

**San Joaquin County Behavioral Health Services**  
**[Fiscal Year (FY) 20/21] Specialty Mental Health Triennial Review**  
**Corrective Action Plan**

**[System Review]**

**Requirement**

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

- 1) The MHP provides a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county.
- 2) The toll-free telephone number provides information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met.
- 3) The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition.
- 4) The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.  
(CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1).)

**DHCS Finding [Question 4.3.2]**

[TEST CALL #2: The call is deemed in partial compliance with the regulatory requirements with CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1).]

The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary's urgent condition.

**Corrective Action Description**

1. The MHP will update the current Access to Services Training material to include instructions on how to provide the caller with information about how to access SMHS, including requirements to assess whether medical necessity criteria are met.
2. The MHP will train all staff answering the 24/7 Access line.

**Proposed Evidence/Documentation of Correction**

1. The evidence of correction submitted will be training material and a list of staff who completed the training.

2. Access staff meeting minutes and the attendance sheet demonstrating Access staff have been made aware of the requirement to provide the caller with information on how to seek SMH services.
3. Email communication between the Deputy Director of Access and the Deputy Director of 24-hour Services who oversee the staff who take the after-hours calls.

**Ongoing Monitoring (if included)**

1. The MHP will conduct monthly test calls to the Access 24/7 number and measure the accuracy of the information provided to the caller.
2. The MHP will use test call data to monitor the effectiveness of the corrective action plan.
3. The Access supervisor will conduct monthly meetings with staff to ensure staff are providing the required information to callers.
4. The MHP does not have a contractor assigned to the 24/7 line. However, the MHP will ensure all contractors receive the training to ensure consistency in providing information to all beneficiaries regarding how to access SMHS, including SMHS required to assess whether medical necessity criteria are met.

**Person Responsible (job title)**

Deputy Director of Access Managed Care

**Implementation Timeline:** June 30, 2022

**Requirement**

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

- 5) 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.
- 6) 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.
- 7) The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition.
- 8) 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 [Question 4.3.2]**

[TEST CALL #6: The call is deemed out of compliance with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).] The call was answered after one (1) ring via a recorded message advising the caller to enter an identification number. The caller verified the access line telephone number and called the number two additional times. The caller received the same message for the additional calls. The caller was not provided information about how to use the beneficiary problem resolution and fair hearing process

### **Corrective Action Description**

1. The MHP confirmed the assigned 24/7 Access Line does not have a recorded message assigned to it. The phone lines had multiple technical challenges recently and may have been rerouted to an unknown number.
2. The MHP's normal business day staff will ensure the Access Line is answered by a live person before finalizing the transfer of calls after hours.
3. The MHP will report any technical issues to the Information Systems Department immediately upon discovery.
4. This criterion is not applicable to the MHP's contracted provider.

### **Proposed Evidence/Documentation of Correction**

1. The MHP will submit work orders and/or email communication to the Information Systems Department demonstrating the issue has been reported and a resolution is being addressed.
2. The MHP will provide evidence that the calls are tested monthly to ensure a live person answers the 24/7 Access Line.

### **Ongoing Monitoring (if included)**

1. The Access Supervisor will review test call data to assess if the corrective action is effective.
2. The mechanism for monitoring the effectiveness of the corrective action plan is through monthly test calls.
3. The MHP will monitor the effectiveness of the corrective actions through the daily use of the phone system with the ability to receive and make calls both in-office and out of office.

### **Person Responsible (job title)**

Deputy Director of Access Managed Care

**Implementation Timeline:**

March 25, 2022.

**Requirement**

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

- a) Name of the beneficiary.
- b) Date of the request.
- c) Initial disposition of the request.

(CCR, title 9, chapter 11, section 1810.405(f).)

**DHCS Finding [Question 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:

- 3-22-21 After hours call logs
- 3-22-21 Business hours call logs
- 11-10-20 Access log
- 4.3.4 11-17-20 Crisis Log

While the MHP submitted evidence to demonstrate compliance with this requirement, one (1) of five (5) required DHCS test calls were not logged on the MHP's written log of initial request. DHCS deems the MHP in partial compliance with California Code of Regulations, title 9, section 1810, subdivision 405(f).]

**Corrective Action Description**

1. The MHP will provide a refresher training regarding logging requirements to the staff who answer the Access Line.
2. The MHP will track staff who have completed the refresher training.
3. The MHP will conduct test calls to ensure staff are logging calls.

### **Proposed Evidence/Documentation of Correction**

1. The MHP will submit evidence that test calls are performed, and the Access Log is reviewed for correct information and documentation.
2. The MHP will submit a list of staff who received the Access Training.
3. The MHP will submit evidence of any corrective action plans.

### **Ongoing Monitoring (if included)**

1. The MHP conducts monthly test calls for the 24/7 Line.
2. The MHP will review the outcome of these calls at the monthly Quality Assessment and Performance Improvement Council Meetings.

### **Person Responsible (job title)**

Deputy Director of Access Managed Care

### **Implementation Timeline:**

06/30/2022

### **Requirement**

#### **[COVERAGE AND AUTHORIZATION OF SERVICES]**

MHPs must review and decide 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 [Question 5.2.8]**

[The MHP did not furnish evidence to demonstrate compliance with MHSUDS IN 19-026. The MHP must review and decide 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:

- P&P Authorization of Specialty Mental Health Services

Internal Documents Reviewed:

- San Joaquin SAR\_TAR Worksheet

DHCS reviewed samples of authorizations to verify compliance with regulatory requirements. While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP reviews and decides 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. One (1) of the 23 SARs exceeded the five (5)-business day requirement. Per the discussion during the review, SAR approval was recently transitioned from clerical staff to clinical staff to ensure timely and appropriate approval.

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

### **Corrective Action Description**

1. The MHP will assign staff to log all Service Authorization Requests once they are received.
2. The MHP will ensure staff understand they are to submit the SARs to the appropriate clinical staff for review and approval within 2 days of receipt.
3. The MHP's Access Supervisor will submit a weekly report on the status of SARs received to the Deputy Director of Access.
4. The MHP will assigned an alternate staff to log SARs and approve SARs when coverage is needed.

### **Proposed Evidence/Documentation of Correction**

1. The MHP will submit sample data from the Services Authorization Log for one quarter.
2. The MHP will submit email of the Service Authorizations received.
3. The MHP will submit training communication with staff regarding the SAR process.

### **Ongoing Monitoring (if included)**

1. The MHP's Deputy Director of Access will review the SAR log every quarter to ensure SARs are processed in a timely manner and ensure the corrective actions are effective.

**Person Responsible (job title)**

Deputy Director of Access Managed Care

**Implementation Timeline:**

06/30/2022

**Requirement**

**[BENEFICIARY RIGHTS AND PROTECTIONS]**

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 [Question 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:

- P&P Beneficiary Problem Resolution Process
- Problem Resolution SJCBS MHS Clinical Training Manual 2021
- Appeal Acknowledgement Form
- Grievance Acknowledgement Letter English
- Grievance Acknowledgment Letter Spanish
- G1920-35 Grievance Sample
- G1920-34 Grievance Sample
- G1920-33 Grievance Sample
- G1920-32 Grievance Sample
- G1920-31 Grievance Sample
- G1920-30 Grievance Sample
- Grievance Log Report FY 19/20

Internal Documents Reviewed:

- SR Grievance & Appeals Tracking Sheet

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP acknowledges receipt of each grievance in writing within five (5) calendar days of receipt of the grievance. One (1) of the 35 grievances exceeded the five (5) calendar days. 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.]

### **Corrective Action Description**

1. The MHP will inform all staff in the Quality Assessment and Performance Improvement Program (QAPI) that acknowledgments of receipts must be sent within (5) calendar days of receipt of the grievance.



2. The MHP will inform all staff (during staff meeting) in the Quality Assessment and Performance Improvement Program that all grievances must be logged upon receipt.
3. The MHP will revise the grievance log to provide a visual reminder for staff that the acknowledgment needs to be sent and/or is approaching five-day deadline.

#### **Proposed Evidence/Documentation of Correction**

1. The MHP will submit QAPI staff meeting minutes and attendance list.
2. The MHP will submit grievance log and updated policy and procedures.

#### **Ongoing Monitoring (if included)**

1. The MHP's QAPI Supervisor will review compliance of timely submission of acknowledgment letter by reviewing a random sample of grievances every month to ensure that regulatory requirements are met.
2. The Grievance Coordinator will provide stats on timely responses to grievances during the quarterly Grievance Committee Meeting.

#### **Person Responsible (job title)**

Deputy Director of Quality Assessment and Performance Improvement

#### **Implementation Timeline:**

06/30/2022

#### **Requirement**

[BENEFICIARY RIGHTS AND PROTECTIONS] Ensure that punitive action is not taken against a provider who requests an expedited resolution or supports a beneficiary's expedited appeal. (42 C.F.R. § 438.410(b).)

#### **DHCS Finding [Question 6.4.13]**

[The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 12, and Federal Code of Regulations, title 42, section 438, subdivision 406(b)(2)(iii) and 228(a). The MHP must ensure that decision makers on grievances and appeals of adverse benefit determinations consider all comments, documents, records, and other information submitted by the beneficiary or beneficiary's representative, without regard to whether such information was submitted or considered in the initial adverse benefit determination.

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

- P&P Beneficiary Problem Resolution Process
- No Appeal Samples FY1920
- No Appeal Log FY1920
- E-mail Regarding Policy
- NOAB Policy 10.5.21 Draft

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP ensures that decision makers on grievances and appeals of adverse benefit determinations consider all comments, documents, records, and other information submitted by the beneficiary or beneficiary's representative without regard to whether such information was submitted or considered in the initial adverse benefit determination. This requirement was not included in any of the original evidence provided by the MHP. Per the discussion during the review, the MHP stated it will update this policy to adhere to this requirement. Post review, the MHP submitted a compliant policy that it will implement moving forward. DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 12, and Federal Code of Regulations, title 42, section 438, subdivision 406(b)(2)(iii) and 228(a).]

### **Corrective Action Description**

1. The MHP will provide an updated policy adhering to the requirements.
2. The MHP will develop a checklist to ensure the Grievance Coordinator, or their designee consider that all comments, documents, records, and other information submitted by the beneficiary or beneficiary's representative without regard to whether such information was submitted or considered in the initial adverse benefit determination.

### **Proposed Evidence/Documentation of Correction**

1. The MHP will submit the Grievance and Appeals Checklist.
2. The MHP will submit the updated NOABD and Grievance Resolution Policy

### **Ongoing Monitoring (if included)**

The MHP Quality Assessment and Performance Improvement Supervisor will conduct a monthly review of the problem resolution process by reviewing a sample of grievances and appeals to ensure that regulatory requirements are met.

**Person Responsible (job title)**

Deputy Director of Quality Assessment and Performance Improvement

**Implementation Timeline:**

06/30/2022

**Requirement**

[PROGRAM INTEGRITY]

**DHCS Finding [Question 7.4.6]**

[The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title.42, section 455, subdivision 101 and 106(a)(1), (2). The MHP must submit disclosure to DHCS of identity of any person who is a managing employee of the MHP who has been convicted of a crime related to federal health care programs, and identity of any person who is an agent of the MHP who has been convicted of a crime related to federal health care programs.

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

- P&P: Standards of Conduct for Behavioral Health Services Employees
- Contract with Disclosure Requirements
- Compliance Sanction Revised

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP submits disclosure forms to DHCS of the identity of any person who is a managing employee of the MHP who has been convicted of a crime related to federal health care programs. This requirement was not included in any of the evidence provided by the MHP. Per the discussion during the review, the MHP stated the submission of disclosure forms to DHCS is included in its process, but it is not outlined in the policy. Post review, the MHP provided an updated policy which included the disclosure process and stated that it will be implemented moving forward.

DHCS deems the MHP out of compliance with Federal Code of Regulations, title.42, section 455, subdivision 101 and 106(a)(1), (2).]

### **Corrective Action Description**

As stated above, during the review, the MHP submitted evidence to demonstrate compliance with this requirement. However, due to compliance not being evident during the review period, the MHP developed strategies for ongoing monitoring. Please see below.

### **Proposed Evidence/Documentation of Correction**

The MHP will submit policy# 0107.0011.5 Compliance Sanction Check. This policy has been updated (as of 12/22/2021) to include procedure for notifying DHCS of any staff, contractor, or member of leadership who has been either identified as an excluded party or has been convicted of a crime relevant to federal health care programs.

### **Ongoing Monitoring (if included)**

The Compliance Officer will conduct sanction checks at the time of hire and monthly thereafter. Any relevant reporting will be completed as per BHS policy referenced above.

### **Person Responsible (job title)**

BHS Compliance Officer

### **Implementation Timeline:**

The policy and effective implementation date are 12/22/2022

## **[Chart Review]**

### **Requirement**

- a) [Medical Necessity] The expectation is that the proposed and actual intervention(s) will do at least one (1) of the following (A, B, C, or D):
- A. Significantly diminish the impairment.
  - B. Prevent significant deterioration in an important area of life functioning.
  - C. Allow the child to progress developmentally as individually appropriate.
  - D. For full-scope MC beneficiaries under the age of 21 years, correct or ameliorate the condition.

### **DHCS Finding [FINDING 8.1.1.3b]**

[The actual interventions documented in the progress note(s) for the following Line number(s) did not meet medical necessity criteria since the intervention(s) were 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 numbers 11 and 13. 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.

- Line number 11. Progress notes for Rehab Group services on the respective dates (2/6/2020, 2/13/2020, 2/20/2020, 2/27/2020, 3/5/2020, and 3/12/2020) included a portion of time claimed for “prep time”. In response to query about these claims, the MHP indicated that contractor providing this service, Victor Community Support Services Inc., reported this “prep time” is time preparing the room for the group service, making worksheets, etc.

- Line number 13. Progress notes for Group services (Group Therapy and Rehab Groups) on the respective dates (1/14/2020, 1/21/2020, 1/22/2020, 2/4/2020, 2/11/2020, 2/25/2020, 3/3/2020, 3/19/2020, and 3/31/2020) included a portion of time claimed for “prep time”. In response to query about these claims, the MHP indicated that contractor providing this service, Aspen Cottage, reported this “prep time” is time making copies of worksheets, setting up crafts/activities for the group, etc.]

### **Corrective Action Description**

1. The MHP informed the contractors of these deficiencies and instructed them to submit a corrective action plan.

2. The MHP will update the Documentation Training curriculum to describe how the interventions documented in the progress note(s) describe the expectation is that the proposed and actual intervention(s) will do at least one (1) of the following (A, B, C, or D):
  - a. Significantly diminish the impairment.
  - b. Prevent significant deterioration in an important area of life functioning.
  - c. Allow the child to progress developmentally as individually appropriate.
  - d. For full-scope MC beneficiaries under the age of 21 years, correct or ameliorate the condition.
3. The MHP will ensure the contractors and county staff receive the updated training.
4. The MHP will update the subcommittee review tool used to monitor for compliance.

### **Proposed Evidence/Documentation of Correction**

1. The MHP will submit a revised Documentation Training Curriculum.
2. The MHP will submit the updated subcommittee review tools. The MHP will submit a copy of the email informing the contractor of the deficiency.
3. The MHP will submit the contractor's response to the deficiency.

### **Ongoing Monitoring (if included)**

The MHP will conduct a five percent review of all program records throughout the year. If deficiencies are found, the MHP will conduct a targeted review as needed. When deficiencies are identified, a corrective action plan will be required for any county or contracted program.

### **Person Responsible (job title)**

Deputy Director of Quality Assessment and Performance Improvement

### **Implementation Timeline:**

12/31/2022

### **Requirement**

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

**DHCS Finding [FINDING 8.2.1.:]**

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

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

Per the MHP's policy statements and training manuals, "a full formal assessment" is completed at the time of intake, and assessment updates are provided "every two years" for adults and "everyone year" for children and youths.

The following are specific findings from the chart sample:

- o Line number 4: Prior Assessment expired on 9/26/2019; Current Assessment was completed on 3/11/2020.
- o Line number 6: Prior Assessment expired on 3/20/2018; Current Assessment was completed on 4/9/2018.
- o Line number 8: Client had an Episode Opening Date of 2/27/2020 and although Initial Assessment was initiated on 2/27/2020, it was not completed as signed until 9/29/2020.
- o Line number 10: Prior Assessment expired on 8/29/2019; Current Assessment was completed on 7/10/2020.
- o Line number 14: Prior Assessment expired on 2/6/2020; Current Assessment was completed on 2/14/2020.

**Corrective Action Description**

1. The MHP will revise its policy on frequency of assessment documentation to meet standardized assessment requirements.
2. The MHP will revise the Documentation Training to inform staff of the requirements and timelines for reassessments.
3. The MHP will update the subcommittee review tool to ensure programs are monitoring to the new assessment requirements.

**Proposed Evidence/Documentation of Correction**

1. The MHP will submit an updated Documentation Policy.
2. The MHP will submit an updated Documentation Training Presentation.
3. The MHP will submit updated subcommittee review tools.

**Ongoing Monitoring (if included)**

The MHP will conduct a five percent review of each programs' records per year. When issues are identified, the program will be required to provide a corrective action plan to eliminate deficiencies.

**Person Responsible (job title)**

Deputy Director of Quality Assessment and Performance Improvement

**Implementation Timeline: [Date(s)]**

12/31/2022

**Requirement**

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

**DHCS Finding [FINDING 8.3.1:]**

[The provider did not obtain and retain a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication, and there was no documentation in the medical record of a written explanation regarding the beneficiary's refusal or unavailability to sign the medication consent:

Line number 8: Although there was a written medication consent form in the medical record, there was no medication consent for each of the medications prescribed. The MHP was given the opportunity to locate the medication consent(s) in question but was unable to locate it/them in the medical record.

Although the MHP was able to locate a specific Medication Consent form for Benztropine/Cogentin dated 1/22/21, a medication support progress note revealed that the medication had initially been prescribed 1/31/20, almost a year before the Medication Consent form was completed.]



### **Corrective Action Description**

1. The MHP's Medical Director will inform all prescribers of the requirement to obtain and retain a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication.
2. The MHP will update the subcommittee review tool to monitor if the prescriber obtained and retained a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication.

### **Proposed Evidence/Documentation of Correction**

1. The MHP will submit communication between the MHP's Medical Director and MHP's prescribers.
2. The MHP will submit the updated subcommittee review tool.

### **Ongoing Monitoring (if included)**

1. The MHP will conduct a five percent chart review of open cases per fiscal year of all county's mental health programs and contractors who bill Medi-Cal.
2. The MHP will conduct peer review monitoring of 2 charts per physician per fiscal year.

### **Person Responsible (job title)**

Medical Director

### **Implementation Timeline: [Date(s)]**

July 1, 2022

### **Requirement**

[Medication Consent]

### **DHCS Finding [FINDING 8.3.2:]**

[Written medication consents did not contain all 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: Line numbers 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 14, and 16.

Medication consent forms use the term “ongoing” to refer to the planned duration of taking the medication, which is not a specific measurement of time. Also, on some of the Medication Consent forms reviewed, providers failed to mark a checkbox to indicate the specific planned duration of taking the medication.]

### **Corrective Action Description**

1. The MHP will update the medication consent form to remove the term “ongoing” as referred to duration.
2. The MHP will update the medication consent form with identified specific time frames for medication review.
3. The MHP will train all the prescribers on the changes made to the medication consent form and will train the prescribers to utilize the new medication consent form.
4. The MHP will update the subcommittee review tool to ensure the requirements for the medication consent form are followed.

### **Proposed Evidence/Documentation of Correction**

1. The MHP will submit the updated medication consent form.
2. The MHP will submit evidence all prescribers are informed of the changes made to the medication consent form.
3. The MHP will submit evidence the prescribers are informed to utilize the new medication form.
4. The MHP will submit the updated subcommittee review.

### **Ongoing Monitoring (if included)**

1. The MHP will conduct a five percent chart review of open cases per fiscal year of all county’s mental health programs and contractor who bill Medi-Cal.

### **Person Responsible (job title)**

Medical Director and Deputy Director of Quality Assessment and Performance Improvement

### **Implementation Timeline: [Date(s)]**

July 1, 2022

## **Requirement**

[Medication Consent]

### **DHCS Finding [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:

- The date the documentation was completed, signed (or electronic equivalent) and entered into the medical record:

Line number 8. The Medication Consent form for Olanzapine/Zyprexa was missing the date the document was completed.]

## **Corrective Action Description**

1. The MHP's Medical Director will inform prescribers to provide a date on the medication consent form.
2. The MHP will ensure all providers are using the most updated medication consent form that identifies the key requirements. Email communication will be sent to prescribers and the updated form will be placed on the intranet.
3. The MHP will send the email to the clinical deputies and managers to ensure the information is shared with the clerical staff in the treatment programs.

## **Proposed Evidence/Documentation of Correction**

1. The MHP will submit communication between the Medical Director and all prescribers.
2. The MHP will submit the updated medication consent form.
3. The MHP will submit a communication between QAPI and program management regarding medication consent.
4. The MHP submit a screenshot of the form located on the portal access to the contractors.

## **Ongoing Monitoring (if included)**

The MHP will conduct a five percent chart review for each program over the next calendar year.

**Person Responsible (job title)**

Medical Director and Deputy Director of the Quality Assessment and Performance Improvement

**Implementation Timeline: [Date(s)]**

July 1, 2022

**Requirement**

[Client Plans] 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 [FINDING 8.4.3a:]**

[One or more client plan(s) was not updated at least annually. Specifically:

- Line number 6: There was a lapse between the prior and current Client Plans and, therefore, no client plan was in effect during a portion or all the audit review period. RR4b, refer to Recoupment Summary for details.

Prior Client Plan expired on 3/4/2020; current Client Plan was completed on 4/14/20. There were 2 claims for planned services (planned Medication Support services) that occurred within this lapse.

- Line number(s) 1 and 14: There was a lapse between the prior and current Client Plans. However, there were no claims during this period.

- o Line number 1. Prior Client Plan expired on 2/29/2020; current Client Plan was completed on 3/5/2020.

- o Line number 14. Prior Client Plan expired on 1/31/2020; current Client Plan was completed on 2/20/2020. Services provided within this lapse were services that are permissible to be claimed prior to a Client Plan being in place (Assessment and Plan Development).]

**Corrective Action Description**

1. The MHP will inform its contractors of the issues found during the chart review.
2. MHP will ensure contractor staff are retrained on the treatment plan requirements.

3. The MHP will collect evidence of staff training.
4. The MHP will review five percent of the programs records to ensure compliance with the treatment plan requirement.

### **Proposed Evidence/Documentation of Correction**

1. The MHP will submit evidence the contractor conducted staff training on treatment plan requirements.
2. The MHP will submit treatment plan training provided to staff.
3. The MHP will submit evidence the contractor's documentation was reviewed by the utilization review subcommittee.

### **Ongoing Monitoring (if included)**

The MHP will conduct a five percent chart review for each program over the next calendar year.

### **Person Responsible (job title)**

Deputy Director of Quality Assessment and Performance Improvement.

### **Implementation Timeline: [Date(s)]**

July 1, 2022, and ongoing.

### **Requirement**

[Client Plans] 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 because of the mental health diagnosis

### **DHCS Finding [FINDING 8.4.4:]**

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

- One or more proposed intervention did not include a detailed description. Instead, only a "type" or "category" of intervention was recorded. Line numbers 1, 3, 7, 8, 9, 10, 14, 15, 16, 17, and 19. During the review period, the MHP utilized Client Plan templates that broadly described the categories of interventions and clustered interventions together, which lacked a detailed description of planned interventions. However, during the virtual

on-site review, MHP staff described and showed a new Client Plan format that is currently being utilized which gives a more detailed description of planned interventions.

- One or more proposed intervention did not include an expected frequency or frequency range that was specific enough. Line numbers 11 and 20.
  - Line number 11: Frequency listed for various interventions indicate frequency range with bottom of range being “0” times per time, which is not a specific increment of time.
  - Line number 20: Frequency listed for various interventions indicate frequency range with bottom of range being “0” times per time, which is not a specific increment of time.

### **Corrective Action Description**

1. Until further documentation guidance is provided by DHCS, the MHP will provide training to staff on how to document a detailed description of the interventions on a treatment plan.
2. The MHP will instruct staff to indicate a specific frequency range for the interventions provided to the client.
3. The MHP will conduct a five percent chart review of all programs to ensure compliance.

### **Proposed Evidence/Documentation of Correction**

1. The MHP will submit samples of the communication to staff informing them of the treatment plan requirements.

### **Ongoing Monitoring (if included)**

The MHP will conduct a five percent chart review for each program over the next calendar year. The MHP will require a corrective action plan if the standards are not met.

### **Person Responsible (job title)**

Deputy Director of Quality Assessment and Performance Improvement

### **Implementation Timeline: [Date(s)]**

12/31/2022

### **Requirement**

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

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

(MHP Contract, Ex. A, Att. 2)

### **DHCS Finding [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 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 17, 18, and 19.

One or more progress note was not completed within the MHP's written timeliness standard of 1 business day after provision of service.

Two hundred seventy-one (55 percent) of all progress notes reviewed were completed late (45% compliance).

In discussing the percentage of late progress notes and possible factors that might have contributed to this during the virtual on-site review, MHP Staff were able to identify the significant impact of a feature of the MHP's Electronic Health Record. In cases in which a cosigner is required, the Electronic Health Record only retains the final signer's date of signature on the progress note, losing the original provider's date of completion, thereby inadvertently lengthening the time to complete the note.]

### **Corrective Action Description**

1. The MHP will revise its existing documentation policy to reflect the current state standard
2. The MHP will inform staff and contractors of the new documentation standards.
3. The MHP submit a work order to the Information Systems Department to identify the date the provider completed the note and not just when the note was finalized.
4. If there are any process changes that result from the IS work order, the MHP will update all staff and contracted staff via email communication and virtual meetings.
5. The MHP will conduct ongoing monitoring activities to ensure services are being entered into the Electronic Health Record in a timely manner.

### **Proposed Evidence/Documentation of Correction**

1. The MHP will submit an updated Documentation Policy.
2. The MHP will submit the Information Systems work order requesting to have the note completion date saved in the E.H.R.
3. The MHP will submit communication it has with county and contracted providers regarding updates to the documentation standards.
4. The MHP will submit attestations from the county and contract providers demonstrating an understanding of the new policy.

### **Ongoing Monitoring (if included)**

The MHP will conduct a five percent chart review for each program over the next calendar year. A corrective action plan will be required if regulatory requirements are not met.

### **Person Responsible (job title)**

Deputy Director of Quality Assessment and Performance Improvement

### **Implementation Timeline: [Date(s)]**

August 30, 2022



## **Requirement**

[Progress Notes] When services are being provided to, or on behalf of, a beneficiary by two or more persons at one point in time, the progress notes shall include:

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

(CCR, title 9, § 1840.314(c).)

## **DHCS Finding [FINDING 8.5.3:]**

[Documentation of services provided to, or on behalf of, a beneficiary by one or more persons at one point in time did not include all required components. Specifically: Line number 11. Progress note(s) did not document the specific involvement of each provider in the context of the mental health needs of the beneficiary. RR13a, refer to Recoupment Summary for details.

- Line number 11. Progress notes for Rehab Group services on the respective dates (2/8/2020, 2/13/2020, 2/20/2020, 2/27/2020, 3/5/2020, and 3/12/2020) were provided by co-facilitators, but did not document the specific involvement of each provider regarding their individual involvement in the services.]

## **Corrective Action Description**

1. The MHP will inform the contract provider of the deficiency found and request the contractor submit a corrective action plan.
2. The MHP will update the Documentation Policy to describe how each provider should document their involvement in the service.
3. The MHP will distribute the policy to all county and contract providers and ask that an attestation be submitted to indicate understanding of the requirement.

## **Proposed Evidence/Documentation of Correction**

1. The MHP will submit an updated Documentation Policy.
2. The MHP will submit the corrective action plan developed by the contractor.
3. The MHP will submit communication it has with county and contracted providers regarding updates to the documentation standards.
4. The MHP will submit attestations from the county and contract providers demonstrating an understanding of the new policy.

## **Ongoing Monitoring (if included)**

The MHP will conduct a five percent chart review for each program over the next calendar year. A corrective action plan will be required when regulatory requirements are not met.

**Person Responsible (job title)**

Deputy Director of Quality Assessment and Performance Improvement Program

**Implementation Timeline: [Date(s)]**

7/01/2022

**Requirement**

[Progress Notes]

Progress notes shall be documented at the frequency by types of service indicated below: 1) Every service contact for: A. Mental health services

B. Medication support services

C. Crisis intervention

D. Targeted Case Management

E. Intensive Care Coordination

F. Intensive Home-Based Services G. Therapeutic Behavioral Services 2)

Daily for:

A. Crisis residential

B. Crisis stabilization (one per 23/hour period)

C. Day treatment intensive D. Therapeutic Foster Care 3) Weekly for:

A. Day treatment intensive (clinical summary)

B. Day rehabilitation

C. Adult residential

(MHP Contract, Ex. A, Att. 9; CCR, title 9, §§ 1840.316(a)-(b); 1840.318 (a-b), 1840.320(a-b).)

**DHCS Finding [FINDING 8.5.4:]**

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

- Line number 13: The type of Specialty Mental Health Service (SMHS) (e.g., Medication Support, Targeted Case Management) documented on the progress note

was not the same type of SMHS claimed. RR8b1, refer to Recoupment Summary for details. The progress notes for the service claimed as Individual Therapy on 1/21/20, describes a TCM service of coordinating a TBS referral for the beneficiary.

- Line number 10: 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 documented in the body of the progress note. Progress notes for services claimed as Collateral services on 2/5/2020 and 3/4/2020, each describe services that are consistent with either Assessment or Plan Development, in that they involve obtaining additional information or coordinating with Board and Care staff regarding the beneficiary.]

### **Corrective Action Description**

1. The MHP will retrain staff on the documentation requirements to ensure staff clearly describe that the services provided are consistent with the service code.
2. The MHP will update all documentation policy according to DHCS' standards.
3. The MHP will utilize the resources provided by CalMHSA when they are available and to update documentation trainings and policies.

### **Proposed Evidence/Documentation of Correction**

1. The MHP will submit samples of communication to county and contract providers regarding documentation requirements, ensuring providers understand that all services documented should be consistent with the service code used.
2. The MHP will submit any revisions to the Documentation Manual or documentation training.

### **Ongoing Monitoring (if included)**

The MHP will conduct a five percent chart review for each program over the next calendar year. The MHP will require a corrective action plan when the requirements are not met.

### **Person Responsible (job title)**

Deputy Director of Quality Assessment and Performance Improvement

### **Implementation Timeline: [Date(s)]**

7/01/2022

## **Requirement**

[Provision of ICC Services and IHBS for Children and Youth]

The MHP must make individualized determinations of each child's/youth's need for ICC and IHBS, based on the child's/youth's strengths and needs.

(Medi-Cal Manual for ICC, IHBS, and TFC Services for Medi-Cal Beneficiaries, 3<sup>rd</sup> Edition, January 2018)

## **DHCS Finding [FINDING 8.6.1:]**

[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/or IHBS, and that if appropriate, such services were included in their Client Plan:

- Line numbers 12 and 14.

- o Line number 12: Client was deemed to need a more intensive treatment service of TBS, but evidence was not seen within the medical record that the beneficiary had received an individualized determination of eligibility and need for ICC services and/or IHBS. The MHP was given the opportunity to locate a screening tool that is currently in use by the MHP regarding the determination of need for ICC services and/or IHBS but was unable to locate it in the medical record.

- o Line number 14: Client was deemed to need a more intensive treatment service of TBS, but evidence was not seen within the medical record that the beneficiary had received an individualized determination of eligibility and need for ICC services and/or IHBS. The MHP was given the opportunity to locate a screening tool that is currently in use by the MHP regarding the determination of need for ICC services and/or IHBS but was unable to locate it in the medical record.

- During the virtual on-site review, the MHP discussed their current practice of providing screening and determination of eligibility and need for ICC services and/or IHBS for all children and youth, not just foster youth. The MHP has been providing these determinations and screenings for all foster youth for a several years but started to provide these screenings for all children and youth around April 2020, after the review period.]

## **Corrective Action Description**

The MHP will integrate the ICC and IHBS referral form on the EHR. By integrating the form with service criteria online, it will allow clinicians to review the medical record more readily and track service provision.

### **Proposed Evidence/Documentation of Correction**

The MHP will submit a progress note template screenshot from the electronic health record.

### **Ongoing Monitoring (if included)**

The MHP will conduct on-going chart reviews, subcommittees will assess whether child's/youth/s need for ICC and IHBS, was offered services based on the child's/youth's strengths and needs. The MHP will require a corrective action plan when the requirements are not met.

### **Person Responsible (job title)**

Deputy Director of Quality Assessment and Performance Improvement.

### **Implementation Timeline: [Date(s)]**

12/31/2022

### **Requirement**

[Provision of ICC Services and IHBS for Children and Youth]

Each participating provider in a CFT meeting may claim for the time they have contributed to the CFT meeting, up to the length of the meeting, plus documentation and travel time, in accordance with CCR, tit. 9, § 1840.316(b)(3). (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3<sup>rd</sup> Edition, January 2018; MHSUDS IN No. 18-017)

### **DHCS Finding [FINDING 8.6.5:]**

[The content of one or more progress notes claimed as another service (i.e., Collateral; Plan Development) indicated that the service provided was for participation in a Child and Family Team (CFT) meeting and should have been claimed as ICC case management (Service Function "07"): Line number 18.

For the CFT meetings conducted 1/8/2020, 1/29/2020, and 2/26/2020, three different providers attended and documented their participation on separate progress notes, each claiming different services (ICC, Collateral, and Plan Development).

### **Corrective Action Description**

1. The MHP will send the identified deficiencies to the contract provider and request the contractor submit a corrective action plan to address the deficiency.
2. The MHP will ensure contract staff are retrained to ensure the service provided is clearly reflected in the documentation.
3. The MHP will ensure contract staff are retrained to document their participation in CFT meetings.

### **Proposed Evidence/Documentation of Correction**

1. The MHP will submit the contractor's corrective action plan along with evidence the program staff received retraining in this requirement.
2. The MHP will submit the documentation policy that reflects the requirements for claiming ICC services.

### **Ongoing Monitoring (if included)**

The MHP will conduct on-going chart reviews, subcommittees will assess documentation regulatory requirements are met. A plan of correction will be required if regulatory requirements are not met.

### **Person Responsible (job title)**

Deputy Director of Quality Assessment and Performance Improvement

### **Implementation Timeline: [Date(s)]**

12/31/2022

