

Plan of Correction

For Triennial Review Conducted October 23rd through 26th, 2017

Amador County Behavioral Health (ACBH)

Section/Finding	Requirement	Plan of Correction	Evidence	Timeline
System Review				
<p>Section B: Access</p> <p>The MHP did not furnish evidence it has a mechanism for ensuring accuracy of translated materials in terms of both languages and culture (e.g., back translation and/or culturally appropriate field testing). DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Cultural Sensitivity Plan, MHP Staff Certification Form. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual</p>	<p>The MHP must submit a POC addressing the OOC findings for these requirements.</p> <p>The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a mechanism for ensuring accuracy of translated materials in terms of both language</p>	<ol style="list-style-type: none"> 1. The Compliance Committee will create a policy to ensure translated materials are accurate in terms of both language and culture. 2. The Quality Improvement team has been in discussion with the California Mental Health Services Authority Board of Directors (CalMHSA) for translation of informing materials. 3. If the CalMHSA translation project does not work out, Amador County Behavioral Health has located a State certified interpreter that we could contract with to provide translation of documents to ensure accuracy. 	<ol style="list-style-type: none"> 1. Copy of Policy to be submitted to DHCS 2. Completed translated materials to be submitted to DHCS 3. Copy of contract with State certified translator, copies of translated materials to be submitted 	<p>6/29/2018</p> <p>12/31/2018</p> <p>12/31/2018</p>

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<p>requirements. Specifically, no mechanism by certified staff to ensure accuracy of translated materials. The MHP indicated that they have staff translate materials and then materials are reviewed by Promotores de Salud. However, the MHP could not provide documentation showing that staff has written fluency in the threshold language of Spanish. Protocol question(s) B5f is deemed OOC.</p>	<p>and culture (e.g., back translation and/or culturally appropriate field testing).</p>	<p>Amador could still use the Promotores de Salud contract to review for culturally appropriate field testing.</p>	<p>to DHCS, proof of Promotores de Salud review of materials for culturally appropriate field testing.</p>	
<p>Test Call #3 The operator provided the phone number, hours of operation and the address of a Sutter Creek clinic for assessments and services. The operator advised the caller to call back or walk into the clinic during business hours.</p>	<p>The MHP will submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its</p>	<p>1. Amador notified after-hours phone contractor of out of compliance test call due to telling caller to call back. Contractor provided a Plan of Correction on 3/17/18. Plan of correction indicates the script was updated to make improvements to require the calls easier, including a checklist with 5 key steps for a successful call. Steps 1 – 4 are mandatory that include information</p>	<p>1. Copy of Plan of Correction from Contractor to be submitted to DHCS that includes a copy of the script and training dates. Provided training to staff on 11/10/17 and 3/10/18. Another training is planned for 5/20/18. Amador to submit Contractor’s plan of correction and proof of training to DHCS.</p>	<p>Fully completed by 12/31/2018 or before.</p>

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<p data-bbox="96 337 247 365">Test Call #5</p> <p data-bbox="96 407 491 797">The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, nor was the caller provided information about services needed to treat a beneficiary's urgent condition.</p>	<p data-bbox="539 267 779 1416">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,</p>	<p data-bbox="806 267 1289 1279">that is required in order to accurately provide a statewide, toll-free telephone number 24 hours a day, 7 days per week. The script was also updated to gather full name, date of birth and phone number at the start of the call. Contractor installed technology for the script to pop up automatically in their computer based system for every call to ensure compliance with the script. Contractor increased their paid shift supervisor hours during the hours of Monday – Friday between 7am – 8am, and Monday – Friday 5pm to midnight. These supervisors provide oversight and training to access line counselors as well as provide direct service for the access lines. Amador met with after-hours contractor on 4/3/18 and received a list of training dates provided by contractor to their staff.</p>	<p data-bbox="1325 337 1808 1013">2. Minutes from Quality Improvement Meetings to be provided to DHCS that address results of after-hours and business hours test calls.</p> <p data-bbox="1325 662 1808 781">3. Copy of feedback to contractor and staff regarding test call results to be provided to DHCS.</p> <p data-bbox="1325 894 1808 1013">4. Proof of annual training and any necessary follow-up training to be provided to DHCS.</p>	

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	<p>and how to use the beneficiary problem resolution and fair hearing processes.</p>	<p>2. Amador to complete 2 after hours test calls per month. At least one call per month will specifically request information on how to access Specialty Mental Health Services. At least 1 call a year will be in another language.</p> <p>3. Test call results will be forwarded to the Quality Improvement Committee and feedback will be provided to the after-hours contractor.</p> <p>4. Amador notified staff of out of compliance test call and provided training to accurately provide a statewide, toll-free telephone number 24 hours a day, 7 days per week.</p> <p>requirements for 24/7, specifically on providing information about services</p>		

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<p>Section H: Program Integrity</p> <p>The MHP did not furnish evidence it monitors and verifies provider eligibility (prior to contracting and monthly) to ensure providers,</p>	<p>The MHP must submit a POC addressing the OOC findings for these requirements.</p>	<p>needed to treat a beneficiary's urgent condition.</p> <p>5. Amador to complete 2 test calls per month. At least one call per month will specifically test for providing beneficiaries with information on how to treat an urgent condition.</p> <p>6. Test Call results will be reviewed with staff and posted on the bulletin board.</p> <p>7. Further training will be provided as needed. Training will be at least on an annual basis</p>	<p>1. Amador to provide to DHCS with evidence of monthly checks for employees for the following:</p> <p>a. Office of Inspector General List of Excluded Individuals/Entities</p>	<p>6/29/2018</p>

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<p>including contractors, are not on the OIG LEIE, Medi-Cal List of Suspended or Ineligible Providers, the NPPEs, and the EPLS/SAM database. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P 3-350 Selection, Retention, Credentialing and Re-credentialing of Employees, Contractors, Volunteers and Interns, Contractor Boilerplate, MHP Licensure & Exclusion Check off List. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP does not thoroughly monitor its contract providers. The MHP does not obtain monthly reports from contractors nor do they</p>	<p>The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it monitors and verifies provider eligibility (prior to contracting and monthly) to ensure providers, including contractors, are not on the OIG LEIE, Medi-Cal List of Suspended or Ineligible Providers, the NPPEs, and the EPLS/SAM database.</p>	<p>b. DHCS Medi-Cal List of Suspended or Ineligible Providers</p> <p>c. Excluded Parties List System/System Award Management database</p> <p>Amador has a process to verify new employees in the National Plan and Provider Enumeration System.</p> <p>Amador is tracking the new and monthly verifications on a spreadsheet to show as evidence.</p> <p>2. Since October 2017, Amador began requiring the contract provider to submit monthly reports as evidence of checking the following:</p> <p>a. Office of Inspector General List of Excluded Individuals/Entities</p>	<p>b. Medi-Cal list of Suspended or Ineligible Providers</p> <p>c. National Plan and Provider Enumeration System</p> <p>d. Excluded Parties List System/System Award Management database</p> <p>2. Amador to provide DHCS with evidence of the new and monthly checks for contract provider(s) for:</p> <p>a. Office of Inspector General List of Excluded Individuals/Entities</p> <p>b. Medi-Cal list of Suspended or Ineligible Providers</p> <p>c. National Plan and Provider Enumeration System</p> <p>d. Excluded Parties List System/System Award Management database</p>	

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<p>conduct any spot checking. The MHP does not have a direct monitoring process for contactors.</p>		<p>b. DHCS Medi-Cal List of Suspended or Ineligible Providers</p> <p>c. Excluded Parties List System/System Award Management database</p> <p>d. National Plan and Provider Enumeration System</p> <p>Prior to entering into a contract, Amador has been checking the following:</p> <p>a. Office of Inspector General List of Excluded Individuals/Entities</p> <p>b. DHCS Medi-Cal List of Suspended or Ineligible Providers</p> <p>c. Excluded Parties List System/System Award Management database</p> <p>d. National Plan and Provider Enumeration System.</p>	<p>3. Amador to provide DHCS a copy of the updated contract language between Amador and Provider(s), requiring checking the Social Security Death Master File</p> <p>4. Amador to provide DHCS a copy of the monitoring tool to be used to monitor the submission of the required evidence from contract provider(s).</p>	

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		<p>3. Amador updated the contract language to require providers to check the Social Security Death Master File prior to contracting. Contract language requires the provider to complete the checking for the Social Security Death Master file as well as the monthly checking for the following:</p> <ul style="list-style-type: none"> a. Office of Inspector General List of Excluded Individuals/Entities b. DHCS Medi-Cal List of Suspended or Ineligible Providers c. Excluded Parties List System/System Award Management database; and d. National Plan and Provider Enumeration System. <p>4. Amador will create a monitoring tool to monitor provider(s) for</p>		

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Chart Review	The medical record associated with the following Line numbers did not meet medical necessity criteria since the focus of the interventions did not address the beneficiary's mental health condition, i.e., the service provided did not meet the definition of a specific SMHS, as specified in the CCR, title 9, chapter 11, section 1830.205(b)(3)(A)	submission of the monthly required evidence.	<ol style="list-style-type: none"> 1. ACBH staff will be provided at least annual training and upon employee hire by either Clinician 3 or QI Coordinator on documentation of medical necessity. 2. Individual Contracted Network Provider will be given training on medical necessity documentation by QI Coordinator or by their lead Clinician. Any training provided by their staff will require evidence of the training. 3. Utilization Review Coordinator and UR team will continue to review all new and annual assessments to ensure medical necessity is established in the Assessment. 	<ol style="list-style-type: none"> 1. Training material for ACBH staff along with dated sign in sheets. 2. Training material for contracted staff along with dated sign in sheets. Also, any emails with correspondence regarding training. 3. Results or needed follow up from quarterly chart audits. 	<ol style="list-style-type: none"> 1. First round of Doc training was completed 1/19/18 and 2nd round is scheduled for 6/7/18. Documentation training will happen more often this fiscal year to review the results and needed changes from the Triennial Review. This will be ongoing.

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		<p>4. ACBH will continue to do quarterly chart audits (using the QI Audit tool) and chart audits of providers monthly (using the monthly contractor provider tool) and as needed to discern medical necessity has been established in each chart.</p> <p>5. DHCS' Documentation Webinars will be mandatory for staff and contracted staff to complete upon their release.</p>		<p>Contractor staff proof of training will be due by 12/31/18.</p> <p>Initial email regarding Triennial results to contractor-completed</p> <p>Follow up email with additional training submitted by 6/29/18.</p> <p>Example of Chart audit</p>

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<p>Assessments were not completed in accordance with regulatory and contractual requirements, specifically: Two assessments were not completed within the update frequency requirements specified in the MHP's written documentation standards. The following are specific findings from the chart sample: • Line number¹: There was no updated assessment found in</p>	<p>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</p>	<ol style="list-style-type: none"> 1. ACBH staff will be provided at least annual training and upon employee hire by either Clinician 3 or QI Coordinator on documentation of Assessments including frequency requirements. 2. The QI Coordinator will run monthly reports for clinicians of the clients that are due for an Assessment in the next 1-2 months. 	<ol style="list-style-type: none"> 1. Training material for ACBH staff along with dated sign in sheets. 2. Examples of what the monthly Assessment reports look like. 3. Updated Practice Guidelines with new information on Annual Assessment Timeliness. 	<p>tool submitted by 6/29/18.</p> <p>Example of Monthly Contractor Chart Review Tool submitted by 6/29/18.</p> <p>Training on Annual Assessment timeliness will be completed on 6/7/18 and annually thereafter.</p> <p>Practice Guidelines completed and</p>

¹ Line number(s) removed for confidentiality

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<p>the medical record. During the review, MHP staff was given the opportunity to locate the missing assessment but could not locate the document in the medical record. • Line number²: The updated assessment was completed late, as follows: The assessment in effect during the review period was due by³, but was not completed until⁴.</p>	<p>documentation standards.</p>	<p>3. The Practice Guidelines will be updated after the Documentation Training in June to reflect an updated version of Annual Assessment Timeliness.</p> <p>4. ACBH will continue to do quarterly chart audits (using the QI Audit tool) and chart audits of providers monthly (using the monthly contractor provider tool) and as needed to ensure Assessments are completed, and completed timely in each chart.</p> <p>5. DHCS' Documentation Webinars will be mandatory for staff and contracted staff to complete upon their release.</p>	<p>4. Results or needed follow up from quarterly chart audits.</p>	<p>submitted by 6/29/18.</p> <p>Example of assessment reports will be submitted by 6/29/18.</p>

² Line number(s) removed for confidentiality

³ Date removed for confidentiality

⁴ Date removed for confidentiality

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One assessment did not include all of the elements specified in the MHP Contract with the Department. The following required element was incomplete or missing: Risks	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.	1. This issue connects back to the last item (annual assessment timeliness) as a new Assessment template was uploaded into the electronic health record in 2015. The record that was missing risks, had the last assessment in 2015 (before the new template was created). If the annual assessment was completed timely, risks would have been included on the assessment. The new template does not allow the form to be completed until every section is filled in. This is a training issue on timeliness (see previous finding).	2. A print out of the Assessment template that is used for both initial and annual assessments.	Template submitted by 6/29/18
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:	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	1. Amador will provide training and reminder emails to staff and providers pertaining to current medication consent requirements. 2. Amador staff will monitor with chart reviews to look for completed medication consents.	1. Training dates, email notices to staff, doctors, nurses and contract providers 2. Results of monitoring to be submitted to DHCS	12/31/2018

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There was no written medication consent form found in the medical record	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.			
<p>The Client Plan was not completed prior to planned services being provided and was not updated at least annually, as required in the MHP Contract with the Department:</p> <p>1) There was a lapse in the prior client plan effective date. However, this occurred outside of the audit review period:</p> <ul style="list-style-type: none"> • The prior client plan was due 	<p>The MHP shall submit a POC that describes how the MHP will:</p> <p>1) Ensure that client plans are completed prior to planned services being provided.</p>	<p>1. ACBH staff will be provided at least annual training and upon employee hire by either Clinician 3 or QI Coordinator on documentation of Treatment Plans including frequency requirements.</p> <p>2. The QI Coordinator will run monthly reports for clinicians of the clients that are due for a treatment plan in the next month.</p>	<p>1. Training material for ACBH staff along with dated sign in sheets.</p> <p>2. Examples of what the monthly treatment plan reports look like.</p> <p>3. Results or needed follow up from quarterly chart audits.</p>	<p>Training on treatment plan timeliness will be completed on 6/7/18, another training will be scheduled by December 2018, and annually thereafter.</p>

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<p>by ⁵ but was not completed until⁶;</p> <ul style="list-style-type: none"> • There was a lapse between the prior and current client plans. However, this occurred outside of the audit review period: • The current client plan was due by ⁷ but was not completed until⁸. <p>2) There was a lapse between the prior and current client plans. However, no services were claimed during the lapse:</p> <ul style="list-style-type: none"> • Current client plan was due by ⁹ but was not completed until¹⁰. 	<p>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.</p>	<p>3. ACBH will continue to do quarterly chart audits (using the QI Audit tool) and chart audits of providers monthly (using the monthly contractor provider tool) and as needed to ensure treatment plans are completed timely.</p> <p>4. DHCS’ Documentation Webinars will be mandatory for staff and contracted staff to complete upon their release.</p>		<p>Examples of tx plan report will be submitted by 6/29/18.</p>
<p>Client plans did not include all of the items specified in the MHP Contract with the Department: 4b-4) One or</p>	<p>The MHP shall submit a POC that describes how the MHP will ensure</p>	<p>1. ACBH staff will be provided at least annual training and upon employee hire by either Clinician 3 or QI Coordinator on documentation of</p>	<p>1. Training material for ACBH staff along with dated sign in sheets.</p>	<p>Training on treatment plan timeliness will be completed</p>

⁵ Date removed for confidentiality
⁶ Date removed for confidentiality
⁷ Date removed for confidentiality
⁸ Date removed for confidentiality
⁹ Date removed for confidentiality
¹⁰ Date removed for confidentiality

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<p>more proposed interventions did not indicate an expected duration.</p>	<p>that all mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.</p>	<p>Treatment Plans including frequency and duration of interventions.</p> <p>2. ACBH will continue to do quarterly chart audits (using the QI Audit tool) and chart audits of providers monthly (using the monthly contractor provider tool) and as needed to ensure treatment plan interventions include frequency and duration.</p> <p>3. DHCS' Documentation Webinars will be mandatory for staff to complete upon their release.</p>	<p>2. Results or needed follow up from quarterly chart audits.</p>	<p>on 6/7/18, another training will be scheduled by December 2018, and annually thereafter.</p>
<p>Progress notes were not completed in accordance with regulatory and contractual requirements and/or with the MHP's written documentation standards:</p> <ul style="list-style-type: none"> The MHP was not following its own written documentation 	<p>The MHP shall submit a POC that describes how the MHP will ensure that progress notes document:</p> <p>5a-1) Timely completion by the person providing the service and</p>	<p>1. ACBH staff will be provided at least annual training and upon employee hire by either Clinician 3 or QI Coordinator on documentation of progress notes.</p> <p>2. Individual Contracted Network Provider will be given training on progress notes by QI Coordinator or</p>	<p>1. Training material for ACBH staff along with dated sign in sheets.</p> <p>2. Training material for contracted staff along with dated sign in sheets. Also, any emails with correspondence regarding training.</p>	<p>Training on Progress Note timeliness and documenting referrals will be completed on 6/7/18 and annually thereafter.</p>

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standards for timeliness of staff signatures on progress notes.	relevant aspects of client care, as specified in the MHP Contract with the	by their lead Clinician. Any training provided by their staff will require evidence of the training.	3. Updated Practice Guidelines	Contractor staff proof of training will be due by 12/31/18.
<ul style="list-style-type: none"> Progress notes did not document: 5a-1) Timely documentation of relevant aspects of beneficiary care 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. 	Department and by the MHP's written documentation standards.	3. The Practice Guidelines will be updated to reflect more specific timeliness standards, including any timely standards there may be for co-signers.	4. Examples of what the monthly progress note reports look like.	Practice Guidelines completed and submitted by 6/29/18.
5a-5) Referrals to community resources and other agencies, when appropriate.	5a-5) Referrals to community resources, other agencies and providers, when appropriate, as specified in the MHP Contract with the Department.	4. Progress Note Reports will be run monthly and given to all clinical staff. Staff will be trained on how to change the Billing Line to "Late Documentation" to ensure any late notes are not billed to DHCS.		Example of progress note reports will be submitted by 6/29/18.
		5. DHCS' Documentation Webinars will be mandatory for staff and contracted staff to complete upon their release.		

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<p>Documentation in the medical record did not meet the following requirements:</p> <p>1) The type and per minute rate of the specialty mental health service (SMHS) documented on the progress note was not the same type and per minute rate of SMHS claimed.</p>	<p>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) Actually provided to the beneficiary. c) 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). d)</p>	<p>1. ACBH staff will be provided at least annual training and upon employee hire by either Clinician 3 or QI Coordinator on each specialty mental health service. More specifically, ACBH will train on the difference of rehabilitation and case management as well as case management and crisis services.</p>	<p>1. Training material for ACBH staff along with dated sign in sheets.</p> <p>2. After Hour Crisis Meeting minutes.</p> <p>3. Replacement Summary from billing department showing needed claims were billed at correct service and rate.</p>	<p>Initial training happened immediately after the triennial to ensure billing was accurate moving forwards. Continued training will happen in crisis meetings and at the training on 6/7/18.</p>

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	<p>Claimed for the correct service modality billing code, and units of time. e) Claimed to provider who actually provided the services.</p>			
	<p>2) Ensure that all progress notes: a) Are accurate, complete and meet the documentation requirements described in the MHP Contract with the Department. b) Describe the correct type of service, date the service was provided and the amount of time</p>			

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taken to provide the service, as specified in the MHP Contract with the Department.