County of Monterey
HEALTH DEPARTMENT
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Administration Clinical Services
Behavioral Health Emergency Medical Services Public Health
Environmental Health/Animal Services Public Administrator/Public Guardian
Recipient of The California Endowment's 2017 Arnold X. Perkins Award of Outstanding Health Equity Practice

FISCAL YEAR (FY) 2017/2018

ANNUAL REVIEW OF SPECIALTY MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES

MONTEREY COUNTY MENTAL HEALTH PLAN

REVIEW Period: October 30- November 2 2017

Protocol Section	DHCS Findings	DHCS Recommended Plan of Corrections	MHP Plan of Corrections
Section A: Network Adequacy & Array of Services			
A1	FINDING The MHP did not furnish evidence it has a current Implementation Plan which meets title 9 requirements. DHCS reviewed the following documentation presented by the MHP as evidence of compliance:	PLAN OF CORRECTION The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a current Implementation Plan which meets title 9 requirements.	The MHP will review prior implementation plan and update the 2018 implementation plan to reflect current processes and procedures. The implementation plan shall be updated annually. Anticipated date of completion: June 30, 2018 Update: completed. Submitted evidence 8/20/18

	Phase 2 Mental Health Implementation Plan changes dated 6-9-97. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP does not have a current Implementation Plan. Protocol question A1 is deemed OOC.		
Section B: Access			
B2, B2a, & B2b	FINDINGS The MHP's provider directory did not indicate whether the provider has completed cultural competence training. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Provider Directory dated 9-3-17 However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the Provider Directory did not identify whether the providers	PLAN OF CORRECTION The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate the MHP's provider directory includes whether the provider has completed cultural competence training.	The MHP is updating the Provider Directory to include cultural capabilities as well as other components to meet this and all other requirements addressed in IN 18-020. Anticipated date of completion: June 30, 2018 Update: Completed. Evidence submitted 8/28/18

	had completed cultural competence training. Protocol question B2b is deemed OOC.		
B9a	In addition to conducting the seven (7) test calls, DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Call Center Script/protocol, Access to Treatment Call Center Protocols, MHP website - Access to treatment, and Patient Services Representative (PSR's) Telephone Script and Information. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Protocol question(s) 9a2 and 9a4 are deemed in partial compliance.	PLAN OF CORRECTION The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides a statewide, toll-free telephone number 24 hours a day, 7 days per week, with that will provide information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and how to use the beneficiary problem resolution and fair hearing processes. The DHCS review team made seven (7) calls to test the MHP's 24/7 toll-free line.	The MHP implemented a Call Center, which is staffed by licensed/ eligible clinical staff in an aim to improve the efficiency in supporting caller's needs. The MHP QI department provided staff with training in July 2017 that included information on accessing SMHS, determination of medical necessity, and beneficiary problem resolution process. With the exception of 1 finding, the finding noted issues are related to test calls performed during normal business hours. As a result, QI department shall provide training to Access to Treatment staff to reinforce these concepts. Anticipated date of completed training: July 1, 2018 The MHP contracts for 24/7 after-hours services with the Crisis Support Services of Alameda County. The MHP QI department has evaluated the script used by this service. The script includes information on beneficiary's problem resolution. Additionally, the MHP QI has implemented a monthly meeting with Deputy Director or designee to review results of ongoing test call conducted the MHP QI Department for real-time feedback. QI

			department will continue to evaluate ongoing training needs and address the needs as appropriate.
B10, B10a, B10b	FINDINGS 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: Call Log results from April-June 2017, Call Log example - Report 766, Call Log Guide, Call log training and sign in sheets of attendees. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, three (3) of the five test calls were not logged on the call log.	PLAN OF CORRECTION: The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that its written log of initial requests for SMHS (including requests made via telephone, in person or in writing) complies with all regulatory requirements.	The MHP implemented a Call Center, which is staffed by licensed/ eligible clinical staff in an aim to improve the efficiency in supporting caller's needs. The MHP QI department provided staff with training in July 2017 that included information on accessing SMHS, determination of medical necessity, and beneficiary problem resolution process. With the exception of 1 finding, the finding noted issues are related to test calls performed during normal business hours. As a result, QI department shall provide training to Access to Treatment staff to reinforce these concepts. Anticipated date of completed training: July 1, 2018 Update: Complete, Submitted evidence 9/12/18
B12, B12a, B12c	FINDINGS The MHP did not furnish evidence that it completes an annual report of CCC activities. Protocol question B12c is deemed OOC.	PLAN OF CORRECTION The MHP must also provide evidence the CCC completes an annual report of CCC activities	The plan was submitted to DHCS on 2/5/2018. http://www.co.monterey.ca.us/home/showdocument?id=64141 CCC to provide quarterly updates and report out on activities to QIC.

B13a, B13b	FINDINGS The MHP did not furnish evidence it has a plan for annual cultural competence training necessary to ensure the provision of culturally competent services. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Cultural Competency Plan 2016 which identified that 4 hours of cultural relevancy and humility training are required annually, Key Elements for LGBTQ Culturally Competent Organizations-Intake Systems training agenda dated 11-9-16 and list of attendees, Memo regarding New Employee training, Cultural Competence curriculum and list of attendees, flyer for the Equal Opportunity, Nondiscrimination and Diversity training, Training syllabus for Providing Equal Access and Medical Care for Trans and Gender Non-Conforming Populations dated i -i 1-i 7 and list of attendees. However, it	PLAN OF CORRECTION The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a plan for annual cultural competence training necessary to ensure the provision of culturally competence. Specifically, the MHP must develop a plan for, and provide evidence of implementation of, cultural competency training for administrative and management staff as well as persons providing SMHS employed by or contracting with the MHP. MHP should develop a tracking system that clearly identifies hours completed distinguishing between administrative, management, and persons providing SMHS employed by or contracting with the MHP.	To help ensure that our diversity serves as a strength in our work, we have organized trainings on multiple days. The Foundations in Cultural Competence: Diversity, Equity, Inclusion and Humility, presented by Matthew R. Mock, Ph.D. This course will be offered multiple times over the next eighteen months; The training is open to County and Contracted Provider staff. We aim for all MCBH staff members to attend once by December 2019. The course will be offered three (3) times in 2018: •6/7/2018 •9/13/2018 •11/16/2018. Additionally, for several years, all staff documentation trainings have had cultural relevance components woven throughout all trainings to support and reinforce the interconnectedness of culture in the lives of people we serve. The MHP's Training Department will use an electronic learning management system (LMS)- my Learning Pointe (mLP) - to track MHP's staff attendance at cultural competence training. Contracted providers will provide MHP Training

	was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not have a plan for or evidence of implementation of cultural competency training for administrative and management staff and/or persons providing SMHS employed by or contracting with the MHP. Protocol questions B13a1 and B13a2 is deemed OOC.		Department with a bi-annual list of their staff members cultural competency training hours. Minimum hours of cultural competency training for MCBH staff is being increased from 4 to 6 hours.
Section C: Coverage and Authorization			
C1, C1a, C1b, C1c	FINDINGS The MHP did not furnish evidence it complies with regulatory requirements regarding Treatment Authorization Requests (TAR) for hospital services. DHCS reviewed the MHP's authorization policy and procedures: P&P #112 Treatment Authorization Request (TAR) and the Short Doyle Claim Authorization and	PLAN OF CORRECTION The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it complies with regulatory requirements regarding Treatment Authorization Requests (TARs) for hospital services.	The MHP QI team processes all TARs. As such, we will continue to monitor and ensure all necessary elements are present prior to closing TAR process. Updated: Completed and submitted evidence on 9/12/18

	Processing, dated [1]. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, DHCS found eight (8) of the 101 TAR decisions lacked an accompanying licensure in the signature. Seven (7) were not adjudicated within 14 calendar days. DHCS inspected a sample of 101 TARs to verify compliance with regulatory requirements. The TAR sample review findings. Protocol questions C1a and C1b are deemed in partial compliance. For C1c- One (1) out of the 101 TARs did not include evidence that each adverse decision based on criteria for medical necessity or emergency admission were reviewed and approved by a physician (or by a psychologist, per regulations). Protocol question C1c is deemed in partial compliance.		

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C2, C2a, C2b, C2c, C2d	FINDINGS The MHP did not furnish evidence it complies with regulatory requirements regarding standard authorization requests (SARs) for non-hospital SMHS services. DHCS reviewed the MHP's authorization policy and procedure: P&P 108 Medicaid Managed Care Plan, and P&P #112 Treatment Authorization Request (TAR) and Short Doyle Claim Authorization and Processing dated [2]. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, eight (8) of the fifty SARs reviewed onsite lacked a date stamp to ensure a timely response. Two (2) were missing the clinician's title in the signatures. Protocol questions C2b and C2c are deemed in partial compliance	PLAN OF CORRECTION The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it complies with regulatory requirements regarding SARs for non-hospital SMHS services	Authorization for outpatient SMHS is accomplished by the Case Coordinator authorizing the Client Plan. Documentation of authorization is done via progress note. The procedure is described in more detail in the MCBH Clinical Documentation Guide that can be found on the MCBH website at http://qi.mtyhd.org/index.php/home/. For adults, authorizations are made for up to one year for outpatient services, 90 days for Day Treatment Intensive and 180 days for Day Treatment Rehabilitation services. Additional procedures are in place for authorization of Day Treatment, Therapeutic Behavioral Services (TBS) and Wraparound Services for children. The progress noted above is used to document the authorization approval process, however, a SAR form is used to request authorization of services. The Division Director or designee(s) authorized payment for Day Treatment and additional specialty mental health services for Monterey County beneficiaries only when it has been determined that both medical necessity and service necessity exist. Initial authorization will be for up to 90 days for Day Treatment Intensive and STRTP and up to 180 days for Day Rehabilitation. Initial authorizations for TBS services are for 90 days with reassessment every 90 days.

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			Requests for reauthorization are submitted and processed the same way as initial authorization requests and include a review and monitoring for goals and progress toward goals as related to the mental health needs of the child. Service authorization request for Children's services, Day Treatment, TBS and WRAPAROUND are completed within 5-business days. Outpatient Services are authorized within a 60-day time line. The MHP QI team will review and update policies to clearly identify the authorization and reauthorization process. Anticipated date of completion of policy updates: November 30, 2018 The MHP is presently building management system that would support and streamline the authorization and referral process. Anticipated date of completed testing and evaluation of management system: December 31, 2018
C3, C3a	FINDINGS The MHP did not furnish evidence it requires providers to request advance payment authorization for Day Treatment Authorization (DTI) and Day	PLAN OF CORRECTION The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it requires providers to request advance payment authorization for	Authorization for outpatient SMHS is accomplished by the Case Coordinator authorizing the Client Plan. Documentation of authorization is done via progress note. The procedure is described in more detail in the MCBH Clinical Documentation Guide that can be found on the MCBH website at

	Rehabilitation (DR). DHCS reviewed the MHP's authorization policy and procedure: P&P #112 Treatment Authorization Request (TAR) and Short Doyle Claim Authorization and Processing dated [3], and Section 1 of the Department of Healthcare Services Program Description Guidelines and Service Description (Day Treatment). However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, two (2) of the DTI authorizations were approved outside of the 3-month timeframe for continuation of services. In addition, DHCS inspected a sample of twenty-four (24) authorizations for DTI and DR to verify compliance with regulatory requirements. Protocol question C3a2 is	DTI and DR.	http://qi.mtyhd.org/index.php/home/. For adults, authorizations are made for up to one year for outpatient services, 90 days for Day Treatment Intensive and 180 days for Day Treatment Rehabilitation services. MHP QI will review and update policies to accurately reflect payment authorization. Anticipated completion by: November 30, 2018 The MHP will provide detailed and specific training to Day Treatment program staff, update Clinical Documentation Guide, and monitor application of training in documentation. MHP will evaluate efficacy and application of training through utilization review for appropriate documentation of services delivery. Review will occur with a sample of clients for 1-month and 3-months post completion of training. Issues identified during review process will result in actions to remedy documentation concerns. Anticipated completion of training June 30, 2018. Update: Completed. Evidence submitted on 8/21/18

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	deemed in partial compliance.		
Section G: Provider Relations			
G3, G3a, G3b	FINDINGS The MHP did not furnish evidence it has an ongoing and effective monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified per title 9 regulations. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P #125 Medi-Cal Site Certification. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, of the 73 Medi-Cal active providers in Monterey county five (5) were overdue for recertification at the time of the system review. Protocol question G3b is deemed in partial compliance DHCS reviewed its Online	PLAN OF CORRECTION The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has an ongoing and effective monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified per title 9 regulations.	Per most recent POS reported dated 5/10/18, there appears to be 1 provider with an overdue recertification. The POC has been submitted to DHCS

	Provider System (OPS) and generated an Overdue Provider Report which indicated the MHP has providers overdue for certification and/or re-certification. Protocol question G3b is deemed in partial compliance		
Section J: Mental Health Services (MHSA)			
J4, J4a, J4b 1-3	FINDINGS The County did not furnish evidence it has conducted an assessment of its capacity to implement the proposed programs/services which includes -percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to the percentage of the total population needing services and the total population being served. -Specifically, the county informed the DHCS they were not performing this task. Protocol question J4b3 is deemed OOC	PLAN OF CORRECTION The County is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it conducts an assessment of its capacity to implement the proposed programs/services which includes percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to the percentage of the total population needing services and the total population being served.	The MHP shall demonstrate a formal assessment of its capacity. The MHP shall use NACT information to gather provider information as part of the assessment. The MHP will evaluate the "percentage of the total population that may need services and total population being served" in Monterey County. Anticipated date of completion: 12/31/18 Please note we presently have programs to address general community services and supports requirements, including, but not limited to: . 1. Adult and Older Adult MH systems of Care: The MHP has adult systems of care, which includes the MCHOME program and other FSPs that work with homeless or at risk of homeless mentally ill adults. 2. The Older Adult System of Care: The MHP has services in place to address the needs of this

			population. 3. The MHP has peer support, workforce support, wellness navigation, and family education (NAMI) that support the delivery system. 4. The MHP has continuous outreach efforts through Prevention and Early Intervention (PEI) program 5. The MHP offers wraparound programs such as Full Service Partnerships (FSP) as part of the Children's System of Care (CSOC). 6. The MHP used MHSA to leverages FFP. MHSA is used to provide the services and supports of supported housing, which are not reimbursed my MediCal billing.
Section K: Chart Review			
K1, K1a, K1b, K1c, K1d Reasons for Recoupment (RR3). Documentation in the medical record does not establish the expectation that	FINDING 1c-1: The medical record associated with the following Line number(s) did not meet medical necessity criteria since the focus of the proposed and actual intervention(s) did not address the mental health condition, as specified in the CCR, title 9, chapter 11, section 1830.205(b)	PLAN OF CORRECTION 1c-1: The MHP shall submit a POC that describes how the MHP will ensure that interventions are focused on a significant functional impairment that is directly related to the mental health condition, as specified in CCR, title 9, chapter 11, section 1830.205(b)(3)(A).	MHP QI department performs ongoing utilization reviews (UR). Information learned through the UR process is used for ongoing improvement of MCBH systems and processes, including but not limited to clinical service delivery and staff training and development. Trends identified through the UR process are presented by MHP QI staff directly to the Program Manager/Supervisor. MHP QI department work collaboratively with

the claimed intervention(s) will do, at least, one of the following: 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 Medi-Cal beneficiaries under the age of 21 years, correct or ameliorate the condition. RR13: No service provided:	(3) (A): • Line number(s) [4] (RR 3 & RR 13b)		Training Department to share information learned from utilization review processes to ensure training content is updated to reflect current documentation issues noted during utilization review. The MHP Training Department currently offers three clinical documentation courses related to assessment, treatment planning and progress note writing. These course focus on medical necessity and person-centered, strengths based care. The courses build upon each other and emphasize the "Golden Thread" that must exist between assessment, care planning and interventions to support medically necessary interventions. The MHP Training Department is in the process of developing a case conceptualization course to add to MCBH's Training Plan. Additionally, information on documentation trends are reported out with clarification via newsletter, policy updates, and/or program-specific feedback. Update: Submitting training materials and sing-in sheets Clinical Documentation Guide:

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a) 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 b) Service provided did not meet definition of a specific SMHS,			http://qi.mtyhd.org/index.php/home/documentation-guide/ Clinical Staff Peer Review: http://qi.mtyhd.org/wp-content/uploads/2018/08/Monthly-Supervisory-Chart-Review-2018-08-30.pdf
Section K: Assessment K2, K2a	FINDINGS 2a: Assessments were not completed in accordance with regulatory and contractual requirements, specifically: 1) 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:	PLAN OF CORRECTION 2a: The MHP shall submit a POC that describes how the MHP will ensure that assessments are completed in accordance with the timeliness and frequency requirements specified in the MHP's written documentation standards.	The MHP Training Department has developed a course which aims to support staff's effective methods for using available reports in electronic health record to help staff plan to annual renewals and improve completion of assessments within designated documentation expectations. MHP QI department performs ongoing utilization reviews (UR). Information learned through the UR process is used for ongoing improvement of MCBH systems and processes, including but not limited to clinical service delivery and staff training and development. Trends identified through the UR

	• Line number [5]: There was no updated assessment found in the medical record. During the review, MHP staff were given the opportunity to locate the missing assessment but could not locate the document in the medical record. • Line number(s) [6]: The updated assessment was completed late. • Line number [7] - The current assessment dated [8] was late. Per the MHP policy for annual updates, the current assessment was due [9]. Line number [10] - The chart did not contain an updated assessment for 2015. The 2015 updated assessment would have preceded the assessment evaluated during the review period in order to assess for timeliness of the current assessment.		process are presented by MHP QI staff directly to the Program Manager/Supervisor. MHP QI department work collaboratively with Training Department to share information learned from utilization review processes to ensure training content is updated to reflect current documentation issues noted during utilization review. The MHP Training Department currently offers three clinical documentation courses related to assessment, treatment planning and progress note writing. These course focus on medical necessity and person-centered, strengths based care. The courses build upon each other and emphasize the "Golden Thread" that must exist between assessment, care planning and interventions to support medically necessary interventions. The MHP Training Department is in the process of developing a case conceptualization course to add to MCBH's Training Plan. Additionally, information on documentation trends

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			are reported out with clarification via newsletter, policy updates, and/or program-specific feedback. Update: Submitting training materials and sing-in sheets Clinical Documentation Guide: http://qi.mtyhd.org/index.php/home/documentation-guide/ Clinical Staff Peer Review: http://qi.mtyhd.org/wp-content/uploads/2018/08/Monthly-Supervisory-Chart-Review-2018-08-30.pdf
Section K: Assessment K2b	FINDING 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: 1) Relevant conditions and psychosocial factors affecting the beneficiary's physical health and mental health, including history of trauma (if	PLAN OF CORRECTION 2b: The MHP shall submit a POC that describes how the MHP will ensure that every assessment contains all of the required elements specified in the MHP Contract with the Department.	The MHP QI and Training Departments have developed a clinical utilization tool for supervisors and staff to use to assess the quality of documentation. This "supervisory UR tool" was implemented approximately a year ago. Since then, QI and Training Departments have reviewed the effectiveness of the tool. Analysis of effectiveness of tool suggests that more training and "calibration" is needed with the supervisors to improve inter-rater reliability. To ensure calibration/inter-rater reliability, the MHP QI and Training managers will facilitate a monthly utilization review committee; This

	appropriate): Line number [11]. Line number [12] did not include discussion of history of trauma, which is diagnostically relevant in this case. 2) Mental Health History: Line number [13]. 3) Medical History: Line number(s) [14]. 4) Medications: Line number(s) [15]. 5) Substance Exposure/Substance Use: Line number(s) [16]. 6) Client Strengths: Line number(s) [17]. 7) Risks: Line number [18]. 8) A mental status examination: Line number(s) [19].		committee will be comprised of supervisors and will support the inter-rater reliability. Committee members will use the "supervisory UR tool" to review randomly selected charts. Supervisors will use this information to support supervisees documentation standards. Several years back, the MHP QI department imbedded "right-click" stem sentences that guide the clinician to ensure that all required elements of the psychosocial assessment are included in the assessment. Additionally, we have included other stem sentences that support crisis risk assessment and evaluation, such as the use of protective factors. We have evaluated the use of this "right-click" practice. Analysis of such reveals clinicians are not using this function to further guide their work. As a result, the training department has added an "Assessment Writing" classroom-style course that will support the use of the stem-sentence to guide assessment process.

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			MHP QI department performs ongoing utilization reviews (UR). Information learned through the UR process is used for ongoing improvement of MCBH systems and processes, including but not limited to clinical service delivery and staff training and development. Trends identified through the UR process are presented by MHP QI staff directly to the Program Manager/Supervisor. MHP QI department work collaboratively with Training Department to share information learned from utilization review processes to ensure training content is updated to reflect current documentation issues noted during utilization review. The MHP Training Department currently offers three clinical documentation courses related to assessment, treatment planning and progress note writing. These course focus on medical necessity and person-centered, strengths based care. The courses build upon each other and emphasize the "Golden Thread" that must exist between assessment, care planning and interventions to support medically necessary interventions. The MHP Training Department is in the process of developing a case conceptualization course to add to MCBH's Training Plan. Additionally, information on documentation trends

			are reported out with clarification via newsletter, policy updates, and/or program-specific feedback.
Medication Consent K3, K3a	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: 1) Line number(s) [20]: 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. 2) Line number(s) [21]: Although there was a written	PLAN OF CORRECTION 3a: The MHP shall submit a POC that describes how the MHP will ensure that: 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.	The MHP QI department in conjunction with MHP Medical Director will initiate an MD Peer Utilization Review process to review and support the documentation standards. Documentation standards include, but is not limited to, establishing of medical necessity through assessment process, ongoing evaluation of client needs, quality of care, treatment planning, and discharge planning. Medication prescribing practices, including the required look up of CURES 2.0 database systems, as applicable. The MD Peer Review information will be presented to medical staff in June 2018. The anticipated start date for the MD Peer Review committee is expected in August 2018. Additionally, the MHP Training Department will develop an on-demand training on medication consents documentation expectations and a how-to-complete the medication consents in their entirety. Anticipated completion date of training: July 2018.

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	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.		Update: Submitting training materials and sing-in sheets Clinical Documentation Guide: http://qi.mtyhd.org/index.php/home/documentation-guide/ Clinical Staff Peer Review: http://qi.mtyhd.org/wp-content/uploads/2018/08/Monthly-Supervisory-Chart-Review-2018-08-30.pdf Example of Medication Consent Form and Report Policy 422 Utilization Review http://qi.mtyhd.org/wp-content/uploads/2014/09/422-Utilization-Review.pdf
Medication Consent K3b	FINDING 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	PLAN OF CORRECTION 3b: The MHP shall submit a POC that describes how the MHP will ensure that every medication consent process addresses all of the required elements specified in the MHP Contract with the Department.	The MHP QI department has updated the Medication consents to include an attestation, where the MD can attest the elements are required by contractual agreements. The attestation was added to the consents form and training of medical staff was conducted in January 2018 by QI Manager and Medical Director. Update: Evidence of Medication Consent form and

	been reviewed with the beneficiary, and/or provided in accompanying written materials to the beneficiary: 1) Reasonable alternative treatments available, if any: Line number(s) [22]. 2) Range of Frequency: Line number [23] (oral or injection): Line number(s) [24]. 4) Duration of taking each medication: Line number(s) [25]. 5) Probable side effects: Line number(s) [26]. 6) Possible side effects if taken longer than 3 months: Line number(s) [27].		report with signature submitted on [28] Chart Review template submitted 9/14/18 Policy 422: http://qi.mtyhd.org/wp-content/uploads/2014/09/422-Utilization-Review.pdf
Medication Consent K3c	FINDING 3c: The medication consent(s) did not include the signature of the qualified person providing the service (or electronic equivalent) that includes the person's	PLAN OF CORRECTION 3c: The MHP shall submit a POC that describes how the MHP will ensure that all documentation includes the signature (or electronic equivalent) with the professional degree,	The MHP uses an electronic signature equivalent when submitting documentation in the electronic health record. Each staff is provided with a staff user identification which is password protected in which the individual staff member uses to log-in to electronic health record. The medical staff

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	professional degree, licensure, or job title: Line number(s) [29].	licensure or title of the qualified person providing the service.	complete the medication consent and the submit/save the document; the information is stored in the client's record with information on who completed/submitted the document. The MHP uses reports to display elements within the electronic health records. During the triennial on-site review, it was noted that the print version (report version) of the document did not contain the staff's electronic signature. As noted above, the sign-in and submission/saving of documentation is considered an electronic signature equivalent. As such, although the electronic document contained the electronic signature, the print version did not. The MHP QI department has updated reports (12/2017) to include to include the professional degree, license, etc. on print versions of the report. Update: Evidence of Medication Consent form and report with signature submitted on [30] Chart Review template submitted 9/14/18 Policy 422: http://qi.mtyhd.org/wp-content/uploads/2014/09/422-Utilization-Review.pdf
Client Plans	FINDING 4a:	PLAN OF CORRECTION 4a:	The MHP Training Department is developing an on-

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K4, K4a Reasons for Recoupment (RR): RR5. Services that cannot be claimed without a Client Plan in place were claimed either: a) Prior to the initial Client Plan being in place; or b) During the period where there was a gap or lapse between client plans; or c) When there was no client plan in effect.	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 [31]: There was no initial client plan in the medical record. The initial plan was signed/finalized by the provider on [32], later than 60 days of admission date [33], per MHP's written documentation standards. However, this occurred outside of the audit review period. • Line number(s) [34]: There was a lapse between the prior and 'current client plans. However, this occurred outside of the	The MHP shall submit a POC that describes how the MHP will: 1) Ensure that client plans are completed prior to planned services being provided. 2) Ensure that client plans are updated at least on an annual basis as required in the MHP Contract with the Department, and within the timelines and frequency specified in the MHP's written documentation standards. 3) Ensure that planned services are not claimed when the service provided is not included in the current client plan.	demand course to help staff leverage reports available in the electronic health record that support time management and keeping track of upcoming events related to timeliness documentation standards. Anticipated date of completion: August 2018 MHP QI department performs ongoing utilization reviews (UR). Information learned through the UR process is used for ongoing improvement of MCBH systems and processes, including but not limited to clinical service delivery and staff training and development. Trends identified through the UR process are presented by MHP QI staff directly to the Program Manager/Supervisor. MHP QI department work collaboratively with Training Department to share information learned from utilization review processes to ensure training content is updated to reflect current documentation issues noted during utilization review. The MHP Training Department currently offers three clinical documentation courses related to assessment, treatment planning and progress note

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[33] Date(s) removed for confidentiality
[34] Line number(s) removed for confidentiality

	audit review period. • Line number(s) [35]: 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		writing. These course focus on medical necessity and person-centered, strengths based care. The courses build upon each other and emphasize the "Golden Thread" that must exist between assessment, care planning and interventions to support medically necessary interventions. The MHP Training Department is in the process of developing a case conceptualization course to add to MCBH's Training Plan. Additionally, information on documentation trends are reported out with clarification via newsletter, policy updates, and/or program-specific feedback. Update: Submitting training materials and sing-in sheets Clinical Documentation Guide: http://qi.mtyhd.org/index.php/home/documentation-guide/ Clinical Staff Peer Review: http://qi.mtyhd.org/wp-content/uploads/2018/08/Monthly-Supervisory-Chart-Review-2018-08-30.pdf Example of Medication Consent Form and Report Policy 422 Utilization Review http://qi.mtyhd.org/wp-content/uploads/2014/09/422-Utilization-

[35] Line number(s) removed for confidentiality

			Review.pdf
Client Plans K4b	FIND1NG 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 number(s) [36]. 4b-2) One or more of the proposed interventions did not include a detailed description. Line number(s) [37]. 4b-3) One or more of the proposed interventions did not indicate an expected frequency. Line number(s) [38].	PLAN OF CORRECTION 4b: The MHP shall submit a POC that describes how the MHP will ensure that: 1) (4b-l.) All client plan goals/treatment objectives are specific, observable and/or quantifiable and relate to the beneficiary's documented mental health needs and functional impairments as a result of the mental health diagnosis. 2) (4b-2.) All mental health interventions/modalities proposed on client plans include a detailed description of the interventions to be provided and do not just identify a type or modality of service (e.g. "therapy", "medication", "case management", etc.). 3) (4b-3, 4b-4.) All mental health interventions proposed on client plans indicate both an expected frequency and duration for each	The MHP QI and Training Departments have developed a clinical utilization tool for supervisors and staff to use to assess the quality of documentation. This "supervisory UR tool" was implemented approximately a year ago. Since then, QI and Training Departments have reviewed the effectiveness of the tool. Analysis of effectiveness of tool suggests that more training and "calibration" is needed with the supervisors to improve inter-rater reliability. To ensure calibration/inter-rater reliability, the MHP QI and Training managers will facilitate a monthly utilization review committee; This committee will be comprised of supervisors and will support the inter-rater reliability. Committee members will use the "supervisory UR tool" to review randomly selected charts. Supervisors will use this information to support supervisees documentation standards. MHP QI department performs ongoing utilization reviews (UR). Information learned through the UR process is used for ongoing improvement of MCBH systems and processes, including but not limited to clinical service delivery and staff training and development. Trends identified through the UR

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	4b-4) One or more of the proposed interventions did not indicate an expected duration. Line number(s) [39]. 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 number(s) [40]. 4b-6) One or more client plans did not address the mental health needs and functional impairments identified as a result of the mental disorder. Line number [41]. 4b-7) One or more of the proposed interventions were not consistent with client plan goals/treatment objectives. Line number(s) [42]. One or more client plans were	intervention. 4) (4b-5.) All mental health interventions/modalities proposed on client plans address the mental health needs and identified functional impairments of the beneficiary as a result of the mental disorder. 5) (4b-6.) All mental health interventions proposed on client plans are consistent with client plan goals/treatment objectives. 6) (4b-7.) All client plans are consistent with the qualifying diagnosis.	process are presented by MHP QI staff directly to the Program Manager/Supervisor. MHP QI department work collaboratively with Training Department to share information learned from utilization review processes to ensure training content is updated to reflect current documentation issues noted during utilization review. The MHP Training Department currently offers three clinical documentation courses related to assessment, treatment planning and progress note writing. These course focus on medical necessity and person-centered, strengths based care. The courses build upon each other and emphasize the "Golden Thread" that must exist between assessment, care planning and interventions to support medically necessary interventions. The MHP Training Department is in the process of developing a case conceptualization course to add to MCBH's Training Plan. Additionally, information on documentation trends are reported out with clarification via newsletter, policy updates, and/or program-specific feedback.

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[40] Line number(s) removed for confidentiality
[41] Line number(s) removed for confidentiality
[42] Line number(s) removed for confidentiality

	not consistent with the qualifying diagnosis. Line number [43].		Update: Submitting training materials and sing-in sheets Clinical Documentation Guide: http://qi.mtyhd.org/index.php/home/documentation-guide/ Clinical Staff Peer Review: http://qi.mtyhd.org/wp-content/uploads/2018/08/Monthly-Supervisory-Chart-Review-2018-08-30.pdf Example of Medication Consent Form and Report Policy 422 Utilization Review http://qi.mtyhd.org/wp-content/uploads/2014/09/422-Utilization-Review.pdf
Client Plans K4d RR4: No documentation of beneficiary or legal guardian participation and agreement with the client plan or written explanation of	FINDING 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	PLAN OF CORRECTION 4d: The MHP shall submit a POC that describes how the MHP will: 1) Ensure that the beneficiary's signature is obtained on the client plan, as specified in the MHP Contract with the Department and CCR, title 9, chapter 11, section 1810.440{c)(2)(A)(B). 2) Ensure that services are not claimed when the beneficiary's: a) Participation in and agreement	The MHP QI and Training Departments have developed a clinical utilization tool for supervisors and staff to use to assess the quality of documentation. This "supervisory UR tool" was implemented approximately a year ago. Since then, QI and Training Departments have reviewed the effectiveness of the tool. Analysis of effectiveness of tool suggests that more training and "calibration" is needed with the supervisors to improve inter-rater reliability. To ensure calibration/inter-rater reliability, the MHP QI and Training managers will facilitate a

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the beneficiary's refusal or unavailability to sign as required in the Mental Health Plan (MHP) Contract with the Department.	MHP's written documentation standards: Line number(s) [44]: 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 per the MHP's written documentation standards. However, the signature was missing. RR4, refer to Recoupment Summary for details. During the review, the MHP staff was provided the opportunity to locate the client/legal representative signature in question but could not find written evidence in the medical record.	with the client plan is not obtained and the reason for refusal is not documented. b) Signature is not obtained when required or not obtained and the reason for refusal is not documented.	monthly utilization review committee; This committee will be comprised of supervisors and will support the inter-rater reliability. Committee members will use the "supervisory UR tool" to review randomly selected charts. Supervisors will use this information to support supervisees documentation standards. MHP QI department performs ongoing utilization reviews (UR). Information learned through the UR process is used for ongoing improvement of MCBH systems and processes, including but not limited to clinical service delivery and staff training and development. Trends identified through the UR process are presented by MHP QI staff directly to the Program Manager/Supervisor. MHP QI department work collaboratively with Training Department to share information learned from utilization review processes to ensure training content is updated to reflect current documentation issues noted during utilization review. The MHP Training Department currently offers three clinical documentation courses related to assessment, treatment planning and progress note writing. These course focus on medical necessity and person-centered, strengths based care. The courses build upon each other and emphasize the

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			"Golden Thread" that must exist between assessment, care planning and interventions to support medically necessary interventions. The MHP Training Department is in the process of developing a case conceptualization course to add to MCBH's Training Plan. Additionally, information on documentation trends are reported out with clarification via newsletter, policy updates, and/or program-specific feedback. Update: Submitting training materials and sing-in sheets Clinical Documentation Guide: http://qi.mtyhd.org/index.php/home/documentation-guide/ Clinical Staff Peer Review: http://qi.mtyhd.org/wp-content/uploads/2018/08/Monthly-Supervisory-Chart-Review-2018-08-30.pdf Example of Medication Consent Form and Report Policy 422 Utilization Review http://qi.mtyhd.org/wp-content/uploads/2014/09/422-Utilization-Review.pdf
Client Plan	FINDING 4e:	PLAN OF CORRECTION 4e:	The MHP QI and Training Departments have

K4e	There was no documentation that the beneficiary or legal guardian was offered a copy of the client plan for the following: Line number(s) [45]. During the review, the MHP staff was provided the opportunity to locate the documentation in question but could not find written evidence in the medical record.	The MHP shall submit a POC that describes how the MHP will: 1) Ensure that there is documentation substantiating that the beneficiary was offered a copy of the client plan. 2) Submit evidence that the MHP has an established process to ensure that the beneficiary is offered a copy of the client plan.	developed a clinical utilization tool for supervisors and staff to use to assess the quality of documentation. This "supervisory UR tool" was implemented approximately a year ago. Since then, QI and Training Departments have reviewed the effectiveness of the tool. Analysis of effectiveness of tool suggests that more training and "calibration" is needed with the supervisors to improve inter-rater reliability. To ensure calibration/inter-rater reliability, the MHP QI and Training managers will facilitate a monthly utilization review committee; This committee will be comprised of supervisors and will support the inter-rater reliability. Committee members will use the "supervisory UR tool" to review randomly selected charts. Supervisors will use this information to support supervisees documentation standards. MHP QI department performs ongoing utilization reviews (UR). Information learned through the UR process is used for ongoing improvement of MCBH systems and processes, including but not limited to clinical service delivery and staff training and development. Trends identified through the UR process are presented by MHP QI staff directly to the Program Manager/Supervisor. MHP QI department work collaboratively with Training Department to share information learned

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			from utilization review processes to ensure training content is updated to reflect current documentation issues noted during utilization review. The MHP Training Department currently offers three clinical documentation courses related to assessment, treatment planning and progress note writing. These course focus on medical necessity and person-centered, strengths based care. The courses build upon each other and emphasize the "Golden Thread" that must exist between assessment, care planning and interventions to support medically necessary interventions. The MHP Training Department is in the process of developing a case conceptualization course to add to MCBH's Training Plan. Additionally, information on documentation trends are reported out with clarification via newsletter, policy updates, and/or program-specific feedback. Update: Submitting training materials and sing-in sheets Clinical Documentation Guide: http://qi.mtyhd.org/index.php/home/documentation-guide/

			Clinical Staff Peer Review: http://qi.mtyhd.org/wp-content/uploads/2018/08/Monthly-Supervisory-Chart-Review-2018-08-30.pdf Example of Medication Consent Form and Report Policy 422 Utilization Review http://qi.mtyhd.org/wp-content/uploads/2014/09/422-Utilization-Review.pdf
Progress Notes K5a RR6: No progress note found for service claimed. a) No progress note found. b) Progress note provided does not match the claim in terms of 1) Specialty Mental Health Service and/or Service Activity claimed. 2) Date of Service, and/or	FINDING 5a: Progress notes were not completed in accordance with regulatory and contractual requirements and/or with the MHP's written documentation standards: 5a-1) Line number(s) [46]: 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). A total of 66 progress notes did not meet the MHP standards for timely completion.	PLAN OF CORRECTION 5a: The MHP shall submit a POC that describes how the MHP will ensure that progress notes document: 1) 5a-1) Timely completion by the person providing the service and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP's written documentation standards. 2) 5a-8) The provider's/providers' professional degree, licensure or job title. 3) Specialty Mental Health Services claimed are actually provided to the beneficiary.	The MHP QI and Training Departments have developed a clinical utilization tool for supervisors and staff to use to assess the quality of documentation. This "supervisory UR tool" was implemented approximately a year ago. Since then, QI and Training Departments have reviewed the effectiveness of the tool. Analysis of effectiveness of tool suggests that more training and "calibration" is needed with the supervisors to improve inter-rater reliability. To ensure calibration/inter-rater reliability, the MHP QI and Training managers will facilitate a monthly utilization review committee; This committee will be comprised of supervisors and will support the inter-rater reliability. Committee members will use the "supervisory UR tool" to review randomly selected charts. Supervisors will use this information to support supervisees documentation standards.

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3) Units of time. RR12: The progress note was not signed (or electronic equivalent) by the person(s) providing the service. RR13: No service was provided: a) No show/appointment cancelled, and no other eligible service documented b) Service provided did not meet definition of a specific SMHS.	5a-8ii) • Line number [47]: The provider's professional degree, licensure or job title. • Line number [48]: Appointment was missed or cancelled (RR13a)		MHP QI department performs ongoing utilization reviews (UR). Information learned through the UR process is used for ongoing improvement of MCBH systems and processes, including but not limited to clinical service delivery and staff training and development. Trends identified through the UR process are presented by MHP QI staff directly to the Program Manager/Supervisor. MHP QI department work collaboratively with Training Department to share information learned from utilization review processes to ensure training content is updated to reflect current documentation issues noted during utilization review. The MHP Training Department currently offers three clinical documentation courses related to assessment, treatment planning and progress note writing. These course focus on medical necessity and person-centered, strengths based care. The courses build upon each other and emphasize the "Golden Thread" that must exist between assessment, care planning and interventions to support medically necessary interventions. The MHP Training Department is in the process of developing a case conceptualization course to add to MCBH's Training Plan.

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			Additionally, information on documentation trends are reported out with clarification via newsletter, policy updates, and/or program-specific feedback. Specifically, for 2)5a-8: The MHP uses an electronic signature equivalent when submitting documentation in the electronic health record. Each staff is provided with a staff user identification which is password protected in which the individual staff member uses to log-in to electronic health record. All documents are completed then submitted/saved in the electronic health record; the information is stored in the client's record with information on who completed/submitted the document. The MHP uses reports to display elements within the electronic health records. During the triennial on-site review, it was noted that the print version (report version) of the document did not contain the staff's electronic signature. As noted above, the sign-in and submission/saving of documentation is considered an electronic signature equivalent. As such, although the electronic document contained the electronic signature, the print version did not. The MHP QI department has updated reports (12/2017) to include to include the professional degree, license, etc. on print versions of the report. Update: Submitting training materials and sing-in

			sheets Clinical Documentation Guide: http://qi.mtyhd.org/index.php/home/documentation-guide/ Clinical Staff Peer Review: http://qi.mtyhd.org/wp-content/uploads/2018/08/Monthly-Supervisory-Chart-Review-2018-08-30.pdf Example of Medication Consent Form and Report Policy 422 Utilization Review http://qi.mtyhd.org/wp-content/uploads/2014/09/422-Utilization-Review.pdf
Progress Notes K5c RR6: No progress note found for service claimed. c) No progress note found. d) Progress note provided does not match the claim in terms of	FINDING 5c: Documentation in the medical record did not meet the following requirements: 1. Line number [49]: There was no progress note in the medical record for the service(s) claimed (RR6a) During the review, the MHP staff was given the opportunity to locate the documents in	PLAN OF CORRECTION 5c: The MHP shall submit a POC that describes how the MHP will: 1) Ensure that all SMHS claimed are: a) Documented in the medical record. b) Claimed for the correct service modality billing code, and units of time. 2) Ensure that all progress notes: Describe the type of service or	The MHP QI and Training Departments have developed a clinical utilization tool for supervisors and staff to use to assess the quality of documentation. This "supervisory UR tool" was implemented approximately a year ago. Since then, QI and Training Departments have reviewed the effectiveness of the tool. Analysis of effectiveness of tool suggests that more training and "calibration" is needed with the supervisors to improve inter-rater reliability. To ensure calibration/inter-rater reliability, the MHP QI and Training managers will facilitate a monthly utilization review committee; This

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4) Specialty Mental Health Service and/or Service Activity claimed. 5) Date of Service, and/or 6) Units of time. RR18: Required DTI/DR documentation was not present as follows: a) There was not a clinical summary present for Day Treatment Intensive Services for the week of the service reviewed b) There was not a daily progress note present for Day Treatment Intensive	question but could not find written evidence of them in the medical record. 2a. Line number(s) [50]: The type of specialty mental health service (SMHS) (e.g., Medication Support, Rehabilitation) documented on the progress note was not the same type of SMHS claimed (e.g., Case Management). (RR 6b- 1) 2b. Line number(s) [51]: For Mental Health Services claimed, the service activity (e.g., Rehabilitation) identified on the progress note was not consistent with the specific service activity actually documented in the body of the progress note (e.g., Therapy).	service activity, the date the service was provided and the amount of time taken to provide the service, as specified in the MHP Contract with the Department.	committee will be comprised of supervisors and will support the inter-rater reliability. Committee members will use the "supervisory UR tool" to review randomly selected charts. Supervisors will use this information to support supervisees documentation standards. MHP QI department performs ongoing utilization reviews (UR). Information learned through the UR process is used for ongoing improvement of MCBH systems and processes, including but not limited to clinical service delivery and staff training and development. Trends identified through the UR process are presented by MHP QI staff directly to the Program Manager/Supervisor. MHP QI department work collaboratively with Training Department to share information learned from utilization review processes to ensure training content is updated to reflect current documentation issues noted during utilization review. The MHP Training Department currently offers three clinical documentation courses related to assessment, treatment planning and progress note writing. These course focus on medical necessity and person-centered, strengths based care. The

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Services for the day of the service reviewed c) There was not a weekly progress note present for Day Rehabilitation Services for the week of the service reviewed.			courses build upon each other and emphasize the "Golden Thread" that must exist between assessment, care planning and interventions to support medically necessary interventions. The MHP Training Department is in the process of developing a case conceptualization course to add to MCBH's Training Plan. Additionally, information on documentation trends are reported out with clarification via newsletter, policy updates, and/or program-specific feedback. Specifically, for Day Treatment Services: The MHP will provide detailed and specific training to Day Treatment program staff, update Clinical Documentation Guide, and monitor application of training in documentation. MHP will evaluate efficacy and application of training through utilization review for appropriate documentation of services delivery. Review will occur with a sample of clients for 1-month and 3-months post completion of training. Issues identified during review process will result in actions to remedy documentation concerns. Anticipated completion of training June 30, 2018. Training content shall reiterate documentation

			standards, including, but not limited to: 1. Medical Necessity standards 2. Documentation of actual and specific number of hours/minutes client participated in day program. 3. Documentation of client's participation in program 4. Documentation of unavoidable absences, including documentation of clear expectations why client was unable to participate for the full program day. 5. Expectations on daily progress note *AND* weekly summary for Day Treatment Intensive programs 6. Expectations on weekly progress note for Day Treatment Rehabilitation program participation. 7. Documentation of client's agreement or non-agreement with including family member or other significant person in the client's treatment. If client is not in agreement to include family or significant support person in treatment, reiterate need for documenting occasional revisit of topic with client to allow for such opportunities to change decision. revisiting this topic with client when ongoing 8. Weekly Schedule to be updated to include the type of group/service, the location the group/service will be delivered, and whom will complete the group/service on the given date. Update: Submitting training materials and sing-in sheets Clinical Documentation Guide:

			http://qi.mtyhd.org/index.php/home/documentation-guide/ Clinical Staff Peer Review: http://qi.mtyhd.org/wp-content/uploads/2018/08/Monthly-Supervisory-Chart-Review-2018-08-30.pdf Example of Medication Consent Form and Report Policy 422 Utilization Review http://qi.mtyhd.org/wp-content/uploads/2014/09/422-Utilization-Review.pdf
Progress Notes K5d RR14: The service provided was not within the scope of practice of the person delivering the service.	FINDING 5d: Documentation in the beneficiary's medical record did not include the signature of a provider whose scope of practice included the provision of the service documented on the progress note(s); i.e., the provider's scope of practice did not include delivering (e.g.) psychotherapy or medication support services: Line number [52]. RR14, refer to Recoupment Summary for details.	PLAN OF CORRECTION 5d: The MHP shall submit a POC that describes how the MHP will ensure that: 1) All services claimed are provided by the appropriate and qualified staff within his or her scope of practice, if professional licensure is required for the service. 2) Staff adheres to the MHP's written documentation standards and policies and procedures for providing services within the staff's scope of practice. 3) Services are not claimed when	The MHP QI department audited the role definition/ assignment of staff's ability to access forms in electronic health record. The QI department ensured scope of practices was matched correctly with the ability to gain access to the form in electronic health record. I.E. individuals whose scope includes diagnosing would have access to the form, while those who scope does not include such, are not access granted to the form. Additionally, we have added a hard-stop using Script Link that does not allow unauthorized staff to submit/save the form if it's been deemed outside of scope of practice. The MHP uses an electronic signature equivalent

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		they are provided by staff whose scope of practice or qualifications do not include those services. 4) All claims for services delivered by any person who was not qualified to provide are disallowed.	when submitting documentation in the electronic health record. Each staff is provided with a staff user identification which is password protected in which the individual staff member uses to log-in to electronic health record. All documents are completed then submitted/saved in the electronic health record; the information is stored in the client's record with information on who completed/submitted the document. The MHP uses reports to display elements within the electronic health records. During the triennial on-site review, it was noted that the print version (report version) of the document did not contain the staff's electronic signature. As noted above, the sign-in and submission/saving of documentation is considered an electronic signature equivalent. As such, although the electronic document contained the electronic signature, the print version did not. The MHP QI department has updated reports (12/2017) to include to include the professional degree, license, etc. on print versions of the report. Update: Evidence submitted 9/12/18 Scope of Practice Policy 443 and Compliance Plan Policy 104: http://qi.mtyhd.org/wp-content/uploads/2014/09/443-Scope-Of-Practice.pdf

			http://qi.mtyhd.org/wp-content/uploads/2014/09/104-Compliance-Plan.pdf Update: Submitting training materials and sing-in sheets Clinical Documentation Guide: http://qi.mtyhd.org/index.php/home/documentation-guide/ Clinical Staff Peer Review: http://qi.mtyhd.org/wp-content/uploads/2018/08/Monthly-Supervisory-Chart-Review-2018-08-30.pdf Example of Medication Consent Form and Report Policy 422 Utilization Review http://qi.mtyhd.org/wp-content/uploads/2014/09/422-Utilization-Review.pdf
Day Treatment K7b RR15: On a day where the beneficiary was present for at least 50% of the	FINDING 7b: Documentation for the following Line number(s) indicated that essential requirements for a Day Treatment Intensive program were not met, as specified by the MHP Contract with the Department:	PLAN OF CORRECTION 7b: The MHP shall submit a POC that describes how the MHP will ensure that: 1) The total number of minutes/hours each beneficiary actually attends any Day Program	The MHP will provide detailed and specific training to Day Treatment program staff, update Clinical Documentation Guide, and monitor application of training in documentation. MHP will evaluate efficacy and application of training through utilization review for appropriate documentation of services delivery. Review will

scheduled DTI/DR program time, but was not in attendance for the full hours of operation for that day, there is no documentation of the reason for an "unavoidable absence" which clearly explains why the beneficiary could not be present for the full program on the day claimed. RR16. The actual number of hours and minutes the beneficiary attended the DTI/DR program (e.g., 3 hours and 58 minutes)	• Line number(s) [53]: The total number of minutes/hours the beneficiary/beneficiaries actually attended the Day Treatment Intensive program each day was not documented (RR 16) • Line number [54]: The beneficiary was present for at least 50% of the scheduled program time. There was no documentation for the reason for the unavoidable absence (RR15)	under contract with or provided by the MHP is documented for each day attended. 2) When the beneficiary is unavoidably absent for a portion of Day Program hours, the total time (number of minutes and hours) the beneficiary actually attended the program that day is documented, the beneficiary is present for at least 50 percent of the scheduled hours of operation for that day, and there is a separate entry in the medical record documenting the reason for the unavoidable absence in order to claim for a service submitted by any Day Program under contract with or provided by the MHP.	occur with a sample of clients for 1-month and 3-months post completion of training. Issues identified during review process will result in actions to remedy documentation concerns. Anticipated completion of training June 30, 2018. Update: Evidence Submitted on 8/21/18; resubmitted on 9/12/18. Evidence included information on training, names of attendees, and POC from Provider Training content shall reiterate documentation standards, including, but not limited to: 1. Medical Necessity standards 2. Documentation of actual and specific number of hours/minutes client participated in day program. 3. Documentation of client's participation in program 4. Documentation of unavoidable absences, including documentation of clear expectations why client was unable to participate for the full program day. 5. Expectations on daily progress note *AND* weekly summary for Day Treatment Intensive programs 6. Expectations on weekly progress note for Day

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is not documented and for this reason it cannot be established that the beneficiary was present for at least 50% of the program time for the day reviewed.			Treatment Rehabilitation program participation. 7. Documentation of client's agreement or non-agreement with including family member or other significant person in the client's treatment. If client is not in agreement to include family or significant support person in treatment, reiterate need for documenting occasional revisit of topic with client to allow for such opportunities to change decision. revisiting this topic with client when ongoing 8. Weekly Schedule to be updated to include the type of group/service, the location the group/service will be delivered, and whom will complete the group/service on the given date.
Day Treatment K7e RR18. Required DTI/DR documentation was not present as follows: a) There was not a clinical summary present for Day Treatment Intensive	FINDING 7e: Documentation for the following Line number(s) indicated that essential requirements for a Day Treatment Intensive program were not met, as specified by the MHP Contract with the Department. Line number(s): [55]: Entries in the medical records did not consistently document, during	PLAN OF CORRECTION 7e: The MHP shall submit a POC that describes how the MHP will ensure that Day Program providers consistently document the occurrence of at least one (1) monthly contact with a family member, caregiver, significant other or legally responsible person, and that the documentation includes evidence that the monthly contact(s) occurred outside of the Day Program's normal hours of operation.	The MHP will provide detailed and specific training to Day Treatment program staff, update Clinical Documentation Guide, and monitor application of training in documentation. MHP will evaluate efficacy and application of training through utilization review for appropriate documentation of services delivery. Review will occur with a sample of clients for 1-month and 3-months post completion of training. Issues identified during review process will result in actions to remedy documentation concerns.

[55] Line number(s) removed for confidentiality

Services for the week of the service reviewed. b) There was not a daily progress note present for Day Treatment Intensive Services for the day of the service reviewed. c) There was not a weekly progress note present for Day Rehabilitation Services for the week of the services reviewed.	each month Day Treatment Intensive services were claimed, the provision of at least one (1) monthly contact with the beneficiary's family member, caregiver or other significant support person identified by an adult beneficiary, or at least one (1) contact per month with the legally responsible adult for a beneficiary who is a minor, and that the existing documentation of one (1) monthly contact did not include evidence that the contact occurred outside of the Day Program's normal hours of operation. During the review, the MHP staff was given the opportunity to locate the document in question but could not find written evidence of it in the medical record.		Anticipated completion of training June 30, 2018. Training content shall reiterate documentation standards, including, but not limited to: 1. Medical Necessity standards 2. Documentation of actual and specific number of hours/minutes client participated in day program. 3. Documentation of client's participation in program 4. Documentation of unavoidable absences, including documentation of clear expectations why client was unable to participate for the full program day. 5. Expectations on daily progress note *AND* weekly summary for Day Treatment Intensive programs 6. Expectations on weekly progress note for Day Treatment Rehabilitation program participation. 7. Documentation of client's agreement or non-agreement with including family member or other significant person in the client's treatment. If client is not in agreement to include family or significant support person in treatment, reiterate need for documenting occasional revisit of topic with client to allow for such opportunities to change decision. revisiting this topic with client when ongoing 8. Weekly Schedule to be updated to include the type of group/service, the location the group/service will be delivered, and whom will complete the group/service on the given date.

Day Treatment K7f3	FINDING 7f3: There was no Written Weekly Schedule for Day Treatment Intensive; or the Written Weekly Schedule for Day Treatment Intensive did not identify: • Line number(s) [56]: When and where all service activities will be provided and by whom. • Line number(s) [57]: All program staff, their qualifications and scope of their services.	PLAN OF CORRECTION 7f3: The MHP shall submit a POC that describes how the MHP will ensure that: 1) The Written Weekly Schedules for any Day Program under contract with or provided by the MHP identify when and where each service component will be provided and by whom; 2) The Written Weekly Schedules for any Day Program under contract with or provided by the MHP identify the program staff and specifies their qualifications and scope of their services; 3) There is a current Written Weekly Schedule for any Day Program under contract with or provided by the MHP that is updated whenever there is any change in program staff and/or activity scheduled	The MHP will provide detailed and specific training to Day Treatment program staff, update Clinical Documentation Guide, and monitor application of training in documentation. MHP will evaluate efficacy and application of training through utilization review for appropriate documentation of services delivery. Review will occur with a sample of clients for 1-month and 3-months post completion of training. Issues identified during review process will result in actions to remedy documentation concerns. Anticipated completion of training June 30, 2018. Training content shall reiterate documentation standards, including, but not limited to: 1. Medical Necessity standards 2. Documentation of actual and specific number of hours/minutes client participated in day program. 3. Documentation of client's participation in program 4. Documentation of unavoidable absences, including documentation of clear expectations why client was unable to participate for the full

[56] Line number(s) removed for confidentiality

[57] Line number(s) removed for confidentiality

			program day. 5. Expectations on daily progress note *AND* weekly summary for Day Treatment Intensive programs 6. Expectations on weekly progress note for Day Treatment Rehabilitation program participation. 7. Documentation of client's agreement or non-agreement with including family member or other significant person in the client's treatment. If client is not in agreement to include family or significant support person in treatment, reiterate need for documenting occasional revisit of topic with client to allow for such opportunities to change decision. revisiting this topic with client when ongoing 8. Weekly Schedule to be updated to include the type of group/service, the location the group/service will be delivered, and whom will complete the group/service on the given date.