

CONSOLIDATED SPECIALLY MENTAL HEALTH SERVICES

FISCAL YEAR 2017-2018

TULARE COUNTY MHP REVIEW

April 2-5, 2018

ITEMS OUT OF COMPLIANCE – PLAN OF CORRECTION

ITEM NO. 1, Section B, “Access” B9(a):

PROTOCOL REQUIREMENTS

- B9 Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free
a telephone number:
- 1) Does the MHP provide 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) Does the toll-free telephone number provide 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) Does the toll-free telephone number provide information to beneficiaries about services needed to treat a beneficiary’s urgent condition?
 - 4) Does the toll-free telephone number provide 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)
CFR, title 42, section 438.406 (a)(1)

DMH Information Notice No. 10-02,
Enclosure,
Page 21, and DMH Information Notice
No. 10-17. Enclosure,
Page 16
MHP Contract, Exhibit A, Attachment I

FINDING:

Test Call Results Summary

Protocol Question	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
9a-1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
9a-2	IN	IN	IN	IN	ooc	N/A	N/A	80%
9a-3	IN	IN	IN	IN	ooc	N/A	N/A	80%
9a-4	N/A	N/A	N/A	N/A	N/A	ooc	IN	50%

In addition to conducting the seven (7) test calls, DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Contract with ABC services. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, one (1) of the five (5) calls did not provide information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, nor was the caller provided information about services needed to treat a beneficiary's urgent condition. For 9a-4, one (1) of the two (2) calls was not provided information about how to use the beneficiary problem resolution and fair hearing processes.

Protocol question(s) B9a2, B9a3, and B9a4 are deemed in partial compliance.

PLAN OF CORRECTION:

The Tulare County Mental Health Plan (MHP) is aware of the access line concerns. The MHP has had the same vendor for our 24-hour access line for many years, and over the past 3 years, the MHP has made extensive efforts in training the vendor on proper test call processes and practices to include but not limited to providing scripts and access log training. Unfortunately, compliance by the vendor has not increased to the level needed, and as such the MHP has decided to terminate the contract after identification of a new vendor.

The MHP has been meeting with a potential new vendor since February 2018 to ensure their capacity and capability in meeting these requirements. Presently, the MHP is in final stages of drafting the Scope of Work which includes the required contractual items as well as the need for logging all initial request for services. The MHP anticipates going live with the new vendor by January 1, 2019 and will closely monitor compliance via the Tulare County Quality Improvement Work Plan Data Matrix which compiles monthly compliance rates of Access Test Calls.

See Attached:

- QI Workplan Data Matrix, Indicator 3.4 (*attachment 1*)
- QI Workplan Data Matrix Indicators of Interest Report (*attachment 2*)
- Policy 35-04-08 Logging SMHS Access Log (*attachment 3*)
- Draft new Scope of Work with potential new vendor (*attachment 4*)

ITEM NO. 2, Section B, “Access” B10, B10(a), & B10(b):

PROTOCOL

B10. Regarding the written log of initial requests for SMHS:

B10a Does the MHP maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing?

B10b Does the written log(s) contain the following required elements:

- 1) Name of the beneficiary?
- 2) Date of the request?
- 3) Initial disposition of the request?
- CCR. *title 9, chapter 11. section 1810.405()*

FINDING:

The MHP did not furnish evidence its written log(s) of initial requests for SMHS includes requests made by phone, in person, or in writing. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: MHP Call log. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the logs made available by the MHP did not include all required elements for calls and three (3) of five (5) calls were not on the log. The table below details the findings:

Test Call	Date of	Time of Call	Log		
			Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
1	2/12/2018	9:29 am	OOC	OOC	OOC
2	2/22/2018	7:40 am	IN	IN	IN
3	2/27/2018	2:59 pm	OOC	OOC	OOC
4	2/27/2018	4:03 pm	IN	IN	IN
5	3/1/2018	7:53 am	OOC	OOC	OOC
Compliance			40%	40%	40%

Please note: Only calls requesting information about SMHS, including services needed to treat a beneficiary's urgent condition, are required to be logged. Protocol question(s) B10a is deemed in partial compliance.

PLAN OF CORRECTION:

The Tulare County Mental Health Plan (MHP) is aware of the access line concerns. The MHP has had the same vendor for our 24-hour access line for many years, and over the past 3 years, the MHP has made extensive efforts in training the vendor on proper test call processes and practices to include but not limited to providing scripts and access log training. Unfortunately, compliance by the vendor has not increased to the level needed, and as such the MHP has decided to terminate the contract after identification of a new vendor.

The MHP has been meeting with a potential new vendor since February 2018 to ensure their capacity and capability in meeting these requirements. Presently, the MHP is in final stages of drafting the Scope of Work which includes the required contractual items as well as the need for logging all initial request for services. The MHP anticipates going live with the new vendor by January 1, 2019 and will closely monitor compliance via the monthly Tulare County Quality Improvement Work Plan Data Matrix and quarterly Tulare County Quality Improvement Work Plan Indicators of Interest Report which compiles compliance rates and compliance activities of Access Test Calls.

See Attached:

- QI Workplan Data Matrix, Indicator 3.4 (attachment 1)
- QI Workplan Indicators of Interest Report (attachment 2)
- Policy 35-04-08 Logging SMHS Access Log (attachment 3)
- Draft new Scope of Work with potential new vendor (attachment 4)

ITEM NO. 3, Section H, "Program Integrity" H5 & H5(a),

PROTOCOL REQUIREMENTS

H5. Regarding monitoring and verification of provider eligibility:

H5a Does the MHP ensure the following requirements are met:

- 1) Is there evidence that the MHP has a process in place to verify new and current (prior to contracting/employing and monthly thereafter) providers, including contractors, are not on Office of Inspector General List of Excluded Individuals/Entities (LEIE)?
- 2) Is there evidence that the MHP has a process in place to verify new and current (prior to contracting/employing and monthly thereafter) providers and contractors are not on the DHCS Medi-Cal List of Suspended or Ineligible Providers?
- 3) Is there evidence that the MHP has a process in place to verify new and current (prior to contracting/employing) providers and contractors are not in the Social Security Administration's Death Master File?
- 4) Is there evidence that the MHP has a process in place to verify the accuracy of new and current (upon enrollment and re-enrollment) providers and contractors in the National Plan and Provider Enumeration System (NPPES)?

5) Is there evidence the MHP has a process in place to verify new and current (prior to contracting/employing and monthly thereafter) providers and contractors are not in the Excluded Parties List System/System Award Management (EPLS/SAM) database?

- *CFR, title 42, sections 438.214(d), 438.610, 455.400-455.470, 455.436(b)*
- *MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements*
- *DMH Letter No. 10-05*

FINDING:

The MHP did not furnish evidence it monitors and verifies provider eligibility (prior to contracting and monthly) to ensure providers verify new and current (prior to contracting/employing) providers and contractors are not in the Social Security Administration's Death Master File. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: PP 45.10.15 and 45.10.14 email from National Technical Information Services and receipt of the Limited Access Death Master File Certification Attestation form and firewall form. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP received notice that it will be effective on 4/4/2018. Protocol question(s) H5a3 is deemed OOC.

PLAN OF CORRECTION:

As of April 4, 2018, the MHP has received notice of submission to the Limited Access Death Master File (LADMF) Certification (attachment 5). On May 31, 2018, the MHP received notice of registration completion, and ability to access the LADMF site (attachment 6). The MHP has begun checking providers since receiving access to the site. A log is available for those which have been checked (attachment 7). We have checked the providers we are able to, and are collecting date of births (DOB) for the remaining providers as checking by name only results in multiple potential matches that cannot be verified.

See Attached:

- LADMF Attestation Submission email (*attachment 5*)
- LADMF Subscription email (*attachment 6*)
- Access Database Log (*attachment 7*)
- Print Screen of Site Search page (*attachment 8*)
- Print Screen of Access Database (*attachment 9*)

ITEM NO. 4, Section K, “Chart Review-Non-Hospital Services” Medical Necessity:

PROTOCOL REQUIREMENTS

1. Does the beneficiary meet all three (3) of the following medical necessity criteria for reimbursement (1a, 1b, and 1c. below)?
 - 1a. The beneficiary has a current ICD diagnosis which is included for non-hospital SMHS in accordance with the MHP contract?
 - 1b. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):

A significant impairment in an important area of life functioning.

A probability of significant deterioration in an important area of life functioning.

A probability that the child will not progress developmentally as individually appropriate.

For full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that SMHS can correct or ameliorate.
 - 1c. Do the proposed and actual intervention(s) meet the intervention criteria listed below:
 - 1) The focus of the proposed and actual intervention(s) is to address the condition identified in No. 1b. (1-3) above, or for full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that SMHS can correct or ameliorate per No. 1b(4).

The expectation is that the proposed and actual intervention(s) will do at least one (1) of the following (A, B, C, or D):

Significantly diminish the impairment.

Prevent significant deterioration in an important area of life functioning.

Allow the child to progress developmentally as individually appropriate.

For full-scope MC beneficiaries under the age of 21 years, correct or ameliorate the condition.
 - 1d. The condition would not be responsive to physical health care based treatment.
 - *CCR, title 9, chapter 11, section 18430.210*
 - *CCR, title 9, chapter 11, section 1810.203(b)(c)*
 - *CCR, title 9, chapter 11, section 1840.345(c)*
 - *CCR, title 9, chapter 11, section 1840.112(b)(1-4)*
 - *CCR, title 9, chapter 11, section 1840.314(d)*
 - *CCR, title 22, chapter 3, section 51303(a)*
 - *Credentialing Boards for MH Disciplines*

Reasons for Recoupment (RR): Refer to the enclosed Recoupment Summary for additional details concerning disallowances.

RR3. Documentation in the medical record does not establish the expectation that the claimed intervention(s) will do, at least, one of the following:

Significantly diminish the impairment;

Prevent significant deterioration in an important area of life functioning;

Allow the child to progress developmentally as individually appropriate;

For full-scope Medi-Cal beneficiaries under the age of 21 years, correct or ameliorate the condition.

RR13.No service provided:

No show/ appointment cancelled, and no other eligible service documented (e.g., chart review to prepare for an appointment that turns out to be a "no show"), or

Service provided did not meet definition of a specific SMHS,

FINDING 1c-2:

The medical record associated with the following Line numbers did not meet medical necessity criteria since there was no expectation that the claimed intervention would meet the intervention criteria, as specified in the CCR, title 9, chapter 11, section 1830.205(b)(3)(B)(1- 4):

Line number ¹. RR3a-d, refer to Recoupment Summary for details.

PLAN OF CORRECTION:

Corrective Actions:

To ensure medically necessary interventions are provided and documented according to CCR, title 9, chapter 11, section 1830.205(b)(3)(8)(1-4), the Tulare County MHP prepared a standardized documentation manual (attachment 10), conducted standardized documentation training (4-4.5 hours) and follow up to the initial trainings with on-site question/answer sessions (1-1.5 hours), and implemented a standardized documentation onboarding process (4-4.5 hours).

Timeline for Implementation and Completion:

The standardized documentation manual was finalized in November 2017, and was subsequently released to all clinical staff during the standardized documentation trainings. The standardized documentation trainings occurred on:

11/9/2017 11/14/2017 11/16/2017 11/28/2017 11/29/2017 12/1/2017
12/4/2017 12/5/2017 12/6/2017 12/7/2017 12/11/2017 12/12/2017
12/21/2017 2/28/2018

The follow-up question/answer sessions occurred at the County and contractor provider sites on:

¹ Line number(s) removed for confidentiality

4/18/2018 4/19/2018 4/24/2018 5/1/2018 5/3/2018
5/4/2018
5/8/2018 5/10/2018 5/16/2018 5/17/2018 5/24/2018

The onboarding training ensures all clinical employees new to the Tulare County MHP system of care receive documentation training and receive the documentation manual prior to being given access to the EHR system and allowed to bill for services. These occur monthly and have already occurred on:

1/18/2018 2/22/2018 4/26/2018 5/16/2018 6/20/2018 7/18/2018

The UR Summary report that is specific to DHCS POC items will be developed and fully implemented by January 1, 2019. This report will be regularly submitted to DHCS after January 1, 2019 as continued evidence of addressing POC items.

Attachments/Proposed Evidence of Correction to be Submitted:

- Mental Health Clinical Documentation Desk Manual (attachment 10)
- Documentation Training Log and PowerPoint (used in both the original general trainings and the continuous onboarding trainings) (attachment 11a & 11b)
- Sign-in Sheets: General documentation training (attachment 12)
- Sign-in Sheets: Documentation onboarding training (attachment 13)
- UR Summary reports specific to DHCS POC item (attachment 32)
- Quality Improvement Committee Meeting Minutes (attachment 43)

Mechanism for Monitoring:

The primary mechanism for monitoring is the monthly chart review of a random sample of clinical records as completed by the Utilization Review Committee (URC). Within this process, a utilization review tool is used to ensure each case is analyzed according to consistent compliance standards. A secondary mechanism is the Utilization Review Plans of Corrections issued by Utilization Review process. A third mechanism will be a UR Summary report specific to DHCS POC items that will be complete after Utilization Reviews and discussed at QI meetings. Documentation issues and URC outcomes are provided at the monthly Quality Improvement Committee (QIC) meetings, which includes County and contracted provider representatives. Any trends or POC specific items may also be discussed and addressed at appropriate QI workgroups, which include County and contractor QI representatives.

Corrective Action includes Contracted Providers:

Contracted providers were included in the documentation training and received the documentation manual. Contracted providers must also complete the documentation onboarding training prior to being allowed to access the EHR and bill for services. Contracted agencies are also involved in both the URC and the QIC (see attachment 43), and as such remain current with any documentation compliance issues and corrections.

- Form MHIM #1006E Initial Strength Needs Assessment (attachment 14)
- Form MHIM #1016E Children's Assessment (attachment 15)
- Form MHIM #1007E Updated Strength Needs Assessment (attachment 16)

- Form MHIM #1017E Children’s Assessment Update (attachment 17)
- Policy 45-04-02 Utilization Review Committee Peer Review of Outpatient Medical Records (attachment 18)
- Form MHIM #2501 Utilization Peer Audit Tool (see section 2. Assessment) (attachment 19)

ITEM NO. 5, Section K, “Chart Review-Non-Hospital Services” Assessment:

PROTOCOL REQUIREMENTS

2. Regarding the Assessment, are the following conditions met:
 - 1) Has the Assessment been completed in accordance with the MHP's established written documentation standards for timeliness?
 - 2a. 2) Has the Assessment been completed in accordance with the MHP's established written documentation standards for frequency?
 - 2b. Do the Assessments include the areas specified in the MHP Contract with the Department?
 - 1) Presenting Problem. The beneficiary's chief complaint, history of 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 and mental 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. If possible, include information from other sources of clinical data such as previous mental health records and relevant psychological testing or consultation reports;
 - 5) Medical History. Relevant physical health conditions reported by the beneficiary or a significant support person. Include name and address of current source of medical treatment. For children and adolescents, the history must include prenatal and perinatal events and relevant/significant developmental history. If possible , include other medical information from medical records or relevant consultation reports
 - 6) Medications. Information about medications the beneficiary has received, or is receiving, to treat mental health and medical conditions, including duration of medical treatment. The assessment must include documentation of the absence or presence of allergies or adverse reactions to medications and documentation of an 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 the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis;
 - 9) Risks. Situations that present a risk to the beneficiary and/or others, including past or current trauma;
 - 10) A mental status examination;
 - 11) A Complete Diagnosis; A diagnosis from the current ICD-code must be documented, consistent with the presenting problems, history, mental status examination and/or other clinical data; including any current medical diagnoses.
- CCR, title 9, chapter 11, section 1840.112(b)(1-4)
 - CCR, title 9, chapter 11, section 1810.204
 - CCR, title 9, chapter 11, section 1840.314(d)(e)
 - CCR, title 9, chapter 4, section 851-Lanterman-Petris Act
 - MHP Contract, Exhibit A, Attachment I

FINDINGS 2a-2b:

2a. Assessments were not completed in accordance with regulatory and contractual requirements, specifically:

One or more assessments were not completed within the timeliness and/or frequency requirements specified in the MHP's written documentation standards. The following are specific findings from the chart sample:

Line number(s) ²: The initial assessment was completed late.

2b. One or more of the assessments reviewed did not include all of the elements specified in the **MHP** Contract with the Department. The following required elements were incomplete or missing:

Mental Health History: **Line number ³**.

Medical History: **Line number ⁴**.

Medications: **Line number(s) ⁵**.

Substance Exposure/Substance Use: **Line number(s) ⁶**.

Client Strengths **Line number(s) ⁷**.

² Line number(s) removed for confidentiality

³ Line number(s) removed for confidentiality

⁴ Line number(s) removed for confidentiality

⁵ Line number(s) removed for confidentiality

⁶ Line number(s) removed for confidentiality

Risks: Line number⁸.

PLAN OF CORRECTION:

Corrective Actions:

To ensure that assessments are completed in accordance with timeliness and frequency requirements as delineated by policy and procedure, the Tulare County MHP prepared a standardized documentation manual (attachment 10), conducted standardized documentation training (4-4.5 hours) and follow up to the initial trainings with on-site question/answer sessions (1-1.5 hours), and implemented a standardized documentation onboarding process (4-4.5 hours).

Timeline for Implementation and Completion:

The standardized documentation manual was finalized in November 2017, and was subsequently released to all clinical staff during the standardized documentation trainings. The standardized documentation trainings occurred on:

11/9/2017	11/14/2017	11/16/2017	11/28/2017	11/29/2017	12/1/2017
12/4/2017	12/5/2017	12/6/2017	12/7/2017	12/11/2017	12/12/2017
12/21/2017	2/28/2018				

The follow-up question/answer sessions occurred at the County and contractor provider sites on:

4/18/2018	4/19/2018	4/24/2018	5/1/2018	5/3/2018
	5/4/2018			
5/8/2018	5/10/2018	5/16/2018	5/17/2018	5/24/2018

The onboarding training ensures all clinical employees new to the Tulare County MHP system of care receive documentation training and receive the documentation manual prior to being given access to the EHR system and allowed to bill for services. These occur monthly and have already occurred on:

1/18/2018	2/22/2018	4/26/2018	5/16/2018	6/20/2018	7/18/2018
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The UR Summary report that is specific to DHCS POC items will be developed and fully implemented by January 1, 2019. This report will be regularly submitted to DHCS after January 1, 2019 as continued evidence of addressing POC items.

The Assessment Update form will be modified to ensure that there are categories available to better ensure staff address all required Assessment areas. The timeline for development and implementation should not exceed June 1st, 2019 at the latest.

The Documentation Training and accompanying updated PowerPoint presentation (attachment 29) was modified to ensure that required elements for Assessment are addressed in Updated Assessment processes. This was developed and implemented immediately and is now a part of all documentation onboarding trainings.

⁷ Line number(s) removed for confidentiality

⁸ Line number(s) removed for confidentiality

Attachments/Proposed Evidence of Correction to be Submitted:

- Mental Health Clinical Documentation Desk Manual (attachment 10)
- Documentation Training Log and PowerPoint (used in both the original general trainings and the continuous onboarding trainings) (attachment 11a & 11b)
- Sign-in Sheets: General documentation training (attachment 12)
- Sign-in Sheets: Documentation onboarding training (attachment 13)
- UR Summary reports specific to DHCS POC items (attachment 32)
- Documentation Training PowerPoint presentation (attachment 29)
- Quality Improvement Committee Meeting Minutes (attachment 43)

Mechanism for Monitoring:

The primary mechanism for monitoring is the monthly chart review of a random sample of clinical records as completed by the Utilization Review Committee (URC). Within this process, a utilization review tool is used to ensure each case is analyzed according to consistent compliance standards. A secondary mechanism is the Utilization Review Plans of Corrections issued by Utilization Review process. A third mechanism will be a UR Summary report specific to DHCS POC items that will be complete after Utilization Reviews and discussed at QI meetings. Documentation issues and URC outcomes are provided at the monthly Quality Improvement Committee (QIC) meetings, which includes County and contracted provider representatives. Any trends or POC specific items may also be discussed and addressed at appropriate QI workgroups, which include County and contractor QI representatives. Timeliness reports for Assessments are available for County and Contractor staff to utilize in order to address timeliness concerns with staff.

Corrective Action includes Contracted Providers:

Contracted providers were included in the documentation training and received the documentation manual. Contracted providers must also complete the documentation onboarding training prior to being allowed to access the EHR and bill for services. Contracted agencies are also involved in both the URC and the QIC (attachment 43), and as such remain current with any documentation compliance issues and corrections.

- Form MHIM #1006E Initial Strength Needs Assessment (attachment 14)
- Form MHIM #1016E Children's Assessment (attachment 15)
- Form MHIM #1007E Updated Strength Needs Assessment (attachment 16)
- Form MHIM #1017E Children's Assessment Update (attachment 17)
- Policy 45-04-02 Utilization Review Committee Peer Review of Outpatient Medical Records (attachment 18)
- Form MHIM #2501 Utilization Peer Audit Tool (see section 2. Assessment) (attachment 19)

ITEM NO. 6, Section K, "Chart Review-Non-Hospital Services" Medication Consent:

PROTOCOL REQUIREMENTS

3. Regarding medication consent form:
 - 3a. 1) Did the provider obtain and retain a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication?
 - 3b. Does the medication consent for psychiatric medications include 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?
 - 10) Consent once given may be withdrawn at any time?
- 3b. Do medication consents include:
 - 1) The date the documentation was entered in the medical record?
 - 2) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, and licensure or job title?
 - 3) The date the documentation was entered in the medical record?
 - 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?
 - 10) Consent once given may be withdrawn at any time?

- CCR, title 9, chapter 11, section 1810.204
- CCR, title 9, chapter 11, section 1840.112(b)(1-4)
- CCR, title 9, chapter 11, section 1840.314(d)(e)
- CCR, title 9, chapter 4, section 851-Lanterman-Petris Act
- MHP Contract, Exhibit A, Attachment I

FINDING:

3a. 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 ⁹: There was no written medication consent form found in the medical record. *During the review, MHP staff was given the opportunity to locate the missing medication consent form but was unable to locate it in the medical record.*

Line number(s) ¹⁰: The written medication consent form was not signed by the beneficiary.

Line number(s) ¹¹: Although there was a written medication consent form in the medical record, there was no medication consent for each of the medications prescribed. *During the review, MHP staff was given the opportunity to locate the medication consent(s) in question but was unable to locate it/them in the medical record.*

3b. Written medication consents did not contain all of the required elements specified in the MHP Contract with the Department. The following required elements were not documented on the medication consent form, and/or documented to have been reviewed with the beneficiary, and/or provided in accompanying written materials to the beneficiary:

Reasonable alternative treatments available, if any: **Line numbers ¹².**

Type of medication: **Line number ¹³.**

- Range of Frequency: **Line numbers ¹⁴.**
- Dosage: **Line numbers ¹⁵.**

Method of administration (oral or injection): **Line numbers ¹⁶.**

⁹ Line number(s) removed for confidentiality

¹⁰ Line number(s) removed for confidentiality

¹¹ Line number(s) removed for confidentiality

¹² Line number(s) removed for confidentiality

¹³ Line number(s) removed for confidentiality

¹⁴ Line number(s) removed for confidentiality

¹⁵ Line number(s) removed for confidentiality

Duration of taking each medication: **Line numbers** ¹⁷.

Probable side effects: **Line number** ¹⁸.

Possible side effects if taken longer than 3 months: **Line numbers** ¹⁹.

Consent once given may be withdrawn at any time: **Line numbers** ²⁰.

3c. The medication consent(s) did not include:

Signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, or job title:

Line numbers ²¹.

PLAN OF CORRECTION:

Corrective Actions:

To ensure that a written medication consent form is obtained and retained for each medication prescribed and that the consent form is completed in accordance with documentation standards and that medication consents include the signature of the qualified person providing the service with the professional degree, licensure or title, the Tulare County MHP updated the consent form and the auditing tool utilized in the medication monitoring process.

In addition, the Tulare County MHP will provide a release of all medication consent forms and provide trainings to medical service staff to ensure the forms are correctly understood and completed. The policy and procedure for medication consents was also updated in February 2018, and this will be reviewed with medical providers through the Medication Monitoring Committee to ensure compliance with expectations. JV220 documentation is currently not a substitute for medication consents and all medications for minors still require valid medication consent forms that are separate from any JV220 documentation.

Timeline for Implementation and Completion:

- 11/1/18: Release finalized Medication Consents for use, including a Memo regarding policy reference, expectations, and how compliance will be monitored.
- 11/2018-12/2018: Trainings for both adult and youth/children medical providers at Medication Monitoring Committee regarding Medication Consent use and expectations.
- 1/2019: Contract Pharmacist will use the new audit tool in the chart reviews to ensure that medication consents are being completed for each medication and each consent has the required elements.

¹⁶ Line number(s) removed for confidentiality

¹⁷ Line number(s) removed for confidentiality

¹⁸ Line number(s) removed for confidentiality

¹⁹ Line number(s) removed for confidentiality

²⁰ Line number(s) removed for confidentiality

²¹ Line number(s) removed for confidentiality

Proposed Evidence of Correction to be submitted:

- Policy 10-03: Medication Consent for Adults and Minors (attachment 20)
- Medication Monitoring Audit Tool (attachment 21)
- Medication Consent template (attachment 22)
- After occurrence (see timeline above): Sign-in sheets from trainings
- After occurrence (see timeline above): Sign-in sheets from Medication Monitoring Committee showing discussion of med consents
- Medication Monitoring minutes (attachment 30)
- Updated Medication Consent Templates (attachments 33 – 41)
- Memorandum on Medication Consent (Form Changes) (attachment 42)

Mechanism for Monitoring:

Compliance will be monitored through the monthly review of charts conducted by the contract Pharmacist. The Pharmacist will utilize the new audit tool (*attachment 21*) that has a section to review that a) all medication consents are present and valid as indicated by the client/legal guardian signature, and b) each consent has the required elements to include the signature and degree/license/title of the provider as well as the date of the signatures. If the consent form is not present or is incomplete, the consent will be considered out of compliance and will result in a plan of correction. The reviews are tabulated and trends are identified in the Medication Monitoring Committee and are later reported to the Quality Improvement Committee.

Corrective Action includes Contracted Providers:

Contracted providers are included in the Quality Improvement Committee, Medication Monitoring Committee, and in all trainings. Additionally, their charts are included in the chart reviews.

ITEM NO. 7, Section K, “Chart Review-Non-Hospital Services” Client Plans:

PROTOCOL REQUIREMENTS

4. Regarding the client plan, are the following conditions met:
 - 4a. Has the client plan been updated at least annually and/or when there are significant changes in the beneficiary's condition?
.
 - 4b. Does the client plan include the items specified in the MHP Contract with the Department?
 - 1) Specific, observable, and/or specific quantifiable goals/treatment objectives related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis.
 - 2) The proposed type(s) of intervention/modality including a detailed description of the intervention to be provided.

- 3) The proposed frequency of intervention(s).
- 4) The proposed duration of intervention(s).
- 5) Interventions that focus and address the identified functional impairments as a result of the mental disorder or emotional disturbance.
- 6) Interventions are consistent with client plan goal(s)/treatment objective(s).
- 7) Be consistent with the qualifying diagnoses.

4c. Is the client plan signed (or electronic equivalent) by:

The person providing the service(s) or,

A person representing a team or program providing the service(s) or,

A person representing the MHP providing service(s) or,

By one of the following, as a co-signer, if the client plan is used to establish that services are provided under the direction of an approved category of staff, and if the signing staff is not of the approved categories, one (1) of the following must sign:

A Physician

A Licensed/Registered/Waivered Psychologist

A Licensed/Registered/Waivered Social Worker

A Licensed/Registered/Waivered Marriage and Family Therapist

A Licensed/Registered/Waivered Professional Clinical Counselor*

A Registered Nurse, including but not limited to nurse practitioners, and clinical nurse specialists

4d. Regarding the beneficiary's participation and agreement with the client plan:

Is there documentation of the beneficiary's degree of participation and agreement with the client plan as evidenced by, but not limited to:

Reference to the beneficiary's participation in and agreement in the body of the client plan; or

The beneficiary signature on the client plan; or

C. A description of the beneficiary's participation and agreement in the medical record.

Does the client plan include the beneficiary's signature or the signature of the beneficiary's legal representative when:

The beneficiary is expected to be in long-term treatment, as determined by the MHP, and,

The client plan provides that the beneficiary will be receiving more than one (1) type of SMHS?

3) When the beneficiary's signature or the signature of the beneficiary's legal representative is required on the client plan and the beneficiary refuses or is unavailable for signature, does the client plan include a written explanation of the refusal or unavailability of the signature?

- CCR, title 9, chapter 11, section 1810.205.2
- CCR, title 9, chapter 11, section 1810.254
- CCR, title 9, chapter 11, section 1810.440(c)(1)(2)
- CCR, title 9, chapter 11, section 1840.112(b)(2-5)
- CCR, title 9, chapter 11, section 1840.314(d)(e)
- DMH Letter02-01, Enclosure A
- W&IC, section 5751.2
- MHP Contract, Exhibit A, Attachment I
- CCR, title 16, Section 1820.5
- California Business and Profession Code, Section 4999.20

Reasons for Recoupment (RR): Refer to the enclosed Recoupment Summary for additional details concerning disallowances

RR4. No documentation of beneficiary or legal guardian participation and agreement with the client plan or written explanation of the beneficiary's refusal or unavailability to sign as required in the Mental Health Plan (MHP) Contract with the Department.

RR5. Services that cannot be claimed without a Client Plan in place were claimed either:

Prior to the initial Client Plan being in place; or during the period where there was a gap or lapse between client plans; or when there was no client plan in effect.

FINDING:

4a. The Client Plan was not completed prior to planned services being provided and 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):

Line number ²²: There was a lapse between the prior and current client plans and therefore, there was no client plan in effect during a portion or all of the audit review period. **RR5b, refer to Recoupment Summary for details.**

Line number ²³: The updated client plan was not signed by the provider, or was not signed/co-signed by a waived/registered/licensed staff, as required.

²² Line number(s) removed for confidentiality

²³ Line number(s) removed for confidentiality

Therefore, there was no updated client plan completed during the audit review period. **RR5c**, refer to Recoupment Summary for details.

Line number ²⁴: There was **no** client plan for one or more type of service being claimed. During the review, MHP staff was given the opportunity to locate the service(s) in question on a client plan but could not find written evidence of it. **RR5c**, refer to Recoupment Summary for details.

4b. The following Line number(s) had client plan(s) that did not include all of the items specified in the MHP Contract with the Department:

4b-1) One or more of the goals/treatment objectives were not specific, observable, and/or quantifiable and related to the beneficiary's mental health needs and identified functional impairments as a result of the mental health diagnosis. Line numbers ²⁵.

4b-2) One or more of the proposed interventions did not include a detailed description. Instead, only a "type" or "category" of intervention was recorded on the client plan (e.g. "Medication Support Services," "Targeted Case Management," "Mental Health Services," etc.). Line numbers ²⁶.

4b-3) One or more of the proposed interventions did not indicate an expected frequency. Line numbers ²⁷.

4b-4) One or more of the proposed interventions did not indicate an expected duration. Line numbers ²⁸.

4b-5i) One or more of the proposed interventions did not address the mental health needs and functional impairments identified as a result of the mental disorder. Line numbers ²⁹.

4b-5ii) One or more client plans did not adequately address the mental health needs and functional impairments identified as a result of the mental disorder.

- **Line number** ³⁰: The client plan focus was on substance abuse / dependency issues and sequelae.

Line number ³¹: The behavior plan was not sufficient to adequately address the beneficiary's trauma specific emotional instability.

4b-6) One or more of the proposed interventions were not consistent with client plan goals/treatment objectives.

²⁴ Line number(s) removed for confidentiality

²⁵ Line number(s) removed for confidentiality

²⁶ Line number(s) removed for confidentiality

²⁷ Line number(s) removed for confidentiality

²⁸ Line number(s) removed for confidentiality

²⁹ Line number(s) removed for confidentiality

³⁰ Line number(s) removed for confidentiality

³¹ Line number(s) removed for confidentiality

- **Line number** ³²: Short term goals and objectives were not supported by the proposed interventions listed in the Consumer Wellness Plan dated 7/6/2016.

4b-7) One or more client plans were not consistent with the qualifying diagnosis.
Line number ³³.

4c. The client plan was not signed (or electronic equivalent) by the appropriate staff, as specified in the MHP Contract and CCR, title 9, chapter 11, section 1810.440(c)(1)(A-C):

Line number ³⁴: The client plan was not signed or co-signed (or electronic equivalent) by an approved category of staff (i.e., MD/DO, RN, licensed/registered/waivered LCSW, MFT, LPCC, or licensed/ waived psychologist). **RR5c, refer to Recoupment Summary for details.**

4d-1. There was no documentation of the beneficiary's or legal representative's degree of participation in and agreement with the client plan, and there was no written explanation of the beneficiary's refusal or unavailability to sign the plan, if signature was required by the MHP Contract with the Department and/or by the MHP's written documentation standards:

Line number ³⁵: The beneficiary or legal representative was required to sign the client plan per the MHP Contract with the Department (i.e., the beneficiary is in "long-term" treatment and receiving more than one type of SMHS), and/or per the MHP's written documentation standards. However, the signature could not be located. *During the review, MHP staff was given the opportunity to locate the missing client signature but was unable to locate it in the medical record.* **RR4, refer to Recoupment Summary for details.**

PLAN OF CORRECTION:

Corrective Actions:

To ensure that client plans contain the required elements, are completed prior to planned services, are updated at least annually, are signed by the beneficiary and appropriate staff, and planned services are not claimed when the services was not included on the plan, the Tulare County MHP prepared a standardized documentation manual (attachment 10), conducted standardized documentation training (4-4.5 hours) and follow up to the initial trainings with on-site question/answer sessions (1-1.5 hours), and implemented a standardized documentation onboarding process (4-4.5 hours).

Timeline for Implementation and Completion:

The standardized documentation manual was finalized in November 2017, and was subsequently released to all clinical staff during the standardized documentation trainings. The standardized documentation trainings occurred on:

³² Line number(s) removed for confidentiality

³³ Line number(s) removed for confidentiality

³⁴ Line number(s) removed for confidentiality

³⁵ Line number(s) removed for confidentiality

11/9/2017 11/14/2017 11/16/2017 11/28/2017 11/29/2017 12/1/2017
12/4/2017 12/5/2017 12/6/2017 12/7/2017 12/11/2017 12/12/2017
12/21/2017 2/28/2018

The follow-up question/answer sessions occurred at the County and contractor provider sites on:

4/18/2018 4/19/2018 4/24/2018 5/1/2018 5/3/2018
5/4/2018
5/8/2018 5/10/2018 5/16/2018 5/17/2018 5/24/2018

The onboarding training ensures all clinical employees new to the Tulare County MHP system of care receive documentation training and receive the documentation manual prior to being given access to the EHR system and allowed to bill for services. These occur monthly and have already occurred on:

1/18/2018 2/22/2018 4/26/2018 5/16/2018 6/20/2018 7/18/2018

A new treatment plan policy and procedure is also being developed and will be released prior to January 1st, 2019.

The UR Summary report that is specific to DHCS POC items will be developed and fully implemented by January 1, 2019. This report will be regularly submitted to DHCS after January 1, 2019 as continued evidence of addressing POC items.

Attachments/Proposed Evidence of Correction to be Submitted:

- Mental Health Clinical Documentation Desk Manual (attachment 10)
- Documentation Training Log and PowerPoint (used in both the original general trainings and the continuous onboarding trainings) (attachment 11a & 11b)
- Sign-in Sheets: General documentation training (attachment 12)
- Sign-in Sheets: Documentation onboarding training (attachment 13)
- UR Summary reports specific to DHCS POC items (attachment 32)

Mechanism for Monitoring:

The primary mechanism for monitoring is the monthly chart review of a random sample of clinical records as completed by the Utilization Review Committee (URC). Within this process, a utilization review tool is used to ensure each case is analyzed according to consistent compliance standards. Included in this tool, but not limited to, is a specific section requiring the auditor to review the treatment plan for appropriate signatures including staff and beneficiary/legal representative and timeliness of signatures and identify any deficiency; in some cases, services will be disallowed when gaps between service authorizations are discovered or when signatures are not present. Additionally, any planned services that were not included on the treatment plan but were billed are identified and disallowed.

A secondary mechanism is the Utilization Review Plans of Corrections issued by Utilization Review process. This mechanism also includes the identification of services needing to be disallowed and these are then submitted to billing for recoupment such as signature deficiencies. Documentation issues and URC outcomes are provided at the

monthly Quality Improvement Committee (QIC) meetings, which includes County and contracted provider representatives.

A third mechanism will be a UR Summary report specific to DHCS POC items that will be complete after Utilization Reviews and discussed at QI meetings. Any trends or POC specific items may also be discussed and addressed at appropriate QI workgroups, which include County and contractor QI representatives. Timeliness reports for treatment plans are available for County and Contractor staff to utilize in order to address timeliness concerns with staff.

Corrective Action includes Contracted Providers:

Contracted providers were included in the documentation training and received the documentation manual. Contracted providers must also complete the documentation onboarding training prior to being allowed to access the EHR and bill for services. Contracted agencies are also involved in both the URC and the QIC, and as such remain current with any documentation compliance issues and corrections.

- Policy 45-04-02 Utilization Review Committee Peer Review of Outpatient Medical Records (attachment 18)
- Form MHIM #2501 Utilization Peer Audit Tool (see section 2. Assessment) (attachment 19)
- Policy 35-12-02: Consumer Wellness Plan (CWP) (attachment 23)
- MHIM #1005E: Consumer Wellness Plan (CWP) (attachment 24)

ITEM NO. 8, Section K, “Chart Review-Non-Hospital Services” Progress Notes:

PROTOCOL REQUIREMENTS

5a. Do the progress notes document 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 signature of the person providing the service (or electronic equivalent); the person's type of professional degree. And licensure or job title?

5b. When services are being provided to, or on behalf of, a beneficiary by two or more persons at one point in time, do the progress notes 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?

5c. Timeliness/frequency as follows:

Every service contact for:

Mental health services

Medication support services

Crisis intervention

Targeted Case Management

Intensive Care Coordination

Intensive Home Based Services

Therapeutic Behavioral Services

Daily for:

Crisis residential

Crisis stabilization (one per 23/hour period)

Day treatment intensive

Therapeutic Foster Care

Weekly for:

Day treatment intensive (clinical summary)

Day rehabilitation

Adult residential

- CCR, title 9, chapter 11, section 1810.205.2
- CCR, title 9, chapter 11, section 1810.254
- CCR, title 9, chapter 11, section 1810.440(c)(1)(2)
- CCR, title 9, chapter 11, section 1840.112(b)(2-5)
- CCR, title 9, chapter 11, section 1840.314(d)(e)
- CCR, title 9, chapter 11, sections 1840.316 - 1840.322
- CCR, title 22, chapter 3, section 51458.1
- CCR, title 22, chapter 3, section 51470
- MHP Contract, Exhibit A, Attachment I

Reasons for Recoupment (RR): Refer to the enclosed Recoupment Summary for additional details concerning disallowances

RR6. No progress note found for service claimed.

No progress note found.

Progress note provided does not match the claim in terms of Specialty Mental Health Service and/or Service Activity claimed.

Date of Service, and/or

Units of time.

RR11. Progress notes for group activities involving two (2) or more providers did not clearly document the following:

The specific involvement of each provider in the context of the mental health needs of the beneficiary;

The specific amount of time of involvement of each group provider in providing the service, including travel and documentation time if applicable; and

The total number of group participants

RR13. No service was provided.

No show/appointment cancelled, and no other eligible service documented

Service provided did not meet definition of a specific SMHS.

FINDING:

5a. Progress notes were not completed in accordance with regulatory and contractual requirements and/or with the MHP's written documentation standards:

The MHP was not following its own written documentation standards for timeliness of staff signatures on progress notes.

Progress notes did not document the following:

5a-1) Line number(s) ³⁶:

Timely documentation of relevant aspects of beneficiary care, as specified by the MHP's documentation standards (i.e., progress notes completed late based on the MHP's written documentation standards in effect during the audit period).

- Line number ³⁷: Seven late progress notes.
- Line number ³⁸: Six late progress notes.

³⁶ Line number(s) removed for confidentiality

³⁷ Line number(s) removed for confidentiality

³⁸ Line number(s) removed for confidentiality

- Line number ³⁹: Nine late progress notes.
- Line number ⁴⁰: Twenty-three late progress notes.
- Line number ⁴¹: One late progress note.
- Line number ⁴²: Seven late progress notes.
- Line number ⁴³: Five late progress notes.
- Line number ⁴⁴: One late progress note.
- Line number ⁴⁵: Six late progress notes.
- Line number ⁴⁶: Nineteen late progress notes.
- Line number ⁴⁷: Thirty-one late progress notes.
- Line number ⁴⁸: Twelve late progress notes.
- Line number ⁴⁹: Eight late progress notes.
- Line number⁵⁰: One late progress note.
- Line number⁵¹: One late progress note.
- Line number⁵²: Fifteen late progress notes.
- Line number⁵³: Thirteen late progress notes.

5a-8ii) Line number⁵⁴: The provider's professional degree, licensure or job title.

5b. Documentation of services being provided to, or on behalf of, a beneficiary by two or more persons at one point in time did not include all required components. Specifically:

Line number(s)⁵⁵: Progress note(s) did not document the specific involvement of each provider in the context of the mental health needs of the beneficiary. **RR11a, refer to Recoupment Summary for details.**

³⁹ Line number(s) removed for confidentiality

⁴⁰ Line number(s) removed for confidentiality

⁴¹ Line number(s) removed for confidentiality

⁴² Line number(s) removed for confidentiality

⁴³ Line number(s) removed for confidentiality

⁴⁴ Line number(s) removed for confidentiality

⁴⁵ Line number(s) removed for confidentiality

⁴⁶ Line number(s) removed for confidentiality

⁴⁷ Line number(s) removed for confidentiality

⁴⁸ Line number(s) removed for confidentiality

⁴⁹ Line number(s) removed for confidentiality

⁵⁰ Line number(s) removed for confidentiality

⁵¹ Line number(s) removed for confidentiality

⁵² Line number(s) removed for confidentiality

⁵³ Line number(s) removed for confidentiality

⁵⁴ Line number(s) removed for confidentiality

5c. Documentation in the medical record did not meet the following requirements:

Line number(s)⁵⁶: For Mental Health Services claimed, the service activity (e.g., Assessment, Plan Development, Rehab) identified on the progress note was not consistent with the specific service activity actually documented in the body of the progress note.

PLAN OF CORRECTION:

Corrective Actions:

To ensure that progress notes document the contribution, involvement, or participation of each staff member as it relates to the identified functional impairment and mental health needs of the beneficiary, and to ensure that all SMHS claimed describe the type of services or service activity consistent with the specific service activity actually documented in the body of the progress note, the Tulare County MHP prepared a standardized documentation manual (attachment 10), conducted standardized documentation training (4-4.5 hours) and follow up to the initial trainings with on-site question/answer sessions (1-1.5 hours), and implemented a standardized documentation onboarding process (4-4.5 hours). Additionally, in May 2018, the Tulare County MHP released a Memo regarding group note apportionments and documentation of co-facilitators to further clarify confusion around this service. Currently, there is a progress note timeliness report that is available for both County and Contractor managers. Additionally, progress note timeliness reports are submitted monthly to County and Contractor managers by the Tulare MHP Quality Improvement Unit.

Timeline for Implementation and Completion:

The standardized documentation manual was finalized in November 2017, and was subsequently released to all clinical staff during the standardized documentation trainings. The standardized documentation trainings occurred on:

11/9/2017 11/14/2017 11/16/2017 11/28/2017 11/29/2017 12/1/2017
12/4/2017 12/5/2017 12/6/2017 12/7/2017 12/11/2017 12/12/2017
12/21/2017 2/28/2018

The follow-up question/answer sessions occurred at the County and contractor provider sites on:

4/18/2018 4/19/2018 4/24/2018 5/1/2018 5/3/2018
5/4/2018
5/8/2018 5/10/2018 5/16/2018 5/17/2018 5/24/2018

The onboarding training ensures all clinical employees new to the Tulare County MHP system of care receive documentation training and receive the documentation manual

⁵⁵ Line number(s) removed for confidentiality

⁵⁶ Line number(s) removed for confidentiality

prior to being given access to the EHR system and allowed to bill for services. These occur monthly and have already occurred on:

1/18/2018 2/22/2018 4/26/2018 5/16/2018 6/20/2018 7/18/2018

The Memo describing new expectations and rules for use of co-facilitators was released in May 2018 in order to further clarify expectations of how to document the presence and contribution of any other staff and how this was necessary to address the mental health condition or need of the beneficiary. This Memo that went to all providers in the MHP (County and Contracted) also described changes to the EHR systems, particularly for group progress notes, that require additional documentation when utilizing co-facilitators. The UR Summary report that is specific to DHCS POC items will be developed and fully implemented by January 1, 2019. This report will be regularly submitted to DHCS after January 1, 2019 as continued evidence of addressing POC items.

Attachments/Proposed Evidence of Correction to be submitted:

- Mental Health Clinical Documentation Desk Manual (attachment 10)
- Documentation Training Log and PowerPoint (used in both the original general trainings and the continuous onboarding trainings) (attachment 11a & 11b)
- Sign-in Sheets: General documentation training (attachment 12)
- Sign-in Sheets: Documentation onboarding training (attachment 13)
- Memo: Co-Therapists (attachment 25)
- Progress Note Timeliness Reports (attachment 31)
- UR Summary reports specific to DHCS POC items (attachment 32)
- Progress Note Timeliness communication to managers (attachment 44)

Mechanism for Monitoring:

The primary mechanism for monitoring is the monthly chart review of a random sample of clinical records as completed by the Utilization Review Committee (URC). Within this process, a utilization review tool is used to ensure each case is analyzed according to consistent compliance standards. Included in this tool, but not limited to, are specific sections requiring the auditor to review any co-facilitated service for the required description and justification of the other staff present as it pertains to the needs of the client, and that the service claimed appears consistent with the service activities described in the body of the progress note and identify any deficiency.

A secondary mechanism is the Utilization Review Plans of Corrections issued by Utilization Review process. This mechanism also includes the identification of services needing to be disallowed and these are then submitted to billing for recoupment such as signature deficiencies. Documentation issues and URC outcomes are provided at the monthly Quality Improvement Committee (QIC) meetings, which includes County and contracted provider representatives. A third mechanism will be a UR Summary report specific to DHCS POC items that will be completed after Utilization Reviews and discussed at QI meetings. Any trends or POC specific items may also be discussed and addressed at appropriate QI workgroups, which include County and contractor QI representatives.

Corrective Action includes Contracted Providers:

Contracted providers were included in the documentation training and received the documentation manual. Contracted providers must also complete the documentation onboarding training prior to being allowed to access the EHR and bill for services. Contracted agencies are also involved in both the URC and the QIC, and as such remain current with any documentation compliance issues and corrections.

- Policy 45-04-02 Utilization Review Committee Peer Review of Outpatient Medical Records (attachment 18)
- Form MHIM #2501 Utilization Peer Audit Tool (see section 2. Assessment) (attachment 19)
- Policy 35-39: Progress Note (attachment 26)

Item No. 9, Section K, “Chart Review-Non-Hospital Services,” Documentation of Cultural and Linguistic Services:

PROTOCOL REQUIREMENTS

6. Regarding cultural/linguistic services and availability in alternative formats:

6a. Is there any evidence that mental health interpreter services are offered and provided, when applicable?

- CFR, title 42, section 438.10(c)(4)(5) CCR, title 9, chapter 11, section 1810.410
- CCR, title 9, chapter 11, section 1810.405(d)•

FINDING:

6a. There was no evidence that mental health interpreter services were offered and provided on every occasion to the following Line number(s)/parent(s)/legal guardian(s) of the following:

Line number⁵⁷: Beneficiary is monolingual Spanish. Ten of the fifteen progress notes did not indicate language accommodation. Two of these notes indicated the use of English during service.

Line number⁵⁸: One collateral service with Mother of beneficiary, whose preferred language is Spanish, did not indicate language accommodation.

PLAN OF CORRECTION:

Corrective Actions:

To ensure that all beneficiaries and their parents/legal guardians are offered mental health interpreter services when applicable and that these services are appropriately documented, the Tulare County MHP prepared a standardized documentation manual (attachment 10), conducted standardized documentation training (4-4.5 hours) and follow up to the initial trainings with on-site question/answer sessions (1-1.5 hours), and

⁵⁷ Line number(s) removed for confidentiality

⁵⁸ Line number(s) removed for confidentiality

implemented a standardized documentation onboarding process (4-4.5 hours). Additionally, in May 2018, the Tulare County MHP released a Memo regarding group note apportionments and documentation of co-facilitators to further clarify confusion around this service.

Timeline for Implementation and Completion:

The standardized documentation manual was finalized in November 2017, and was subsequently released to all clinical staff during the standardized documentation trainings. The standardized documentation trainings occurred on:

11/9/2017 11/14/2017 11/16/2017 11/28/2017 11/29/2017 12/1/2017
12/4/2017 12/5/2017 12/6/2017 12/7/2017 12/11/2017 12/12/2017
12/21/2017 2/28/2018

The follow-up question/answer sessions occurred at the County and contractor provider sites on:

4/18/2018 4/19/2018 4/24/2018 5/1/2018 5/3/2018
5/4/2018
5/8/2018 5/10/2018 5/16/2018 5/17/2018 5/24/2018

The onboarding training ensures all clinical employees new to the Tulare County MHP system of care receive documentation training and receive the documentation manual prior to being given access to the EHR system and allowed to bill for services. These occur monthly and have already occurred on:

1/18/2018 2/22/2018 4/26/2018 5/16/2018 6/20/2018 7/18/2018

A Memo went to all MHP providers (County and Contracted) specifically addressing language requirements and documentation was also released in July 2018 to further clarify the expectations of the Tulare County MHP that providers appropriately offer and address any language barriers and how this is to be documented.

Attachments/Proposed Evidence of Correction to be submitted:

- Mental Health Clinical Documentation Desk Manual (attachment 10)
- Documentation Training Log and PowerPoint (used in both the original general trainings and the continuous onboarding trainings) (attachment 11a & 11b)
- Sign-in Sheets: General documentation training (attachment 12)
- Sign-in Sheets: Documentation onboarding training (attachment 13)
- Memo: Primary Language Accommodation (attachment 27)
- Documentation Training PowerPoint presentation (attachment 29)
- Quality Improvement Committee Meeting Minutes (attachment 43)
- Manager URC Summary Report (attachment 45)

Mechanism for Monitoring:

The primary mechanism for monitoring is the monthly chart review of a random sample of clinical records as completed by the Utilization Review Committee (URC). Within this process, a utilization review tool is used to ensure each case is analyzed according to

consistent compliance standards. Included in this tool, but not limited to, is a specific section requiring the auditor to ensure that linguistic requirements are being addressed and documented appropriately in each service provided and identify deficiencies.

A secondary mechanism is the Utilization Review Plans of Corrections issued by Utilization Review process. This mechanism also includes the identification of services needing to be disallowed and these are then submitted to billing for recoupment such as signature deficiencies. Documentation issues and URC outcomes are provided at the monthly Quality Improvement Committee (QIC) meetings (attachments 43 and 45), which includes County and contracted provider representatives.

Corrective Action includes Contracted Providers:

Contracted providers were included in the documentation training and received the documentation manual. Contracted providers must also complete the documentation onboarding training prior to being allowed to access the EHR and bill for services. Contracted agencies are also involved in both the URC and the QIC (attachments 43 and 45), and as such remain current with any documentation compliance issues and corrections.

- Policy 45-04-02 Utilization Review Committee Peer Review of Outpatient Medical Records (attachment 18)
- Form MHIM #2501 Utilization Peer Audit Tool (see section 2. Assessment) (attachment 19)
- Policy 00-05: Cultural Competency Standards (attachment 28)