

Alameda County Mental Health Plan Review-January 23-26, 2017
Plan of Correction

ATTESTATION

PROTOCOL	
7	Out of Compliance: When the MHP is involved in the placement, the MHP must provide the DHCS issued Medi-Cal Services for Children and Young Adults: Early & Periodic Screening, Diagnosis & Treatment (EPSDT) brochure, which includes information about accessing Therapeutic Behavioral Services (TBS) to Medi-Cal (MC) beneficiaries under 21 years of age and their representative in the following circumstances: at the time of placement in an RCL 12 foster care group home when the MHP is involved in the placement.

Findings:

The policy did not include language that when the MHP is involved in the placement of a client in a RCL 12, that the brochure would be provided to the client.

Plan of Correction

EPSDT Notification Policy was revised to include this language in its Policy: *“The Alameda County Behavioral Health Care Services Department will provide EPSDT Medi-Cal beneficiaries under 21 (or their guardians, if under 18), information about EPSDT services and Therapeutic Behavioral Services (TBS): at the time of placement in a RCL 12 or a RCL 13-14 foster care home.”* It is currently in a draft form and awaiting

Timeframe for Completion:

03/30/2018

Responsible Staff:

Muir

Proof of Correction:

DRAFT revised P&P: Early Periodic Screening Diagnosis and Treatment (EPSDT) Notification Policy for MHP Beneficiaries under 21 Admitted to SNF, MHFC, IMD or placement in an RCL 13-14 treatment

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SECTION A: Network Adequacy and Array of Services

PROTOCOL	
A1	Out of Compliance: Does the MHP have a current Implementation Plan which meets title 9 requirements

Findings:

The Implementation Plan had not been updated with current MHP practices since its initial finalization May 14, 1997.

Plan of Correction

The Implementation Plan created by ACBHCS in 1997 will be updated to reflect current practices.

Timeframe for Completion:

06/30/18

Responsible Staff:

Arrieta Fone

Proof of Correction:

N/A

SECTION B: Access

PROTOCOL	
B2b	Out of Compliance: Regarding the provider list: b) Is the provider list available in English and in the MHPs identified threshold language(s)?

Findings:

The MHP's provider list is not available in all of the MHP's identified threshold languages.

Plan of Correction

- BHCS assembled an internal workgroup which will be responsible for making recommendations on the most efficient and effective way to revise the current provider list (given the MHP's technological limitations) to translate the list into all MHP threshold languages. [See attachment](#)
- Outcome: Prepare, publish and maintain provider list for translation into all MHP threshold languages.

Timeframe for Completion:

06/30/18

Responsible Staff:

Branagh Dumapias

Proof of Correction:

Provider List Workgroup Minutes on 6/7/17

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B2c-6	Out of Compliance: Regarding the provider list, does it contain the following: 6) alternatives and options for cultural services.
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Findings:

The MHP's current provider list did not include alternatives and options for cultural services.

Plan of Correction

- BHCS assembled an internal workgroup which will be responsible for making recommendations on the most efficient and effective way to revise the current provider list (given the MHP's technological limitations) to list specific alternatives and options for cultural services. [See attachment](#)
- Outcome to revise existing provider list to include alternatives and options for cultural specific services (such as ethnic, disabilities, LGBTQ and others).

Timeframe for Completion:

06/30/18

Responsible Staff:

Branagh Dumapias

Proof of Correction:

Provider List Workgroup Minutes on 6/7/17

B6d-3	Out of Compliance: Does the MHP have policies, procedures, and practices that comply with the following requirements of the Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973: 3) Minor children should not be used as interpreters?
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Findings:

The Policy and the consumer-informing flyer did not include language that children should not be used as interpreters.

Plan of Correction

BHCS has updated the Language and Culturally Responsive Services P&P to include specific language concerning minor children not being used to provide interpretation. [See attachment](#)

Timeframe for Completion:

06/12/18

Responsible Staff:

Saler

Proof of Correction:

Revised P&P: "Language and Culturally Responsive Services" (highlighted section) dated 6/12/17.

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B9a-2	Partial Compliance: Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number: 2) Does the toll-free telephone number provide information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met?
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Findings:

Callers were provided information on how to access SMHS on 40% of the test calls. The MHP is required to provide evidence that it will provide information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met.

Plan of Correction

- ACCESS staff and BHCS's contracted after-hours provider have now been informed that they need to explain the screening process at the beginning of the call when a beneficiary is requesting services or when a caller is asking how a person can access Specialty Mental Health Services (SMHS). Staff now informs the caller that a licensed ACCESS clinician will do a brief screening to assess whether they meet medical necessity for SMHS, and verify their insurance. They then explain that if the beneficiary meets medical necessity for SMHS and has a BHCS insurance plan, ACCESS will make a referral for them, based on clinical need, provider availability and their preferences. If medical necessity is not met, ACCESS staff will refer the beneficiary to their managed care plan or primary care provider for the services they are seeking.
- See 3 attachments:
 - 1) Highlights of the 2/8/17 Children's Staff Meeting
 - 2) Highlights of the 2/9/17 Adult Staff Meeting. *In both of these meetings the clinical supervisor reviewed the expectations that staff provide information to the beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met.*
 - 3) Revised Alameda County ACCESS Script that BHCS's after-hours provider utilizes to address this question. *The after-hours provider reviewed the expectations re: how to access SMHS including SMHS required to assess whether medical necessity criteria are met with their staff on 3/5/17 and revised their Script on 3/7/17. They provide trainings to their staff on a quarterly basis to teach and review the expectations for the 24/7 toll free number. The trainings this past year were on 8/7/16, 11/13/16, 3/5/17 and 6/4/17. They also utilize a training video for staff to view on an as needed basis.*

Timeframe for Completion:

03/07/17

Responsible Staff:

Saler

Proof of Correction:

Highlights of the 2/8/17 Children's Staff Meeting

Highlights of the 2/9/17 Adult Staff Meeting

Revised: Alameda County ACCESS Script dated 3/7/2017

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B12c	Out of Compliance: Regarding the MHP's Cultural Competence Committee (CCC): c) Does the CCC complete an Annual Report of CCC activities as requires in the CCPR?
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Findings:

MHP provided no evidence of producing an annual report of CCC activities.

Plan of Correction

The Office of Ethnic Services is currently drafting an annual report of activities from FY 16-17 that were Identified and endorsed by the Cultural Responsiveness Committee. The CCC will complete an Annual Report of CCC activities by August 31 of each fiscal year.

Timeframe for Completion:

08/31/17

Responsible Staff:

Wilson

Proof of Correction:

N/A

B13a-3	Out of Compliance: Regarding the MHP's plan for annual cultural competence training necessary to ensure the provision of cultural competent services: 3) Is there a process that ensures that interpreters are trained and monitored for language competence (e.g., formal testing)?
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Findings:

The MHP did not furnish evidence it has a process that ensures interpreters are trained and monitored for language competence.

Plan of Correction

- The Office of Ethnic Services will create and offer a bi-annual training for interpreters to ensure the provision of culturally competent services.
- The Office of Ethnic Services is developing a Threshold Language and Language Interpreters List that will be utilized to: (1) maintain a roster of language and signage interpreters for the County's Threshold languages (English, Spanish, Korean, Tagalog, Farsi, Vietnamese, Mandarin, and Cantonese); (2) to create a consumer signage announcing the availability of interpreter services; (3) and to monitor the attendance of interpreters at the biannual trainings to ensure the provision of cultural competence interpreter services.

Timeframe for Completion:

12/31/17

Responsible Staff:

Wilson

Proof of Correction:

N/A

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Plan of Correction

B13b	Out of Compliance: Does the MHP have evidence of the implementation of training programs to improve the cultural competence skills of staff and contract providers?
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Findings:

Regarding the implementation of training programs to improve the cultural competence skills of staff and contract providers, after providing three trainings in 2016 the MHP had no method to ensure that all staff and contracted providers attended the cultural competence trainings held in 2016.

Plan of Correction

As demonstrated by evidence presented at ACBHCS's review in January 2017, ACBHCS offers numerous cultural competency trainings annually to county staff and contracted provider staff. ACBHCS will track and monitor that all BHCS staff and contractor staff attend these trainings annually using the following methods:

- For ACBHCS staff: There will be two approaches employed to ensure ACBHCS staff and management attend CLAS Standards and other cultural competence trainings. 1) ACBHCS entered into a contract with Relias Learning, LLC effective 11/1/16 to use Relias' online Compliance Library which includes an online course on "Cultural Diversity." This course will be a mandated training for all ACBHCS staff. ACBHCS has been pilot testing the Relias Learning system and it is expected that the system will be fully functional by 12/31/17. The system has the capacity to indicate mandated trainings for each employee, monitor completion, and generate reports which will be reviewed and monitored by the Office of Ethnic Services and Compliance Officer. [See attachments.](#) 2) There will also be mandated live trainings available to ACBHCS staff and management, and memos from ACBHCS's Interim Director and/or Deputy Director will emphasize the importance and commitment of staff and management to attend these trainings.
- For contracted provider staff: Language will be added to contracts for contracted providers to ensure that their staff and management attend CLAS Standards and other cultural competency trainings annually. It will be the responsibility of the contracted provider to track and monitor that all staff and management have completed an annual cultural competency training and submit a training tracking report to the Office of Ethnic Services by July 10th of each year.

Timeframe for Completion:

12/31/17

Responsible Staff:

Wilson, Arrieta, Branagh

Proof of Correction:

Relias Learning Master Services Agreement

Relias Learning Course Information for the Compliance Library

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SECTION C: Authorization

C6c	Partial compliance: NOA-C: Is the MHP providing a written NOA-C to the beneficiary when the MHP denies payment authorization of a service that has already been delivered to the beneficiary as a result of a retrospective payment determination?
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Findings:

The MHP did not furnish evidence it provides a written NOA-C to the beneficiary when the MHP denies payment authorization of a service that has already been delivered to the beneficiary as a result of a retrospective payment determination.

Plan of Correction

The ACBHCS Utilization Management Program (UM) has implemented additional programmatic oversight procedures to ensure the completion of all required NOA-Cs when a payment authorization request of an already delivered service is denied as a result of a retrospective payment determination as follows:

- For any “Denied” or “Approved as Modified” TARs, verify completion of a NOA-C and that there are two copies.
- Mail one copy of a NOA-C to the beneficiary.
- Stamp mail date on the other copy of the NOA-C.
- Verify NOA-C completion has been logged in NOA Database.
- Verify accuracy of NOA-C logging in NOA Database as “C-Post-Service Denials.”
- Notate NOA ID# on copy of NOA-C.
- Place TAR, fax confirmation pages to Xerox and inpatient facility, and copy of NOA-C in Client File and file in appropriate “Denied TARs” drawer.

[See attachment](#)

Timeframe for Completion:

Completed 6/26/17

Responsible Staff:

Capece

Proof of Correction:

Revised: UM P&P # IP650 “Notification of Psychiatric Inpatient Hospital Service (highlighted Section) dated 6/26/17

C6e	Out of Compliance: NOA-E: Is the MHP providing a written NOA-E to the beneficiary when the MHP fails to provide a service in a timely manner, as determined by the Contractor (MHP)?
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Findings:

The MHP did not furnish sufficient evidence it provides a written NOA-E to the beneficiary when the MHP fails to provide a service in a timely manner.

Plan of Correction

- Met with a small group of concerned providers (3/2/17 & 4/25/17) to troubleshoot implementing Policy 300-1-2 in regards to NOA-E’s for children’s programs; created clarifying language for policy addendum. [See Attachment:](#) Meeting Sign-In Sheet – NOA Meeting

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Plan of Correction

- ACBHCS’s Timely Access to Service Standard (Attachment to Policy #300-1-2) will be updated to 10 business days for non-psychiatry outpatient appointments and to 15 business days for outpatient psychiatry appointments. This standard will be communicated to all providers via e- mail, announced to those subscribed to Alameda’s gov delivery system, and posted in the Quality Assurance Manual on the Provider Website expected by 10/31/17.
- ACBHCS’s Information Systems Department will design and implement a method to capture dates to measure timeliness from beneficiary request for services to first offered appointment date. Expected completion date by December 31, 2017.
- ACBHCS will update Policy #300-1-2 Notices of Action for Medi-Cal Beneficiaries with relevant operational standards in regards to NOA-E’s and communicate any revisions to the policy in a similar manner listed above.

Timeframe for Completion:

6/30/18

Responsible Staff:

Fone Courson

Proof of Correction:

Meeting Sign-In Sheet – NOA Meeting

SECTION D: Beneficiary Protection

D1a	Out of Compliance: Has the MHP developed a beneficiary problem resolution process that meets title 9 and title 42 regulatory requirements for each of the following: a) a grievance process
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Findings:

The contract with the provider does not specify that the grievance process must comply with the regulatory requirements stated in CCR, title 9, chapter 11, section 1850.209(a)(2). In addition, the MHP did not furnish evidence that they monitor the provider’s grievance resolution process to ensure it complies with those regulatory requirements.

Plan of Correction

- ACBHCS will revise Policy #300-1-1 Consumer Grievance and Appeal Processes for Medi-Cal Specialty Mental Health Services and Mental Health Service Act Programs to comply with Title 9 requirements as follows: 1) that any grievance process that contracted providers offer to consumers will meet Title 9 requirements; 2) that ACBHCS will monitor any grievance processes that are established by contracted providers; and that ACBHCS will require contracted providers with established grievance processes to submit material and data relevant to grievances to ACBHS which will be included in the annual DHCS ABGAR report.
- ACBHCS will create methods to determine which contracted providers have an established grievance process, to gather relevant material and the data, and to input data into the MHP’s grievance and appeal log.

Timeframe for Completion:

3/31/18

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Plan of Correction

Responsible Staff:

Fone

Proof of Correction:

N/A

SECTION G: Provider Relations

G3b	Partial Compliance: Regarding the MHP's ongoing monitoring of county-owned and operated and contracted organizational providers: a) Does the MHP have an ongoing monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified as per title 9 regulations? b) Is there evidence the MHP's monitoring system is effective?
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Findings:

The MHP did not furnish sufficient evidence it has an effective monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified per title 9 regulations.

Plan of Correction

- Currently ACBHCS has one full-time staff responsible for monitoring, overseeing, and performing Medi-Cal site certifications. In order to bring the MHP into compliance for this item, ACBHCS will:
 - 1) Allocate a minimum of one additional full-time staff to performing site certifications; and
 - 2) Explore methods of streamlining the site certification process (eg. Foregoing site visits for school sites).

Timeframe for Completion:

6/30/18

Responsible Staff:

Fone

Proof of Correction:

N/A

G4b	Out of Compliance: Regarding the MHP's network providers, does the MHP ensure the following: b) Corrective action is taken if there is a failure to comply with timely access requirements
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Findings:

The MHP is tracking timeliness of services, but takes no corrective action when timeliness standards are not met.

Plan of Correction

- ACBHCS will create a policy and procedure that specifies corrective actions to be taken if a provider fails to meet the timeliness to service standards established by the MHP. This may be incorporated into the existing "Notice of Action for Medi-Cal Specialty Mental Health Services" policy or a new policy will be created.

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Plan of Correction

- Provider contracts for the 2017-18 fiscal year will be edited to incorporate language that specifies that corrective action will be taken if a provider fails to meet the timeliness to service standards established by the MJHP. For the MHP fee-for-service providers, there is

Timeframe for Completion:

6/30/18

Responsible Staff:

Branagh, Fone

Proof of Correction:

“Specialty Mental Health Services Agreement” for individual fee-for-service providers

SECTION H: Program Integrity

H2e	Out of Compliance: Regarding the MHP’s procedures designed to guard against fraud, waste, and abuse: e) Is there evidence of effective training and education for the MHP’s employees and contract providers?
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Findings:

The MHP did offer compliance training for staff and contractors. The MHP did not have a mechanism, however, to ensure that all staff and contractors attended compliance training.

Plan of Correction

For ACBHCS employees:

- ACBHCS entered into a contract with Relias Learning, LLC effective 11/1/16 to use Relias’ online Compliance Library which includes an online course on “Corporate Compliance: The Basics.” The course covers the topic of fraud, waste, and abuse in the healthcare industry and will be a mandated training for all ACBHCS staff. ACBHCS has been pilot testing the Relias Learning system and it is expected that the system will be fully functional by 12/31/17. The system has the capacity to indicate mandated trainings for each employee, monitor completion, and generate reports which will be reviewed and monitored by the ACBHCS Compliance Officer. [See attachments](#)
- For contracted provider staff: Language will be added to contracts for contracted providers to ensure that their staff and management attend an annual training on compliance which includes the topic of fraud, waste, and abuse. It will be the responsibility of the contracted provider to track and monitor that all staff and management have completed the training and submit a tracking report annually to the ACBHCS Compliance Officer. In addition, each contract provider will be required to attest that each employee has signed a code of conduct annually and submit the attestation to the ACBHCS Compliance Officer.

Timeframe for Completion:

12/31/17

Responsible Staff:

Arrieta, Fone, Branagh

Proof of Correction:

Relias Learning Master Services Agreement

Relias Learning Course Information for the Compliance Library

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Plan of Correction

H4a	Out of Compliance: Regarding disclosures of ownership, control and relationship information: a) Does the MHP ensure that it collects the disclosure of ownership, control, and relationship information from its providers, managing employees, including agents and managing agents, as required in CFR, title 42, sections 455.101, 455.104 and 455.416 and in Exhibit A of the MHP Contract, Program Integrity Requirements?
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Findings:

The MHP has no process in place that collect the required disclosures from contractors.

Plan of Correction

- ACBHCS collected the required disclosure of ownership, control and relationship information from Master and Services-As-Needed contract providers (representing over 90 providers) in April 2017. See highlighted section in "Provider Contact Information" Form for more specifics about the requested information. In addition, the form was mailed to all fee-for-service (FFS) organizational and group providers on July 3, 2017 requesting the same information for collection. [See attachment](#)
- The information collected will be maintained in an Excel Database for tracking purposes.

Timeframe for Completion:

6/30/18

Responsible Staff:

Branagh

Proof of Correction:

Provider Contact Information Form

SECTION I: Quality Improvement

I1b	Out of Compliance: Regarding the MHP's Quality Management (QM) Program: b) Is there evidence the MHP's QM Program is evaluated annually and updated as necessary?
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Findings:

The MHP does not have evidence its QM program is evaluated annually and updated as necessary. No Evaluation was performed for two of the three years within the triennial period.

Plan of Correction

- For the QI Annual Workplan, ACBHCS will establish quantitative measures to assess performance and to identify the prioritize areas for improvement. This Work Plan Evaluation, with quantitative measures, will be conducted annually.

Timeframe for Completion:

6/30/18

Responsible Staff:

Arrieta

Proof of Correction:

N/A

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Plan of Correction

I2d	Out of Compliance: Regarding mechanisms to assess beneficiary/family satisfaction: d) Does the MHP inform providers of the results of beneficiary/family satisfaction activities?
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Findings:

The MHP did not furnish evidence it has mechanisms to assess beneficiary/family satisfaction and to inform providers of the results of beneficiary/family satisfaction activities. The MHP does not inform providers of the results of the beneficiary/family satisfaction activities.

Plan of Correction

- The MHP will annually survey beneficiary satisfaction, evaluate the beneficiary problem resolution process, and evaluate change of provider requests.
- Beneficiary satisfaction results will be collected and providers will be informed of the results through email and/or via hard copy.

Timeframe for Completion:

6/30/18

Responsible Staff:

Arrieta

Proof of Correction:

N/A

I6a	Out of Compliance: Regarding the QM Work Plan: a) Does the MHP have a QM Work Plan covering the current contract cycle with documented annual evaluations and documented revisions as needed?
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Findings:

The MHP did not furnish evidence it has annual evaluations and necessary revisions, which meets MHP Contract requirements. There were no Work Plan updates made for one of the three years in the review cycle, and no evaluations for two of the three years in the review cycle.

Plan of Correction

- Going forward, all QM/QI Workplans will incorporate the annual evaluation into the QM/QI Workplan by designating those that have been “met,” “partially met” or “ongoing.”

Timeframe for Completion:

6/30/18

Responsible Staff:

Arrieta

Proof of Correction:

N/A

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Plan of Correction

SECTION J: Mental Health Services (MHSA)

J1a	Out of Compliance: Regarding the WIC 5847 requirement for county mental health programs to prepare and submit a three-year program and expenditure plan and annual update: a) Is there evidence that the County circulated a draft plan and annual update for public review and comment for at least 30 calendar days; and b) Is there evidence that the mental health board conducts a public hearing at the close of the 30- day public comment period?
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Findings:

The County did not furnish evidence it circulated its Three-Year Program and Expenditure plan and/or annual update for public review and comment for at least 30 calendar days. No evidence was provided demonstrating that the information was posted at least 30 days.

Plan of Correction

- Alameda County will print out and file time-stamped correspondence from Agency Information Technology staff confirming the date when the following has been posted and is live on the www.acbhcs.org, www.acmhsa.org, www.acprop63.org websites and other relevant County websites:
 - 1) Draft plan documents;
 - 2) Instructions for public comment;
 - 3) Time, date and location of the public hearing. The date the draft plan is posted will be no less than 30 days from the date of the public hearing. This procedure is effective immediately and will be implemented when the upcoming Three-Year Draft Plan is posted for public comment in March or April 2018.

Timeframe for Completion:

4/30/18

Responsible Staff:

Leung, Flores

Proof of Correction:

N/A

J5c	Out of Compliance: Regarding Full Service Partnerships (FSP): 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?
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Findings:

The MHP provided cultural competence training but does not have a mechanism to ensure that all staff attended the mandated cultural competence trainings.

Plan of Correction

- BHCS is currently providing several in person linguistic and cultural competency courses and is in the process of developing more. Currently scheduled are the following:
 - 1) "Creating Trans-Affirming Substance Use Disorder Services For African American Adults and TAY"
 - 2) "A Cultural Linguistic Appropriate Services (CLAS) Act: What We Can Do as Behavioral Health

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Plan of Correction

Practitioners to Build Health Equity”.

- A department communication will be sent to the PSC/Case Managers assigned to FSP clients mandating attendance of the two required courses listed above and outlining resources within client/family’s racial/ethnic community by 7/1/2018.
- BHCS is investigating online course work to be provided through our learning management system.
- BHCS will modify this learning management system to be used as a mechanism to track and verify provider compliance with required coursework by 7/1/2018.

Timeframe for Completion:

7/1/2018

Responsible Staff:

Mullane

Proof of Correction:

N/A

J5e	Out of compliance: Regarding Full Service Partnerships (FSP): Does the County provide FSP services to all age groups (i.e., older adults, adults, transition-age youth, and children/youth)?
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Findings:

The MHP stated they do not provide FSP services to anyone under eighteen (18) years old.

Plan of Correction

- BHCS is undergoing a competitive bidding process for a new children’s FSP to serve people ages 0-18.
- The RFP will go out in January, 2018 and the new children’s FSP is anticipated to begin July 1, 2018.

Timeframe for Completion:

7/1/2018

Responsible Staff:

Mullane

Proof of Correction:

N/A

SECTION K: Chart Review

K1c-1 Medical Necessity	Do the Proposed and actual intervention(s) meet the intervention criteria listed below: 1) The focus of the proposed and actual intervention(s) is to address the condition identified in No.1b (1-3) 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.1b (4). 2) The expectation that the proposed and actual intervention(s) will do at least one (1) of the following (A, B, C, D). 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.
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Plan of Correction Requirements

Indicate how the MHP will ensure that interventions are focused on a significant functional impairment that is directly related to the MH condition as specified in CCR, Title 9, Chapter 11, section 1830.205(b)(3)(A)

Plan of Correction Action

The MHP will ensure that interventions are focused on a significant functional impairment that is directly related to the MH condition as specified in CCR, Title 9, Chapter 11, section 1830.205(b)(3)(A) *through the following QM/UM activities:*

- **Provider QA Technical Assistance Contacts** are currently posted and made available on all working days to answer Provider QA questions regarding these Chart Review requirements (as well as all other provider QA questions) [See attachment](#) QA TA Contacts List
- **QA Providers' Brown Bag Question and Answer Sessions** currently occur once - twice monthly and address compliance requirements including these specific, and other, Chart review regulations. [See attachment](#) Brown Bag Luncheon Q&A Calendar.
- **ACBHCS Clinical Documentation Standards for Mental Health Services "Train the Trainer" Training** (for County and Master Contract Providers' QA staff which is currently held 3 – 5 times annually) specifically addresses these Chart Review requirements (as well as others). [See attachment](#) Training Calendar
- **Documentation Training for MHP (FFS) Network Providers** will be held 1 – 3 times annually and will specifically address these Chart Review requirements (as well as others). Begins 8/11/2017. [See attachment](#) Training Schedule for MHP (FFS) Network Providers.
- **ACBHCS Clinical Documentation Training for Clinician Gateway-Electronic Health Record Users** (County and CBO Line Staff) which is currently held 2 – 4 times annually specifically addresses these Chart Review requirements (as well as others). [See attachment](#) Training Calendar
- **MH System of Care Audits** currently held up to four times annually specifically audit (monitor and ensure compliance) to these Chart Review Requirements (as well as others). See attached Audit Tool which incorporates ensuring compliance with these requirements. [See attachment](#)
- **The County EHR-Clinician's Gateway's Psychiatric Assessment, MH Client Plan & Psychiatric Plan templates, Progress Note** have been updated to cue the provider to document these requirements. [See attachment](#)
- **Sample Medi-Cal compliant forms:** MH Assessment and Client Plan Templates posted on Provider's Website. [See attachment](#)

Timeframe for Completion:

12/31/17

Responsible Staff:

Sanders

Proof of Correction:

1. QA TA Contacts List
2. Brown Bag Luncheon Q&A Calendar
3. Training Calendar for "Train the Trainer"
4. Training Schedule for MHP (FFS) Network Providers
5. Training Calendar for Clinician Gateway-Electronic Health Record Users
6. Audit Tool
7. Clinician's Gateway HER Psychiatric Assessment Template

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8. Clinician's Gateway HER MH Plan Template
9. Clinician's Gateway HER Psychiatric Plan Template
10. Clinician's Gateway HER Progress Note Template
11. Sample Medi-Cal Compliant MH Assessment Template (Short & Long Form)
12. Sample Medi-Cal Compliant Client Plan Template

K2a Assessment	Regarding the Assessment, are the following conditions met: 1) Has the Assessment been completed accordance with the MHP's established written documentation standards for timeliness? 2) Has the Assessment been completed in accordance with the MHP's established written documentation standards for frequency?
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Plan of Correction Requirements

Indicates how the MHP will ensure that assessments are completed in accordance with the timeliness and frequency requirements specified in the MHP's written documentation standards.

Plan of Correction Action

The MHP will ensure that assessments are completed in accordance with the timeliness and frequency requirements specified in the MHP's written documentation standards *through the following QM/UM activities:*

- **Provider QA Technical Assistance Contacts** are currently posted and made available on all working days to answer Provider QA questions regarding these Chart Review requirements (as well as all other provider QA questions). [See attachment](#) QA TA Contacts List
- **QA Providers' Brown Bag Question and Answer Sessions** currently occur once - twice monthly and address compliance requirements including these specific, and other, Chart review regulations. [See attachment](#) Brown Bag Luncheon Q&A Calendar.
- **ACBHCS Clinical Documentation Standards for Mental Health Services "Train the Trainer" Training** (for County and Master Contract Providers' QA staff which is currently held 3 – 5 times annually) specifically addresses these Chart Review requirements (as well as others). [See attachment](#) Training Calendar
- **Documentation Training for MHP (FFS) Network Providers** will be held 1 – 3 times annually and will specifically address these Chart Review requirements (as well as others). Begins 8/11/2017. [See attachment](#) Training Schedule.
- **ACBHCS Clinical Documentation Training for Clinician Gateway-Electronic Health Record Users** (County and CBO Line Staff) which is currently held 2 – 4 times annually specifically addresses these Chart Review requirements (as well as others). [See attachment](#) Training Calendar
- **MH System of Care Audits** currently held up to four times annually specifically audit (monitor and ensure compliance) to these Chart Review Requirements (as well as others). [See attachment](#) Audit Tool which incorporates ensuring compliance with these requirements.

Timeframe for Completion:

12/31/17

Responsible Staff:

Sanders

Proof of Correction:

1. QA TA Contacts List

Alameda County Mental Health Plan Review-January 23-26, 2017

Plan of Correction

2. Brown Bag Luncheon Q&A Calendar
3. Training Calendar for “Train the Trainer”
4. Training Schedule for MHP (FFS) Network Providers
5. Training Calendar for Clinician Gateway-Electronic Health Record Users
6. Audit Tool

K2b Assessment	<p>Do the Assessments include the areas specified in the MHP Contract with the Department?</p> <p>1) Presenting Problem: The beneficiary's chief complaint, history of the 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 responses, 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 development 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 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 Comprehensive Diagnosis; A diagnosis from current ICD-10 code must be documented, consistent with the presenting problems, history mental status examination and/or other clinical data; including any current medical diagnoses.</p>
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Plan of Correction Requirements

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.

Plan of Correction Action

The MHP will ensure that every assessment contains all of the required elements specified in the MHP Contract with the Department *through the following QM/UM activities:*

- **Provider QA Technical Assistance Contacts** are currently posted and made available on all working days to answer Provider QA questions regarding these Chart Review requirements (as well as all other provider QA questions). [See attachment](#) QA TA Contacts List

Alameda County Mental Health Plan Review-January 23-26, 2017

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- **MH System of Care Audits** currently held up to four times annually specifically audit (monitor and ensure compliance) to these Chart Review Requirements (as well as others). See Attached Audit Tool which incorporates ensuring compliance with these requirements. [See attachment](#)
- **The County EHR-Clinician's Gateway's Psychiatric Assessment** template has been updated to que the provider to document these requirements. [See attachment](#)
- **Sample Medi-Cal compliant forms:** MH Assessment Template posted on Provider's Website. [See attachment](#)

Timeframe for Completion:

12/31/17

Responsible Staff:

Sanders

Proof of Correction:

1. QA TA Contacts List
2. Brown Bag Luncheon Q&A Calendar
3. Training Calendar for "Train the Trainer"
4. Training Schedule for MHP (FFS) Network Providers
5. Training Calendar for Clinician Gateway-Electronic Health Record Users
6. Audit Tool
7. Clinician's Gateway HER Psychiatric Assessment Template
11. Sample Medi-Cal Compliant MH Assessment Template

K4a-1 Client Plans	Regarding the client plan, are the following conditions met: 1) Has the initial client plan been completed within the time period specified in the Mental Health Plan (MHP's) documentation guidelines, or lacking MHP guidelines, within 60 days of the intake unless there is documentation supporting the need for more time?
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Plan of Correction Requirements

- 1) Ensure that initial client plans are completed in accordance with the MHP's written documentation standards.
- 2) Ensure that interventions/modalities on the client plan are clear, specific and address the beneficiary's identified functional impairments as a result of the mental health disorder

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Plan of Correction Action

The MHP will 1) Ensure that initial client plans are completed in accordance with the MHP's written documentation standards. 2) Ensure that interventions/modalities on the client plan are clear, specific and address the beneficiary's identified functional impairments as a result of the mental health disorder, *through the following QM/UM activities:*

- **Provider QA Technical Assistance Contacts** are currently posted and made available on all working days to answer Provider QA questions regarding these Chart Review requirements (as well as all other provider QA questions). [See attachment](#) QA TA Contacts List
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- **MH System of Care Audits** currently held up to four times annually specifically audit (monitor and ensure compliance) to these Chart Review Requirements (as well as others). See Attached Audit Tool which incorporates ensuring compliance with these requirements. [See attachment](#)
- **The County EHR-Clinician's Gateway's Client Plan & Psychiatric Client Plan templates** have been updated to que the provider to document these requirements. [See attachment](#)
- **Sample Medi-Cal compliant form:** Client Plan Template posted on Provider's Website. [See attachment](#)

Timeframe for Completion:

12/31/17

Responsible Staff:

Sanders

Proof of Correction:

1. QA TA Contacts List
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Plan of Correction

K4a-2 Client Plans	Has the client plan been updated at least annually and/or when there are significant changes in the beneficiary's condition?
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Plan of Correction Requirements

1) Ensure that client plans are completed and 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. 2) Ensure that all types of interventions/service modalities provided and claimed are recorded as proposed interventions on a current plan. 3) Ensure that all interventions/modalities recorded on client plans are clear, specific and address the beneficiary's identified functional impairments as a result of the mental disorder. 4) Provide evidence that all services identified during the audit that were claimed outside of the audit review period for which no client plan was in effect are disallowed. 5) Ensure that client plans are reviewed and updated whenever there is significant change in the beneficiary's condition. 6) Ensure that interventions/modalities on the client plans are clear, specific and address the beneficiary's identified functional impairments as a result of the mental disorder.

Plan of Correction Action

The MHP will 1) Ensure that client plans are completed and 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. 2) Ensure that all types of interventions/service modalities provided and claimed are recorded as proposed interventions on a current plan. 3) Ensure that all interventions/modalities recorded on client plans are clear, specific and address the beneficiary's identified functional impairments as a result of the mental disorder. 5) Ensure that client plans are reviewed and updated whenever there is significant change in the beneficiary's condition. 6) Ensure that interventions/modalities on the client plans are clear, specific and address the beneficiary's identified functional impairments as a result of the mental disorder, *through the following QM/UM activities:*

- **Provider QA Technical Assistance Contacts** are currently posted and made available on all working days to answer Provider QA questions regarding these Chart Review requirements (as well as all other provider QA questions). [See attachment](#) QA TA Contacts List
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- **MH System of Care Audits** currently held up to four times annually specifically audit (monitor and ensure compliance) to these Chart Review Requirements (as well as others). See Attached Audit Tool which incorporates ensuring compliance with these requirements. [See attachment](#)
- **The County EHR-Clinician's Gateway's Client Plan & Psychiatric Client Plan templates** have been updated to que the provider to document key requirements. [See attachment](#)
- **Sample Medi-Cal Compliant Client Plan** Template posted on Provider's Website. [See attachment](#) Regarding: 4) Provide evidence that all services identified during the audit that were claimed outside of the audit review period for which no client plan was in effect are disallowed:

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- QA department** identified the time period in which no client plan was in effect. The chart included a treatment plan update (dated 1/12/2016) and it was examined to assure that it included detailed interventions and was valid [See attachment](#) Treatment Plan A list of all claims during the time period in which no client plan was in effect was identified [See attachment](#) Excel sheet of additional claims identified for disallowance Alameda County's Cost Settlement Manager, Kirby Smith was contacted and instructed to reimburse the state for these claims. [See attachment](#) E-mail instructing ACBHCS Cost Settlement Manager to reimburse the State

Timeframe for Completion:

12/31/17

Responsible Staff:

Sanders

Proof of Correction:

1. QA TA Contacts List
2. Brown Bag Luncheon Q&A Calendar
3. Training Calendar for "Train the Trainer"
4. Training Schedule for MHP (FFS) Network Providers
5. Training Calendar for Clinician Gateway-Electronic Health Record Users
6. Audit Tool
8. Clinician's Gateway HER Client Plan Template
9. Clinician's Gateway HER Psychiatric Client Plan Template
12. Sample Medi-Cal Compliant MH Plan Template
13. PDF of Valid treatment plan effective 1-12-2016
14. Excel sheet of additional claims identified for disallowance
15. E-mail instructing ACBHCS Cost Settlement Manager to reimburse the State

K4b Client Plans	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. 4) The proposed duration of intervention. 5) Interventions that focus and address the identified functional impairments as a result of the mental health disorder or emotional disturbance. 6) Interventions are consistent with client plan goals(s)/treatment objective (s). 7) Be consistent with the qualifying diagnoses.
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Plan of Correction Requirements

- 1) (4b-1) all client plan goals/treatment objectives are specific, observable and/or quantifiable and relate to the beneficiary's documented mental health needs and functional impairments as a result of the mental health diagnosis.
- 2) (4b-2.) All mental health interventions/modalities proposed on client plans include a detailed description of the interventions to be provided and do not just identify a type or modality of service (e.g. "therapy", "medication", "case management", etc.).
- 3) (4b-3) all mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.
- 4) (4b-5.) All mental health interventions/modalities proposed on client plans address the mental health needs and identified functional impairments of the beneficiary as a result of the mental disorder.
- 5) (4b-6.) All

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Plan of Correction

mental health interventions proposed on client plans are consistent with client plan goals/treatment objectives. 6) (4b-7.) All client plans are consistent with the qualifying diagnosis.

Plan of Correction Action

The MHP will 1) (4b-1) All client plan goals/treatment objectives are specific, observable and/or quantifiable and relate to the beneficiary's documented mental health needs and functional impairments as a result of the mental health diagnosis. 2) (4b-2.) All mental health interventions/modalities proposed on client plans include a detailed description of the interventions to be provided and do not just identify a type or modality of service (e.g. "therapy", "medication", "case management", etc.). 3) (4b-3) all mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention. 4) (4b-5.) All mental health interventions/modalities proposed on client plans address the mental health needs and identified functional impairments of the beneficiary as a result of the mental disorder. 5) (4b-6.) All mental health interventions proposed on client plans are consistent with client plan goals/treatment objectives. 6) (4b-7.) All client plans are consistent with the qualifying diagnosis, *through the following QM/UM activities:*

- **Provider QA Technical Assistance Contacts** are currently posted and made available on all working days to answer Provider QA questions regarding these Chart Review requirements (as well as all other provider QA questions). [See attachment](#) QA TA Contacts List
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- **MH System of Care Audits** currently held up to four times annually specifically audit (monitor and ensure compliance) to these Chart Review Requirements (as well as others). See Attached Audit Tool which incorporates ensuring compliance with these requirements. [See attachment](#)
- **The County EHR-Clinician's Gateway's Client Plan & Psychiatric Client Plan templates** have been updated to que the provider to key documentation requirements. [See attachment](#)
- **Sample Medi-Cal Compliant Client Plan** form posted on Provider Website. [See attachment](#)

Timeframe for Completion:

12/31/17

Responsible Staff:

Sanders

Proof of Correction:

1. QA TA Contacts List
2. Brown Bag Luncheon Q&A Calendar
3. Training Calendar for "Train the Trainer"
4. Training Schedule for MHP (FFS) Network Providers

Alameda County Mental Health Plan Review-January 23-26, 2017

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- 5. Training Calendar for Clinician Gateway-Electronic Health Record Users
- 6. Audit Tool
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- 9. Clinician's Gateway HER Psychiatric Client Plan Template
- 12. Sample Medi-Cal Compliant MH Plan Template

K5a Progress Notes	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?
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Plan of Correction Requirements

1) Ensure that progress notes meet timelines, 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 timelines 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 are document: 5a-1) Timely completion by the person providing the service and relevant aspects of client care, as specified in the MHP Contract with the Department and the MHP's written documentation standards. 5a-2) beneficiary encounters, including relevant clinical decisions, when decisions are made, and alternative approaches for future interventions, as specified in the MHP contract with the Department. 5a-3) Interventions applied, the beneficiary's response to the interventions and the location of the interventions, as specified in the MHP Contract with the Department. 5a-4) The date the progress note was completed and entered into the medical record by the person(s)providing the service in order to determine the timeliness of completion, as specified in the MHP Contract with the Department. 4) Progress notes clearly and accurately document the beneficiary's response and the specific interventions applied, as specified in the MHP Contract with the Department. 5) The documentation is individualized for each service provided.

Plan of Correction Action

The MHP will 1) Ensure that progress notes meet timelines, 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 timelines 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 are documented with: 5a-1) Timely completion by the person providing the service and relevant aspects of client care, as specified in the MHP Contract with the Department and the MHP's written documentation standards. 5a-2) beneficiary encounters, including relevant clinical decisions, when decisions are made, and alternative approaches for future interventions, as specified in the MHP contract with the Department. 5a-3) Interventions applied, the beneficiary's response to the interventions and the location of the interventions, as specified in the MHP Contract with the Department. 5a-4) The date the progress note was completed and entered into the medical record by the person(s)providing the service in order to determine the timeliness of completion, as specified in the MHP Contract with the Department. 4) Progress notes clearly and accurately document the beneficiary's

Alameda County Mental Health Plan Review-January 23-26, 2017

Plan of Correction

response and the specific interventions applied, as specified in the MHP Contract with the Department. 5) The documentation is individualized for each service provided, *through the following QM/UM activities:*

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- **Sample Medi-Cal Compliant Progress Note** Template posted to Provider Website. [See attachment](#)

Timeframe for Completion:

12/31/17

Responsible Staff:

Sanders

Proof of Correction:

1. QA TA Contacts List
2. Brown Bag Luncheon Q&A Calendar
3. Training Calendar for "Train the Trainer"
4. Training Schedule for MHP (FFS) Network Providers
5. Training Calendar for Clinician Gateway-Electronic Health Record Users
6. Audit Tool
16. Sample Medi-Cal Compliant Progress Note Template

K5b Progress Notes	When services are being provided to, or on behalf of, a beneficiary by two or more persons at one point in time, do the progress notes include: 1) Documentation of each person's involvement in the context of the mental health needs of the beneficiary? 2) The exact number of minutes used by persons providing the service? 3) Signature(s) of person(s) providing the services?
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Plan of Correction Requirements

The MHP shall submit a POC that indicates how the MHP will ensure that the type of service, units of time and dates of service (DOS) claimed are accurate and consistent with the documentation in the medical record and that services are not claimed when billing criteria are not met.

Alameda County Mental Health Plan Review-January 23-26, 2017

Plan of Correction

Plan of Correction Action

The MHP will ensure that the type of service, units of time and dates of service (DOS) claimed are accurate and consistent with the documentation in the medical record and that services are not claimed when billing criteria are not met *through the following QM/UM activities:*

- **Provider QA Technical Assistance Contacts** are currently posted and made available on all working days to answer Provider QA questions regarding these Chart Review requirements (as well as all other provider QA questions). [See attachment](#) QA TA Contacts List
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Timeframe for Completion:

12/31/17

Responsible Staff:

N/A

Proof of Correction:

1. QA TA Contacts List
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4. Training Schedule for MHP (FFS) Network Providers
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6. Audit Tool
16. Sample Medi-Cal Compliant Progress Note Template

K5c Progress Notes	Timeliness/frequency as follows: 1) Every service contact for: A. Mental Health services B. Medication Support services C. Crisis Intervention D. Targeted Case Management 2) Daily for: A. Crisis residential B. Crisis stabilization (one per 23/hour period) C. Day treatment intensive 3) Weekly for: A. Day treatment intensive (clinical summary) B. Day rehabilitation C. Adult residential.
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Alameda County Mental Health Plan Review-January 23-26, 2017

Plan of Correction

Plan of Correction Requirements

1) Ensure that all SMHS claimed are: a) Documented in the medical record. b) Actually provided to the beneficiary. c) Claimed for the correct service modality and billing code. 2) Ensure that all progress notes are: a) Accurate and meet the documentation requirements described in the MHP Contract with the Department. b) Indicate the type of service, the date the service was provided and the amount of time taken to provide the services as specified in the MHP Contract with the Department. c) Completed with the timeline and frequency specified in the MHP Contract with the Department.

Plan of Correction Action

The MHP will ensure that all SMHS claimed are: a) Documented in the medical record. b) Actually provided to the beneficiary. c) Claimed for the correct service modality and billing code. 2) Ensure that all progress notes are: a) Accurate and meet the documentation requirements described in the MHP Contract with the Department. b) Indicate the type of service, the date the service was provided and the amount of time taken to provide the services as specified in the MHP Contract with the Department. c) Completed with the timeline and frequency specified in the MHP Contract with the Department *through the following QM/UM activities:*

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- **The County EHR-Clinician's Gateway's Psychiatric Assessment, Client Plan & Psychiatric Client Plan, and Progress Note templates** have been updated to que the provider to key documentation requirements. [See attachment](#)
- **Sample Medi-Cal Compliant Progress Note** Template posted to Provider Website. [See attachment](#)

Timeframe for Completion:

12/31/17

Responsible Staff:

Sanders

Proof of Correction:

1. QA TA Contacts List

Alameda County Mental Health Plan Review-January 23-26, 2017

Plan of Correction

2. Brown Bag Luncheon Q&A Calendar
3. Training Calendar for “Train the Trainer”
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6. Audit Tool 7. Clinician’s Gateway HER Psychiatric Assessment Template
8. Clinician’s Gateway HER MH Plan Template
9. Clinician’s Gateway HER Psychiatric Plan Template
10. Clinician’s Gateway HER Progress Note Template
16. Sample Medi-Cal Compliant Progress Note Template

K5d Progress Notes	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 degrees, and licensure or job title? 3) The date the documentation was entered in the medical record?
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Plan of Correction Requirements

1) Ensure that all documentation includes the signature or (electronic equivalent) with the professional degrees, licensure or title of the person providing the service. 2) Ensure that all documentation includes the date the signature was completed and the document was entered into the medical record. 3) 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. 4) 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. 5) Ensure that services are not claimed when services are provided by staff outside the staff's scope of practice or qualifications. 6) Provide evidence that all claims in which the staff was not qualified to provide services were disallowed.

Plan of Correction Action

The MHP will 1) Ensure that all documentation includes the signature or (electronic equivalent) with the professional degrees, licensure or title of the person providing the service. 2) Ensure that all documentation includes the date the signature was completed and the document was entered into the medical record. 3) 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. 4) 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. 5) Ensure that services are not claimed when services are provided by staff outside the staff's scope of practice or qualifications. 6) Provide evidence that all claims in which the staff was not qualified to provide services were disallowed; *through the following QM/UM activities:*

- **Provider QA Technical Assistance Contacts** are currently posted and made available on all working days to answer Provider QA questions regarding these Chart Review requirements (as well as all other provider QA questions). [See attachment](#) QA TA Contacts List
- **QA Providers’ Brown Bag Question and Answer Sessions** currently occur once - twice monthly and address compliance requirements including these specific, and other, Chart review regulations. [See attachment](#) Brown Bag Luncheon Q&A Calendar.
- **ACBHCS Clinical Documentation Standards for Mental Health Services “Train the Trainer” Training** (for County and Master Contract Providers’ QA staff which is currently held 3 – 5 times annually) specifically addresses these Chart Review requirements (as well as others). [See attachment](#) Training Calendar
- **Documentation Training for MHP (FFS) Network Providers** will be held 1 – 3 times annually and will specifically address these Chart Review requirements (as well as others). Begins 8/11/2017. [See attachment](#) Training Schedule for MHP (FFS) Network Providers.

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- **ACBHCS Clinical Documentation Training for Clinician Gateway-Electronic Health Record Users** (County and CBO Line Staff) which is currently held 2 – 4 times annually specifically addresses these Chart Review requirements (as well as others). [See attachment Training Calendar](#)
- **MH System of Care Audits** currently held up to four times annually specifically audit (monitor and ensure compliance) to these Chart Review Requirements (as well as others). See Attached Audit Tool which incorporates ensuring compliance with these requirements. [See attachment](#)
- **The County EHR-Clinician’s Gateway’s Psychiatric Assessment, Client Plan & Psychiatric Client Plan, Progress Note templates** have been updated to que the provider to key documentation requirements. [See attachment](#)
- **Sample Medi-Cal Compliant MH Assessment, Client Plan & Progress Note** posted on Provider Website. [See attachment](#)
- ACBHCS QA office obtained a list of all billed services by MHRS staff for the case (episode opening to closing). [See attachment](#). Reviewed all progress notes by MHRS staff and disallowed 7 additional claims in which it was determined that services provided were outside the MHRS scope of practice. [See attachment](#) Scope of Practice Document
- Alameda County’s Cost Settlement Manager, Kirby Smith was contacted and instructed to reimburse the state for these claims. [see attachment](#) E-mail instructing ACBHCS Cost Settlement Manager to reimburse the State (Scope of Practice).

Timeframe for Completion:

12/31/17

Responsible Staff:

Sanders

Proof of Correction:

1. QA TA Contacts List
2. Brown Bag Luncheon Q&A Calendar
3. Training Calendar for “Train the Trainer”
4. Training Schedule for MHP (FFS) Network Providers
5. Training Calendar for Clinician Gateway-Electronic Health Record Users
6. Audit Tool
7. Clinician’s Gateway HER Psychiatric Assessment Template
8. Clinician’s Gateway HER MH Plan Template
9. Clinician’s Gateway HER Psychiatric Plan Template
10. Clinician’s Gateway HER Progress Note Template
11. Sample Medi-Cal Compliant MH Assessment Templates (Short & Long form)
12. Sample Medi-Cal Compliant MH Plan Template
16. Sample Medi-Cal Compliant Progress Note Template
17. Additional Claims disallowed for scope of practice
18. Scope of Practice Document
19. E-mail instructing ACBHCS Cost Settlement Manager to reimburse the State (Scope of Practice)

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K6a Doc. of cultural and linguistic Services	Regarding cultural/linguistic services and availability in alternative formats: Is there any evidence that mental health interpreter services are offered and provided, when applicable?
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Plan of Correction Requirements

1) All beneficiaries and their parents/legal guardians are offered mental health interpreter services, when applicable. 2) There is documentation substantiating that beneficiaries and their parents/legal guardians are offered mental health interpreter services, when applicable.

Plan of Correction Action

The MHP will ensure 1) All beneficiaries and their parents/legal guardians are offered mental health interpreter services, when applicable. 2) There is documentation substantiating those beneficiaries and their parents/legal guardians are offered mental health interpreter services, when applicable; *through the following QM/UM activities:*

- **Provider QA Technical Assistance Contacts** are currently posted and made available on all working days to answer Provider QA questions regarding these Chart Review requirements (as well as all other provider QA questions). [See attachment](#) QA TA Contacts List
- **QA Providers’ Brown Bag Question and Answer Sessions** currently occur once - twice monthly and address compliance requirements including these specific, and other, Chart review regulations. [See attachment](#) Brown Bag Luncheon Q&A Calendar.
- **ACBHCS Clinical Documentation Standards for Mental Health Services “Train the Trainer” Training** (for County and Master Contract Providers’ QA staff which is currently held 3 – 5 times annually) specifically addresses these Chart Review requirements (as well as others). [See attachment](#) Training Calendar
- **Documentation Training for MHP (FFS) Network Providers** will be held 1 – 3 times annually and will specifically address these Chart Review requirements (as well as others). Begins 8/11/2017. [See attachment](#) Training Schedule for MHP (FFS) Network Providers.
- **ACBHCS Clinical Documentation Training for Clinician Gateway-Electronic Health Record Users** (County and CBO Line Staff) which is currently held 2 – 4 times annually specifically addresses these Chart Review requirements (as well as others). [See attachment](#) Training Calendar
- **MH System of Care Audits** currently held up to four times annually specifically audit (monitor and ensure compliance) to these Chart Review Requirements (as well as others). See Attached Audit Tool which incorporates ensuring compliance with these requirements. [See attachment](#)
- **The County EHR-Clinician’s Gateway’s Progress Note** template have been updated to que the provider to document these interpretation requirements. [See attachment](#)
- **Sample Medi-Cal Compliant form** with this requirement posted to Provider’s Website. [See attachment](#)

Timeframe for Completion:

12/31/17

Responsible Staff:

Sanders

Proof of Correction:

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Plan of Correction

1. QA TA Contacts List
2. Brown Bag Luncheon Q&A Calendar
3. Training Calendar for “Train the Trainer”
4. Training Schedule for MHP (FFS) Network Providers
5. Training Calendar for Clinician Gateway-Electronic Health Record Users
6. Audit Tool
10. Clinician’s Gateway HER Progress Note Template
16. Sample Medi-Cal Compliant Progress Note Template

K7b Services Components for Day Treatment Intensive and Day Rehabilitation	Regarding Attendance: 1) Is there documentation of the total number of minutes/hours the beneficiary actually attended the program? 2) If the beneficiary is unavoidably absent: A. is the total time (number of hours and minutes) the beneficiary actually attended the program that day documented; B. is the beneficiary present for at least 50 percent of the scheduled hours of operation for that day; AND , C. Is there a separate entry in the medical record documenting the reason for the unavoidable absence?
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Plan of Correction Requirements

1) Ensure that the total number of minutes/hours each beneficiary actually attends a Day Rehabilitation or Day Treatment Intensive program are documented for each day attended. 2) Ensure that when the beneficiary is unavoidably absent, that the total time (number of minutes and hours) the beneficiary actually attended the program that day is documented; and that the beneficiary is present for at least 50 percent of the scheduled hours of operation for that day and there is a separate entry in the medical record documenting the reason for the unavoidable absence and provided in order to claim for Day Rehabilitation/Day Treatment Intensive. 3) Ensure that all Day Rehabilitation/Day Treatment Intensive services claimed were actually provided to the beneficiary as specified in the MHP Contract.

Plan of Correction Action

The MHP will 1) Ensure that the total number of minutes/hours each beneficiary actually attends a Day Rehabilitation or Day Treatment Intensive program are documented for each day attended. 2) Ensure that when the beneficiary is unavoidably absent, that the total time (number of minutes and hours) the beneficiary actually attended the program that day is documented; and that the beneficiary is present for at least 50 percent of the scheduled hours of operation for that day and there is a separate entry in the medical record documenting the reason for the unavoidable absence and provided in order to claim for Day Rehabilitation/Day Treatment Intensive. 3) Ensure that all Day Rehabilitation/Day Treatment Intensive services claimed were actually provided to the beneficiary as specified in the MHP Contract; *through the following QM/UM activities:*

- **Provider QA Technical Assistance Contacts** are currently posted and made available on all working days to answer Provider QA questions regarding these Chart Review requirements (as well as all other provider QA questions). [See attachment](#) QA TA Contacts List
- **QA Providers’ Brown Bag Question and Answer Sessions** currently occur once - twice monthly and address compliance requirements including these specific, and other, Chart review regulations. [See attachment](#) Brown Bag Luncheon Q&A Calendar.
- **ACBHCS Clinical Documentation Standards for Mental Health Services “Train the Trainer” Training** (for County and Master Contract Providers’ QA staff which is currently held 3 – 5 times annually) specifically addresses these Chart Review requirements (as well as others). [See attachment](#) Training Calendar

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- **ACBHCS Clinical Documentation Training for Clinician Gateway-Electronic Health Record Users** (County and CBO Line Staff) which is currently held 2 – 4 times annually specifically addresses these Chart Review requirements (as well as others). [See attachment Training Calendar](#)
- **MH System of Care Audits** currently held up to four times annually specifically audit (monitor and ensure compliance) to these Chart Review Requirements (as well as others). See Attached Audit Tool which incorporates ensuring compliance with these requirements. [See attachment](#)

Timeframe for Completion:

12/31/17

Responsible Staff:

Sanders

Proof of Correction:

1. QA TA Contacts List
2. Brown Bag Luncheon Q&A Calendar
3. Training Calendar for “Train the Trainer”
5. Training Calendar for Clinician Gateway-Electronic Health Record Users
6. Audit Tool

K7c Services Components for Day Treatment Intensive and Day Rehabilitation	Regarding Continuous Hours of Operation: Did the provider apply the following when claiming for the continuous hours of operation of <i>Day Treatment Intensive</i> and <i>Day Rehabilitation</i> services? A. For Half-Day: The beneficiary received face-to-face services a minimum of three (3) hours each day the program was open. B. For Full-Day: The beneficiary received face-to-face services in a program with services available more than four (4) hours per day.
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Plan of Correction Requirements

The MHP shall submit a POC that indicates how the MHP will ensure that the provider provides the required hours each day when claiming for the continuous hours of operation of Day Treatment Intensive/Day Rehabilitation.

Plan of Correction Action

The MHP will ensure that the provider provides the required hours each day when claiming for the continuous hours of operation of Day Treatment Intensive/Day Rehabilitation; *through the following QM/UM activities:*

- **Provider QA Technical Assistance Contacts** are currently posted and made available on all working days to answer Provider QA questions regarding these Chart Review requirements (as well as all other provider QA questions). [See attachment QA TA Contacts List](#)
- **QA Providers’ Brown Bag Question and Answer Sessions** currently occur once - twice monthly and address compliance requirements including these specific, and other, Chart review regulations. [See attachment Brown Bag Luncheon Q&A Calendar](#).
- **ACBHCS Clinical Documentation Standards for Mental Health Services “Train the Trainer” Training** (for County and Master Contract Providers’ QA staff which is currently held 3

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– 5 times annually) specifically addresses these Chart Review requirements (as well as others). [See attachment](#) Training Calendar

- **ACBHCS Clinical Documentation Training for Clinician Gateway-Electronic Health Record Users** (County and CBO Line Staff) which is currently held 2 – 4 times annually specifically addresses these Chart Review requirements (as well as others). [See attachment](#) Training Calendar
- **MH System of Care Audits** currently held up to four times annually specifically audit (monitor and ensure compliance) to these Chart Review Requirements (as well as others). See Attached Audit Tool which incorporates ensuring compliance with these requirements. [See attachment](#)

Timeframe for Completion:

12/31/17

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Sanders

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