

**Siskiyou County Behavioral Health
Fiscal Year 21-22 Specialty Mental Health Triennial Review
Corrective Action Plan**

Chart Review

1. Requirement

Per the Siskiyou County Quality Assurance Documentation Manual, “Initial assessments are to be completed within 30 days” and “Assessment updates are completed every year...and should be completed within 30 days of the episode of care date anniversary.”

DHCS Finding 8.2.1

Two assessments were not completed within the initial timeliness and update frequency requirements specified in the MHP’s written documentation standards. The following are specific findings from the chart sample:

Line number 7. The prior assessment was signed completed 11/12/20. The annual reassessment, which was due on or by 11/12/21, was completed on 11/20/21.

Line number 10. The case was opened to the agency on 7/20/21, but the Initial Assessment was not completed as signed until 8/26/21.

Corrective Action Description

The MHP will ensure that assessments are completed in accordance with the initial timeliness and update frequency requirements specified in the MHP’s written documentation standards.

P&P CLIN 301 has been updated to be compliant with CalAIM requirements and indicates assessments are to be completed “within 60 calendar days of initial assessment appointment.” The frequency of update is also addressed in this P&P. “Assessments are updated at least annually for children, at least biennially for adults, and as needed.”

Training has been provided to all clinical staff on 10/26 regarding this policy and the timeline for updating assessments.

Proposed Evidence/Documentation of Correction

P&P CLIN 301

10/26/22 Clinical All Staff training materials and sign-in sheets

Ongoing Monitoring (if included)

Timeliness of assessments will be monitored through chart review. Should patterns of late assessments be identified, the staff’s supervisor will be notified. The supervisor will address the issue with the staff and work to develop a plan of correction, which may be

included on a work improvement plan. Supervisor will report back to Quality Assurance Manager when the deficiency is resolved.

Person Responsible (job title)

Quality Assurance Manager

Implementation Timeline: 10/26/22

2. Requirement

The MHP will ensure 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.

DHCS Finding 8.5.1

Line numbers 1, 2, 5, 7, 8, 9, and 10. One or more progress notes were not completed within the MHP’s written timeliness standard of 6 business days after provision of service.

Corrective Action Description

P&P DMC-ODS SMHS 100 has been developed to comply with CalAIM requirements and indicates “Providers shall complete progress notes within 3 business days of providing services, with the exception of notes for crisis services, which shall be completed within 24 hours.”

Training has been provided to all clinical staff via BHD Clinical all staff on 10/26 regarding this policy and the timeline for entering progress notes.

Proposed Evidence/Documentation of Correction

100- Progress Notes & Late Entry Documentation

10/26/22 Clinical All Staff training materials and sign-in sheets

Ongoing Monitoring (if included)

Timeliness of progress notes will be monitored through monthly reporting. Should patterns of late notes be identified, the staff’s supervisor will be notified. The supervisor will address the issue with the staff and work to develop a plan of correction, which may be included on a work improvement plan. Supervisor will report back to Quality Assurance Manager when the deficiency is resolved.

Person Responsible (job title)

Quality Assurance Manager

Implementation Timeline: 10/26/22

3. Requirement

- 1) Ensure that all Specialty Mental Health Services claimed are:
 - a) Actually provided to the beneficiary.
 - b) Claimed for the correct service modality billing code, and units of time.

DHCS Finding 8.5.3

Line number 5: The progress note in the medical record for the 60 minute Individual Therapy service claimed on 10/27/21 indicated in the body of the note that the appointment was canceled by the clinician. Prior to the virtual onsite review, The MHP submitted a “Services Billed in Error FY 21-22” document with the explanation “Billed time on a cancellation note.” **RR2b, refer to Recoupment Summary for details.**

Corrective Action Description

Ensure no-shows and cancellation notes are appropriately documented and include no billing time. Provided training on how to appropriately document a no-show or cancellation note at the Clinical All Staff Meeting 10/26/22. New staff must demonstrate the ability to consistently documents no-shows/cancellations accurately. This is monitored by the staff’s co-signatory.

Proposed Evidence/Documentation of Correction

10/26/22 Clinical All Staff training materials and sign-in sheets

Ongoing Monitoring (if included)

Fiscal technicians regularly run error reposts and spot check for encounter errors.

The MHP will have enhanced ability to identify and correct potential billing errors through the new EHR (July 7, 2023 go live). Until that time, staff providing co-signature will continue to review the encounter information for errors.

Person Responsible (job title)

Quality Assurance Manager

Implementation Timeline: 10/26/22

4. Requirement

The MHP will ensure that all ICC services are documented and claimed accurately with the correct Procedure code, Procedure modifier, Mode of service and Service function code.

DHCS Finding 8.6.3

The content of one or more progress note claimed as Targeted Case Management (Service Function code “01”) indicated that the service provided was actually for an ICC service activity, and should have been claimed as an ICC case management service (Service Function “07”):

- **Line number 8:** The content of the 12/10/21 progress note claimed as TCM

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began with the following statement, “This was client’s CFT meeting which was led by ICC coordinator.

Corrective Action Description

The MHP provided training at the Clinical All Staff on 10/26/22 to all staff who take part in, and document, ICC services, to ensure ICC services are documented and claimed accurately with the correct Procedure code, Procedure modifier, Mode of service and Service function code.

Proposed Evidence/Documentation of Correction

10/26/22 Clinical All Staff training materials and sign-in sheets

Ongoing Monitoring (if included)

Accuracy of Procedure code, Procedure modifier, Mode of service and Service function code will continue to be monitored for new staff via co-signature review, and for existing staff via chart review and spot checks.

Person Responsible (job title)

Quality Assurance Manager

Implementation Timeline: 10/26/22