires, within 30 calendar days from the day the MHP receives the appeal. (42 C.F.R. § 438.408(a); 42 C.F.R. § 438.408(b)(2).)

DHCS Finding 6.4.3

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 408(a); 408(b)(2). The MHP must resolve each appeal and provide notice, as expeditiously as the beneficiary's health condition requires, within 30 calendar days from the day the MHP receives the appeal.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Sample Appeals FY 19-20
- Sample Appeals FY 20-21
- Grievance and Appeal Log
- P&P QM 03-01 Problem Resolution
- Problem Resolution Training PowerPoint
- Grievance and Appeal Templates

While the MHP submitted evidence to demonstrate compliance with this requirement, one (1) of fourteen (14) appeals (7%) was not resolved within the 30 calendar day

timeframe (93% compliance).

DHCS deems the MHP in partial compliance with Federal Code of Regulations, title 42, section 438, subdivision 408.

The MHP must comply with CAP requirement addressing this finding of partial compliance.

Corrective Action Description

The MHP will use the Member Services Database to track due dates of Grievances and Appeals due within 30, 60, 90 days from receipt. Reports will be checked each week to ensure that no deadlines are missed.

Proposed Evidence/Documentation of Correction

- Grievance P&P Timeline Highlights
- Problem Resolution Reports – Due Date

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Program Coordinator, Member Services

Implementation Timeline: January 1, 2022

Requirement 7.4.4

Disclosures must include:

- a) The name and address of any person (individual or corporation) with an ownership or control interest in the network provider.
- b) The address for corporate entities shall include, as applicable, a primary business address, every business location, and a P.O. Box address;
- c) Date of birth and Social Security Number (in the case of an individual);
- d) Other tax identification number (in the case of a corporation with an ownership or control interest in the managed care entity or in any subcontractor in which the managed care entity has a 5 percent or more interest);
- e) Whether the person (individual or corporation) with an ownership or control interest in the Contractor's network provider is related to another person with ownership or control interest in the same or any other network provider of the Contractor as a spouse, parent, child, or sibling; or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the managed care entity has a 5 percent or more interest is related to

another person with ownership or control interest in the managed care entity as a spouse, parent, child, or sibling;

- f) The name of any other disclosing entity in which the Contractor or subcontracting network provider has an ownership or control interest; and
- g) The name, address, date of birth, and Social Security Number of any managing employee of the managed care entity.
- h) The MHP shall provide DHCS with all disclosures before entering into a network provider contract with the provider and annually thereafter and upon request from DHCS during the re-validation of enrollment process under 42 Code of Federal Regulations part 455.104.

DHCS Finding 7.4.4

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 455, subdivision 434(b)(1) and (2). The MHP's network providers must be required to submit updated disclosures. Disclosure must include all aspects listed below:

1. The name and address of any person (individual or corporation) with an ownership or control interest in the network provider.
2. The address for corporate entities shall include, as applicable, a primary business address, every business location, and a P.O. Box address;
3. Date of birth and Social Security Number (in the case of an individual);
4. Other tax identification number (in the case of a corporation with an ownership or control interest in the managed care entity or in any subcontractor in which the managed care entity has a 5 percent or more interest);
5. Whether the person (individual or corporation) with an ownership or control interest in the Contractor's network provider is related to another person with ownership or control interest in the same or any other network provider of the Contractor as a spouse, parent, child, or sibling; or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the managed care entity has a 5 percent or more interest is related to another person with ownership or control interest in the managed care entity as a spouse, parent, child, or sibling;
6. The name of any other disclosing entity in which the Contractor or subcontracting network provider has an ownership or control interest; and
7. The name, address, date of birth, and Social Security Number of any managing employee of the managed care entity.
8. The MHP shall provide DHCS with all disclosures before entering into a network provider contract with the provider and annually thereafter and upon request from DHCS during the re-validation of enrollment process

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Contractor Information Letter
- Contractor Medi-Cal Certification

- Sacramento County Contractor Information Letter
- Sacramento County MHP Medi-Cal Provider Disclosure Statement

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP's disclosure forms for its network providers include date of birth or Social Security number. Per the discussion during the review, the MHP stated that this information was collected on the credentialing form that is verified during the site certification process but is not included in their disclosure forms. Furthermore, the MHP does not track its network provider's disclosure forms.

DHCS deems the MHP out of compliance with MHP contract, exhibit A, attachment 13.

Corrective Action Description

The MHP will consult with Sacramento County contracting and compliance units to update the *Medi-Cal Provider Disclosure Statement of Significant Beneficial Interests* to include all required content.

Proposed Evidence/Documentation of Correction

- Updated Medi-Cal Provider Disclosure Statement of Significant Beneficial Interests

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Program Manager, Quality Management

Division Managers, Adult and Children Programs

Sacramento County Contracts Unit

Implementation Timeline: March 30, 2022

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Corrective Action Plan

Chart Review

Requirement 8.2.1

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

DHCS Finding 8.2.1

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 initial assessment was due to be completed by 4/21/2020 given that the episode opening date was 2/21/2020; however, the initial assessment was not finalized until 5/28/2020.
- **Line 12.** The initial assessment was due to be completed by 10/20/2019 given that the episode opening date was 8/20/2019; however, the initial assessment was not finalized until 2/6/2020.
- **Line 13.** The initial assessment was due to be completed by 2/13/2020 given that the episode opening date was 12/13/2019; however, the initial assessment was not finalized until 4/6/2020.
- **Line 16.** The prior assessment was completed on 5/6/2019. The updated assessment was due to be completed by 5/6/2020; however, the updated assessment was not finalized until 6/4/2020.
- **Line 20.** The prior assessment was completed on 7/17/2019. The updated assessment was due to be completed by 7/17/2020; however, the updated assessment was not finalized until 8/26/2020.

Corrective Action Description

The MHP will conduct the following activities to address the required timelines for initial assessments to be completed:

1. Redistribute and review the following documents, which outline the requirement that assessments will be completed within 60 days of the Assessment Start Date or first Medi-Cal billable service and annually.
 - a. Documentation Training Slides

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b. QM-10-26 Core Assessment Policy

c. External Utilization Review (EUR) General Tool

2. Redistribute and review reports available in Avatar that will help programs to monitor to ensure they meet their assessment timeliness requirements.
3. Add the finding to the Utilization Review Committee agenda for discussion and remind provider quality management staff that no planned Specialty Mental Health Services may be claimed in absence of an assessment that substantiates those services.

Proposed Evidence/Documentation of Correction

- Children Documentation Training Day 1 Slides: 33, 43
- Adult Documentation Training Day 1 Slides: 35, 45
- QM 10-26 Core Assessment P&P dated 07/01/2020 (Pg 1, 2)
- EUR General Tool Pgs 1-4, 7
- Active Client Initial Assessment Report
- Active Client Final Assessment Report
- UR Committee Agenda and Minutes for November 2021

Ongoing Monitoring (if included)

Ongoing monitoring will be conducted during regularly scheduled Utilization Review meetings. The data will be reviewed and discussed during Utilization Review Committee and QIC for the purpose of identifying trends and improving documentation compliance strategies.

Person Responsible (job title)

Alex Rechs, Program Manager, Quality Management

Pamela Hawkins, Program Planner, Quality Management

Erin McClure, Program Coordinator, Quality Management

Implementation Timeline: November 22, 2021 – Utilization Review Committee

December 2021 and January 2022 – Re-distribution of policy and training materials

Requirement 8.2.2

The MHP shall ensure the following areas are included, as appropriate, as part of a comprehensive beneficiary record when an assessment has been performed

- 1) Presenting Problem. The beneficiary’s chief complaint, history of the presenting problem(s), including current level of functioning, relevant family history and current family information.
- 2) Relevant conditions and psychosocial factors affecting the beneficiary’s physical health including, as applicable; living situation, daily activities, social support, and cultural and linguistic factors.
- 3) History of trauma or exposure to trauma
- 4) Mental Health History. Previous treatment, including providers, therapeutic modality (e.g., medications, psychosocial treatments) and response, and inpatient admissions.
- 5) Medical History, including:
 - a) Relevant physical health conditions reported by the beneficiary or a significant support person.
 - b) Name and address of current source of medical treatment.
 - c) For children and adolescents, the history must include prenatal and perinatal events and relevant/significant developmental history.
- 6) Medications, including:
 - a) Information about medications the beneficiary has received, or is receiving, to treat mental health and medical conditions, including duration and medical treatment.
 - b) Documentation of the absence or presence of allergies or adverse reactions to medications.
 - c) Documentation of informed consent for medications.
- 7) Substance Exposure/Substance Use. Past and present use of tobacco, alcohol, caffeine, CAM (complementary and alternative medications) and over-the-counter drugs, and illicit drugs.
- 8) Client Strengths. Documentation of the beneficiary’s strengths in achieving client plan goals related to their mental health needs and functional impairment(s).
- 9) Risks. Situations that present a risk to the beneficiary and others, including past or current trauma.
- 10) Mental Status Examination
- 11) A Complete Diagnosis. A diagnosis from the current ICD-code that is consistent with the presenting problems, history, mental status exam and/or other clinical data; including any current medical diagnosis.

DHCS Finding 8.2.2

One or more of the assessments reviewed did not address all of the required elements specified in the MHP Contract. Specifically:

- a) Medical History, including significant developmental history:

Line numbers 8 and 10.

Corrective Action Description

The MHP will conduct the following activities to address the required elements to be completed when completing the initial assessment and reassessment:

1. Redistribute and review the following documents, which outline the requirement that assessments will contain all of the required elements specified in the MHP Contract with the Department:
 - a. Documentation Training Slides
 - b. “Minimum DHCS Required Assessment Elements Crosswalk to Avatar Assessment Forms” document
 - c. QM-10-26 Core Assessment Policy
 - d. QM-10-25 Health Questionnaire Policy
 - e. QM-10-29 Mental Status Exam Policy
 - f. External Utilization Review (EUR) General Tool
2. Add the finding to the Utilization Review Committee agenda for discussion and remind provider quality management staff that the associated Documentation Training Slides reflecting the requirement that assessments must contain all of the required elements specified in the MHP Contract with the Department.

Proposed Evidence/Documentation of Correction

- Children Documentation Training Day 1 Slides: 24, 25, 32, 34-42, 44-67
- Adult Documentation Training Day 1 Slides: 26, 27, 34, 36-44, 46-68
- Minimum DHCS Required Assessment Elements Crosswalk to Avatar Assessment Forms Handout
- QM 10-26 Core Assessment P&P dated 07/01/2020 (Pgs 2-6)
- QM 10-25 Health Questionnaire P&P dated 07/01/2020 (Pg 2, 4)
- QM 10-29 Mental Status Exam P&P dated 07/01/2020 (Pg 1, 2)
- EUR General Tool Pgs 1-4, 10
- UR Committee Agenda and Minutes for November 2021

Ongoing Monitoring (if included)

Ongoing monitoring will be conducted during regularly scheduled Utilization Review meetings. The data will be reviewed and discussed during Utilization Review Committee and QIC for the purpose of identifying trends and improving documentation compliance strategies.

Person Responsible (job title)

Alex Rechs, Program Manager, Quality Management

Pamela Hawkins, Program Planner, Quality Management

Erin McClure, Program Coordinator, Quality Management

Implementation Timeline: November 22, 2021 – Utilization Review Committee

December 2021 and January 2022 – Re-distribution of policy and training materials

Requirement 8.3.2

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

Consent, once given, may be withdrawn at any time. (MHP Contract, Ex. A, Att. 9)

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

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medication consent form, and/or documented to have been reviewed with the beneficiary, and/or provided in accompanying written materials to the beneficiary:

- 1) Reasonable alternative treatments available, if any: **Line number 12.**
- 2) Range of Frequency (of administration): **Line number 20.**
- 3) Method of administration: **Line number 20.**
- 4) Duration of taking the medication: **Line number 20.**
- 5) Probable side effects: **Line number 20.**
- 6) Possible side effects if taken longer than 3 months: **Line numbers 1, 2, 3, 5, 7, 9, 10, 12, 19, and 20.**
- 7) Consent once given may be withdrawn at any time: **Line number 12.**

Corrective Action Description

The MHP will conduct the following activities to address the required elements to be completed when completing the Informed Consent for Treatment with Psychotropic Medication:

1. Distribute and review the updated Documentation Training slide outlining the requirement that every medication consent addresses all of the required elements specified in the MHP Contract with DHCS.
2. Add the Informed Consent for Treatment with Psychotropic Medication to Documentation Training as a handout. This has been distributed to the MHP providers but will now be part of the training.
3. Add the QM-10-32 Medication Consent for Adults and Minors Policy, the associated Documentation Slide, EUR General Tool, and the fillable Medication Consent form to the Utilization Review Committee agenda for discussion with provider quality management staff.
4. The MHP will create a Memo for Medication Support Staff containing reminders for the Medication Consent that every medication consent all the required elements and will review the memo during the Medication Monitoring Committees and Pharmacy & Therapeutics Committees.

Proposed Evidence/Documentation of Correction

- Children Documentation Training Day 1 Slide: 102
- Adult Documentation Training Day 1 Slide: 103
- Medication Consent Fillable
- QM 10-32 Medication Consent for Adults and Minors P&P
- EUR General Tool Pgs 12
- UR Committee Agenda and Minutes for November 2021

- Medication Consent Memo

Ongoing Monitoring (if included)

Ongoing monitoring will be conducted during regularly scheduled Utilization Review meetings and Medication Monitoring meetings. The data will be reviewed and discussed during Utilization Review Committee, Pharmacy and Therapeutics Committee, and QIC for the purpose of identifying trends and improving documentation compliance strategies.

Person Responsible (job title)

Alex Rechs, Program Manager, Quality Management

Pamela Hawkins, Program Planner, Quality Management

Erin McClure, Program Coordinator, Quality Management

Adult and Children’s Medical Directors

Implementation Timeline: November 22, 2021 - Utilization Review Committee

January 2022 – Distribution of materials and memo

February 2022 - Medication Monitoring and Pharmacy and Therapeutics Committees

Requirement 8.3.3

All entries in the beneficiary record (i.e., Medication Consents) 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) Relevant identification number (e.g., NPI number), if applicable.
- 5) The date the documentation was entered in the medical record.

(MHP Contract, Ex. A, Att. 9)

DHCS Finding 8.3.3

Medication Consent(s) in the chart sample did not include the signature of the provider of service (or electronic equivalent) that includes the provider’s professional degree, licensure, job title, and/or the date the provider completed and entered the document into the medical record. Specifically:

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- The type of professional degree, licensure, or job title of person providing the service:
 - **Line numbers 3, 4, 5, 7, 9, and 10.**

Corrective Action Description

The MHP will conduct the following activities to address the required elements, including signature and provider’s professional degree, licensure, and/or title to be completed when completing the Informed Consent for Treatment with Psychotropic Medication:

1. Add the Informed Consent for Treatment with Psychotropic Medication to Documentation Training as a handout and show that the signature line does direct the staff to include their signature along with their discipline as a required element. This Medication Consent does include a drop down option for the prescriber’s professional degree, licensure or title.
2. Add the QM-10-32 Medication Consent for Adults and Minors Policy, the associated Documentation Slide, and the fillable Medication Consent form to the Utilization Review Committee agenda for discussion with provider quality management staff.
3. The MHP will create a Memo for Medication Support Staff containing reminders for the Medication Consent that every medication consent all the required elements, including signature and provider’s professional degree, licensure, and/or title and will review the memo during the Medication Monitoring Committees and Pharmacy & Therapeutics Committees.

Proposed Evidence/Documentation of Correction

- Medication Consent Fillable
- QM 10-32 Medication Consent for Adults and Minors P&P
- UR Committee Agenda and Minutes for November 2021
- Medication Consent Memo

Ongoing Monitoring (if included)

Ongoing monitoring will be conducted during regularly scheduled Utilization Review meetings and Medication Monitoring meetings. The data will be reviewed and discussed during Utilization Review Committee, Pharmacy and Therapeutics Committee, and QIC for the purpose of identifying trends and improving documentation compliance strategies.

Person Responsible (job title)

Alex Rechs, Program Manager, Quality Management

Pamela Hawkins, Program Planner, Quality Management

Erin McClure, Program Coordinator, Quality Management

Adult and Children’s Medical Directors

Implementation Timeline: November 22, 2021 - Utilization Review Committee

January 2022 – Distribution of materials and memo

February 2022 - Medication Monitoring and Pharmacy and Therapeutics Committees

Requirement 8.4.3

The client plan has been updated at least annually and/or when there are significant changes in the beneficiary's condition. (MHP Contract, Ex. A, Att. 2)

DHCS Finding 8.4.3

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 1:** The Initial Client Plan was not completed until after one or more planned service was provided and claimed. *The MHP was given the opportunity to locate a valid Client Plan covering the entirety of review period but could not find written evidence of it in the medical record. RR4a, refer to Recoupment Summary for details.*

Corrective Action Description

The MHP will conduct the following activities to address the requirements and timeliness for the client plan and that client plans are completed prior to the provision of planned services:

1. Redistribute and review the following documents, which outlines the requirement that Client Plan are completed prior to the provision of planned services:
 - a. Documentation Training Slides
 - b. QM-10-27 Client Plan Policy
 - c. External Utilization Review (EUR) General Tool
2. The Quality Management (QM) Unit will conduct a Client Plan Specialty Review on Client Plan requirements, specifically reviewing if there was a Client Plan completed prior to the delivery of planned services. QM will follow up with the providers regarding any errors identified in this specialty review and provide technical assistance to the provider, if indicated. .
3. Add the finding to the Utilization Review Committee agenda for discussion and remind provider quality management staff that all non-emergency planned services provided after the first 60

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days from the Assessment Start Date or first Medi-Cal billable service without a Client Plan will be disallowed. Services claimed during a “gap” in Client Plans or that are not included in the current Client Plan will also be disallowed

Proposed Evidence/Documentation of Correction

- Children Documentation Training Day 1 Slides: 95-98
- Adult Documentation Training Day 1 Slides: 96-99
- Refresher Documentation Training Slides: 12-14
- QM-10-27-Client-Plan Pgs 2,3,5
- Client Plan Specialty Review Tool #1
- EUR General Tool Pg 7
- UR Committee Agenda and Minutes for November 2021

Ongoing Monitoring (if included)

Ongoing monitoring will be conducted during regularly scheduled Utilization Review meetings. The data will be reviewed and discussed during Utilization Review Committee and QIC for the purpose of identifying trends and improving documentation compliance strategies.

Person Responsible (job title)

Alex Rechs, Program Manager, Quality Management

Pamela Hawkins, Program Planner, Quality Management

Erin McClure, Program Coordinator, Quality Management

Implementation Timeline: November 22, 2021 – Review and Discussion with UR Committee

December 2021 – Specialty Chart Review

December 2021 and January 2022 – Re-distribution of policy and training materials

Requirement 8.4.3a

The client plan has been updated at least annually and/or when there are significant changes in the beneficiary’s condition. (MHP Contract, Ex. A, Att. 2)

DHCS Finding 8.4.3a

One or more client plans was not updated at least annually and/or when there were significant changes in the beneficiary’s condition. Specifically:

- **Line number 3.** The initial Client Plan expired on 3/5/2020 and the current Client Plan was not finalized until 5/14/2020. While there was a lapse between Client Plans, the claimed services during the lapse were for Plan Development and assessment; all of which can be provided without a plan in place.

Corrective Action Description

The MHP will conduct the following activities to address the requirements and timeliness for the client plan:

1. Redistribute and review the following documents, which outline the requirement that Client Plans are required to be completed annually at minimum:
 - a. Documentation Training Slides
 - b. QM-10-27 Client Plan Policy
 - c. External Utilization Review (EUR) General Tool.

There may be times when the Client Plan is updated more frequently such as when there are significant changes in the client's mental health condition, and more frequently if stipulated for a specific program. Planned services are not claimed when the service provided is not included on a current Client Plan.

2. Redistribute and review reports available in Avatar that will help programs to monitor to ensure they meet their Client Plan timeliness requirements.
3. The Quality Management (QM) Unit will conduct a Client Plan Specialty Review on Client Plan requirements, specifically reviewing if there was a Client Plan completed prior to the delivery of planned services and updated annual at minimum within the timeliness guidelines. QM will follow up with the providers regarding any errors identified in this specialty review and provide technical assistance to the provider, if indicated.
4. Add the finding to the Utilization Review Committee agenda for discussion and remind provider quality management staff of the requirement 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. Planned services are not claimed when the service provided is not included on a current Client Plan.

Proposed Evidence/Documentation of Correction

- Children Documentation Training Day 1 Slide: 83, 90-91, 94-98
- Adult Documentation Training Day 1 Slide: 84, 91-92, 95-99
- Refresher Documentation Training Slides: 8, 11-14
- Documentation Bundles - Requirements
- QM-10-27-Client-Plan Pg 2
- Client Plan Specialty Review Tool (#1, #2)
- EUR General Tool Pgs 5,7

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- Active Client Initial Assessment Report
- Active Client Final Assessment Report
- UR Committee Agenda and Minutes for November 2021

Ongoing Monitoring (if included)

Ongoing monitoring will be conducted during regularly scheduled Utilization Review meetings. The data will be reviewed and discussed during Utilization Review Committee and QIC for the purpose of identifying trends and improving documentation compliance strategies.

Person Responsible (job title)

Alex Rechs, Program Manager, Quality Management

Pamela Hawkins, Program Planner, Quality Management

Erin McClure, Program Coordinator, Quality Management

Implementation Timeline: November 22, 2021 – Review and Discussion with UR Committee

December 2021 – Specialty Chart Review

December 2021 and January 2022 – Re-distribution of policy and training materials

Requirement 8.4.4

The MHP shall ensure that Client Plans:

- 1) Have specific, observable and/or specific quantifiable goals/treatment objectives related to the beneficiary’s mental health needs and functional impairment as a result of the mental health diagnosis.
- 2) Identify the proposed type(s) of interventions or modality, including a detailed description of the intervention to be provided.
- 3) Have a proposed frequency of the intervention(s).
- 4) Have a proposed duration of intervention(s).
- 5) Have interventions that focus and address the identified functional impairments as a result of the mental disorder or emotional disturbance.
- 6) Have interventions are consistent with client plan goal(s)/treatment objective(s).
- 7) Have interventions are consistent with the qualifying diagnoses.

DHCS Finding 8.4.4

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

- One or more goal/treatment objective was not specific, observable, and/or quantifiable and related to the beneficiary’s mental health needs and identified functional impairments. **Line numbers 3, 5, and 9.**
- One or more proposed intervention did not include an expected frequency or frequency range that was specific enough. **Line numbers 3, 5, 7, and 9.**
 - **Line number 3.** The Medication Service Plan completed on 4/13/2020 does not include a proposed frequency or frequency range for medication support services.
 - **Line number 5.** The Medication Service Plan completed on 6/22/2020 does not include a proposed frequency or frequency range for medication support services.
 - **Line number 7.** Per the Client Plan completed on 6/6/2019, medication support, TCM, and therapy services are all listed as interventions; however, there is no documented proposed frequency or frequency range for any of these services.
 - **Line number 9.** The Medication Service Plan completed on 6/18/2020 does not include a proposed frequency or frequency range for medication support services.
- One or more proposed intervention did not include an expected duration. **Line numbers 5 and 9.**
 - **Line number 5.** The Medication Service Plan completed on 6/22/2020 does not include an expected duration for medication support services.
 - **Line number 9.** The Medication Service Plan completed on 6/18/2020 does not include an expected duration for medication support services.

Corrective Action Description

The MHP will conduct the following activities to address the requirements and timeliness for the client plan:

1. Redistribute and review the following documents, which include the requirements that Client Plan goals/treatment objectives are specific, observable and/or quantifiable and relate to the beneficiary’s documented mental health needs and functional impairments as a result of the mental health diagnosis:
 - a. Documentation Training slides
 - b. Client Plan Checklist Handout

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c. QM-10-27 Client Plan policy
d. External Utilization Review (EUR) General Tool

Mental health interventions proposed on Client Plans indicate both an expected frequency and duration for each intervention. Client Plans are consistent with the qualifying diagnosis.

2. The Client Plan Form has been updated since the review period from the Triennial. The Client Plan Form has been updated to include the both an expected frequency and duration for each intervention(s). Avatar and QM worked on a Client Plan Form and Documentation Training that is posted on the Avatar Training Video webpage.
3. The Quality Management (QM) Unit will conduct a Client Plan Specialty Review on Client Plan requirements, specifically that Client plan goals/treatment objectives are specific, observable and/or quantifiable and relate to the beneficiary's documented mental health needs and functional impairments as a result of the mental health diagnosis. Mental health interventions proposed on Client Plans indicate both an expected frequency and duration for each intervention. Client Plans are consistent with the qualifying diagnosis. Providers who have had prior McFloop (errors) on the Client Plan Objectives identified this FY were selected to have a chart(s) reviewed. QM will follow up with the providers regarding any errors identified in this specialty review and provide technical assistance to the provider, if indicated.
4. Add the finding to the Utilization Review Committee agenda for discussion and remind provider quality management staff that Client Plan goals/treatment objectives are specific, observable and/or quantifiable and relate to the beneficiary's documented mental health needs and functional impairments as a result of the mental health diagnosis. Mental health interventions proposed on Client Plans indicate both an expected frequency and duration for each intervention. Client Plans are consistent with the qualifying diagnosis of the requirement 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.

Proposed Evidence/Documentation of Correction

- Children Documentation Training Day 1 Slides: 73, 79 , 83
- Adult Documentation Training Day 1 Slides: 74, 80, 84
- Refresher Documentation Training Slides: 6-8
- Client Plan Checklist Pg 1,2
- QM-10-27-Client-Plan Pgs 3-5
- Client Plan Form Avatar Screenshots Pg 3
- Client Plan Form and Documentation Training Video:
<https://dhs.saccounty.gov/BHS/Avatar/Pages/clientplan.aspx>
- Client Plan Specialty Review Tool (#3, #4, #7, #8, #11)
- EUR General Tool Pgs 5-7
- UR Committee Agenda and Minutes for November 2021

Ongoing Monitoring (if included)

Ongoing monitoring will be conducted during regularly scheduled Utilization Review meetings. The data will be reviewed and discussed during Utilization Review Committee and QIC for the purpose of identifying trends and improving documentation compliance strategies.

Person Responsible (job title)

Alex Rechs, Program Manager, Quality Management

Pamela Hawkins, Program Planner, Quality Management

Erin McClure, Program Coordinator, Quality Management

Implementation Timeline: November 22, 2021 – Review and Discussion with UR Committee
December 2021 – Specialty Chart Review
December 2021 and January 2022 – Re-distribution of policy and training materials

Requirement 8.4.11

There is documentation in the Client Plan that a copy of the Client Plan was offered to the beneficiary.

DHCS Finding 8.4.11

Line numbers 3, 5, 8, and 14: 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

The MHP will conduct the following activities to address the requirements for the client plan:

1. Redistribute and review the following documents, which outlines the requirement that Client Plan ensures that there is documentation on the Client Plan substantiating that the beneficiary was offered a copy of the Client Plan:
 - a. Documentation Training Slides
 - b. Client Plan Checklist Handout
 - c. QM-10-27 Client Plan Policy
 - d. External Utilization Review (EUR) General Tool

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2. The Quality Management (QM) Unit will conduct a Client Plan Specialty Review focusing on Client Plan requirements specifically that there is documentation on the Client Plan substantiating that the beneficiary was offered a copy of the Client Plan.
3. The Client Plan Form has been updated since the review period from the Triennial. The Client Plan Form has been updated to include the a required element to document if the Client/Significant Support Person was offered a copy of the Client Plan and the Date Client/Significant Support Person was offered a copy of the Client plan. Avatar and QM worked on a Client Plan Form and Documentation Training that is posted on the Avatar Training Video webpage.
4. Add the finding to the Utilization Review Committee agenda for discussion and remind provider quality management staff that documentation on the Client Plan substantiating that the beneficiary was offered a copy of the Client Plan is required.

Proposed Evidence/Documentation of Correction

- Children Documentation Training Day 1 Slide: 89
- Adult Documentation Training Day 1 Slide: 90
- Refresher Documentation Training Slide: 10
- QM-10-27-Client-Plan Pgs 1, 3
- Client Plan Specialty Review Tool (#9)
- Client Plan Form Avatar Screenshots Pg 1
- Client Plan Form and Documentation Training Video:
<https://dhs.saccounty.gov/BHS/Avatar/Pages/clientplan.aspx>
- EUR General Tool Pgs 7
- UR Committee Agenda and Minutes for November 2021

Ongoing Monitoring (if included)

Ongoing monitoring will be conducted during regularly scheduled Utilization Review meetings. The data will be reviewed and discussed during Utilization Review Committee and QIC for the purpose of identifying trends and improving documentation compliance strategies.

Person Responsible (job title)

Alex Rechs, Program Manager, Quality Management

Pamela Hawkins, Program Planner, Quality Management

Erin McClure, Program Coordinator, Quality Management

Implementation Timeline: November 22, 2021 – Review and Discussion with UR Committee

December 2021 – Specialty Chart Review

Requirement 8.4.12

All entries in the beneficiary record (i.e., Client Plans) 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) Relevant identification number (e.g., NPI number), if applicable.
- 5) The date the documentation was entered in the medical record.

(MHP Contract, Ex. A, Att. 9)

DHCS Finding 8.4.12

One or more Client Plan did not include signature of the person providing the service (or electronic equivalent) that includes the person’s professional degree, licensure, job title, relevant identification number. Specifically:

- **Line number 15:** Missing provider’s professional degree, licensure, or job title on the Client Plan in effect during the review period.

Corrective Action Description

The MHP will conduct the following activities to address the requirements for the client plan:

1. Redistribute and review the following documents, which outline the requirement that Client Plans must include the provider signature (or electronic equivalent) with the professional degree, licensure, or job title:
 - a. Documentation Training Slides
 - b. Client Plan Checklist
 - c. QM-10-27 Client Plan Policy
 - d. External Utilization Review (EUR) General Tool
2. The MHP is discontinuing the “Always Require a Co-Sig” presenting on Client Plan reports. It should be noted that within the EHR data fields Avatar always logs the accurate practitioner categories for coverage and Staff’s classification/credentialing are monitored by QM and maintained within the Practitioner Enrollment Form in Avatar. Instead of that county designation displaying, we are transitioning to display the staff’s name, professional degree, licensure or job title. This title was displaying on reports based on the staff’s current

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practitioner category for permissions in Avatar. Instead the signature line will display with the following in Avatar:

- Name, Practitioner Category for Coverage, License - not historical,

Example: Pamela Hawkins, Licensed Clinical Social Worker, LCSW# 29049

3. The Quality Management (QM) Unit will conduct a Client Plan Specialty Review focusing on Client Plan requirements specifically the Client Plan includes the provider signature (or electronic equivalent) with the professional degree, licensure, or job title.
4. Add the finding to the Utilization Review Committee agenda for discussion and remind provider quality management staff that the Client Plan must include the provider signature (or electronic equivalent) with the professional degree, licensure, or job title.

Proposed Evidence/Documentation of Correction

Children Documentation Training Day 1 Slide: 88

Adult Documentation Training Day 1 Slide: 89

Refresher Documentation Training Slide: 9

QM-10-27-Client-Plan Pg 5

Client Plan Checklist Pg 4

Client Plan Specialty Review Tool (#10)

EUR General Tool Pg 6

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Screenshot of the updated classifications on the Client Plan Report

Ongoing Monitoring (if included)

Ongoing monitoring will be conducted during regularly scheduled Utilization Review meetings. The data will be reviewed and discussed during Utilization Review Committee and QIC for the purpose of identifying trends and improving documentation compliance strategies.

Person Responsible (job title)

Alex Rechs, Program Manager, Quality Management

Pamela Hawkins, Program Planner, Quality Management

Erin McClure, Program Coordinator, Quality Management

December 2021 – Specialty Chart Review

December 2021 and January 2022 – Re-distribution of policy and training materials

Spring 2022 – Update to Avatar and to provide screenshot of updated Client Plan Report

Requirement 8.5.2

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,

Licensure or job title. (MHP Contract, Ex. A, Att. 2)

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.

Specifically:

- **Line numbers 2, 3, 5, 12, 13, 15, and 19.** One or more progress note was not completed within the MHP's written timeliness standard of 3 business days after provision of service. 49 (9.5 percent) of all progress notes reviewed were completed late (90.5% compliance).

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- **Line number 4.** 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 hospital Progress Notes. It should be noted that the MHP was able to provide evidence (i.e. Avatar Rate spreadsheet) 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 numbers 1, 6, 16, and 18.** One or more progress note was missing the provider's professional degree, licensure or job title. 16 (3.1 percent) of all progress notes reviewed did not include the provider's professional degree, licensure or job title (96.9% compliance).

Corrective Action Description

The MHP will conduct the following activities to address the requirements for progress notes:

1. Redistribute and review the following documents, which outline the requirement that there must be timely completion of progress notes by the person providing the service and relevant aspects of client care:
 - a. Documentation Training Slides
 - b. QM-10-30 Progress Notes Policy
 - c. Progress Note Entry and Progress Note Crisis Entry handouts
 - d. External Utilization Review (EUR) General Tool

Providers must accurately document the amount of time taken to provide services, interventions applied, the beneficiary's response to the interventions and the location of the interventions. The progress notes must display the practitioner's name and professional classification.

2. The MHP is discontinuing the "Always Require a Co-Sig" presenting on progress notes reports. It should be noted that within the EHR data fields Avatar always logs the accurate practitioner categories for coverage and Staff's classification/credentialing are monitored by QM and maintained within the Practitioner Enrollment Form in Avatar. Instead of that county designation displaying, we are transitioning to display the staff's name, professional degree, licensure or job title. This title was displaying on reports based on the staff's current practitioner category for permissions in Avatar. Instead the signature line will display with the following in Avatar:
 - Name, Practitioner Category for Coverage, License - not historical,

Example: Pamela Hawkins, Licensed Clinical Social Worker, LCSW# 29049

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3. The Quality Management (QM) Unit will conduct a Progress Note Specialty Review focusing on progress notes requirements specifically the progress notes includes the provider signature (or electronic equivalent) with the professional degree, licensure, or job title.
4. Add the finding to the Utilization Review Committee agenda for discussion and remind provider quality management staff that the progress notes must include the provider signature (or electronic equivalent) with the professional degree, licensure, or job title

Proposed Evidence/Documentation of Correction

Timely completion of progress notes:

- Children Documentation Training Day 1 Slide: 109
- Adult Documentation Training Day 1 Slide: 110
- Refresher Documentation Training Slide: 21

Staff signature:

- Children Documentation Training Day 1 Slide: 108
- Adult Documentation Training Day 1 Slide: 109
- Refresher Documentation Training Slide: 20

- QM-10-30-Progress Note P&P Pgs 2-4, 6
- Progress Note Entry Form Handout
- Progress Note Entry Crisis Handout
- EUR General Tool Pgs 14, 16
- UR Committee Agenda and Minutes for November 2021
- Screenshot of the updated classifications on the Progress Note Report

Ongoing Monitoring (if included)

Ongoing monitoring will be conducted during regularly scheduled Utilization Review meetings. The data will be reviewed and discussed during Utilization Review Committee and QIC for the purpose of identifying trends and improving documentation compliance strategies.

Person Responsible (job title)

Alex Rechs, Program Manager, Quality Management

Pamela Hawkins, Program Planner, Quality Management

Erin McClure, Program Coordinator, Quality Management

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Implementation Timeline: November 22, 2021 – Review and Discussion with UR Committee

December 2021 – Specialty Chart Review

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Spring 2022 – Update to Avatar and to provide screenshot of updated Client Plan Report