

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.

Action: – The MHP updated its Medication Consent form on 6/20/17. The MHP's Chief of Psychiatry has provided training via an email to all prescribers to ensure prescribers obtain a medication consent for each medication a client is prescribed.

The MHP is working on updating its Consent for Medication Policy with a new Consent for Medication form, which will include all required elements.

The MHP maintains a medication monitoring program. As part of its medication monitoring program, each chart reviewed is checked to ensure a medication consent has been signed by the client for each medication prescribed. Results of the medication monitoring, including information on obtaining medication consents, is provided to the prescribers on an ongoing basis.

Who: (MHP) Chief of Psychiatry, Adult and Children's Division Chiefs, Managed Care

When: In progress; Final updated Medication Consent policy by 6/30/18

Evidence

Attachments include:

Attachment 6 - [Updated Effective 6-20-17 Current Medication Consent Form](#)

Attachment 7 - [Updated Draft Medication Consent PP](#)

Attachment 8 - [Draft new Medication Consent form](#)

Attachment 9 - [Medication Monitoring PP](#)

Monitoring Mechanisms

- The MHP performs monthly Medication Monitoring. As part of its Medication Monitoring program, each chart is reviewed for a consent for each medication prescribed to the client. Results of medication monitoring are provided to prescribers on an ongoing basis.
- Chart Audits performed by Managed Care

Medication Consent

3b. Does the Medication consent for psychiatric medications include the following required elements: (Six charts OOC)

3b2. Reasonable alternative treatments available, if any?

3b4. Range of frequency (of administration)?

3b5. Dosage/dosage range?

3b6. Method of administration?

3b10. Consent once given may be withdrawn at any time?

Corrective Actions & Timelines

Provide evidence that the revised Medication Consent form has been implemented.

Action: The MHP has revised its Consent for Medication effective 6/20/17 to ensure it includes all required elements. The MHP is working on updating its Consent for Medication Policy with a new Consent for Medication form, which will include all required elements.

Who: (MHP) Chief of Psychiatry

When: Completed 06/2017 and ongoing

Evidence

Attachments include:

- 🔗 Attachment 6 - [Updated Effective 6-20-17 Current Medication Consent Form](#)
- 🔗 Attachment 7 - [Updated Draft Medication Consent PP](#)
- 🔗 Attachment 8 - [Draft new Medication Consent form](#)
- 🔗 Attachment 9 - [Medication Monitoring PP](#)

Monitoring Mechanisms

The MHP performs monthly Medication Monitoring. As part of its Medication Monitoring program, each chart is reviewed for a consent for each medication prescribed to the client. Results of medication monitoring are provided to prescribers on an ongoing basis.

Client Plans

- 4a. Has the client plan been updated at least annually and/or when there are significant changes in the beneficiary's condition?**
(One chart OOC)

Corrective Actions & Timelines

Describe how the MHP will:

- 1. Ensure that client plans are completed at least on an annual basis as required in the MHP contract with the department, and within the timelines and update frequency specified in the MHP's written documentation standards.**
- 2. Ensure that non-emergency services are not claimed when:**
 - a. A client plan has not been completed.**
 - b. The service provided is not included in the current client plan.**
- 3. Provide evidence that all services identified during the audit that were claimed outside of the audit review period for which no client plan was in effect are disallowed.**

Action: The MHP's treatment plan policy indicates that treatment plans must be completed annually or sooner when there are significant changes in the beneficiary's condition.

The MHP provides treatment plan training for all new HHSA direct care staff within 90 days of hire or prior to staff providing plan development services. Training of staff includes supervisory oversight and co-signatures on notes until staff is deemed to be competent to provide and document the service.

The Electronic Health Records (EHR) Team sends a caseload report, which includes Treatment Plan expiration date to Adult and Children's Programs (Supervisors and Managers), on a monthly basis.

Children's has clerical staff member with a complete process and excel tracking spreadsheet to identify treatment plans that are due; clerical staff send the information to the SAI so they can timely prepare the client's treatment plan.

Adult has a staff member that identifies treatment plans that are due and calls client to schedule an appointment with SAI to complete treatment plan.

Who: Adult and Children's Programs, Managed Care

When: Completed and ongoing

Evidence

Attachments include:

- Attachment 10 - [Draft updated Treatment Plan PP](#)
- Attachment 11 - [Draft updated Timeline Requirement for Clinical Documentation PP](#)
- Attachment 12 - [Trmt Plan Training – Adult](#)
- Attachment 13 - [Trmt Plan Training – Children's](#)
- Attachment 14 - [Children's – Sample Treatment Plan Tracking Spreadsheet](#)

Monitoring Mechanisms

- EHR monthly caseload reports, including treatment plan expiration dates sent to program monthly
- Program tracking spreadsheets.
- Managed Care/Compliance/QM reviews all treatment plans by Shasta County HHSA staff for required elements. Managed Care staff inform direct care staff and request changes and/or additions be made to treatment plans when required elements are missing or incorrect.

Client Plans

4b. Does the client plan include the items specified in the MHP Contract with the Department?

4b1. Specific, observable, and/or specific quantifiable goals/treatment objectives related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis? (One chart OOC)

4b2. The proposed type(s) of intervention/modality including a detailed description of the intervention to be provided. (Four Charts OOC)

4b3. The proposed frequency of interventions(s). (Four charts OOC)

4b5. Interventions that focus and address the identified functional impairments as a result of the mental disorder or emotional disturbance. (One chart OOC)

4b7. Be consistent with the qualifying diagnoses. (One chart OOC)

**Corrective Actions
& Timelines**

Describe how the MHP will ensure that:

- 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.
- 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).
- 4b-3.** All Mental health interventions proposed on client plans indicate both an expected frequency and a duration for each intervention. Note: Plans commonly denoted frequency as “Ad Hoc.”
- 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.
- 4b-7.** All client plans are consistent with the qualifying diagnosis.

Action: The MHP provides treatment plan training for all new HHSA direct care staff within 90 days of hire or prior to staff providing plan development services. Training of staff includes supervisory oversight and co-signatures on notes until staff is deemed to be competent to provide and document the service.

Who: Adult and Children’s Programs, Managed Care

When: Completed and ongoing

Evidence

Attachments include:

- Attachment 10 - [Draft updated Treatment Plan PP](#)
- Attachment 2 - [Cerner Treatment Plan Review Procedure](#)
- Attachment 3 - [Cerner Treatment Plan Review Checklist](#)
- Attachment 12 - [Trmt Plan Training – Adult](#)
- Attachment 13 - [Trmt Plan Training – Children’s](#)

**Monitoring
Mechanisms**

Managed Care/Compliance/QM reviews all treatment plans by Shasta County HHSA staff and contracted staff for required elements. Managed Care staff inform direct care staff and request changes and/or additions be made to treatment plans when required elements are missing or incorrect.

Client Plans

4e. Is there documentation that the contractor offered a copy of the client plan to the beneficiary? (Six charts OOC)

**Corrective Actions
& Timelines**

Describe 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.

Action: The MHP provides treatment plan training for all new HHSA direct care staff within 90 days of hire or prior to staff providing plan development services. Training of staff includes supervisory oversight and co-signatures on notes until staff is deemed to be competent to provide and document the service.

Shasta County MHP treatment plan includes a check box to indicate that the client/parent/caregiver was offered a copy of the treatment plan. All staff are trained to offer a copy and check the box when they do so. The check box is located in the Clinical Update area of the treatment plan. Staff are also trained to include a comment in the plan development note that the client/parent/caregiver was offered a copy of the treatment plan and whether the offer was accepted or not.

Who: Adult and Children’s Programs, Managed Care

When: Completed and ongoing

Evidence

Attachments include:

- Attachment 12 - [Trmt Plan Training – Adult](#)
- Attachment 13 - [Trmt Plan Training – Children’s](#)

**Monitoring
Mechanisms**

Managed Care/Compliance/QM reviews all treatment plans by Shasta County HHSA staff for required elements. Managed Care staff inform direct care staff when this element is missing on the treatment plan.

Progress Notes

5a. Do the progress notes document the following:

5a1. Timely documentation (as determined by the MHP) of relevant aspects of client care, including documentation of medical necessity? (Two Charts)

5a5. Documentation of referrals to community resources and other agencies, when appropriate. (One Chart)

**Corrective Actions
& Timelines**

Describe how the MHP will ensure that all progress notes:

- 1) Meet timeliness, frequency, and the staff signature requirements in accordance with regulatory and contractual requirements.
- 2) Are completed in accordance with the timeliness and frequency requirements specified in the MHP's written documentation standards.
- 3) Document:
 - 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 the MHP's written documentation standards.
 - 5a-2) Beneficiary encounters, including relevant clinical decisions, when decisions are made, and alternative approaches for future interventions, as specified in the MHP Contract with the department.
 - 5a-5) Communication with community resources when appropriate, including the beneficiary's PCP and other providers/agencies, as specified in the MHP Contract with the Department.
- 4) Clearly and accurately document the beneficiary's response and the specific interventions applied, as specified in the MHP Contract with the Department.
- 5) Describe how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning.

Action: The MHP provides progress note training for all new HHSA direct care staff within 90 days of hire or prior to staff providing direct care services. Training of staff includes supervisory oversight and co-signatures on notes until staff is deemed to be competent to provide and document the services.

Who: Adult and Children's Programs, Managed Care

When: Completed and ongoing

Evidence

Attachments include:

- Attachment 11 - [Draft updated Timeline Requirement for Clinical Documentation PP](#)
- Attachment 15 - [Progress Note Training, Children's](#)
- Attachment 16 - [Progress Note Training, Adult](#)

Monitoring Mechanisms

- Managed Care/Compliance/QM performs progress notes audits on all new direct care staff within three months of the staff providing and documenting services. Results of audits are shared with the staff's supervisor and clinical division chief. Managed Care provides a training document on recommended areas of training and requests that training of staff be documented and tracked.
- EHR provides monthly timeliness report to program. Timeliness expectations are reviewed with staff.

Progress Notes

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

5b1. Documentation of each person’s involvement in the context of the mental health needs of the beneficiary? (One Chart)

**Corrective Actions
& Timelines**

Describe how the MHP will ensure that:

- 1) Group progress notes clearly document the individual contribution, involvement, or participation of each staff member as it relates to the identified functional impairment and mental health needs of the beneficiary.**
- 2) There is clear rationale for the use of multiple staff in the group setting.**

Action: The MHP provides group note training as part of its progress note training for all new HHSA direct care staff within 90 days of hire or prior to staff providing group services. Training of staff includes supervisory oversight and co-signatures on notes until staff is deemed to be competent to provide and document the services.

The MHP’s current requirements for documentation of group services requires staff to individually describe their own contributions and interventions in the group. Each staff members is required to sign the progress note. Each progress note must contain a justification for more that one staff member providing services.

Who: Adult and Children’s Programs, Managed Care

When: Completed and ongoing

Evidence

Attachments include:

- Attachment 15 - [Progress Note Training, Children’s](#)
- Attachment 16 - [Progress Note Training, Adult](#)
- Attachment 17 - [Group Note Training \(power point\)](#)
- Attachment 18 - [Group Note Training \(word doc with signatures\)](#)

**Monitoring
Mechanisms**

- Staff is provided supervisor oversight
- Managed Care periodically performs audits of all group providers.

Progress Notes

5c. Timeliness/Frequency as follows: (Two charts OOC)

5c1. Every service contact for:

- A. Mental health services**
- B. Medication support services**
- C. Crisis intervention**

D. Targeted Case Management

(The type of specialty mental health service documented on the progress note was not the same type of SMHS claimed.) (see recoupement summary)

Corrective Actions & Timelines

Describe how the MHP will:

- 1) Ensure that all SMHS claimed are:
 - a. Actually provided to the beneficiary
 - b. Claimed for the correct service modality and billing code.
- 2) Ensure that all progress notes are:
 - a. Accurate and meet the documentation requirements described in the MHP Contract with the Department.

Action: The MHP provides progress note training for all new HHSA direct care staff within 90 days of hire or prior to staff providing direct care services. Progress note training includes training on exact minute billing and correct documentation of services provided requirements. Training of staff includes supervisory oversight and co-signatures on notes until staff is deemed to be competent to provide and document the services

Specific action related to notes recouped: The MHP will ensure Targeted Case Management services meet billing and claiming standards.

Who: Chief of Psychiatry, Division Chief – Adult Services

When: Completed 1/2018 and ongoing

Evidence

Attachments include:

- Attachment 15 - [Progress Note Training, Children's](#)
- Attachment 16 - [Progress Note Training, Adult](#)

Monitoring Mechanisms

- MHP will audit and create an audit trail for all providers who are billing and claiming for this Targeted Case Management service.
- Managed Care periodic progress note audits

Day Treatment

7e: Regarding Documentation Standards:

7e1. Is the required documentation timeliness/frequency for Day Treatment Intensive or Day Rehabilitation being met? (One Chart)

Corrective Actions & Timelines

Describe how the MHP will ensure that the MHP's Day Program providers consistently document the occurrence of at least one monthly contact with a family member, caregiver, significant other or legally responsible person, and

that the documentation includes evidence that the contact(s) occurred outside of the Day Program's normal hours of operation.

Action: The MHP will Utilize Day Tx Int-Day PNote and Weekly Summary Review Checklist and the DTI Progress note-Billing review procedure to ensure that Day Program providers consistently document the occurrence of at least one monthly contact with a family member, caregiver, significant other or legally responsible person, and that the documentation includes evidence that the contact(s) occurred outside of the Day Program's normal hours of operation.

Who: Managed Care

When: Completed 1/10/2018 and ongoing

Evidence

Attachments include:

- Attachment 19 - [Day Tx Int-Day PNote and Weekly Summary Review Checklist](#)
- Attachment 20 - [DTI Progress note-Billing review procedure](#)

Monitoring Mechanisms

Weekly Progress notes for clients receiving Day Treatment will be submitted to Managed Care. Managed Care will utilize the Day Tx Int-Day PNote and Weekly Summary Review Checklist and the DTI Progress note-Billing review procedure when reviewing client's progress notes to ensure that Day Program providers consistently document the occurrence of at least one monthly contact with a family member, caregiver, significant other or legally responsible person, and that the documentation includes evidence that the contact(s) occurred outside of the Day Program's normal hours of operation.

Day Treatment

7f: Regarding the Written Program Description: (One chart)

7f3. Is there a Written Weekly Schedule?

A. Does the Written Weekly Schedule:

b. Specify the program staff, their qualifications, and the scope of their services?

c.

Corrective Actions & Timelines

Describe how the MHP will:

- 1) Ensure that there is a Written Weekly Schedule for Day Treatment Intensive with all required components.**
- 2) Ensure that the Written Weekly Schedule for the Day Treatment Intensive identifies the program staff and specifies their qualifications and scope of their services.**
- 3) Provide evidence that there is a current Written Weekly Schedule for Day Treatment Intensive that is updated whenever there is any change in the program staff and/or schedule.**

<p>Evidence</p>	<p>Action: The MHP will Utilize Day Tx Int-Day PNote and Weekly Summary Review Checklist and the DTI Progress note-Billing review procedure to ensure that there is a Written Schedule for Day Treatment Intensive with all required components, that the Written Weekly Schedule for the Day Treatment intensive identifies the program staff and specifies their qualifications and scope of their services, and that there is a current Written Weekly Schedule for Day Treatment Intensive that is updated whenever there is any change in the program staff and/or schedule.</p> <p>Who: Managed Care</p> <p>When: Completed 1/10/2018 and ongoing</p> <p>Attachments include:</p> <ul style="list-style-type: none"> • Attachment 19 - Day Tx Int-Day PNote and Weekly Summary Review Checklist • Attachment 20 - DTI Progress note-Billing review procedure
<p>Monitoring Mechanisms</p>	<p>Weekly Written Schedule for clients receiving Day Treatment will be submitted to Managed Care. Managed Care will utilize the Day Tx Int-Day PNote and Weekly Summary Review Checklist and the DTI Progress note-Billing review procedure when reviewing the Written Schedule for Day Treatment Intensive to ensure all required components are present, that the Written Weekly Schedule for the Day Treatment intensive identifies the program staff and specifies their qualifications and scope of their services, and that there is a current Written Weekly Schedule for Day Treatment Intensive that is updated whenever there is any change in the program staff and/or schedule.</p>