Areas Found to be Out of Compliance

Section B, Access, Questions 9a2 and 9a3

9a. Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number:

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?

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 1

DHCS’ Required 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 language capability in all languages spoken by beneficiaries of the county that will provide information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, services needed to treat a beneficiary’s urgent condition, and how to use the beneficiary problem resolution and fair hearing processes.

Yolo County’s Response

The County entered into a contract with Heritage Oaks Hospital to operate the County’s 24/7 toll-free Access Line (implementation date July 1, 2018). The County also updated the Access Log in Avatar (implementation date July 1, 2018), which is the mechanism used to help track and monitor contacts made through the 24/7 toll-free Access Line by or on behalf of the beneficiary. The new Access Log is designed to capture all regulatory requirements, including date / time / name of person making contact and beneficiary, type of contact (walk-in, call-in via Access Line or other, written), reason for contact (e.g., crisis, urgent condition, beneficiary protection, service request for mental health / substance use / co-occurring), beneficiary’s primary / preferred language, whether the contact was provided in the beneficiary’s primary language, whether an interpreter or Language Line assistance was used, and contact disposition.

On June 28, 2018, the County conducted training with Access point staff (including Heritage Oaks) on the new Access Log and the Access Log Desk Reference (Attachment 1A). This training included guidance on how to provide information to beneficiaries about (a) how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and (b) services needed to treat a beneficiary’s urgent condition. Next steps will include ongoing monitoring and training to ensure compliance.

The County also implements Access Line Test Call Policy and Procedure #5-10-004 (Attachment 1B) to monitor the responsiveness and effectiveness of the Access Line and identify potential areas for quality improvement (QI) efforts, including but not limited to:

- Availability (24 hours a day, seven days a week)
- Helpfulness and knowledge of staff, including ability to provide information on how to access SMHS and services to address a beneficiary’s urgent condition, how to use the beneficiary problem resolution and fair hearing processes, and how to
access
the MHP’s provider directory
• Ability to respond to the callers in their primary language
• Compliance with state documentation guidelines for logging requests for services
The Quality Management (QM) Unit will maintain the Access Test Call Log (Attachment 1C) for quarterly state reporting and QI purposes. Access Line test call results will also be discussed at the Quality Improvement Committee (QIC) to obtain stakeholder input and feedback to inform further improvement efforts as needed.
Status: Completed
MHP Responsible Party:
Katherine Barrett [Target]
Completion Date: July 1, 2018
Areas Found to be Out of Compliance

Section B, Access, Questions 10b1, 10b2, and 10b3

10. Regarding the written log of initial requests for SMHS:
   b. 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(f)

DHCS' Required 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.

Yolo County's Response

The County implements Access Log Policy and Procedure #5-10-003 (Attachment 2A) to ensure that all initial requests for services are documented in the Access Log in compliance with regulatory requirements. With the implementation of the new Access Log and 24/7 Access Line contract on July 1, 2018, the County has streamlined the access process so that all initial requests for SMHS – whether made during business hours or after hours, in person, via phone, or in writing – are captured in the newly updated Access Log in Avatar. The new Access Log was designed to more reliably track and monitor requests for SMHS as well as capture all other regulatory requirements, including date / time / name of person making contact and beneficiary, type of contact (walk-in, call-in via Access Line or other, written), reason for contact (e.g., crisis, urgent condition, beneficiary protection, service request for mental health / substance use / co-occurring), beneficiary’s primary / preferred language, whether the contact was provided in the beneficiary’s primary language, whether an interpreter or Language Line assistance was used, and contact disposition.

To ensure that the log of initial requests for SMHS contains the required elements (i.e., name of beneficiary, date of request, initial disposition), the new Access Log was designed to make entry into these fields a requirement. Further, the Access Log is required to be used at all access points for SMHS. As part of the implementation process, a training was provided on June 28, 2018 to Access point staff who utilize the Access Log. Next steps will include ongoing monitoring and training to ensure all initial requests for SMHS are being appropriately logged.

Please refer to the following as evidence:
- Access Log tracking spreadsheet that aligns with the Access Log data fields in Avatar (required POC fields highlighted in yellow) – (Attachment 2B)
- Access Log Desk Reference – (Attachment 1A) Status: Completed

MHP Responsible Party:
Katherine Barrett Target
Areas Found to be Out of Compliance

Section C, Authorization, Question 2c

2. Regarding Standard Authorizations
Requests for non-hospital SMHS:

c) For standard authorization decisions, does the MHP make an authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and within 14 calendar days following receipt of the request for service with a possible extension of up to 14 additional days?

CFR, title 42, section 438.210(b)(3) CFR, title 42, section 438.210(d)(1),(2)
CCR, title 9, chapter 11, sections 1810.253, 1830.220, 1810.365, and 1830.215 (a-g)

DHCS’ Required Plan of Correction

[DHCS provided a duplicate statement that applies to question E1 below]

Yolo County’s Response

The County currently implements Policy and Procedure #5-7-003 Internal Authorizations and Re-Authorizations for SMHS (Attachment 3A) to ensure standard authorization decisions and notices for non-hospital SMHS are provided expeditiously in accordance with regulatory requirements. The County was found to be out of compliance with one (1) of twenty-five (25) Standard Authorization Requests (SARS) due to a missing date stamp on a provider’s response to the County’s request for corrections. While date / time stamping is currently a part of the SAR process, the County plans to add an addendum to this Policy and Procedure (#5-7-003) to formalize this process and provide training to the appropriate staff.

Status: In Progress

MHP Responsible Party: Katherine Barrett
Target Completion Date: September 30, 2018

Section E, Funding, Reporting & Contracting Requirements, Question 1

1. Did the MHP comply with the requirements of W&I Code Sections 14705(c) and 14712(e) regarding timely submission of its annual cost reports?

Welfare and Institutions Code Sections 14705(c) and 14712(e) MHSUDS IN No. 17-025

The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it complies with timely submission of its annual cost report.

Yolo County Health and Human Services Agency (HHSA) has experienced difficulty in becoming current with State reporting since the redesign of the accounting system in 2015. HHSA has identified several barriers, including insufficient staffing levels and General Ledger account structure, and is addressing those barriers at this time.

HHSA dedicated two staff to allocate Mental Health costs, reconcile the County General Ledger and to complete all outstanding Cost Reports. As of June 30, 2018, all Mental Health Cost Reports for Yolo County have been submitted

Status: In Progress

MHP Responsible Party: Connie Cessna-Smith
Target Completion Date: July 1, 2018
Areas Found to be Out of Compliance

DHCS’ Required 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.

Yolo County’s Response

The County implements Policy and Procedure #5-5-003 Medi-Cal Site Certification to manage a monitoring system to ensure contracted providers and county-owned and operated providers are certified and recertified per Title 9 regulations (Attachment 5A). The County has developed a database to monitor provider certification and recertifications to enable the Quality Management Analyst to pull reports on recertification requirements by dates which are completed on a monthly basis. Any new certifications are completed and entered into the database to ensure tracking and monitoring. The county shall conduct monthly reviews of all providers, to include county-owned and operated, to ensure that all providers are certified and recertified per Title 9 regulations.

Status: In Progress

MHP Responsible Party: Katherine Barrett

Target Completion Date: September 30, 2018

Section G, Provider Relations, Questions 2a and 2b

2. Regarding the MHP’s ongoing monitoring of county-owned and operated and contracted organizational providers:

a) Does the MHP have an ongoing monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified as per title 9 regulations?

b) Is there evidence the MHP’s monitoring system is effective?

CCR, title 9, chapter 11, section 1810.435 (d) MHP Contract, Exhibit A, Attachment 1
### OUT OF COMPLIANCE FINDINGS

<table>
<thead>
<tr>
<th>Section K, “Medical Necessity” 1c - 1:</th>
<th>DHCS’ REQUIRED PLAN OF CORRECTION</th>
<th>YOLO COUNTY’S RESPONSE</th>
</tr>
</thead>
</table>
| The medical record associated with the following Line number did not meet medical necessity criteria since the focus of the actual intervention did not address the mental health condition, as specified in the CCR, title 9, chapter 11, section 1830.205(b)(3)(A): Line number 17 | 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). | After the audited period of 7/1/2017 - 9/30/2017 and prior to the FY 17/18 Triennial Review, Yolo County implemented the following activities and documents to enhance monitoring and compliance with this requirement:  
  - Provided intensive staff training in Fall 2017, targeting Functional Impairment and Medical Necessity  
  - Development of Treatment Plan Instructional Guide  
  - Increased monitoring of chart documentation to ensure compliance with regulations  
  
  Please refer to the following supporting documentation that addresses this finding (Attachment 1):  
  - Sign in sheets for client plan November 2017 trainings  
  - P&P #5-4-10 Behavioral Health Auditing and Monitoring Activities Policy and Procedure  
  - Treatment Plan Instructional Guide  

**POC Status:**  
Completed  
**Responsible Party:** Katherine Barrett  
**Completion Date:** July 1, 2018

### Section K-2, “Assessment”

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**Final Yolo County Plan of Correction for FY17-18 Triennial Systems Review v5**

Page 7 of 4
County of Yolo Health and Human Services Agency

Section K, “Assessment,” 2a:
Assessments were not completed in accordance with regulatory and contractual requirements, specifically:

The MHP shall submit a POC that describes how the MHP will ensure that assessments are completed in accordance with the timeliness and

After the audited period of 7/1/2017 - 9/30/2017 and prior to the FY 17/18 Triennial Review, Yolo County implemented the following activities and documents to enhance monitoring and compliance with Assessment requirements:
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 9: The initial Assessment was completed late. The Assessment was started on 5/16/2016 and not completed until 11/8/2017.

Section K, “Assessment,” 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.

- Medical History: Line number 2. Beneficiary is noted to have
- Developed P&P #5-7-001, Clinical Assessments, which was finalized 2/1/18. This policy defines MHP timeliness and frequency requirements.
- Developed a new Access Log that will assist staff in reliably monitoring the timeliness and frequency of assessments is met. The Access Log is in use effective July 1, 2018.

Please refer to the following supporting documentation that addresses this finding (Attachment 2):

- P&P #5-7-001 Clinical Assessments
- Access Log
- Access Log Desk Reference

Yolo County will complete the following remaining Plan of Correction activities by the following dates:

- Assessment Instructional Guide; September 30, 2018
- Update Yolo County Documentation Manual by October 31, 2018

POC Status: Begin July 2018 MHP Responsible Party:
Rachel Tischer Completion Dates: stated above

After the audited period of 7/1/2017 – 9/30/2017 and prior to the FY 17/18 Triennial Review, Yolo County implemented the following activities and documents to enhance monitoring and compliance with Assessment requirements, in addition to the activities identified in Line 2, above:

- Ongoing Monitoring – Authorization and Access (AAC) subcommittee meets weekly and monitors Clinical Assessments for compliance with content requirements, utilizing P&P #5-7-001, Clinical Assessments,
the past year) experienced “delirium like symptoms;” however, no further discussion on this and no further medical history noted (e.g. discussion of etiology of symptoms).

- Client Strengths: Line numbers 3 and 8.

Section K, “Assessment,” 2c: The Assessment 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 number 14

The MHP shall submit a POC that describes how the MHP will ensure that all documentation includes the signature (or electronic equivalent) of the qualified person providing the service, with the professional degree, licensure or job title.

Section K, “Assessment,” 2c: The Assessment 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 number 14

The MHP shall submit a POC that describes how the MHP will ensure that all documentation includes the signature (or electronic equivalent) of the qualified person providing the service, with the professional degree, licensure or job title.

P&P #5-4-10, Behavioral Health Auditing and Monitoring Activities, and the HHSA Access & Authorization Request Form.

Please refer to the following supporting documentation that addresses this finding (Attachment 2):

- P&P #5-4-10, Behavioral Health Auditing and Monitoring Activities
- P&P #5-7-001, Clinical Assessments
- HHSA Access & Authorization Request Form

Yolo County will complete the following remaining Plan of Correction activities by the following dates:

- Assessment Instructional Guide; September 30, 2018
- Update Yolo County Documentation Manual by October 31, 2018

POC Status: Begin July 2018 MHP Responsible Party: Rachel Tischer Completion Date: stated above

After the audited period of 7/1/2017 - 9/30/2017 and prior to the FY 17/18 Triennial Review, Yolo County implemented the following activities and documents to enhance monitoring and compliance with Assessment requirements, in addition to the activities identified in Lines 2 and 3, above:

- Electronic Health Record (EHR) – Yolo County modified its EHR to ensure every assessment contains the signature (or electronic equivalent) of the qualified person providing the service, with the professional degree, licensure or job title.

Please refer to the following supporting documentation that addresses this finding (Attachment 2):
Section K, “Medication Consent,” 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 18: 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 numbers 1 and 8: Although there was a written medication consent form in the medical record, there was no medication consent for each of the medications prescribed.

The MHP 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.

After the audited period of 7/1/2017 - 9/30/2017 and prior to the 17/18 Triennial Review, Yolo County implemented the following procedures to ensure every written medication consent form is obtained and retained for each medication prescribed, administered under the direction of the MHP, and that written medication consent forms are completed in accordance with the MHP's written documentation standards:

- Updated the paper version of the Medication Consent form
- Developed the electronic version of the Medication Consent form and installed in the Electronic Health Record (EHR)
- Developed a widget within the EHR that displays a list of current medications to which a client has consented, and when consent was obtained. The electronic medication consent form that is now used in the EHR ensures that all required items are mandatory fields and the form cannot be submitted as final unless all required information is completed
- Implemented functionality within the EHR for nursing and/or ancillary staff to initiate medication consent for any new medications, or changes in route of a current medication, and then reviewed, signed, and completed by the prescriber and client.
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.

Section K, “Medication Consent,” 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:

- Drafted P&P #5-11-003, Medication Consent, which contains the required consent elements (per DHCS), and documentation in progress notes of consent being completed or reviewed.

Please refer to the following supporting documentation that addresses this finding (Attachment 3):
- Medication Consent Form
- Draft of P&P #5-11-003, Medication Consent
- Example of electronic Medication Consent Form, (PHI redacted)

Yolo County will complete the following remaining Plan of Correction activity:
- Finalize P&P #5-11-003, Medication Consent

POC Status: In Progress
MHP Responsible Party: Ashley Atta-Mensah
Target Completion Date: September 30, 2018

Please refer to response in Line Item 5, above.

Yolo County will complete the following remaining Plan of Correction activity:
- Finalize P&P #5-11-003, Medication Consent

POC Status: In Progress
MHP Responsible Party: Ashley Atta-Mensah
Target Completion Date: September 30, 2018
The reason for taking each medication: Line number 17.
• Range of Frequency: Line number 17.
• Dosage: Line number 2.
• Method of administration (oral or injection): Line number 17.
• Duration of taking each medication: Line number(s) 11 and 17.
• Probable side effects: Line number 3.
• Possible side effects if taken longer than 3 months: Line number(s) 1, 2, 5, 7, 9, 11, and 17.

**Section K, “Medication Consent,” 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 number(s) 1, 3, 4, 6, and 10.

The MHP shall submit a POC that describes how the MHP will ensure that all documentation includes signature (or electronic equivalent) of the qualified person providing the service with the professional degree, licensure or title.

Please refer to response in Line Item 5, above.

The electronic version of the medication consent form within the EHR captures electronic signatures of the qualified person providing the service with his/her licensure and/or title displayed after the name. The medication consent form requires signatures before it can be submitted as final and completed, or a reason box must be filled out as to why signature is unobtainable at the time, and a paper version may instead be printed and signed.

Yolo County will complete the following remaining Plan of Correction activity:
• Finalize P&P #5-11-003, Medication Consent
Section K, “Client Plans” 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(s) 7, 8, 9, 15, and 19: The initial client plan was not completed until after treatment services were claimed. RR5a, refer to Recoupment Summary for details.
- Line number 6: 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(s) 1, 3, 4, and 10: There was a lapse between the prior and current client plans. However, this occurred outside of the audit review period.

Section K-4, “Client Plans”
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.
4) Ensure that client plans are reviewed and updated whenever there is a significant change in the beneficiary's condition.

After the audited period of 7/1/2017 - 9/30/2017 and prior to the FY17-18 Triennial Review, Yolo County implemented the following activities and documents to improve compliance with Client Plan requirements and enhance monitoring.

- Drafted P&P # 5-7-002, Client Treatment Plans
- Provided intensive staff training on Client Plan requirements in November 2017, which addressed Items 1) through 4) of this Finding
- Developed a Client Treatment Plan Instructional Guide and provided intensive staff training on Client Plan requirements in November 2017. The Instructional Guide provides detailed guidance to ensure compliance with all required Client Plan areas and is now used as a training tool for staff hired after 11/2/17.
- The Yolo County AAC weekly committee uses procedure identified in P&P #5-4-10, Behavioral Health Auditing and Monitoring Activities and P&P #5-7-002, Client Treatment Plans to monitor that client plans meet requirements.

Please refer to the following supporting documentation that addresses this finding (Attachment 4):
- Sign-in sheets for November 2017 Client Plan trainings
- Treatment Plan Instructional Guide
- P&P #5-4-10, Behavioral Health Auditing and Monitoring Activities
- Finalized P&P #5-7-002, Client Treatment Plans

Yolo County will complete the following remaining Plan of Correction activity:
- Update Yolo County Documentation Manual
• Line number 7: The medical record indicated an acute change in the beneficiary's mental health status (e.g. hospitalized). However, no evidence was found in the medical record that the client plan was reviewed and/or updated in response to the change.

• Line number 15: The initial client plan was not signed by the provider, or was not signed co-signed by a licensed provider if licensure is required by MHP policy. RR5c, refer to Recoupment Summary for details.

• Line number 15: The updated client plan was not signed by the provider, or was not signed/co-signed by a licensed provider if required by MHP policy. Therefore, there was no updated client plan completed during the audit review period. RR5c, refer to Recoupment Summary for details.

• Line numbers 5 and 8: There were client plans for one or more type of service being claimed. During the review, MHP staff was given the opportunity to locate the

POC Status: Begin July 2018
2018 MHP Responsible Party:
Rachel Tischer
Completion Date: October 31, 2018
service(s) in question on a client plan but could not find written evidence of it. RR5c, refer
Section K, “Client Plans” 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) 4 and 8.
4b-2) One or more of the proposed interventions did not include a detailed description. Line number 5.
4b-3) One or more of the proposed interventions did not indicate an expected frequency. Line number(s) 3,4, 5,6, 8,10,and 14.
4b-4) One or more of the proposed interventions did not indicate an expected duration. Line number(s) 1,3, 4, 5,6, 8,9, 10,12,and 14.

The MHP shall submit a POC that describes how the MHP will ensure that:
1) (4b-1) 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. Line number(s) 4 and 8.
2) (4b-2) All mental health interventions/modalities proposed on client plans include a detailed description of the interventions to be provided. For example, do not simply identify a type or modality of service such as, "therapy", "medication", "case management", etc.

(4b-3, 4-4,) All mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention. The MHP shall submit a POC that describes how the MHP will ensure that:

After the audited period of 7/1/2017 - 9/30/2017 and prior to the FY 17/18 Triennial Review, Yolo County implemented the following activities and documents to enhance monitoring and compliance with Client Plan requirements, in addition to the activities identified in Line 8, above:
- Implemented updated client plan format within the EHR to ensure compliance with documentation requirements
- Developed an accompanying Treatment Plan Desk Reference

Please refer to the following supporting documentation that addresses this finding (Attachment 4):
- Treatment Plan Desk Reference

Yolo County will complete the following remaining Plan of Correction activity:
- Update Yolo County Documentation Manual

POC Status: Begin July 2018 MHP Responsible Party: Rachel Tischer Completion Date: October 31, 2018
County of Yolo Health and Human Services Agency

9, chapter 11, section 1810.440(c)(1)(A-C):
11

**Section K, “Client Plans” 4e:**

There was no documentation that the beneficiary or legal guardian was offered a copy of the client plan for the following: Line number 7.

**1.** The appropriate staff signs the client plan.

**2.** The co-signature of an approved category of staff is obtained when required, as specified in the MHP Contract and per the MHPs own policy, as applicable.

**3.** The signature/co-signature of the appropriate staff is timely.

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.

**Section K-5, “Progress Notes”**

- The newly launched EHR client plan was structured so staff are required to enter their name, professional category type and if a co-signature is required, the name license type of the co-signing staff.

Please refer to the following supporting documentation that addresses this finding (Attachment 4):

- Example of electronic Client Plan, (PHI redacted)

Yolo County will complete the following remaining Plan of Correction activity:

- Update Yolo County Documentation Manual

**POC Status:** Begin July 2018
**MHP Responsible Party:** Rachel Tischer
**Completion Date:** October 31, 2018

Please refer to response in Line Items 8 and 9, above.

Yolo County will complete the following remaining Plan of Correction activity:

- Update Yolo County Documentation Manual

**POC Status:** Begin July 2018
**MHP Responsible Party:** Rachel Tischer
**Completion Date:** October 31, 2018
Section K, “Progress Notes” 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:

Line number(s) 1, 2, 4, 5, 6, 7, 8, 10, 18, and 19: 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 1: Five late progress notes Line number 2: One late progress note Line number 4: Nine late progress notes Line number 5: Two late progress notes Line number 6: One late progress note Line number 7: One late progress note Line number 8: Eight late progress notes Line number 10: Five late progress notes Line number 18: One late progress note Line number 19: One late progress note

1) The MHP shall submit a POC that describes how the MHP will ensure that progress notes document:
   a. 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.
   b. Interventions applied, the beneficiary’s response to the interventions and the location of the interventions, as specified in the MHP Contract with the Department.
   c. The claim must accurately reflect the amount of time taken to provide services.
   d. The providers/providers’ professional degree,

Yolo County has implemented the following procedures and monitoring tools to ensure progress note meet requirements.

• Peer Review subcommittee follows the procedures defined in the P&P #5-4-10, Behavioral Health Auditing and Monitoring Activities and PP 210, Progress Notes Documentation Standards
• Peer Review subcommittee uses the Peer Review Form to closely review progress notes to ensure they meet all content requirements

Please refer to the following supporting documentation that addresses this finding (Attachment 5):

• P&P 5-4-10 Behavioral Health Auditing and Monitoring Activities
• HHSA Access & Authorization Request Form
• Peer Review Tool SG V1
• PP 210, Progress Notes Documentation Standards

Yolo County will complete the following remaining Plan of Correction activity:

• Update Yolo County Documentation Manual

POC Status: Begin July 2018 MHP Responsible Party: Rachel Tischer Completion Date: October 31, 2018
County of Yolo Health and Human Services Agency
licensure or job title.
2) Documentation is individualized for each service provided.
5a – 3) Line number 4: The interventions applied, beneficiary's response to the interventions and the location of the interventions.

5a-7ii) Line number(s) 9 and 18: The amount of time taken to provide the service was documented on a progress note with the date and type of service claimed. However, the time documented on the progress note was greater than the time claimed.

5a-8ii) Line number 18: The provider's professional degree, licensure or job title.

3) Each progress note describes how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning.

4) All services claimed are appropriate, relate to the qualifying diagnosis and identified functional impairments and are medically necessary as delineated in the CCR, title 9, chapter 11, sections 1830.205(a)(b).

5) Specialty Mental Health Services claimed are actually provided to the beneficiary.

Section K, “Progress Notes” 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 6: The progress note did not document the specific involvement of each provider in the context of the mental health needs of the beneficiary.

In response to MHSUDS Information Notice 18-002, Yolo County no longer uses the co-practitioner function in Avatar, since a separate claim for each rendering provider, using each rendering provider's NPI#, is required.

POC Status:
Completed MHP Responsible Party: Katherine Barrett
Completion Date: July 1, 2018
Section K, “Progress Notes” 5c: Documentation in the medical record did not meet the following requirements:
Line number(s) 9, 17, and 20: The type of specialty mental health service (SMHS) (e.g., Medication Support, Targeted Case Management) documented on the progress note was not the same type of SMHS claimed. Refer to RR6b-1 exception letter for details.

The MHP shall submit a POC that describes how the MHP will ensure that all SMHS claimed are claimed for the correct service modality billing code, and units of time.

POC Status: Begin July 2018
MHP Responsible Party: Rachel Tischer
Completion Date: October 31, 2018