

**Plan of Corrections
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SECTION B: AUTHORIZATION

PROTOCOL REQUIREMENTS	
1c. Does the MHP approve or deny TARs within 14 calendar days of the receipt of the TAR and in accordance with title 9 regulations?	
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, sections 1810.242, 1820.220(c),(d), 1820.220 (f), 1820.220 (h), and 1820.215 	<ul style="list-style-type: none"> • CFR, title 42, section 438.210(d)

FINDINGS

The MHP did not furnish evidence it complies with regulatory requirements regarding Treatment Authorization Requests (TARs) for hospital services. DHCS reviewed the MHP's policy and procedure (P&P) III.C-23: Point of Authorization. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not approve or deny TARs within 14 calendar days of the receipt of the TAR in accordance with title 9 regulations. In addition, DHCS inspected a sample of 100 TARs to verify compliance with regulatory requirements. The TAR sample review findings are detailed below:

PROTOCOL REQUIREMENT		# TARs IN COMPLIANCE	#TARs OOC	COMPLIANCE PERCENTAGE
1c.	TARs approves or denied within 14 calendar days	99	1	99%

PLAN OF CORRECTION

The MHP must submit a POC addressing the OCC findings for this requirement. 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) are met for the approval or denial of TARs within 14 calendar days of the receipt of the TAR and denial by a physician in accordance with title 9 regulations.

CORRECTIVE ACTION PLAN:

Prior to the triennial review, the MHP recognized the need for a screening process to add more accountability and ensure the timeliness of each step. To track due dates and timeliness, the MHP implemented a checklist for screening of required documents and a monitoring log to track timeliness by Mendocino County MHP.

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PROTOCOL REQUIREMENTS	
5.	Regarding Notices of Action (NOAs):
5a.	<p>1) NOA-A: Is the MHP providing a written NOA-A to the MHP or its providers determine that the beneficiary does not meet the medical necessity criteria to be eligible to any SMHS?</p> <p>2) Does the MHP provide for a second opinion from a qualified health care professional within the MHP network or arrange for the beneficiary to obtain a second opinion outside the MHP network, at no cost to the beneficiary?</p>
<ul style="list-style-type: none"> • CFR, title 42, sections 438.10(c), 438.400(b) and 438.404(c)(2) • CCR, title 9, chapter 11, sections 1830.205(a),(b)(1),(2),(3), 1850.210 (a)-(j) and 1850.212 • DMH Letter No. 05-03 • MHP Contract, Exhibit A, Attachment I • CFR, title 42, section 438.206(b)(3) • CCR, title 9, chapter 11, section 1810.405(e) 	

FINDINGS

The MHP did not furnish evidence it provides a written NOA-A to the beneficiary when the MHP or its providers determine that the beneficiary does not meet the medical necessity criteria to be eligible to any SMHS. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: sample of a NOA-A. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the NOA-A did not have reasons checked. Protocol question(s) B5a1 is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides a written NOA-A to the beneficiary when the MHP or its providers determine that the beneficiary does not meet the medical necessity criteria to be eligible to any SMHS.

CORRECTIVE ACTION PLAN:

MHP reviewed the existing process. The Policy and Procedure [III. C-4 Notice of Action](#) was updated to reflect the new process where Quality Assurance staff review all NOAs for accuracy before logging and filing the document. If a NOA is inaccurate or incomplete, Quality Assurance staff will request MHP to send a corrected NOA to beneficiary.

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SECTION E: NETWORK ADEQUACY AND ARRAY OF SERVICES

PROTOCOL REQUIREMENTS	
8.	Does the assessment include:
8b.	1) The strengths and limitations of the County and service providers that impact their ability to meet the needs of racially and ethnically diverse populations?
	2) Bilingual proficiency in threshold languages?
	3) 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?
<ul style="list-style-type: none"> • CCR, title 9, chapter 14, section 3650(5) 	

FINDINGS

The MHP did not furnish evidence it conducts an assessment of its capacity to implement the proposed MHSA programs/services. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P III.C -10: MHSA, MHSA Plan and MHSA Schedule. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHSA plan is not clear on bilingual proficiency in threshold languages and 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. Protocol question(s) E8b2 and E8b3 are deemed OCC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OCC findings for these requirements. The MHP 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 MHSA programs/services.

CORRECTIVE ACTION PLAN:

- MHP reviewed the existing process. The MHP's Policy and Procedure [III. E-4 Mental Health Services Act Program](#) was updated to include the new MHSA Annual Summary that includes an assessment of bilingual proficiency, diverse cultural, and representative racial/ethnicity among direct services providers comparable to the make-up of the county population.
- The monthly Utilization Management Committee will also present MHSA client demographic data, including linguistic and cultural make-up, which will also inform the MHP's Cultural Diversity Committee.

SECTION G: PROVIDER RELATIONS

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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: Access Log and DHCS Overdue Provider Report. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the Access Log contains a provider that was overdue.

In addition, DHCS reviewed its Online Provider System (OPS) and generated an Overdue Provider Report which indicated the MHP has a provider overdue for certification and/or recertification. The table below summarizes the report findings:

TOTAL ACTIVE PROVIDERS (per OPS)	NUMBER OF OVERDUE PROVIDERS (at the time of the Review)	COMPLIANCE PERCENTAGE
41	1	98%

Protocol question(s) G2b is deemed in partial compliance.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. 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 ensure ongoing monitoring of county-owned and operated and contracted organizational providers contracted per title 9 regulations.

CORRECTIVE ACTION PLAN:

- Mendocino County MHP updated Policy and Procedure [III. C-12 Provider Monitoring](#) to include the new process of Oversight and Monitoring unit performing monthly checks in both ITWS and the Site Certification log.
- Mendocino County MHP also implemented yearly site visits to ensure provider compliance with documentation certification requirements and regulations.
- If the provider does not certify before the current certification expires, or loses their certification, the Oversight and Monitoring Unit will issue a Plan of Correction.

SECTION H: PROGRAM INTEGRITY

PROTOCOL REQUIREMENTS	
3.	Regarding verification of services:
3b.	When unable to verify services were furnished to beneficiaries, does the MHP have a mechanism in place to ensure appropriate actions are taken?
<ul style="list-style-type: none"> • <i>CFR, title 42, sections 455.1(a)(2) and 455.20 (a)</i> • <i>MHP Contract, Exhibit A, Attachment I, Program Integrity Requirements</i> 	<ul style="list-style-type: none"> • <i>Social Security Act, Subpart A, Sections 1902(a)(4), 1903(i)(2) and 1909</i>

FINDINGS

The MHP did not furnish evidence it has a method to verify whether services reimbursed by Medicaid were actually furnished to the beneficiaries and, if unable to verify services, a

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mechanism to ensure appropriate actions are taken. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Process and Procedure III.C-25: Verification of Services. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specially, the process and procedure III.C-25: Verification of Services does not provide steps about outreach to a provider if letter was returned. Protocol question(s) H3b is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a method to verify whether services reimbursed by Medicaid were actually furnished to the beneficiaries and, if unable to verify services, a mechanism to ensure appropriate actions are taken.

CORRECTIVE ACTION PLAN:

MHP reviewed the existing process. Policy and Procedure [III. C-25 Verification of Services](#) was updated to reflect a new process for when Verification of Service (VOS) letters are returned as undeliverable. The MHP fiscal unit takes steps to verify beneficiary's current address, if unsuccessful the letter will be hand delivered to the beneficiary by the last known MHP provider. The MHP provider will notify MHP fiscal when the letter has been delivered to the beneficiary. If the beneficiary is unable to be located, the letter will be returned to MHP Fiscal.

SECTION J: MENTAL HEALTH SERVICES (MHSA)

PROTOCOL REQUIREMENTS	
4.	Regarding Full Service Partnerships (FSP):
4b.	Does the County ensure the PSC/Case Manager is responsible for developing an Individual Services and Supports Plan (ISSP) with the client and, when appropriate, the client's family?
4c.	Does the County ensure the PSC/Case Manager is culturally and linguistically competent or, at a minimum, is educated and trained in linguistic and cultural competence and has knowledge of available resources within the client/family's racial/ethnic community?
<ul style="list-style-type: none"> • CCR, title 9, chapter 14, section 3620 	

FINDINGS

The County did not furnish evidence Its PSC/Case Managers are responsible for developing an ISSP with the client and, when appropriate, the client's family are available to respond to the client/family 24 hours a day, 7 days a week to provide the after-hours interventions. The County does not ensure its PSC/Case Managers assigned to PSP clients are culturally and linguistically competent or, at a minimum, educated and trained in linguistic and cultural competence and have knowledge of available resources within the client/family's racial/ethnic community. DHCS reviewed the following documentation presented by the County as evidence of compliance: ISSP, II.A-8-Enrollment in Full Service Partnership, II-C-10-MHSA Program, Duty Statement and Training Plan. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the 25 and under duty statement should make clear that the

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case manager should be responsible for developing an ISSP, and there were no tracking logs regarding if the PSC/Case Manager is culturally and linguistically competent and educated and trained in linguistic and cultural competence and have knowledge of available resources within the client/family's racial/ethnic community. Protocol question(s) J4b and J4c are deemed OOC.

PLAN OF CORRECTION

The County must submit a POC addressing the OOC findings for these requirements. The County is required to provide evidence to DHCS to substantiate its POC and to demonstrate that its PSC/Case Managers are responsible for developing an ISSP with the client and, when appropriate, the client's family and available to respond to the client family 24 hours a day, 7 days a week to provide after-hours interventions. The County does not ensure its PSC/Case Managers assigned to FSP clients are culturally and linguistically competent or, at a minimum, educated and trained in linguistic and cultural competence and have knowledge of available resources within the client/family's racial/ethnic community.

CORRECTIVE ACTION PLAN:

- MHP reviewed the existing process. Updated Mendocino County MHP's Policy & Procedure [III. E-3 Enrollment in Full Service Partnerships](#) to include 24/7 treatment team support, providers preferably matching the cultural and linguistic backgrounds of the partner, and to be trained and competent in culturally and linguistically appropriate practices. While 24/7 treatment team support had been provided to FSPs it was not in the policy and procedures, so that requirement was added.
- Updated the Cultural & Linguistic survey to include a Full Service Partnership (FSP) Personal Service Coordinator (PSC) category to track cultural and linguistic training.
- Updated the FSP/PSC job description to reflect need for cultural and linguistic training and matching, participation in 24-hour response to partners, and participation in care plan development.
- Updated FSP/PSC Care Plan template to include provider 24-hour response, PSC involvement with plan, and PSC to attain education in linguistic and cultural competence.

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Section K: Chart Review- Non-Hospital Services

Medical Necessity

PROTOCOL REQUIREMENTS	
1.	Does the beneficiary meet all three (3) of the following medical necessity criteria for reimbursement (1 a, 1 b, and 1 c. below)?
1a.	The beneficiary has a current ICD diagnosis which is included for non-hospital SMHS in accordance with the MHP contract?
1b.	The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1 a, must have at least one (1) of the following criteria (1-4 below): <ol style="list-style-type: none"> 1) A significant impairment in an important area of life functioning. 2) A probability of significant deterioration in an important area of life functioning. 3) A probability that the child will not progress developmentally as individually appropriate. 4) For full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that SMHS can correct or ameliorate.
1c.	Do the proposed and actual intervention(s) meet the intervention criteria listed below: <ol style="list-style-type: none"> 1) The focus of the proposed and actual intervention(s) is to address the condition identified in No. 1 b. (1-3) above, or for full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that SMHS can correct or ameliorate per No.1 b(4) . 2) The expectation is that the proposed and actual intervention(s) will do at least one (1) of the following (A, B, C, or D): <ol style="list-style-type: none"> 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 MC beneficiaries under the age of 21 years, correct or ameliorate the condition.
1d.	The condition would not be responsive to physical health care based treatment.
	<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1830.205 (b)(c) • CCR, title 9, chapter 11, section 1830.210 • CCR, title 9, chapter 11, section 1810.345(c) • CCR, title 9, chapter 11, section 1840.112(b)(1-4)
	<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1840.314(d) • CCR, title 22, chapter 3, section 51303(a) • Credentialing Boards for MH Disciplines

FINDING 1c-1:

The medical record associated with the following Line number did not meet the medical necessity criteria since the focus of the proposed interventions did not address the mental health condition as specified in the CCR, title 9, chapter 11, section 1830.205(b)(3)(A):

- 1. RR3, refer to Recoupment Summary for details

PLAN OF CORRECTION 1 c-1:

The MHP shall submit a POC that indicates 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).

¹ Line number(s) removed for confidentiality

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CORRECTIVE ACTION PLAN:

- Since the Triennial Review, the MHP's Clinical Documentation and Billing Manual for Providers has been updated to emphasize interventions in treatment plans and progress notes must address the beneficiary's functional impairments.
- A series of trainings have been provided to staff that included interventions focused on functional impairments and medical necessity. Trainings are as follows:
 - On 3/29/16 a Compliance and Code of Ethics training was performed by Tim Schraeder, MFT, and Lois LaDelle-Daly, Compliance Officer of Redwood Community Services. This training included documentation standards which addressed interventions being focused on significant impairments that are directly related to the mental health condition.
 - On 5/6/16 a Provider Quality Assurance training was performed by Pamela Lucas, Human Resource Director, Lois LaDelle-Daly, Compliance Officer, and Dan Anderson, MFT, Redwood Quality Management Company. This training addressed including interventions as it relates to policy & procedures, outpatient chart audit tool, treatment authorizations, medical necessity criteria, chart review protocol and administration.
 - On 5/11/16 a Compliance training, including audit protocol, Policy & II. E-11, Outpatient Clinical Records, Medical Necessity, Documentation and Timeliness was performed by Dan Anderson, MFT, Clinical Manager, Redwood Community Services. This training included documentation, SMI criteria, medical necessity, and audit issues from most recent DHCS review which include ensuring interventions meet Title 9 criteria.
 - On 5/20/16 a Medi-Cal Specialty Mental Health Services, Client Records and Documentation training was performed by Dan Anderson, MFT, Clinical Manager, Redwood Community Services. Training included Title 9 Protocol, Policy & Procedure II. D-1: Medical Opening and II. E-11, Outpatient Clinical Records, Medical Necessity, Documentation and Timeliness, which addressed ensuring interventions meet Title 9 criteria.
 - On 9/20/16 a DHCS Protocol training was performed by Tim Schraeder, MFT, Redwood Quality Management Company. This training included addressing interventions that are focused on functional impairments relating directly to the consumers' mental health condition.
 - On 12/6/16 a Utilization review training was provided by Tim Schraeder, MFT, Redwood Quality Management Company. This training focused on progress notes, medical necessity, case management, collateral and documentation including how interventions address functional impairments.
 - On 12/7/16 a Title 9 Documentation training was performed by Scott Abbott, MFTI, Compliance Officer, Behavioral Health & Recovery Services. Provider Clinicians, Rehabilitation Specialists and fiscal staff attended. This training focused on medical necessity, assessment, treatment plan and progress notes including how interventions address functional impairments.

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- On 1/10/17 a Contractor training was given to clinical contracted providers, performed by Tim Schraeder, MFT, Redwood Quality Management Company. Subject matter included medical necessity, assessment, and how interventions focus on functional impairments which relate to client plans, progress notes and records.
- An additional documentation training is scheduled on 2/1/17. This will be performed by Barbie Svendsen, Quality Assurance Administrator and Scott Abbott, MFTI, Compliance Officer, Behavioral Health & Recovery Services. Training will include the documentation of interventions that are focused on functional impairments relating directly to the consumers' mental health condition.
- Monitoring of the quality of documentation, including medical necessity, is completed by both the contracted providers and the County Quality Assurance/Quality Improvement unit with a combined 10% of all charts reviewed per year.
 - Chart audits were completed in Fiscal Year 2015/16. A total of 57 charts were audited for the adult system of care. A total of 25 charts were audited for the children and youth system of care. On 11/8/16 a training was provided on case management, individual rehabilitation, intakes and plan development. Areas of focus were interventions focusing on significant functional impairments which are related to the mental health condition.
 - Mendocino County MHP will conduct monthly chart audits for the youth and adult system of care. Each month alternates between an authorization audit and an outpatient chart audit. Trainings will be scheduled the month following each audit that will focus on the integrity of the chart findings. Please find the attached audit schedule for 2017.

FINDING 1 c-2:

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

- 2. RR4, refer to Recoupment Summary for details

PLAN OF CORRECTION 1 c-2:

The MHP shall submit a POC that indicates how the MHP will ensure that the interventions provided meet the intervention criteria specified in CCR, title 9, chapter 11, section 1830.205(b)(3)(B)(1-4).

CORRECTIVE ACTION PLAN:

² Line number(s) removed for confidentiality

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- Since the Triennial Review, the MHP's Clinical Documentation and Billing Manual for Providers has been updated to emphasize interventions in treatment plans and progress notes must diminish functional impairments, or prevent deterioration in life functioning, or allow a child to progress developmentally as individually appropriate.
- A series of trainings have been provided to staff that included identifying interventions to address functional impairments and medical necessity. Additional documentation trainings are ongoing.
 - On 3/29/16 a Compliance and Code of Ethics training was performed by Tim Schraeder, MFT, and Lois LaDelle-Daly, Compliance Officer of Redwood Community Services. This training included documentation standards which addressed interventions reducing impairments that are directly related to the mental health condition.
 - On 5/6/16 a Provider Quality Assurance training was performed by Pamela Lucas, Human Resource Director, Lois LaDelle-Daly, Compliance Officer and Dan Anderson, MFT, Redwood Quality Management Company. This training addressed interventions as it relates to policy & procedures, outpatient chart audit tool, treatment authorizations, medical necessity criteria, chart review protocol and administration.
 - On 5/11/16 a Compliance training, including audit protocol, Policy & Procedure II. E-11, Outpatient Clinical Records, Medical Necessity, Documentation and Timeliness was performed by Dan Anderson, MFT, Clinical Manager, Redwood Community Services. This training included documentation, SMI criteria, medical necessity, and audit issues from most recent DHCS review. This training was relevant to ensuring interventions reduce impairment, restore functioning or prevent significant deterioration in life functioning in order to meet Title 9 criteria.
 - On 5/20/16 a Medi-Cal Specialty Mental Health Services, Client Records and Documentation training was performed by Dan Anderson, MFT, Clinical Manager, Redwood Community Services. Training included Title 9 Protocol, Policy & Procedure II. D-1: Medical Opening and II. E-11, Outpatient Clinical Records, Medical Necessity, Documentation and Timeliness, which addressed ensuring interventions meet Title 9 criteria.
 - On 12/6/16 a Utilization review training was provided by Tim Schraeder, MFT, Redwood Quality Management Company. This training focused on documentation of medical necessity and symptom reduction.
 - On 12/7/16 a Title 9 Documentation training was performed by Scott Abbott, MFTI, Compliance Officer, Behavioral Health & Recovery Services. Provider Clinicians, Rehabilitation Specialists and fiscal staff attended. This training focused on medical necessity, assessment, treatment plan and progress notes including how interventions reduce symptoms.
 - On 1/10/17 a Contractor training was given to clinical contracted providers, performed by Tim Schraeder, MFT, Redwood Quality Management Company. Subject matter included medical necessity, assessment, and how interventions focus on identified functional impairments in client plans and progress notes.

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- An additional documentation training is scheduled on 2/1/17. This will be performed by Barbie Svendsen, Quality Assurance Administrator and Scott Abbott, MFTI, Compliance Officer, Behavioral Health & Recovery Services. Training will include the reduction of symptoms by interventions.
- Monitoring of the quality of documentation, including medical necessity, is completed by both the contracted providers and the County Quality Assurance/Quality Improvement unit with a combined 10% of all charts reviewed per year.
 - Chart audits were completed in Fiscal Year 2015/16. A total of 57 charts were audited for the adult system of care. A total of 25 charts were audited for the children and youth system of care. On 11/8/16 a training was provided on case management, individual rehabilitation, intakes and plan development. Areas of focus included interventions designed to reduce significant functional impairments.
 - Mendocino County MHP will conduct monthly chart audits for the youth and adult system of care. Each month alternates between an authorization audit and an outpatient chart audit. Trainings will be scheduled the month following each audit that will focus on the integrity of the chart findings. Please find the attached audit schedule for 2017.

Assessment (Findings in this area do not result in disallowances. Plan of Correction only.)

PROTOCOL REQUIREMENTS	
2b.	Do the Assessments include the areas specified in the MHP Contract with the Department?
	1) Presenting Problem. The beneficiary's chief complaint, history of presenting problem(s) including current level of functioning, relevant family history and current family information;
	2) Relevant conditions and psychosocial factors affecting the beneficiary's physical health and mental health including, as applicable; living situation, daily activities, social support, cultural and linguistic factors, and history of trauma or exposure to trauma;
	3) Mental Health History. Previous treatment, including providers, therapeutic modality (e.g., medications, psychosocial treatments) and response, and inpatient admissions. If possible, include information from other sources of clinical data such as previous mental health records and relevant psychological testing or consultation reports;
	4) Medical History. Relevant physical health conditions reported by the beneficiary or a significant support person. Include name and address of current source of medical treatment. For children and adolescents the history must include prenatal and perinatal events and relevant/significant developmental history. If possible, include other medical information from medical records or relevant consultation reports
	5) Medications. Information about medications the beneficiary has received, or is receiving, to Treat mental health and medical conditions, including duration of medical treatment. The assessment must include documentation of the absence or presence of allergies or adverse reactions to medications and documentation of an informed consent for medications;
	6) Substance Exposure/Substance Use. Past and present use of tobacco, alcohol, caffeine, CAM (complementary and alternative medications) and over-the-counter drugs, and illicit drugs;
	7) Client Strengths. Documentation of the beneficiary's strengths in achieving client plan goals

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	related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis;
	8) Risks. Situations that present a risk to the beneficiary and/or others, including past or current trauma;
	9) A mental status examination;
	10) A Complete Diagnosis; A diagnosis from the current ICD-code must be documented, consistent with the presenting problems, history, mental status examination and/or other clinical data; including any current medical diagnoses.
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.204 • CCR, title 9, chapter 11, section 1840.112(b)(1-4) • CCR, title 9, chapter 11, section 1840.314(d)(e) 	<ul style="list-style-type: none"> • CCR, title 9, chapter 4, section 851- Lanterman-Petris Act • MHP Contract, Exhibit A, Attachment I

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) Risks: 3.

PLAN OF CORRECTION 2b:

The MHP shall submit a POC that indicates how the MHP will ensure that every assessment contains all of the required elements specified in the MHP Contract with the Department.

CORRECTIVE ACTION PLAN:

- Since the Triennial Review, the MHP’s Clinical Documentation and Billing Manual for Providers has been updated to emphasize that all required elements of an assessment are present and complete including Risks.
- All Biopsychosocial Assessment forms have been updated to include each of the required elements including Risks.
- A series of trainings have been provided to staff that included identifying the required elements of the assessment and completing each. Additional documentation trainings are ongoing.
 - On 5/11/16 a Compliance training, including audit protocol, Policy & Procedure II. E-11, Outpatient Clinical Records, Medical Necessity, Documentation and Timeliness was performed by Dan Anderson, MFT, Clinical Manager, Redwood Community Services. This training reviewed documentation of assessment, including Risks.
 - On 5/20/16 a Medi-Cal Specialty Mental Health Services, Client Records and Documentation training was performed by Dan Anderson, MFT, Clinical Manager, Redwood Community Services. Training reviewed Title 9 Protocol, Policy & Procedure II. D-1: Medical Opening and II. E-11, Outpatient Clinical Records, Documentation, including the ten elements of assessment.

³ Line number(s) removed for confidentiality

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- On 12/7/16 a Title 9 Documentation training was performed by Scott Abbott, MFTI, Compliance Officer, Behavioral Health & Recovery Services. Provider Clinicians, Rehabilitation Specialists and fiscal staff attended. This training focused on medical necessity, assessment, treatment plan and progress notes.
- On 1/10/17 a Contractor training was given to clinical contracted providers, performed by Tim Schraeder, MFT, Redwood Quality Management Company. Subject matter reviewed were medical necessity, assessment, medical consent, client plans, progress notes and records.
- An additional documentation training is scheduled on 2/1/17. This will be performed by Barbie Svendsen, Quality Assurance Administrator and Scott Abbott, MFTI, Compliance Officer, Behavioral Health & Recovery Services.
- Ongoing monitoring of the quality of documentation, including elements of assessment, is completed by both the contracted providers and the County Quality Assurance/Quality Improvement with a combined 10% of all charts reviewed per year.
 - Chart audits were completed in Fiscal Year 2015/16. A total of 57 charts were audited for the adult system of care. A total of 25 charts were audited for the children and youth system of care. The audit tool includes Risks.
 - Mendocino County MHP will conduct monthly chart audits for the youth and adult system of care. Each month alternates between an authorization audit and an outpatient chart audit. Trainings will be scheduled the month following each audit that will focus on the integrity of the chart findings. Please find the attached audit schedule for 2017.

Medication Consent (Findings in this area do not result in disallowances. Plan of Correction only.)

PROTOCOL REQUIREMENTS	
3.	Regarding medication consent forms:
3a.	Did the provider obtain and retain a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication?
<ul style="list-style-type: none"> ● CCR, title 9, chapter 11, section 1810.204 ● CCR, title 9, chapter 11, section 1840.112(b)(1-4) ● CCR, title 9, chapter 11, section 1840.314(d)(e) 	<ul style="list-style-type: none"> ● CCR, title 9, chapter 4, section 851- Lanterman-Petris Act ● MHP Contract, Exhibit A, Attachment I

FINDING 3a:

The provider did not obtain and retain a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication. There was no documentation in the medical record of a written explanation regarding the beneficiary's refusal or unavailability to sign the medication consent:

- 4: 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.*

⁴ Line number(s) removed for confidentiality

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PLAN OF CORRECTION 3a:

The MHP shall submit a POC that indicates 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.

CORRECTIVE ACTION PLAN:

- Mendocino County MHP created a new Policy and Procedure, III. D-6 Medication Consents, to ensure all beneficiaries being prescribed psychotropic medication will have the opportunity after talking with the prescriber whether to voluntarily consent to take the medication or not.
- The medication consent form was updated to provide all the required elements.
- Mendocino County updated the MHP's Clinical Documentation and Billing Manual for Providers to include the requirement of completing the medication consent form.
- Medical staff will ensure that all medication consents for each medication prescribed are signed (or refused) and included in the medical record.
- A series of trainings have been provided to staff that included identifying the required elements of forms and administering medications. Additional documentation trainings are ongoing.
 - On 5/6/16 a Provider Quality Assurance training was performed by Pamela Lucas, Human Resource Director, Lois LaDelle-Daly, Compliance Officer, Dan Anderson, MFT, Redwood Quality Management Company. This training included reviewing chart review protocol to ensure medication consent forms are present/complete for each medication.
 - On 5/11/16 a Compliance training, including audit protocol, Policy & Procedure II. E-11, Outpatient Clinical Records, was performed by Dan Anderson, MFT, Clinical Manager, Redwood Community Services. This training included medication consent forms pertaining to Title 9 protocol.
 - On 5/20/16 a Medi-Cal Specialty Mental Health Services, Client Records and Documentation training was performed by Dan Anderson, MFT, Clinical Manager, Redwood Community Services. Training included Title 9 protocol, Policy & Procedure II. D-1: Medical Opening and II. E-11, Outpatient Clinical Records, Medical Necessity, Documentation and Timeliness.
- Ongoing monitoring of the quality of documentation, including medication consent forms is completed by both the contracted providers and the County Quality Assurance/Quality Improvement with a combined 10% of all charts reviewed per year.
- Mendocino County MHP Policy & Procedure I. B-1 Psychiatric Medication Guidelines includes a medication monitoring component where at least five percent of unduplicated Mendocino County beneficiaries are reviewed annually.

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- Chart audits were completed in Fiscal Year 2015/16. A total of 57 charts were audited for the adult system of care. A total of 25 charts were audited for the children and youth system of care. The audit tool includes medication consents.
- Mendocino County MHP will conduct monthly chart audits for the youth and adult systems of care. Each month alternates between an authorization audit and an outpatient chart audit. Trainings will be scheduled the month following each audit that will focus on the integrity of the chart findings. Please find the attached audit schedule for 2017.

PROTOCOL REQUIREMENTS	
3b.	Does the medication consent for psychiatric medications include the following required elements:
	1) The reasons for taking such medications?
	2) Reasonable alternative treatments available, if any?
	3) Type of medication?
	4) Range of frequency (of administration)?
	5) Dosage?
	6) Method of administration?
	7) Duration of taking the medication?
	8) Probable side effects?
	9) Possible side effects if taken longer than 3 months?
	10) Consent once given may be withdrawn at any time?
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.204 • CCR, title 9, chapter 11, section 1840.112(b)(1-4) • CCR, title 9, chapter 11, section 1840.314(d)(e) 	<ul style="list-style-type: none"> • CCR, title 9, chapter 4, section 851- Lanterman-Petris Act • MHP Contract, Exhibit A, Attachment I

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 forms found in the beneficiary's medical record:

- 1) The reason for taking each medication: ⁵
- 2) Reasonable alternative treatments available, if any: ⁶
- 3) Type of medication: ⁷
- 4) Range of frequency: ⁸
- 5) Dosage: ⁹

⁵ Line number(s) removed for confidentiality
⁶ Line number(s) removed for confidentiality
⁷ Line number(s) removed for confidentiality
⁸ Line number(s) removed for confidentiality
⁹ Line number(s) removed for confidentiality

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- 6) Method of administration (oral or injection): 10
- 7) Duration of taking each medication: 11
- 8) Probable side effects: 12
- 9) Possible side effects if taken longer than 3 months: 13
- 10) Consent once given may be withdrawn at any time: 14

PLAN OF CORRECTION 3b:

The MHP shall submit a POC that indicates how the MHP will ensure that every medication consent includes documentation of all of the required elements specified in the MHP Contract with the Department.

CORRECTIVE ACTION PLAN:

- Mendocino County MHP created a new Policy and Procedure, III. D-6 Medication Consents, including all required elements.
- The medication consent form was updated to provide all the required elements.
- Medical staff will ensure all elements of medication consents are completed for each medication prescribed and included in the medical record.
- Mendocino County updated the MHP's Clinical Documentation and Billing Manual for Providers to include the required elements of completing the medication consent form.
- A series of trainings have been provided to staff that included identifying the required elements of forms and administering medications. Additional documentation trainings are ongoing.
 - On 5/6/16 a Provider Quality Assurance training was performed by Pamela Lucas, Human Resource Director, Lois LaDelle-Daly, Compliance Officer, Dan Anderson, MFT, Redwood Quality Management Company. This training included chart review protocol to ensure all the required elements of medication consent forms are present/complete for each medication.
 - On 5/11/16 a Compliance training, including audit protocol, Policy & Procedure II. E-11, Outpatient Clinical Records, was performed by Dan Anderson, MFT, Clinical Manager, Redwood Community Services. This training included medication consent forms pertaining to Title 9 protocol.
 - On 5/20/16 a Medi-Cal Specialty Mental Health Services, Client Records and Documentation training was performed by Dan Anderson, MFT, Clinical Manager, Redwood Community Services. Training included Title 9 protocol, Policy & Procedure II. D-1: Medical Opening and II. E-11, Outpatient Clinical Records, Medical Necessity, Documentation and Timeliness.
- Ongoing monitoring of the quality of documentation, including the elements of medication consent forms is completed by both the contracted providers and the

¹⁰ Line number(s) removed for confidentiality

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County Quality Assurance/Quality Improvement with a combined 10% of all charts reviewed per year.

- Mendocino County MHP Policy & Procedure I. B-1 Psychiatric Medication Guidelines includes a medication monitoring component where at least five percent of unduplicated Mendocino County beneficiaries are reviewed annually.
 - Chart audits were completed in Fiscal Year 2015/16. A total of 57 charts were audited for the adult system of care. A total of 25 charts were audited for the children and youth system of care. The audit tool includes the elements of medication consents.
 - Mendocino County MHP will conduct monthly chart audits for the youth and adult system of care. Each month alternates between an authorization audit and an outpatient chart audit. Trainings will be scheduled the month following each audit that will focus on the integrity of the chart findings. Please find the attached audit schedule for 2017.

Client Plans

PROTOCOL REQUIREMENTS	
4a	1) Has the client plan been updated at least annually and/or when there are significant changes in the beneficiary's condition?
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.205.2 • CCR, title 9, chapter 11, section 1810.254 • CCR, title 9, chapter 11, section 1810.440(c)(1)(2) • CCR, title 9, chapter 11, section 1840.112(b)(2-5) • CCR, title 9, chapter 11, section 1840.314(d)(e) • DMH Letter 02-01, Enclosure A 	<ul style="list-style-type: none"> • WIC, section 5751.2 • MHP Contract, Exhibit A, Attachment I • CCR, title 16, Section 1820.5 • California Business and Profession Code, Section 4999.20

FINDING 4a-2:

The client plan was not updated at least annually or 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):

- 15: There was a lapse between the prior and current client plans. However, this occurred outside of the audit review period.

The MHP should review all services and claims outside of the audit review period during which there was no client plan in effect and disallow those claims as required.

PLAN OF CORRECTION 4a-2:

The MHP shall submit a POC that indicates 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 frequency specified in the MHP's written documentation standards.

¹⁵ Line number(s) removed for confidentiality

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- 2) Provide evidence that all services claimed outside of the audit review period for which no client plan was in effect are disallowed.

CORRECTIVE ACTION PLAN:

- MHP will ensure client plans are completed at least annually and in a timely manner (at least 7 calendar days and no more than 30 days prior to) as evidenced in the Policy and Procedure III. C-23 Point of Authorization and the Clinical Documentation and Billing Manual.
- Mendocino County's contracted provider has added a lockout to the electronic health record which will disable entry when client plans are overdue.
- All services in which no client plan was in effect will not be authorized by the fiscal review team. The service will be assigned a non-billable service code.
- Mendocino County's electronic health record will soon be able to prevent billing services in the absence of a current treatment plan (currently in the testing phase).
- Each Client Plan is reviewed in the TAR authorization process, prior to authorization of services to ensure compliance.
- Additional documentation trainings are ongoing.
 - On 3/29/16 a Compliance and Code of Ethics training was performed by Tim Schraeder, MFT, and Lois LaDelle-Daly, Compliance Officer of Redwood Community Services. This training focused on documentation standards including client plan timeliness.
 - On 5/6/16 a Provider Quality Assurance training was performed by Pamela Lucas, Human Resource Director, Lois LaDelle-Daly, Compliance Officer, Dan Anderson, MFT, Redwood Quality Management Company. This training focused Point of Authorization, Outpatient Chart Audit Tool, Treatment Authorizations, chart review protocol.
 - On 5/11/16 a Compliance training, including audit protocol, Policy & II. E-11, Outpatient Clinical Records, Medical Necessity, Documentation and Timeliness was performed by Dan Anderson, MFT, Clinical Manager, Redwood Community Services. This training focused on documentation and timeliness including client plan, target population, SMI criteria, medical necessity, use of ANSA, and audit issues from most recent DHCS review.
 - On 5/20/16 a Medi-Cal Specialty Mental Health Services, Client Records and Documentation training was performed by Dan Anderson, MFT, Clinical Manager, Redwood Community Services. Training included Title 9 Protocol, II. E-11, Outpatient Clinical Records, Medical Necessity, Documentation and Timeliness including client plan.
 - On 9/20/16 a DHCS Protocol training was performed by Tim Schraeder, MFT, Redwood Quality Management Company. This training included documentation, timeliness and client plan.
 - On 12/7/16 a Title 9 Documentation training was performed by Scott Abbott, MFTI, Compliance Officer, Behavioral Health & Recovery Services. Provider Clinicians, Rehabilitation Specialists and fiscal staff attended. This training

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focused on medical necessity, assessment, treatment plan and progress notes.

- On 1/10/17 a Contractor training was given to clinical contracted providers, performed by Tim Schraeder, MFT, Redwood Quality Management Company. Subject matter reviewed were medical necessity, assessment, medical consent, client plans, progress notes and records.
- An additional documentation training is scheduled on 2/1/17. This will be performed by Barbie Svendsen, Quality Assurance Administrator and Scott Abbott, MFTI, Compliance Officer, Behavioral Health & Recovery Services.
- Ongoing monitoring of the quality of documentation, including client plan timeliness is completed by both the contracted providers and the County Quality Assurance/Quality Improvement with a combined 10% of all charts reviewed per year.
 - Chart audits were completed in Fiscal Year 2015/16. A total of 57 charts were audited for the adult system of care. A total of 25 charts were audited for the children and youth system of care.
 - Mendocino County MHP will conduct monthly chart audits for the youth and adult system of care. Each month alternates between an authorization audit and an outpatient chart audit. Subsequent trainings will be given the month following each audit that will focus on the integrity of the chart findings. Please find the attached audit schedule for 2017.
- Each chart audit performed includes a fiscal audit. Any services claimed outside of the service period will be disallowed. A letter is sent to the service organization for recoupments.

PROTOCOL REQUIREMENTS	
4b.	Does the client plan include the items specified in the MHP Contract with the Department?
	1) Specific, observable, and/or specific quantifiable goals/treatment objectives related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis.
	2) The proposed type(s) of intervention/modality including a detailed description of the intervention to be provided.
	3) The proposed frequency of intervention(s).
	4) The proposed duration of intervention(s).
	5) Interventions that focus and address the identified functional impairments as a result of the mental disorder or emotional disturbance.
	6) Interventions are consistent with client plan goal(s)/treatment objective(s).
	7) Be consistent with the qualifying diagnoses.
<ul style="list-style-type: none"> ● CCR, title 9, chapter 11, section 1810.205.2 ● CCR, title 9, chapter 11, section 1810.254 ● CCR, title 9, chapter 11, section 1810.440(c)(1)(2) ● CCR, title 9, chapter 11, section 1840.112(b)(2-5) ● CCR, title 9, chapter 11, section 1840.314(d)(e) ● DMH Letter 02-01, Enclosure A 	<ul style="list-style-type: none"> ● WIC, section 5751.2 ● MHP Contract, Exhibit A, Attachment I ● CCR, title 16, Section 1820.5 ● California Business and Profession Code, Section 4999.20

FINDING 4b:

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The following Line numbers had client plans 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.
- 16
- 4b-2)** One or more of the proposed interventions did not include a detailed description. Instead, only a "type" or "category" of intervention was recorded on the client plan (e.g. "Medication Support Services," "Targeted Case Management," "Mental Health Services," etc.).
- 17
- 4b-7)** One or more client plans were not consistent with the qualifying diagnosis.
- 18

PLAN OF CORRECTION 4b:

The MHP shall submit a POC that indicates how the MHP will ensure that:

- 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.
- 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) All client plans are consistent with the qualifying diagnosis.

CORRECTIVE ACTION PLAN:

- MHP Clinical Documentation and Billing Manual contains specific language to ensure client plan goals include specific, observable and/or quantifiable objectives relating to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis.
- MHP Clinical Documentation and Billing Manual contains language to ensure all mental health interventions/modalities proposed on client plans include a detailed description of the interventions to be provided. It also contains language to emphasize all client plans goals and interventions are consistent with the qualifying diagnosis.
- A series of trainings have been provided to staff on documentation standards. Additional documentation trainings are ongoing.
 - On 3/29/16 a Compliance and Code of Ethics training was performed by Tim Schraeder, MFT, and Lois LaDelle-Daly, Compliance Officer of Redwood

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Community Services. This training focused on documentation standards including client plans with specific observable objectives and descriptive interventions that are consistent with the qualifying diagnosis.

- On 5/11/16 a Compliance training, including audit protocol, Policy & Procedure II. E-11, Outpatient Clinical Records, Medical Necessity, Documentation and Timeliness was performed by Dan Anderson, MFT, Clinical Manager, Redwood Community Services. This training reviewed documentation standards including client plans with specific observable objectives and descriptive interventions that are consistent with the qualifying diagnosis.
- On 5/20/16 a Medi-Cal Specialty Mental Health Services, Client Records and Documentation training was performed by Dan Anderson, MFT, Clinical Manager, Redwood Community Services. Training included Title 9 Protocol including client plans, Policy & Procedure II. E-11, Outpatient Clinical Records, Medical Necessity, Documentation and Timeliness.
- On 9/20/16 a DHCS Protocol training was performed by Tim Schraeder, MFT, Redwood Quality Management Company. This training focused on documentation standards including client plans with specific observable objectives and descriptive interventions that are consistent with the qualifying diagnosis.
- On 12/7/16 a Title 9 Documentation training was performed by Scott Abbott, MFTI, Compliance Officer, Behavioral Health & Recovery Services. Provider Clinicians, Rehabilitation Specialists and fiscal staff attended. This training focused on medical necessity, assessment, treatment plan and progress notes.
- On 1/10/17 a Contractor training was given to clinical contracted providers, performed by Tim Schraeder, MFT, Redwood Quality Management Company. Subject matter reviewed were medical necessity, assessment, medical consent, client plans, progress notes and records.
- An additional documentation training is scheduled on 2/1/17. This will be performed by Barbie Svendsen, Quality Assurance Administrator and Scott Abbott, MFTI, Compliance Officer, Behavioral Health & Recovery Services.
- Each Client Plan is reviewed in the TAR authorization process, prior to authorization of services to ensure compliance.
- Ongoing monitoring of the quality of documentation, including treatment plans, is completed by both the contracted providers and County Quality Assurance/Quality Improvement unit with a combined 10% of all charts reviewed per year.
 - Chart audits were completed in Fiscal Year 2015/16. A total of 57 charts were audited for the adult system of care. A total of 25 charts were audited for the children and youth system of care. A follow up training was provided on 11/8/16 for case management, individual rehabilitation, intakes and plan development.
 - Mendocino County MHP will conduct monthly chart audits for the youth and adult system of care. Each month alternates between an authorization audit and an outpatient chart audit. Subsequent trainings will be given the month

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following each audit that will focus on the integrity of the chart findings.
Please find the attached audit schedule for 2017.

PROTOCOL REQUIREMENTS	
4e.	Is there documentation that the contractor offered a copy of the client plan to the beneficiary?
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.205.2 • CCR, title 9, chapter 11, section 1810.254 • CCR, title 9, chapter 11, section 1810.440(c)(1)(2) • CCR, title 9, chapter 11, section 1840.112(b)(2-5) • CCR, title 9, chapter 11, section 1840.314(d)(e) • DMH Letter 02-01, Enclosure A 	<ul style="list-style-type: none"> • WIC, section 5751.2 • MHP Contract, Exhibit A, Attachment I • CCR, title 16, Section 1820.5 • California Business and Profession Code, Section 4999.20

FINDING 4e:

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

- 19

PLAN OF CORRECTION 4e:

The MHP shall submit a POC that indicates 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 and whether or not he/she received a copy of the client plan.

CORRECTIVE ACTION PLAN:

- Offering the beneficiary a copy of the client plan is contained within the MHP’s Clinical Documentation and Billing Manual.
- A series of trainings have been provided to staff, including the documentation of offering the client plan to the beneficiary. Additional documentation trainings are ongoing.
 - On 3/29/16 a Compliance and Code of Ethics training was performed by Tim Schraeder, MFT, and Lois LaDelle-Daly, Compliance Officer of Redwood Community Services. This training focused on documentation standards including offering the beneficiary a copy of their client plan.
 - On 5/6/16 a Provider Quality Assurance training was performed by Pamela Lucas, Human Resource Director, Lois LaDelle-Daly, Compliance Officer, Dan Anderson, MFT, Redwood Quality Management Company. This training reviewed Policy & Procedures, Outpatient Chart Audit Tool, Chart review protocol which included offering the beneficiary a copy of their client plan.
 - On 5/11/16 a Compliance training, including audit protocol, Policy & Procedure II. E-11, Outpatient Clinical Records, Medical Necessity,

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Documentation and Timeliness was performed by Dan Anderson, MFT, Clinical Manager, Redwood Community Services. This training focused on documentation which included offering the beneficiary a copy of their client plan.

- On 5/20/16 a Medi-Cal Specialty Mental Health Services, Client Records and Documentation training was performed by Dan Anderson, MFT, Clinical Manager, Redwood Community Services. Training included Title 9 Protocol, which included offering the beneficiary a copy of their client plan.
- On 9/20/16 a DHCS Protocol training was performed by Tim Schraeder, MFT, Redwood Quality Management Company. This training included offering the beneficiary a copy of their client plan.
- On 12/6/16 a Utilization review training was provided by Tim Schraeder, MFT, Redwood Quality Management Company. This training focused on progress notes, medical necessity, case management, collateral and documentation, which included offering the beneficiary a copy of their client plan.
- On 1/10/17 a Contractor training was given to clinical contracted providers, performed by Tim Schraeder, MFT, Redwood Quality Management Company. Subject matter reviewed included: medical necessity, assessment, medical consent, client plans, progress notes and records, which included offering the beneficiary a copy of their client plan.
- On 12/7/16 a Title 9 Documentation training was performed by Scott Abbott, MFTI, Compliance Officer, Behavioral Health & Recovery Services. Provider Clinicians, Rehabilitation Specialists and fiscal staff attended. This training focused on medical necessity, assessment, treatment plan and progress notes, which included offering the beneficiary a copy of their client plan.
- An additional documentation training is scheduled on 2/1/17. This will be performed by Barbie Svendsen, Quality Assurance Administrator and Scott Abbott, MFTI, Compliance Officer, Behavioral Health & Recovery Services.
- Ongoing monitoring of the quality of documentation, including offering the beneficiary a copy of their client plan, is completed by both the contracted providers and the County Quality Assurance/Quality Improvement unit with a combined 10% of all charts reviewed per year.
 - Chart audits were completed in Fiscal Year 2015/16. A total of 57 charts were audited for the adult system of care. A total of 25 charts were audited for the children and youth system of care. A follow up training was provided on 11/8/16 for case management, individual rehabilitation, intakes and plan development.
 - Mendocino County MHP will conduct monthly chart audits for the youth and adult system of care. Each month alternates between an authorization audit and an outpatient chart audit. Subsequent trainings will be given the month following each audit that will focus on the integrity of the chart findings. Please find the attached audit schedule for 2017.
- Each Client Plan is reviewed in the TAR authorization process, prior to authorization of services to ensure compliance.

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- The electronic health record is in the process of being modified so that treatment plans cannot be finalized unless it's documented the beneficiary was offered a copy of his/her plan.

PROTOCOL REQUIREMENTS	
4f.	Does the client plan include: <ol style="list-style-type: none"> 1) The date of service; 2) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, and licensure or job title; AND 3) The date the documentation was entered in the medical record?
<ul style="list-style-type: none"> CCR, title 9, chapter 11, section 1810.205.2 CCR, title 9, chapter 11, section 1810.254 CCR, title 9, chapter 11, section 1810.440(c)(1)(2) CCR, title 9, chapter 11, section 1840.112(b)(2-5) CCR, title 9, chapter 11, section 1840.314(d)(e) DMH Letter 02-01, Enclosure A 	<ul style="list-style-type: none"> WIC, section 5751.2 MHP Contract, Exhibit A, Attachment I CCR, title 16, Section 1820.5 California Business and Profession Code, Section 4999.20

FINDING 4f:

The Client plan did not include:

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

- 20

PLAN OF CORRECTION 4f:

The MHP shall submit a POC that indicates how the MHP will ensure that all documentation includes:

- 1) The signature or (electronic equivalent) with the professional degree, licensure or title of the person providing the service.

CORRECTIVE ACTION PLAN:

- All clinical services are being entered into an Electronic Health Record. When the client plan is printed, the electronic health record will automatically print the provider's professional degree, licensure or job title.
- If there is a change to a provider's professional degree, licensure, or job title. It is updated in the electronic health record by designated staff.
- Each Client Plan is reviewed in the TAR authorization process, prior to authorization of services to ensure compliance.
- The documentation standards manual has been updated to reflect required signature or electronic equivalent in the electronic health records, with professional degree, licensure or title.

²⁰ Line number(s) removed for confidentiality

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- A series of trainings have been provided to staff on documentation standards. Additional documentation trainings are ongoing.
 - On 3/29/16 a Compliance and Code of Ethics training was performed by Tim Schraeder, MFT, and Lois LaDelle-Daly, Compliance Officer of Redwood Community Services. This training focused on documentation standards including required signatures.
 - On 5/6/16 a Provider Quality Assurance training was performed by Pamela Lucas, Human Resource Director, Lois LaDelle-Daly, Compliance Officer, Dan Anderson, MFT, Redwood Quality Management Company. This training reviewed Policy & Procedures, Outpatient Chart Audit Tool, Chart review protocol which included required signature authorizations.
 - On 5/11/16 a Compliance training, including audit protocol, Policy & Procedure II. E-11, Outpatient Clinical Records, Medical Necessity, Documentation and Timeliness, was performed by Dan Anderson, MFT, Clinical Manager, Redwood Community Services. This training focused on documentation which included required signature authorizations.
 - On 5/20/16 a Medi-Cal Specialty Mental Health Services, Client Records and Documentation training was performed by Dan Anderson, MFT, Clinical Manager, Redwood Community Services. Training included Title 9 Protocol, which included signature authorizations.
 - On 9/20/16 a DHCS Protocol training was performed by Tim Schraeder, MFT, Redwood Quality Management Company. This training included required signature authorizations.
 - On 12/6/16 a Utilization review training was provided by Tim Schraeder, MFT, Redwood Quality Management Company. This training reviewed documentation standards, which included required signature authorizations.
 - On 1/10/17 a Contractor training was given to clinical contracted providers, performed by Tim Schraeder, MFT, Redwood Quality Management Company. Subject matter reviewed were medical necessity, assessment, medical consent, client plans which included required signature authorizations.
 - On 12/7/16 a Title 9 Documentation training was performed by Scott Abbott, MFTI, Compliance Officer, Behavioral Health & Recovery Services. Provider Clinicians, Rehabilitation Specialists and fiscal staff attended. This training focused on medical necessity, assessment, treatment plan, and progress notes, which included required signature authorizations.
 - An additional documentation training is scheduled on 2/1/17. This will be performed by Barbie Svendsen, Quality Assurance Administrator and Scott Abbott, MFTI, Compliance Officer, Behavioral Health & Recovery Services.
- Ongoing monitoring of the quality of documentation including signature authorizations, is completed by both the contracted providers and the County Quality Assurance/ Quality Improvement unit with a combined 10% of all charts reviewed per year.
 - Chart audits were completed in Fiscal Year 2015/16. A total of 57 charts were audited for the adult system of care. A total of 25 charts were audited for the children and youth system of care.

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- Mendocino County MHP will conduct monthly chart audits for the youth and adult system of care. Each month alternates between an authorization audit and an outpatient chart audit. Subsequent trainings will be given the month following each audit that will focus on the integrity of the chart findings. Please find the attached audit schedule for 2017.

Progress Notes

PROTOCOL REQUIREMENTS	
5a.	Do the progress notes document the following:
	1) Timely documentation (as determined by the MHP) of relevant aspects of client care, including documentation of medical necessity?
	2) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions?
	3) Interventions applied, beneficiary's response to the interventions, and the location of the interventions?
	4) The date the services were provided?
	2) Documentation of referrals to community resources and other agencies, when appropriate?
	3) Documentation of follow-up care or, as appropriate, a discharge summary?
	4) The amount of time taken to provide services?
	5) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, and licensure or job title?
	<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.254 • CCR, title 9, chapter 11, section 1810.440(c) • CCR, title 9, chapter 11, section 1840.112(b)(2-6) • CCR, title 9, chapter 11, section 1840.314
	<ul style="list-style-type: none"> • CCR, title 9, chapter 11, sections 1840.316 - 1840.322 • CCR, title 22, chapter 3, section 51458.1 • CCR, title 22, chapter 3, section 51470 • MHP Contract, Exhibit A, Attachment I

FINDING 5a:

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

- One or more progress note was not completed within the timeliness and frequency standards in accordance with regulatory and contractual requirements.
- The MHP was not following its own written documentation standards for timeliness of staff signatures on progress notes.
- Progress notes did not document the following

5a-1) ²¹: 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). **RR3, RR4, RR9, refer to Recoupment Summary for details.**

²¹ Line number(s) removed for confidentiality

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- 5a-8)** 22: The provider's professional degree, licensure or job title.
- Appointment was missed or cancelled:²³ **RR19a, refer to Recoupment Summary for details.**

PLEASE NOTE:

The exact same verbiage was recorded on multiple progress notes, and therefore those progress notes were not individualized, did not accurately document the beneficiary's response and the specific interventions applied, as specified in the MHP Contract with the Department for:

- 24

PLAN OF CORRECTION 5a:

The MHP shall submit a POC that indicates how the MHP will:

- 1) Ensure that progress notes meet timeliness, frequency and the staff signature requirements in accordance with regulatory and contractual requirements.
- 2) Describe how the MHP will ensure that progress notes are completed in accordance with the timeliness and frequency requirements specified in the MHP's written documentation standards.
- 3) The MHP shall submit a POC that indicates how the MHP will ensure that progress notes document:
 - 5a-1) The provider's/providers' professional degree, licensure or job title.
- 4) The documentation is individualized for each service provided.
- 5) Each progress note describes how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning.
- 6) All services claimed are appropriate, relate to the qualifying diagnosis and identified functional impairments and are medically

CORRECTIVE ACTION PLAN:

- During the triennial audit period Mendocino County contracted with a contract provider that did not utilize an electronic health record. Since July 1, 2016 all providers utilize an electronic health record.
- MHP electronic health record will provide electronic signature that includes the person's professional degree, licensure, or job title. Clinical Documentation and Billing Manual was also updated to reflect progress note requirements of date, signature (e-signature) and date entered into medical record.

²² Line number(s) removed for confidentiality

²³ Line number(s) removed for confidentiality

²⁴ Line number(s) removed for confidentiality

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- MHP has an internal timeliness review to ensure documentation is within the 14-day timeframe or the note is identified as a late note.
- Clinical Documentation and Billing Manual has been updated to reflect individualized progress notes which relate to the qualifying diagnosis and functional impairments that meet medically necessary.
- A series of trainings have been provided to staff on documentation standards. Additional documentation trainings are ongoing.
 - On 5/6/16 a Compliance training was performed by Tim Schraeder, MFT, Redwood Quality Management Company. This training included the completion of progress notes in accordance to Title 9.
 - On 5/11/16 a Compliance training, including review of audit protocols, Policy & Procedure II. E-11, Outpatient Clinical Records, Medical Necessity, Documentation, and Timeliness was performed by Dan Anderson, MFT, Clinical Manager, Redwood Community Services. This training focused on documentation and timeliness which included the completion of progress notes in accordance to Title 9.
 - On 5/20/16 a Medi-Cal Specialty Mental Health Services, Client Records and Documentation training was performed by Dan Anderson, MFT, Clinical Manager, Redwood Community Services. Training included Title 9 Protocol, Policy & Procedure II. D-1: Medical Opening and II. E-11, Outpatient Clinical Records, Medical Necessity, Documentation and Timeliness which included the completion of progress notes in accordance to Title 9.
 - On 11/15/16 a Group Rehabilitation Training was performed by Dan Anderson, MFT, Clinical Manager, Redwood Community Services. Training included billing protocol, scheduling, and progress notes in accordance with Title 9 regulations.
 - On 12/6/16 a Utilization review training was provided by Tim Schraeder, MFT, Redwood Quality Management Company. This training focused on progress notes, medical necessity, case management, collateral and documentation which included the completion of progress notes in accordance to Title 9.
 - On 12/7/16 a Title 9 Documentation training was performed by Scott Abbott, MFTI, Compliance Officer, Behavioral Health & Recovery Services. Provider Clinicians, Rehabilitation Specialists and fiscal staff attended. This training focused on medical necessity, assessment, treatment plan, and progress notes in accordance to Title 9.
 - On 1/10/17 a Contractor training was given to clinical contracted providers, performed by Tim Schraeder, MFT, Redwood Quality Management Company. Subject matter reviewed were medical necessity, assessment, medical consent, client plans, progress notes and records in accordance with Title 9.
 - An additional documentation training is scheduled on 2/1/17. This will be performed by Barbie Svendsen, Quality Assurance Administrator and Scott Abbott, MFTI, Compliance Officer, Behavioral Health & Recovery Services.

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- Ongoing monitoring of the quality of documentation of services is completed by both the contracted providers and the County Quality Assurance/Quality Improvement unit with a combined 10% of all charts reviewed per year.
 - Chart audits were completed in Fiscal Year 2015/16. A total of 57 charts were audited for the adult system of care. A total of 25 charts were audited for the children and youth system of care. A follow up training was provided on 11/8/16 for case management, individual rehabilitation, intakes and plan development.
 - Mendocino County MHP will conduct monthly chart audits for the youth and adult system of care. Each month alternates between an authorization audit and an outpatient chart audit. Subsequent trainings will be given the month following each audit and will focus on the integrity of the chart findings. Please find the attached audit schedule for 2017.

FINDING 5a3:

The progress note(s) for the following Line number (s) indicate that the service provided was solely for:

- Socialization that consists of generalized group activities that do not provide systematic individualized feedback to the specific targeted behaviors:²⁵ **RR13d, refer to Recoupment Summary for details.**
- Clerical:²⁶ **RR17, refer to Recoupment Summary for details.**

PLAN OF CORRECTION 5a3:

The MHP shall submit a POC that indicates how the MHP will ensure that:

- 1) Each progress note describes how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning, as outlined in the client plan.
- 2) Services provided and claimed are not solely academic/education services, vocational services, recreation or socialization that consists of generalized group activities that do not provide systematic, individualized feedback to the specific targeted behaviors,
- 3) Services provided and claimed are not solely transportation, clerical or payee related.
- 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).

²⁵ Line number(s) removed for confidentiality

²⁶ Line number(s) removed for confidentiality

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CORRECTIVE ACTION PLAN:

- The MHP's Clinical Documentation and Billing Manual has been updated to describe what are and are not acceptable services. Acceptable services relate to the diagnosis and identified functional impairments. Unacceptable services include transportation, clerical, payee related, academic/education services, vocational services, recreation or socialization activities that do not provide systematic, individualized feedback to specific targeted behaviors.
- A series of trainings have been provided to staff on documentation standards. Additional documentation trainings are ongoing.
 - On 5/6/16 a Compliance training was performed by Tim Schraeder, MFT, Redwood Quality Management Company. This training included the completion of progress notes in accordance to Title 9.
 - On 5/11/16 a Compliance training, including audit protocol, Policy & Procedure II. E-11, Outpatient Clinical Records, Medical Necessity, Documentation and Timeliness was performed by Dan Anderson, MFT, Clinical Manager, Redwood Community Services. This training focused on documentation and timeliness which included the completion of progress notes in accordance to Title 9.
 - On 5/20/16 a Medi-Cal Specialty Mental Health Services, Client Records and Documentation training was performed by Dan Anderson, MFT, Clinical Manager, Redwood Community Services. Training included Title 9 Protocol, Policy & Procedure II. D-1: Medical Opening and II. E-11, Outpatient Clinical Records, Medical Necessity, Documentation and Timeliness which included the completion of progress notes in accordance to Title 9.
 - On 12/6/16 a Utilization review training was provided by Tim Schraeder, MFT, Redwood Quality Management Company. This training focused on progress notes, medical necessity, case management, collateral and documentation which included the completion of progress notes in accordance to Title 9.
 - On 12/7/16 a Title 9 Documentation training was performed by Scott Abbott, MFTI, Compliance Officer, Behavioral Health & Recovery Services. Provider Clinicians, Rehabilitation Specialists and fiscal staff attended. This training focused on medical necessity, assessment, treatment plan, and progress notes in accordance to Title 9.
 - On 1/10/17 a Contractor training was given to clinical contracted providers, performed by Tim Schraeder, MFT, Redwood Quality Management Company. Subject matter reviewed were medical necessity, assessment, medical consent, client plans, progress notes and records in accordance with Title 9.
 - An additional documentation training is scheduled on 2/1/17. This will be performed by Barbie Svendsen, Quality Assurance Administrator and Scott Abbott, MFTI, Compliance Officer, Behavioral Health & Recovery Services.
- Ongoing monitoring of the quality of documentation of services ensuring services provided meet Title 9 criteria as completed by both the contracted providers and the

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County Quality Assurance/Quality Improvement unit with a combined 10% of all charts reviewed per year.

- Chart audits were completed in Fiscal Year 2015/16. A total of 57 charts were audited for the adult system of care. A total of 25 charts were audited for the children and youth system of care. A follow up training was provided on 11/8/16 for case management, individual rehabilitation, intakes and plan development.
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PROTOCOL REQUIREMENTS	
5c.	<p>Timeliness/frequency as follows:</p> <ol style="list-style-type: none"> 1) Every service contact for: <ol style="list-style-type: none"> A. Mental health services B. Medication support services C. Crisis intervention D. Targeted Case Management 2) Daily for: <ol style="list-style-type: none"> A. Crisis residential B. Crisis stabilization (one per 23/hour period) C. Day treatment intensive 3) Weekly for: <ol style="list-style-type: none"> A. Day treatment intensive (clinical summary) B. Day rehabilitation C. Adult residential
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.254 • CCR, title 9, chapter 11, section 1810.440(c) • CCR, title 9, chapter 11, section 1840.112(b)(2-6) • CCR, title 9, chapter 11, section 1840.314 	<ul style="list-style-type: none"> • CCR, title 9, chapter 11, sections 1840.316 - 1840.322 • CCR, title 22, chapter 3, section 51458.1 • CCR, title 22, chapter 3, section 51470 • MHP Contract, Exhibit A, Attachment I

FINDING 5c:

Documentation in the medical record did not meet the following requirements:

- 27: There was no progress note in the medical record for the services claimed. **RR9, refer to Recoupment Summary for details.**

During the review, the MHP staff was given the opportunity to locate the documents in question but could not find written evidence of them in the medical record.

PLAN OF CORRECTION 5c:

The MHP shall submit a POC that indicates how the MHP will:

- 1) Ensure that all specialty mental health services (SMHS) claimed are:

²⁷ Line number(s) removed for confidentiality

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- 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).
- 2) Ensure that all progress notes are:
- a) Accurate and meet the documentation requirements described in the MHP Contract with the Department.
 - b) Indicate the type of service, 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.
 - c) Completed within the timeline and frequency specified in the MHP Contract with the Department.
 - d) Legible in order to determine that the claimed mental health services were actually provided.

CORRECTIVE ACTION PLAN:

- All clinical services are being entered into an electronic health record. The electronic health record will not bill for a service unless a progress note accompanies the billing and includes type, date, and duration of service.
- A series of trainings have been provided to staff on documentation standards. Additional documentation trainings are ongoing.
 - On 5/6/16 a Compliance training was performed by Tim Schraeder, MFT, Redwood Quality Management Company. This training included the completion of accurate progress notes in accordance to Title 9.
 - On 5/11/16 a Compliance training, including audit protocol, Policy & Procedure II. E-11, Outpatient Clinical Records, Medical Necessity, Documentation, and Timeliness, was performed by Dan Anderson, MFT, Clinical Manager, Redwood Community Services. This training focused on documentation and timeliness which included the completion of accurate progress notes in accordance to Title 9.
 - On 5/20/16 a Medi-Cal Specialty Mental Health Services, Client Records and Documentation training was performed by Dan Anderson, MFT, Clinical Manager, Redwood Community Services. Training included Title 9 Protocol, Policy & Procedure II. D-1: Medical Opening and II. E-11, Outpatient Clinical Records, Medical Necessity, Documentation and Timeliness which included the completion of accurate progress notes in accordance to Title 9.
 - On 12/6/16 a Utilization review training was provided by Tim Schraeder, MFT, Redwood Quality Management Company. This training focused on progress notes, medical necessity, case management, collateral and documentation which included the completion of accurate progress notes in accordance to Title 9.

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- On 12/7/16 a Title 9 Documentation training was performed by Scott Abbott, MFTI, Compliance Officer, Behavioral Health & Recovery Services. Provider Clinicians, Rehabilitation Specialists and fiscal staff attended. This training focused on medical necessity, assessment, treatment plan and accurate progress notes in accordance to Title 9.
- On 1/10/17 a Contractor training was given to clinical contracted providers, performed by Tim Schraeder, MFT, Redwood Quality Management Company. Subject matter reviewed were medical necessity, assessment, medical consent, client plans, progress notes and records in accordance with Title 9.
- An additional documentation training is scheduled on 2/1/17. This will be performed by Barbie Svendsen, Quality Assurance Administrator and Scott Abbott, MFTI, Compliance Officer, Behavioral Health & Recovery Services.
- Ongoing monitoring of the quality of documentation of services, including review of whether a progress note has all of the requirements necessary to be in compliance with Title 9, and to verify that services were actually provided to the beneficiary, is completed by both the contracted providers and the County Quality Assurance/Quality Improvement unit with a combined 10% of all charts reviewed per year.
 - Chart audits were completed in Fiscal Year 2015/16. A total of 57 charts were audited for the adult system of care. A total of 25 charts were audited for the children and youth system of care. A follow up training was provided on 11/8/16 for case management, individual rehabilitation, intakes and plan development.
 - Mendocino County MHP will conduct monthly chart audits for the youth and adult system of care. Each month alternates between an authorization audit and an outpatient chart audit. Subsequent trainings will be given the month following each audit and will focus on the integrity of the chart findings. Please find the attached audit schedule for 2017.

PROTOCOL REQUIREMENTS	
5d.	Do all entries in the beneficiary's medical record include:
	1) The date of service?
	2) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, and licensure or job title?
	3) The date the documentation was entered in the medical record?
<ul style="list-style-type: none"> ● CCR, title 9, chapter 11, section 1810.254 ● CCR, title 9, chapter 11, section 1810.440(c) ● CCR, title 9, chapter 11, section 1840.112(b)(2-6) ● CCR, title 9, chapter 11, section 1840.314 	<ul style="list-style-type: none"> ● CCR, title 9, chapter 11, sections 1840.316 - 1840.322 ● CCR, title 22, chapter 3, section 51458.1 ● CCR, title 22, chapter 3, section 51470 ● MHP Contract, Exhibit A, Attachment I

FINDING 5d:

The Progress note did not include:

- Signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, or job title: ²⁸

²⁸ Line number(s) removed for confidentiality

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PLAN OF CORRECTION 5d:

The MHP shall submit a POC that indicates how the MHP will:

- 1) Ensure that all documentation includes the signature or (electronic equivalent) with the professional degree, licensure or title of the person providing the service.
- 2) Ensure 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.
- 3) Ensure that staff adheres to the MHP's written documentation standards and policies and procedures for providing services within the staff's scope of practice.
- 4) Ensure that services are not claimed when services are provided by staff outside the staff's scope of practice or qualifications.
- 5) Provide evidence that all claims in which the staff was not qualified to provide services were disallowed.

CORRECTIVE ACTION PLAN:

- All clinical services are being entered into an electronic health record. When the progress note is printed, the electronic health record will automatically print the provider's professional degree, licensure, or job title.
- MHP electronic health record will provide an electronic signature that includes the person's professional degree, licensure, or job title. Clinical Documentation and Billing Manual was also updated to reflect progress note requirements of date, signature (e-signature) and date entered into medical record.
- When there is a change to a provider's professional degree, licensure or job title, it is updated in the electronic health record.
- A series of trainings have been provided to staff on documentation standards. Additional documentation training is ongoing.
 - On 3/29/16 a Compliance and Code of Ethics training was performed by Tim Schraeder, MFT, and Lois LaDelle-Daly, Compliance Officer of Redwood Community Services. This training focused on documentation standards, which included required signature authorizations.
 - On 5/6/16 a Compliance training was performed by Tim Schraeder, MFT, Redwood Quality Management Company. This training included authorization timeliness which included required signature authorizations.
 - On 5/6/16 a Provider Quality Assurance training was performed by Pamela Lucas, Human Resource Director, Lois LaDelle-Daly, Compliance Officer, Dan Anderson, MFT, Redwood Quality Management Company. This training focused on credentialing, Policy & Procedures, Point of Authorization, Outpatient Chart Audit Tool, Treatment Authorizations, medical necessity criteria, acute inpatient guidelines and chart review protocol which included required signature authorizations.

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- On 5/11/16 a Compliance training, including audit protocol, Policy & Procedure II. E-11, Outpatient Clinical Records, Medical Necessity, Documentation and Timeliness was performed by Dan Anderson, MFT, Clinical Manager, Redwood Community Services. This training focused on documentation and timeliness, which included required signature authorizations.
- On 5/20/16 a Medi-Cal Specialty Mental Health Services, Client Records and Documentation training was performed by Dan Anderson, MFT, Clinical Manager, Redwood Community Services. Training included Title 9 Protocol, Policy & Procedure II. D-1: Medical Opening and II. E-11, Outpatient Clinical Records, Medical Necessity, Documentation and Timeliness, which included required signature authorizations.
- On 9/20/16 a DHCS Protocol training was performed by Tim Schraeder, MFT, Redwood Quality Management Company. This training included guidelines for billing services within scope of practice according to Title 9 regulations.
- On 12/6/16 a Utilization review training was provided by Tim Schraeder, MFT, Redwood Quality Management Company. This training focused on progress notes, medical necessity, case management, collateral and documentation, according to Title 9 regulations.
- On 12/7/16 a Title 9 Documentation training was performed by Scott Abbott, MFTI, Compliance Officer, Behavioral Health & Recovery Services. Provider Clinicians, Rehabilitation Specialists and fiscal staff attended. This training focused on medical necessity, assessment, treatment plan and progress notes.
- On 1/10/17 a Contractor training was given to clinical contracted providers, performed by Tim Schraeder, MFT, Redwood Quality Management Company. Subject matter reviewed were medical necessity, assessment, medical consent, client plans, progress notes and records.
- An additional documentation training is scheduled on 2/1/17. This will be performed by Barbie Svendsen, Quality Assurance Administrator and Scott Abbott, MFTI, Compliance Officer, Behavioral Health & Recovery Services.
- Ongoing monitoring of the quality of documentation of services to ensure compliance with Title 9 regulations and to ensure that services are within staff scope of practice, are completed by both the contracted providers and the County Quality Assurance/Quality Improvement unit with a combined 10% of all charts reviewed per year.
 - Chart audits were completed in Fiscal Year 2015/16. A total of 57 charts were audited for the adult system of care. A total of 25 charts were audited for the children and youth system of care. A follow up training was provided on 11/8/16 for case management, individual rehabilitation, intakes and plan development.
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following each audit and will focus on the integrity of the chart findings.
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