

**County of San Luis Obispo Mental Health Services**  
**Fiscal Year 2021-2022 Specialty Mental Health Triennial Review**  
**Corrective Action Plan**

**System Review**

**Requirement**

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.

**DHCS Finding 4.3.4**

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

**Corrective Action Description**

Training will be provided to Central Access Line staff to ensure clear understanding of written log requirements for SMHS. Ongoing test call monitoring will be conducted to ensure all requests for SMHS are logged and that each log contain the name of the beneficiary, date of the request, and initial disposition of the request, even when the beneficiary declines to provide additional identifying information.

**Proposed Evidence/Documentation of Correction**

Staff training minutes with attendees listed

Staff training materials

**Ongoing Monitoring (if included)**

Test call monitoring and reports

**Person Responsible (job title)**

Carrie Hansen, LMFT, Managed Care Program Supervisor

**Implementation Timeline:** September 1, 2022

**Requirement**

The MHP shall review that the hospital has documented having made at least one contact to a non-acute residential treatment facility per day (except weekends and holidays), starting with the day the beneficiary is placed on administrative day status for the below requirements.

### **DHCS Finding 5.2.5**

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

#### **Corrective Action Description**

Beginning May 16, 2022, we have contracted with the CalMHSA Concurrent Review & Authorization Vendor, Kepro, to complete concurrent review for inpatient psychiatric hospitalizations for our beneficiaries.

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

Kepro policies and procedures for concurrent review

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

Amanda Getten, LMFT, Quality Support Team Division Manager

**Implementation Timeline:** May 16, 2022

### **Requirement**

The MHP must have a procedure for expedited transfers within 48-hours of placement of the foster child or youth outside of the county of original jurisdiction.

### **DHCS Finding 5.3.8**

DHCS deems the MHP out of compliance with Mental Health and Substance Use Disorder Services, Information Notice, No. 18-027, and California Welfare and Institution Code, section 14717, subdivision 1(b).

#### **Corrective Action Description**

The MHP will maintain a Presumptive Transfer tracking log, which will track the date of the transfer, date of first offered service, and whether this is an expedited transfer. If our Managed Care staff receive a referral notification for a youth who is in imminent danger to themselves or others or experiencing an emergency psychiatric condition, Managed Care will implement a procedure for an expedited transfer within 48-hours of the youth's placement.

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

Presumptive Transfer tracking log

Updated Presumptive Transfer\_Authorization, Documentation, Billing Process for Out-of-Plan Services Policy and Procedure

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

Review of Presumptive Transfer tracking log during bi-monthly outpatient SMHS Quality Support Team Committee meetings.

**Person Responsible (job title)**

Carrie Hansen, LMFT, Managed Care Program Supervisor

**Implementation Timeline:** September 1, 2022

**Requirement**

The MHP must provide a second opinion from a network provider, or arrange for the beneficiary to obtain a second opinion outside the network at no cost to the beneficiary.

**DHCS Finding 5.5.1**

Question 5.5.1 DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 2, and Federal Code of Regulations, title 42, section 438, subdivision 206(b).

**Corrective Action Description**

We have updated our Second Opinion Policy and Procedure and Documentation Guidelines to include these requirements.

**Proposed Evidence/Documentation of Correction**

Updated Second Opinion Policy and Procedure

**Ongoing Monitoring (if included)**

Our Patients' Rights Advocate tracks each Second Opinion request and will monitor each request to ensure these requirements are met.

**Person Responsible (job title)**

Amanda Getten, LMFT, Quality Support Team Division Manager

**Implementation Timeline:** August 1, 2022

## **Chart Review**

**Requirement**

The MHP shall submit a CAP that describes how the MHP will ensure that all actual SMHS interventions documented on progress notes are reasonably likely to correct or reduce the beneficiary's documented mental health condition, prevent the condition's deterioration, or help a beneficiary who is under age 21 to progress developmentally as individually appropriate.

### **DHCS Finding 8.1.2**

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.

#### **Corrective Action Description**

The MHP will provide mandatory documentation training for all county and contracted staff, this training will address medical necessity requirements for all claimed services, and how to document outreach and contacts that are not reimbursable.

Quality Support Team staff will regularly audit progress notes for medical necessity requirements.

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

Documentation Training materials and attendance

Competency-based posttest that will include questions designed to confirm understanding of medical necessity documentation requirements

Quality Support Team audit schedule and audit tool

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

Quality Support Team Clinician monthly chart review and summary of findings

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

Amanda Getten, LMFT, Quality Support Team Division Manager

**Implementation Timeline:** December 1, 2022

#### **Requirement**

The MHP shall submit a CAP that describes how the MHP will ensure that assessments are completed in accordance with update frequency requirements specified in the MHP's written documentation standards.

### **DHCS Finding 8.2.1**

One or more assessments were not completed within the update frequency requirements specified in the MHP's written documentation standards. Per the MHP's policies, a "Treatment Update/Summary will be completed annually".

#### **Corrective Action Description**

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The MHP will provide mandatory documentation training for all county and contracted staff, this training will address assessment requirements, including the frequency requirements.

Health Information Technicians will set Client Action Schedules so our EHR will provide staff with notifications with assessment due dates.

Quality Support Team staff will regularly audit timely completion of adult and youth assessment updates.

**Proposed Evidence/Documentation of Correction**

Documentation Training materials and attendance

Competency-based posttest that will include questions designed to confirm understanding of assessment frequency requirements

Quality Support Team audit schedule and audit tool

**Ongoing Monitoring (if included)**

Quality Support Team audit results

**Person Responsible (job title)**

Amanda Getten, LMFT, Quality Support Team Division Manager

**Implementation Timeline:** December 1, 2022

**Requirement**

The MHP shall submit a CAP to address actions it will implement to ensure the following:

- 1) A written medication consent form is obtained and retained for each medication prescribed and administered under the direction of the MHP.
- 2) Written medication consent forms are completed in accordance with the MHP's written documentation standards.

**DHCS Finding 8.3.1**

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

**Corrective Action Description**

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The MHP will provide training for prescribers to prompt completion of an Informed Consent for Medication whenever a new medication is prescribed. The MHP will complete record reviews for completion of Medication Consents as a part of the monthly Peer Review.

**Proposed Evidence/Documentation of Correction**

Training materials and attendance

Peer Review audit tool and schedule

**Ongoing Monitoring (if included)**

Peer Review audit results

**Person Responsible (job title)**

Daisy Ilano, MD, Medical Director

**Implementation Timeline:** December 1, 2022

**Requirement**

- 1) The MHP shall submit a CAP that describes how the MHP will ensure that progress notes document:
  - Timely completion and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP's written documentation standards.
- 2) The MHP shall submit a CAP that describes how the MHP will ensure that both service dates and times recorded on progress notes match their corresponding claims.

**DHCS Finding 8.5.1**

- 1) Line numbers 1, 2, 3, 4, 5, 7, 8, 9, 10, 12, 13, 14, 15, and 19: One or more progress note was not completed within the MHP's written timeliness standard.
- 2) Line numbers 13 and 20: One or more progress notes did not match its corresponding claim in terms of amount of time to provide services.

**Corrective Action Description**

- 1) The MHP will provide mandatory documentation training for all county and contracted staff, this training will address progress note requirements, including timeliness requirements. Quality Support Team staff will regularly audit charts monitoring adherence to progress note requirements.
- 2) We have fixed an error in our billing system that rounded minutes up to the next integer, which resulted in the amount of service time documented on the progress note not matching the service time on the claim.

**Proposed Evidence/Documentation of Correction**

Quality Support Team chart audit schedule

Documentation training materials and attendance

Competency-based posttest that will include questions designed to confirm understanding of progress note requirements

**Ongoing Monitoring (if included)**

Quality Support Team chart audit results

**Person Responsible (job title)**

Amanda Getten, LMFT, Quality Support Team Division Manager

**Implementation Timeline:** December 1, 2022

**Requirement**

The MHP shall submit a CAP that describes how the MHP will ensure that progress notes contain the actual number of clients participating in a group activity.

**DHCS Finding 8.5.2**

Documentation of services provided to, or on behalf of, a beneficiary by one or more persons at one point in time did not include all required components.

**Corrective Action Description**

The MHP will provide mandatory documentation training for all county and contracted staff, this training will address progress note requirements, including the requirement to include the number of clients participating in a group activity.

**Proposed Evidence/Documentation of Correction**

Documentation Training materials and attendance

Competency-based posttest that will include questions designed to confirm understanding of progress note requirements

Quality Support Team audit schedule and audit tool

**Ongoing Monitoring (if included)**

Quality Support Team audit results

**Person Responsible (job title)**

Amanda Getten, LMFT, Quality Support Team Division Manager

**Implementation Timeline:** December 1, 2022

### **Requirement**

The MHP shall submit a CAP that describes how the MHP will:

- 1) Ensure that all Specialty Mental Health Services claimed are:
  - a. Documented in the medical record.
  - b. Actually provided to the beneficiary.
- 2) Ensure that all progress notes:
  - a. Are accurate, complete and legible and meet the documentation requirements described in the MHP Contract with the Department.

### **DHCS Finding 8.5.3**

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

### **Corrective Action Description**

The MHP will provide mandatory documentation training for all county and contracted staff, this training will address progress note requirements.

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

Documentation Training materials and attendance

Competency-based posttest that will include questions designed to confirm understanding of progress note requirements

Quality Support Team audit schedule and audit tool

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

Quality Support Team audit results

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

Amanda Getten, LMFT, Quality Support Team Division Manager

**Implementation Timeline:** December 1, 2022

### **Requirement**

The MHP did not furnish evidence that it has a standard procedure for providing and documenting individualized determinations of eligibility for ICC services and IHBS on behalf of beneficiaries under age 22 that is based on their strengths and needs.

### **DHCS Finding 8.6.1**



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The MHP shall submit a CAP that describes how it will ensure that:

- 1) Written documentation is in place describing the process for determining and documenting eligibility and need for ICC Services and IHBS.
- 2) Training is provided to all staff and contract providers who have the responsibility for determining eligibility and need for ICC and IHBS.
- 3) Each beneficiary under age 22 who is authorized to receive Specialty Mental Health Services also receives an individualized determination of eligibility and need for ICC Service and IHBS prior to or during the development of the beneficiary's Initial Client Plan.

**Corrective Action Description**

The MHP will provide mandatory documentation training for all county and contracted staff, this training will address assessment requirements

The MHP will add required fields to youth assessments to include documentation of the clinician's determination of the need for ICC and IHBS

Quality Support Team staff will regularly audit assessment determinations and documentation of the need for ICC and IHBS

**Proposed Evidence/Documentation of Correction**

Documentation Training materials and attendance

Competency-based posttest that will include questions designed to confirm understanding of assessment requirements.

Revised youth assessment templates

Quality Support Team audit schedule and auditing tools

**Ongoing Monitoring (if included)**

Quality Support Team audit results

**Person Responsible (job title)**

Amanda Getten, LMFT, Quality Support Team Division Manager

**Implementation Timeline:** December 1, 2022