

**Santa Cruz County Plan of Correction for Triennial Review
Conducted February 26-March 1, 2018**

Section/Finding	Requirement	POC	Evidence	Timeline
<u>Attestation:</u> MHP did not furnish evidence it provided written notice of provider termination within 15 days.	MHP must give affected beneficiaries 15 days written notice of termination notice of provider.	Wording was added to P & P 2332 stating that MHP will provide notice to affected beneficiaries of provider termination in writing within 15 days.	Policy & Procedure 2332	Written on 3/27/2018 but signed by Director on 6/1/2018
<u>Section B: Access</u> MHP Provider Directory did not contain 1. website URL, 2. Whether provider accepts new beneficiaries, 3. Whether provider completed CC training.	MHP to insure Provider Directory includes website URL, whether provider accepts new beneficiaries and whether provider completed CC training.	Website URL (when available), note indicating provider accepts new beneficiaries and whether provider completed CLAS training added to Provider Directory. MHP to work on provider data clean-up in EMR to ensure licensed providers are associated with correct legal entity. This had been causing errors in Directory.	Updated Provider Directory	August 8, 2018
Toll Free Number: MHP Test Call Findings were that 9a-2, 3 were found to be in partial compliance for 4 of 7 test calls.	MHP will provide information to beneficiaries about how to access specialty mental health services & services for urgent conditions.	Revised scripts developed for County staff responding to 800 line as well as contract service responding afterhours.	Scripts for County & Santa Cruz Answering Service.	7/20/2018 and 7/25/2018

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<p>MHP did not furnish evidence of a written log of initial requests. Contractor emails were not logged in by MHP. Logs provided did not include all required elements.</p>	<p>MHP must log all requests for SMHS by phone, in person or in writing that complies with regulatory requirements.</p>	<p>Revised scripts will include directions on logging in requests by phone, in person or in writing that complies with regulatory requirements. County staff will log in afterhours dispatches from Answering Service.</p>	<p>Scripts for County & Santa Cruz Answering Service.</p>	<p>7/20/2018 and 7/25/2018</p>
<p>MHP did not furnish evidence of an annual report of CCC activities for two of three fiscal years in Triennial review period.</p>	<p>MHP is required to provide evidence of that it completes an annual report of CCC activities.</p>	<p>MHP provided annual report from 2016 & 2017. CLAS Coordinator retired Dec 2017. Replacement to complete hiring process early August 2018. CLAS Coordinator position is responsible for Annual Report.</p>	<p>CLAS Annual Reports from 2016 & 2017.</p>	<p>Annual Report for 2018 due no later than Sept 2018.</p>
<p><u>Section C: Coverage & Authorization</u> MHP did not furnish evidence it complies with requirements regarding TARs for Hospital Services. One TAR out of 100 was not approved/denied within 14 days.</p>	<p>MHP must provide evidence to DHCS to substantiate its POC and demonstrate it complies with regulatory requirements regarding TATRS for hospital services.</p>	<p>MHP Policy & Procedure 3421 dated 9/27/16 states all TARs will be date stamped upon receipt and reviewed by UR Specialist & UR MD within 14 days.</p>	<p>P & P 3421 has been revised to state that UR Specialist will track TAR dates and send reminders to UR MD to insure TARs are completed in a timely manner.</p>	<p>7/17/2018</p>

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MHP did not furnish evidence it complies with regulatory requirements regarding standard authorized requests (SARS) for non-hospital SMHS. 2 SARS out of 20 reviewed were not approved within 14 days.	MHP is required to provide evidence to DHCS to substantiate its POC and demonstrate that it complies with regulatory requirements regarding SARS for non-hospital SMHS.	MHP revised SAR tracking system to insure days between request and authorization are no more than 14 days.	New SAR tracking system to insure timely response.	7/1/2018
MHP did not furnish evidence it provides a written NOABD (NOA-C) to the beneficiary when a denial, in whole or in part, of a payment for service is rendered. MHP could not provide NOABD (NOA-C) for one sample TAR that was denied for medical necessity (out of 101 sample TARs).	MHP is required to provide evidence to DHCS to substantiate its POC and demonstrate that it provides a written NOABD to the beneficiary when a denial, in whole or in part, of a payment for service is rendered.	MHP will attach copy of NOABD for denial of payment sent to beneficiary to TAR copy kept with MHP.	TARs and NOABD copies will be retained in secure UR TAR file cabinet. Dates of NOABD for payment denial will be kept in UR Spreadsheet.	Completed
<u>Section D: Beneficiary Protection</u> MHP did not furnish evidence it maintain a grievance, appeal and expedited appeal log that records the grievances, appeals and expedited appeals within one working day of day of receipt. MHP log did not contain date of each review or, if applicable, review meeting.	MHP is required to provide evidence to DHCS to substantiate that it maintains a grievance, appeals and expedited appeal log that records grievances, appeals and expedited appeals within one working date of the date of receipt.	MHP upgraded its computer Grievance and Appeals Log to insure all required elements for Grievances and Appeals were noted including date of each review.	Grievance & Appeals Log screen shots showing required elements.	Completed

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<p><u>Section D: Beneficiary Protection</u> MHP did not furnish evidence it provides written acknowledgment and notification of disposition to beneficiaries for all grievances, appeals and expedited appeals. Specifically, 1 of 10 grievance files reviewed did not contain a written acknowledgement letter.</p>	<p>MHP is required to provide evidence to DHCS to substantiate its POC and demonstrate that it provides written acknowledgment to beneficiaries for all grievances.</p>	<p>MHP upgraded its computer Grievance and Appeals Log to insure all required elements for Grievances and Appeals were noted including date of each acknowledgment letter which will be retained electronically by QI staff responsible for Grievances and Appeals.</p>	<p>Grievance & Appeals Log screen shots showing required elements. Upon investigation it was discovered that the grievance without a written acknowledgment came from the parent of an adult conservatee not the beneficiary. QI staff met with beneficiary to insure she had no issues and consulted with the LPS conservator. Outcome letter was provided to beneficiary memorializing meeting and confirming she had no grievance.</p>	<p>Complete</p>
<p><u>Section E: Funding & Contracting Requirements</u> MHP did not comply with timely submission of annual cost report.</p>	<p>MHP must provide evidence to substantiate POC and demonstrate that it complies with timely submission of cost reports.</p>	<p>The FY 14-15 Cost Report was submitted on 7/13/17 (ITWS Upload). Currently, we have an extension of time to file the FY 15-16 cost report. The due date is July 15, 2018.</p>	<p>Copy of ITWS download and email from DHCS providing approval for extension.</p>	<p>Completed</p>

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<p><u>Section G: Provider Relations</u> MHP did not furnish evidence it has an ongoing and effective monitoring system in place that ensures contracted organization providers and county owned and operated providers are certified and recertified per title 9 regulations. DHCS generated Overdue Provider List, with data pull on February 19, 2018. 1 of 38 providers was overdue for recertification.</p>	<p>MHP is required to provide evidence to DHCS that substantiates its POC and demonstrates that it has an ongoing and effective monitoring system in place that ensures contracted organization providers and county owned and operated providers are certified and recertified per title 9 regulations.</p>	<p>Provider that was “overdue” had been terminated but Transmittal form had not been sent to DHCS. This was an out of county provider where contract was terminated due to no county youth being placed.</p>	<p>Copy of DHCS Overdue Provider Report dated 5/14/2018 shows no providers are overdue.</p>	<p>Completed</p>
<p><u>Section H: Program Integrity</u> MHP did not furnish evidence it collects the disclosure of ownership, control and relationship information for its providers, managing employees, including agents and managing agents as required in regulations and MHP Contract. MHP could not produce any disclosure samples as evidence of collecting disclosures from their providers.</p>	<p>MHP is required to provide evidence that it collects disclosure of ownership, control and relationship from its providers, managing employees, including agents and managing agents as required in regulation and MHP Contract.</p>	<p>Contract Exhibit D for FY18-19 (used with all contract providers) includes requirements for disclosure of ownership, control and relationship from its providers, managing employees, including agents and managing agents as required in regulation and MHP Contract.</p>	<p>Provider Contract Exhibit D FY18-19. MHP sent emails to contract providers requesting response re disclosure of ownership as noted in Exhibit D.</p>	<p>Sample documentation from contractors related to ownership/control information, July 2018.</p>

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MHP did not furnish evidence it requires providers to consent to criminal background checks as a condition of enrollment. This protocol was not included in contract template provided by MHP.	MHP is required to provide evidence to DHCS that it requires providers to consent to criminal background checks as a condition of enrollment.	Contract Exhibit D for FY18-19 (used with all contract providers) includes requirements for criminal background checks.	Provider Contract Exhibit D FY18-19.	FY 18-19
MHP did not furnish evidence it monitors and verifies provider eligibility (prior to contracting and monthly) to insure providers, including contractors, are not on the OIG LEIE, Medi-Cal List of Suspended or Ineligible Providers, the NPPES, and EPLS/SAM database. Unmet requirements: 1) no evidence provided that MHP screens organizational providers prior to contracting; 2) no evidence was provided that the SSDMF is checked; 3) contract template did not include the requirements that the contractor screen staff prior to hiring; 4) that screen must include a one-time SSDMF check, 5) that NPPES is	MHP is required to provide evidence to DHCS to demonstrate that it monitors and verified provider eligibility (prior to contracting and monthly) to insure providers including contractors, are not on the OIG LEIE, Medi-Cal List of Suspended or Ineligible Provider, the NPPES, and EPLS/SAM database.	Provider Contract Exhibit D for FY18-19 requires all contractors to comply with insuring providers are not on the OIG LEIE, Medi-Cal List of Suspended or Ineligible Providers, the NPPES, and EPLS/SAM database. MHP will review compliance prior to the time of Medi-Cal site certification/re-certification or contracting.	Provider Contract Exhibit D FY18-19. Med-Advantage Contract verifying Sanction Monitoring and SSDMF checks.	FY 18-19

<p>checked to verify accuracy of new and current providers and contractors upon enrollment and re-enrollment; 6) no requirements on license verification and 7) no frequency is stated for when the exclusion screening must occur.</p>				
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<p><u>Section I: Quality Improvement</u> MHP did not provide evidence that it informs providers of results of beneficiary/family satisfaction activities.</p>	<p>MHP is required to provide evidence to DHCS to demonstrate it informs providers of the results of beneficiary/family satisfaction activities.</p>	<p>MHP has no IT staff and is required to request reports from parent agency. MHP plans to hire student worker with IT skills to translate ITWS data from Consumer Perception Surveys into a readable table to share with all providers (county/contract).</p>	<p>Student Workers are expected to be hired in September 2018.</p>	<p>Sept 2018</p>
<p>MHP did not furnish evidence it has QM/QI Work Plan covering contract cycle which meets MHP Contract Requirements. Specifically, the work plans did not include goals or implemented processes to access after hours care.</p>	<p>MHP is required to provide evidence to DHCS to demonstrate it has a QM/QI Work Plan which meets MHP Contract requirements.</p>	<p>MHP has 800 Line for beneficiaries to access after hours care. Schedules for Adults, Youth & Psychiatry are provided to Answering Service responding to beneficiaries. Policies 2371 After Hours On-Call for Adults dated 1/12/18 and 2458 After Hours On-Call for Youth dated 1/5/17 were provided to DHCS.</p>	<p>Goal for after hours access was added to Work Plan even though MHP already had processes in place to accomplish this goal. On-call schedules Adult, Youth & Psychiatry.</p>	<p>Goal added to Work Plan 6/2018.</p>

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<u>Section J: MHSA</u> MHP did not furnish evidence Case Managers are responsible for developing an ISSP with the client and, when appropriate, the client's family.	MHP to demonstrate evidence that its Case Managers are developing an ISSP with clients.	MHP has developed template in EMR to insure ISSP requirements for ISSP are met.	Copy of ISSP template in EMR.	Complete
<u>Section K: Chart Review</u> Finding 1c-1: Medical record associated with line ¹ did not address the mental health condition.	MHP will insure interventions are focuses on a significant functional impairment that is directed related to the mental health condition, as specified in CCR, title 9, section 1830.205(b)(3)(A).	MHP will ensure providers focus primarily on mental health condition even though a substance use issue may also be present.	MHP Documentation Manual used in training.	Complete
Finding 2a: Assessments were not completed within timeliness and/or frequency requirements specified in the MHP's written documentation standards. Line ² initial assessment was completed late. Lines ³ updated assessment completed late.	MHP will ensure that assessments are completed in accordance with the timeliness and frequency requirements specified in MHP's written documentation standards.	MHP will ensure assessments are completed and signed in a timely manner. Line ⁴ was completed but signed late. Auditors may have miscalculated some dates by using episode opening date rather than date actual initial assessment was completed.	Per MHP Policy & Procedure assessments are to be completed within 30 days of admission to Legal Entity as of 9/1/2017. Prior to that it was within 60 days for youth. Adult initial assessments were written within 2 days of face to face assessment. However,	Complete-Initial Assessment Date and Re-assessment dates for lines ⁵ demonstrating they were completed within one year.

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			reassessments were to be completed annually each calendar year from initial assessment.	
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Finding 2b: One or more assessments did not include all the elements specified in the MHP Contract with the Department. Line ⁶ - medications; Lines ⁷ - Client Strengths; Lines ⁸ - MSE.	MHP will ensure that every assessment contains all of the required elements specified in the MHP Contract with the Department. The Assessment elements may be in more than one form in the EMR.	Line ⁹ Assessment indicated that medications were listed in NP Whiteside's medication note. Line ¹⁰ Assessment included Strengths and MSE was in NP note. Line ¹¹ Strengths were included in Assessment. These records were provided to evaluators on site. MSE is a separate form in EMR and MHP will ensure it corresponds to psychosocial assessment form date.	MHP developed workflow to assist with coordination of assessment between non-licensed providers and psychiatry to insure both MSE and Diagnosis Form are completed in conjunction with annual assessment. Initial assessments are performed by licensed staff.	Assessment workflow between team care coordinators and psychiatry.
Finding 2c: Assessments did not include signature of the person providing the service (or electronic equivalent that includes person's professional	MHP will ensure all documentation includes the signature (or electronic equivalent) with professional degree, licensure or job title.	MHP's medical record captures electronic signature of provider. The view needed to show credentials is known as "inquiry view".	Copies of Assessments from electronic medical record show they were signed by appropriate staff.	Complete

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degree, licensure or job title for Lines ¹² .				
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<p>Finding 4a: Client Plan not completed prior to planned services being provided and not updated at least annual or reviewed and updated when there was a significant change in beneficiary's condition as required in MHP Contract.</p> <p>Line ¹³ the medical record indicated the beneficiary was hospitalized due to DTS. No evidence was found in medical record that client plan was reviewed and/or updated in response to change.</p>	<p>MHP shall ensure client plans are reviewed and updated whenever there is a significant change in beneficiary's condition.</p> <p>Line ¹⁴ client was Medicare beneficiary with part A & B coverage at time of hospitalization. Medi-Cal benefits were being applied for.</p>	<p>Medical record progress notes for Line ¹⁵ indicate client treatment plan problem/goal/objective related to symptoms of schizophrenia which were issues leading to hospitalization. This client had history of periodic exacerbation of symptoms of schizophrenia often in conjunction with alcohol consumption.</p>	<p>Copy of progress note indicating client plan goals/objectives were relevant & continued to be relevant post hospital.</p> <p>Copy of treatment plan indicating issues related to behavioral symptoms of schizophrenia.</p>	<p>Complete</p>
<p>Finding 4b: One or more of the proposed interventions did not indicate expected duration. Lines ¹⁶.</p>	<p>MHP will ensure all mental health interventions proposed on the client plan indicate both an expected frequency and duration for each intervention.</p>	<p>MHP Client Plans had a duration of one year so it was assumed all interventions were for 12 months. They were typically written as "individual therapy 1X a week for 60 minutes".</p>	<p>Screen shot of Treatment Plan in EMR showing duration.</p>	<p>Complete</p>

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		Treatment Plan form in EMR has since been changed to include duration by months; 3, 6, 9 and 12.		
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Finding 4e: No documentation that the beneficiary or legal guardian was offered a copy of the client plan. Lines, ¹⁷ .	MHP will ensure all mental health treatment plans note whether a copy was offered to the beneficiary or legal guardian.	EMR Treatment Plan has section for acknowledging whether a copy was offered to the beneficiary or legal guardian.	UR staff will note on review forms whether copy was offered. Omissions will become POC. See explanation note attached; COPY OF TREATMENT PLAN.	Complete
Finding 5a: Progress Notes were not completed in accordance with regulatory and contractual standards: MHP was not following own written documentation standards for timeliness of staff signatures on progress notes. Line ¹⁸ , one late progress note; Line ¹⁹ , five late progress notes. Line ²⁰ , Documentation of referrals to the	MHP will ensure progress notes are completed timely and referrals are made to community resources/agencies as appropriate and accurately reflect time taken to provide service. Staff will follow state and MHP protocol for disallowances; cancelled appointments.	Line ²³ noted as “late entry” comports with policy change requiring notes to be completed with 10 days of service. Line ²⁴ the five notes were all noted to be “late entry” as per MHP Policy & Procedure 3321 which states that notes after 10 days of service date will be disallowed. Staff have been trained to complete progress notes in a timely manner.	MHP Training Material. Policy & Procedure 3321 Documentation Standards. Excerpt from Documentation Manual. Line ²⁸ error may have been due to problems with EMR (Avatar) that have been fixed as of August 2017.	Complete

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<p>community and other agencies when appropriate. Provider noted an “atypical” response delay and “cognitive fogginess”. Referral for follow-up was indicated.</p> <p>Line ²¹, The amount of time to provide the service was documented on a progress note with date and type of service claimed. However, time documented on progress note was greater than the time claimed.</p> <p>Line ²², Appointment was cancelled.</p>		<p>Line ²⁵ as noted under 5a, indicated that client was receiving IHSS and was referred to Senior Center for socialization as clinician believed isolation was causing client to be more symptomatic.</p> <p>Line ²⁶, progress notes are claimed via EMR. However, a new procedure for Drug Medi-Cal to have start and end times for face to face services seemed to create a total time error for MHP which uses same Progress Note forms. This has since been corrected.</p> <p>Line ²⁷, staff have been trained on disallowed activities. The list of disallowed activities is in MHP Documentation Manual. This may have been a recording error related to EMR (Avatar) not accepting notes without any kind of duration. This was corrected about a year ago.</p>		
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Section/Finding	Requirement	POC	Evidence	Timeline
Finding 5c: Line ²⁹ , Type of mental health service documented in progress note (collateral non-family) was not the same type of SMHS claimed (case management).	MHP will ensure all SMHS claimed are claimed for correct service modality billing code and units of time.	MHP made an error in EMR set -up that resulted in Collateral Services being claimed as Case Management.	MHP resolved error in EMR. See 5a response.	Complete

²⁹ Line number(s) removed for confidentiality