

**County of Fresno Department of Behavioral Health
Fiscal Year 20/21 Specialty Mental Health Triennial Review
Corrective Action Plan**

Chart/System Review

Requirement

The MHP shall submit a CAP that describes how the MHP will ensure that all ICD diagnosis determinations are consistent with their corresponding DSM criteria.

DHCS Finding 8.1.1.1

The medical record did not establish that the beneficiary's documented ICD diagnosis met all of the DSM criteria required for that diagnosis, in accordance with the MHP Contract, Exhibit A, Attachment 3, the CCR title 9, chapter 11, 1830.205(b)(1), 1830.210 and MHSUDS IN No.20-061, Enclosure 4, Medical Necessity/Assessment, 1. A, page 1. However, DSM criteria were met for another, eligible diagnosis which was likely to respond to the interventions proposed on the Client Plan. Specifically:

- a. Line number 10. Generalized Anxiety Disorder was determined as the diagnosis, but the assessment completed on 4/19/2019 indicated that the beneficiary was also experiencing symptoms of Depression with some psychotic features.

Corrective Action Description

The MHP provided training and education to Contracted and County employed personnel regarding diagnosis of all applicable mental health diagnoses based on symptoms identified during the assessment process. Training for Contractors was provided at the Mental Health Contractor's Meeting on December 9, 2021. Training for County personnel was provided at the Clinical Supervisor's meeting on December 10, 2021. Attached are the PowerPoint training presentation, agendas, and attendance rosters for both trainings.

Proposed Evidence/Documentation of Correction

000 Triennial Chart Review Findings 12.2.2021
001 MH Contractor's Meeting Agenda 12.9.21
002 MH Contractor's Meeting 12.9.21 Attendance
007 December 10, 2021 Sups agenda COVID –
009 DBH Clinical Supervisor's Meeting 12.10.2021 Attendance

Ongoing Monitoring

The MHP will conduct ongoing monitoring of symptoms identified in assessments and the substantiated diagnoses via the annual site review/monitoring process. Please see attached monitoring tool (line 20, item 5J).

010 2021 FCMHP Individual Chart Review Tool (Rvd 01.10.2022)

Person Responsible

Trainings conducted by Marcelia Black, LCSW, Division Manager, Managed Care
Ongoing monitoring will be conducted by Managed Care Utilization Review Specialists

Implementation Timeline

Trainings completed December 9, 2021 and December 10, 2021. Ongoing monitoring commencing immediately via the annual site review/monitoring process.

**County of Fresno Department of Behavioral Health
Fiscal Year 20/21 Specialty Mental Health Triennial Review
Corrective Action Plan**

Chart/System Review

Requirement

The MHP shall submit a CAP that:

- 1) Describes how the MHP will ensure that assessments are completed in accordance with the initial timeliness and update frequency requirements specified in the MHP's written documentation standards.
- 2) Planned Specialty Mental Health Services are not claimed in the absence of an assessment that substantiates those services.

DHCS Finding 8.2.1

Assessments were not completed in accordance with regulatory and contractual requirements, specifically:

- 1) Two assessments were not completed within the MHP's initial timeliness standard of no more than 30 days after the beneficiary's Episode Opening Date Specifically:
 - a. Line number 11. The beneficiary's Episode Opening Date was 8/21/2019, while the Initial Assessment was not completed until 11/5/2019, with no documentation of why the completion date was late.
 - b. Line number 20. The beneficiary's Episode Opening Date was 11/1/2019, while the Initial Assessment was not completed until 12/12/2019, with no documentation of why the completion date was late.
- 2) Three assessments were not completed within the MHP's two -year update frequency requirement specified included in the MHP's written documentation standards. Specifically:
 - a. Line number 5. The beneficiary's prior Assessment was completed on 9/22/2017, while the current Assessment was not completed until 9/27/2019, with no documentation of why the completion date was late.
 - b. Line number 8. The beneficiary's prior Assessment was completed on 7/1/2013, while the current Assessment was not completed until 9/7/2018, with no documentation of why the completion date was late.
 - c. Line number 19. The beneficiary's prior Assessment was completed on 6/26/2017, while the current Assessment was not completed until 7/18/2019, with no documentation of why the completion date was late

Corrective Action Description

The MHP provided training and education to Contracted and County employed personnel regarding timelines for assessments and reassessments and inability to claim for services without a valid assessment on file. Training for Contractors was provided at the Mental Health Contractor's Meeting on December 9, 2021. Training for County personnel was provided at the Clinical Supervisor's meeting on December 10, 2021. Attached are the PowerPoint training presentation, agendas, and attendance rosters for both trainings.

Proposed Evidence/Documentation of Correction

000 Triennial Chart Review Findings 12.2.2021
001 MH Contractor's Meeting Agenda 12.9.21
002 MH Contractor's Meeting 12.9.21 Attendance
007 December 10, 2021 Sups agenda COVID –
009 DBH Clinical Supervisor's Meeting 12.10.2021 Attendance

Ongoing Monitoring

The MHP will conduct ongoing monitoring of the timeliness of assessments and reassessments via the annual site review/monitoring process. Claims submitted without a valid assessment on file will be identified for recoupment. Please see attached monitoring tool (line 8, item 4; line 9, item 4a).

010 2021 FCMHP Individual Chart Review Tool (Rvd 01.10.2022)

Person Responsible

Trainings conducted by Marcelia Black, LCSW, Division Manager, Managed Care
Ongoing monitoring will be conducted by Managed Care Utilization Review Specialists

Implementation Timeline

Trainings completed December 9, 2021 and December 10, 2021. Ongoing monitoring commencing immediately via the annual site review/monitoring process.

**County of Fresno Department of Behavioral Health
Fiscal Year 20/21 Specialty Mental Health Triennial Review
Corrective Action Plan**

Chart/System Review

Requirement

The MHP shall submit a CAP that describes how the MHP will ensure that every assessment addresses all of the required elements specified in the MHP Contract with the Department.

DHCS Finding 8.2.2

One assessment reviewed did not address all of the required elements specified in the MHP Contract. Specifically:

- 1) Line number 3. The Assessment completed on 1/18/2019 did not address –
 - a. The beneficiary's Mental Health History, including previous treatment and inpatient admissions, and;
 - b. Risk Issues.

Corrective Action Description

The MHP provided training and education to Contracted and County employed personnel regarding inclusion of all required elements of a mental health assessment in each assessment conducted. Training for Contractors was provided at the Mental Health Contractor's Meeting on December 9, 2021. Training for County personnel was provided at the Clinical Supervisor's meeting on December 10, 2021. Attached are the PowerPoint training presentation, agendas, and attendance rosters for both trainings.

Proposed Evidence/Documentation of Correction

000 Triennial Chart Review Findings 12.2.2021
001 MH Contractor's Meeting Agenda 12.9.21
002 MH Contractor's Meeting 12.9.21 Attendance
007 December 10, 2021 Sups agenda COVID –
009 DBH Clinical Supervisor's Meeting 12.10.2021 Attendance

Ongoing Monitoring

The MHP will conduct ongoing monitoring of the content of assessments via the annual site review/monitoring process. Please see attached monitoring tool (line 10, items 5 a-j).

010 2021 FCMHP Individual Chart Review Tool (Rvd 01.10.2022)

Person Responsible

Trainings conducted by Marcelia Black, LCSW, Division Manager, Managed Care
Ongoing monitoring will be conducted by Managed Care Utilization Review Specialists

Implementation Timeline

Trainings completed December 9, 2021 and December 10, 2021. Ongoing monitoring commencing immediately via the annual site review/monitoring process.

**County of Fresno Department of Behavioral Health
Fiscal Year 20/21 Specialty Mental Health Triennial Review
Corrective Action Plan**

Chart/System Review

Requirement

The MHP shall submit a CAP to address actions it will implement to ensure the following:

- 1) A written medication consent form is obtained and retained for each medication prescribed and administered under the direction of the MHP.
- 2) Written medication consent forms are completed in accordance with the MHP's written documentation standards.

DHCS Finding 8.3.1

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

- a. Line number 2. Although there was a written medication consent form in the medical record, there was no medication consent for Benadryl which was one of the five medications the MHP prescribed during the chart review period. The MHP was given the opportunity to locate the medication consent(s) in question but was unable to locate it/them in the medical record.

Corrective Action Description

The MHP provided training and education to Contracted and County employed personnel regarding obtaining consent for all prescribed medications, including over-the-counter medications such as Benadryl. Additionally, if the person served does not or cannot sign the consent, documentation of the reason must be on file. Training for Contractors was provided at the Mental Health Contractor's Meeting on December 9, 2021. Training for County personnel was provided at the Clinical Supervisor's meeting on December 10, 2021. Attached are the PowerPoint training presentation, agendas, and attendance rosters for both trainings.

Proposed Evidence/Documentation of Correction

000 Triennial Chart Review Findings 12.2.2021

001 MH Contractor's Meeting Agenda 12.9.21

[County of Fresno Department of Behavioral Health]
[FY 20/21] Specialty Mental Health Triennial Review – Corrective Action Plan

002 MH Contractor's Meeting 12.9.21 Attendance
007 December 10, 2021 Sups agenda COVID –
009 DBH Clinical Supervisor's Meeting 12.10.2021 Attendance

Ongoing Monitoring

The MHP will conduct ongoing monitoring of obtaining medication consents via the annual site review/monitoring process. Please see attached monitoring tool (line 157, item 75).

010 2021 FCMHP Individual Chart Review Tool (Rvd 01.10.2022)

Person Responsible

Trainings conducted by Marcelia Black, LCSW, Division Manager, Managed Care
Ongoing monitoring will be conducted by Managed Care Utilization Review Specialists

Implementation Timeline

Trainings completed December 9, 2021 and December 10, 2021. Ongoing monitoring commencing immediately via the annual site review/monitoring process.

County of Fresno Department of Behavioral Health
Fiscal Year 20/21 Specialty Mental Health Triennial Review
Corrective Action Plan

Chart/System Review

Requirement

The MHP shall submit a CAP that describes how the MHP will ensure that every medication consent process addresses all of the required elements specified in the MHP Contract with the Department.

DHCS Finding 8.3.2

Written medication consents did not contain all of the required elements specified in the MHP Contract with the Department. The following required elements were not documented on the medication consent form, and/or documented to have been reviewed with the beneficiary, and/or provided in accompanying written materials to the beneficiary:

- 1) Reasonable alternative treatments available, if any: Line number 14.
- 2) Type of medication: Line number 4.
- 3) Frequency or Frequency Range: Line number 4.
- 4) Dosage or Dosage Range: Line number 4.
- 5) Method of administration: Lines numbers 4, 9, and 16.
- 6) Duration of taking the medication: Line number 14.
- 7) Possible side effects if taken longer than 3 months: Line number 13.
- 8) Consent once given may be withdrawn at any time: Line number 13.

Corrective Action Description

The MHP provided training and education to Contracted and County employed personnel regarding the required elements of a medication consent. All personnel were reminded that the MHP sent out a medication consent that contains the required elements. Compliant medication consent forms are available on the Department's website. For users of the MHP's Electronic Health Record (Avatar), a compliant medication consent is available. Training for Contractors was provided at the Mental Health Contractor's Meeting on December 9, 2021. Training for County personnel was provided at the Clinical Supervisor's meeting on December 10, 2021. Attached are the PowerPoint training presentation, agendas, attendance rosters for both trainings, and the link to the MHP's medication consents.

Proposed Evidence/Documentation of Correction

000 Triennial Chart Review Findings 12.2.2021

[County of Fresno Department of Behavioral Health]
[FY 20/21] Specialty Mental Health Triennial Review – Corrective Action Plan

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002 MH Contractor's Meeting 12.9.21 Attendance
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009 DBH Clinical Supervisor's Meeting 12.10.2021 Attendance
Medication Consent Forms (English, Spanish, Hmong) located at [Consent Forms/Progress Notes | County of Fresno](#)

Ongoing Monitoring

The MHP will conduct ongoing monitoring of the content of medication consents via the annual site review/monitoring process. Please see attached monitoring tool (lines 157-159, items 75-77).

010 2021 FCMHP Individual Chart Review Tool (Rvd 01.10.2022)

Person Responsible

Trainings conducted by Marcelia Black, LCSW, Division Manager, Managed Care
Ongoing monitoring will be conducted by Managed Care Utilization Review Specialists

Implementation Timeline

Trainings completed December 9, 2021 and December 10, 2021. Ongoing monitoring commencing immediately via the annual site review/monitoring process.

County of Fresno Department of Behavioral Health
Fiscal Year 20/21 Specialty Mental Health Triennial Review
Corrective Action Plan

Chart/System Review

Requirement

The MHP shall submit a CAP that describes how the MHP will ensure that services are provided in the amount, duration, and scope as specified in the Individualized Client Plan for each beneficiary.

DHCS Finding 8.4.2b

Services claimed and documented on the beneficiary's progress notes were not sufficient and consistent in amount, duration or scope with those documented on the beneficiary's current Client Plan. Specifically:

- a. Line number 3. The Client Plan completed on 1/21/2020 includes both Individual and Family Therapies as needed interventions but these were not provided during the three-month chart review period,
- b. Line number 5. The Client Plan completed on 9/27/2019 includes both Individual and Family Therapies in addition to Individual Rehabilitation as needed interventions but no Individual nor Family Therapies were provided during the three-month chart review period,
- c. Line number 6. The Client Plan completed on 8/20/2019 includes Individual, Group and Family Therapies as needed interventions but none of these were provided during the three-month chart review period,
- d. Line number 7. The Client Plan completed on 4/25/2019 includes Individual Therapy/Rehabilitation, Group Rehabilitation and Collateral services as needed interventions but only two (2) Individual Rehabilitation sessions and none of the other interventions proposed were provided during the three-month chart review period.
- e. Line number 10. The Client Plan completed on 10/25/2019 includes Individual Therapy/Rehabilitation, Group Rehabilitation and Collateral services as needed interventions but only Individual Therapy sessions were provided during the three-month chart review period.
- f. Line number 14. The Client Plan completed on 12/16/2019 includes Individual Therapy/Rehabilitation, Group Therapy/Rehabilitation and Family Therapy as needed interventions but no Family or Group sessions were provided during the three-month chart review period.
- g. Line number 16. The Client Plan completed on 10/15/2019 includes Individual Therapy/Rehabilitation, Group and Family Therapies, and Collateral services as

needed interventions but no Family, Group or Collateral sessions were provided during the three-month chart review period.

- h. Line number 19. The Client Plan completed on 7/19/2019 includes Therapeutic Behavioral Services, Collateral, Family Therapy and Group Therapy/Rehabilitation but none of these services were provided during the three-month chart review period.
- i. Line number 20. The Client Plan completed on 12/12/2019 includes Individual Therapy/Rehabilitation, Collateral and Family Therapy/Rehabilitation but only Individual Therapy/ Rehabilitation sessions were provided during the three-month chart review period.

Corrective Action Description

The MHP provided training and education to Contracted and County employed personnel regarding the provision of services identified on the beneficiary treatment plan. Providers were instructed to ensure that services are provided in the amount, duration, and scope as specified in the individualized client plan for each beneficiary. Training for Contractors was provided at the Mental Health Contractor's Meeting on December 9, 2021. Training for County personnel was provided at the Clinical Supervisor's meeting on December 10, 2021. Attached are the PowerPoint training presentation, agendas, and attendance rosters for both trainings.

Proposed Evidence/Documentation of Correction

000 Triennial Chart Review Findings 12.2.2021
001 MH Contractor's Meeting Agenda 12.9.21
002 MH Contractor's Meeting 12.9.21 Attendance
007 December 10, 2021 Sups agenda COVID –
009 DBH Clinical Supervisor's Meeting 12.10.2021 Attendance

Ongoing Monitoring

The MHP will conduct ongoing monitoring to ensure that services are provided in the amount, duration, and scope as specified in the client plan for each beneficiary via the annual site review/monitoring process. Please see attached monitoring tool (line 30, item 13: lines 71-73; items 29 a,b).

010 2021 FCMHP Individual Chart Review Tool (Rvd 01.10.2022)

Person Responsible

Trainings conducted by Marcelia Black, LCSW, Division Manager, Managed Care
Ongoing monitoring will be conducted by Managed Care Utilization Review Specialists

Implementation Timeline

Trainings completed December 9, 2021 and December 10, 2021. Ongoing monitoring commencing immediately via the annual site review/monitoring process.

County of Fresno Department of Behavioral Health
Fiscal Year 20/21 Specialty Mental Health Triennial Review
Corrective Action Plan

Chart/System Review

Requirement

The MHP shall submit a CAP that describes how the MHP will ensure that:

- 1) Client plans are completed prior to the provision of planned services.
- 2) Planned services are not claimed when the service provided is not included on a current Client Plan.
- 3) Client plans are updated at least on an annual basis, as required by the MHP Contract with the Department, and within the timelines and frequency specified in the MHP's written documentation standards.
- 4) Planned services are not claimed when the service provided is not included on a current Client Plan.

DHCS Finding 8.4.3

Client Plans were not completed prior to the delivery of planned services and/or were not updated at least annually or reviewed and updated when there was a significant change in the beneficiary's condition (as required in the MHP Contract with the Department and/or as specified in the MHP's documentation standards). Specifically:

- a. Line number 3. There was no Client Plan for one or more type of claimed service. The MHP was given the opportunity to locate the service(s) on a client plan that was in effect during the review period but could not find written evidence of it. RR4c, refer to Recoupment Summary for details.
- b. There was a lapse between the prior and current Client Plans for the following beneficiaries. However, this occurred outside of the audit review period.
 - a. Line number 5. Prior Client Plan expired on 9/19/2019; current Client Plan completed on 9/27/2019.
 - b. Line number 7. Prior Client Plan expired on 4/16/2019; current Client Plan completed on 4/25/2019.
 - c. Line number 8. Prior Client Plan expired on 9/4/2019; current Client Plan completed on 9/17/2019.
- c. Line number 3. There was a lapse between the prior and current Client Plans. However, there were no claims during this period.
 - a. Prior Client Plan expired on 1/18/2020; current Client Plan completed on 1/21/2020.

Corrective Action Description

The MHP provided training and education to Contracted and County employed personnel regarding treatment plans reiterating that every beneficiary must have a treatment plan on file and services to be provided must be identified on the plan. Additionally, treatment plans must be completed prior to the provision of planned services. Treatment plans must be updated annually, or when a change in a person served's circumstances warrants updating the plan. There should be no lapses in treatment plans. If there is a lapse, the reason should be documented. Training for Contractors was provided at the Mental Health Contractor's Meeting on December 9, 2021. Training for County personnel was provided at the Clinical Supervisor's meeting on December 10, 2021. Attached are the PowerPoint training presentation, agendas, and attendance rosters for both trainings.

Proposed Evidence/Documentation of Correction

000 Triennial Chart Review Findings 12.2.2021
001 MH Contractor's Meeting Agenda 12.9.21
002 MH Contractor's Meeting 12.9.21 Attendance
007 December 10, 2021 Sups agenda COVID –
009 DBH Clinical Supervisor's Meeting 12.10.2021 Attendance

Ongoing Monitoring

The MHP will conduct ongoing monitoring to ensure that treatment plans are completed prior to the provision of planned services and that client plans are updated at least annually. Planned services shall not be claimed when not included on the client plan. Please see attached monitoring tool (lines 27-28; items 10-11; lines 71-72, item 29 a).

010 2021 FCMHP Individual Chart Review Tool (Rvd 01.10.2022)

Person Responsible

Trainings conducted by Marcelia Black, LCSW, Division Manager, Managed Care
Ongoing monitoring will be conducted by Managed Care Utilization Review Specialists

Implementation Timeline

Trainings completed December 9, 2021 and December 10, 2021. Ongoing monitoring commencing immediately via the annual site review/monitoring process.

County of Fresno Department of Behavioral Health
Fiscal Year 20/21 Specialty Mental Health Triennial Review
Corrective Action Plan

Chart/System Review

Requirement

The MHP shall submit a CAP that describes how the MHP will ensure that:

- 1) 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.).
- 2) Mental health interventions proposed on client plans indicate both an expected frequency or frequency range and a specific duration for each intervention.

DHCS Finding 8.4.4

Client Plans did not include all of the required elements specified in the MHP Contract. Specifically:

- a. One or more proposed intervention did not include a detailed description. Instead, only a "type" or "category" of intervention was recorded.
 - I. Line number 8. Plan completed on 9/17/2019.
- b. One or more proposed intervention on the current Client Plan for the following beneficiaries did not include an expected frequency or frequency range that was specific enough. Line number 2, 3, 4, 5, 6, 8, 10, 14, 16, 18, 19. Intervention frequencies were documented as "Up to" (number of sessions per week, month, etc). This implies that the service is optional since a starting frequency could be "0". A frequency range must begin with a specific number greater than zero to be in compliance.
- c. Line number 8, 113, 17. Intervention frequencies were documented as "0 to" (number of sessions per week, month, etc). Starting an intervention range with "0" implies that the intervention is optional. A frequency range must begin with a specific number greater than zero to be in compliance.

Corrective Action Description

The MHP provided training and education to Contracted and County employed personnel regarding specificity of types of interventions to be used and the frequency and duration of interventions. Providers were instructed to ensure that specific interventions are identified and described in the client plan. Additionally, the frequency and duration cannot include "0" zero or "up to." Client plans should be individualized according the person's needs and the frequency and duration should reflect those

needs. Training for Contractors was provided at the Mental Health Contractor's Meeting on December 9, 2021. Training for County personnel was provided at the Clinical Supervisor's meeting on December 10, 2021. Attached are the PowerPoint training presentation, agendas, and attendance rosters for both trainings.

Proposed Evidence/Documentation of Correction

000 Triennial Chart Review Findings 12.2.2021
001 MH Contractor's Meeting Agenda 12.9.21
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007 December 10, 2021 Sups agenda COVID –
009 DBH Clinical Supervisor's Meeting 12.10.2021 Attendance

Ongoing Monitoring

The MHP will conduct ongoing monitoring to ensure that descriptive interventions are included in the client plan and that individualized, appropriate frequencies and durations are identified. Please see attached monitoring tool (lines 30-31, items 13-14).

010 2021 FCMHP Individual Chart Review Tool (Rvd 01.10.2022)

Person Responsible

Trainings conducted by Marcelia Black, LCSW, Division Manager, Managed Care
Ongoing monitoring will be conducted by Managed Care Utilization Review Specialists

Implementation Timeline

Trainings completed December 9, 2021 and December 10, 2021. Ongoing monitoring commencing immediately via the annual site review/monitoring process.

**County of Fresno Department of Behavioral Health
Fiscal Year 20/21 Specialty Mental Health Triennial Review
Corrective Action Plan**

Chart/System Review

Requirement

The MHP shall submit a CAP that describes how the MHP will:

- 1) Ensure that there is documentation on the Client Plan substantiating that the beneficiary was offered a copy of the Client Plan.
- 2) Submit evidence that the MHP has an established process to document that each beneficiary is offered a copy of their current Client Plan.

DHCS Finding 8.4.11

There was no documentation on the current Client Plan that the beneficiary or legal guardian was offered a copy of the Client Plan. Specifically:

- a. Line number 11. Plan completed on 11/5/2019.

Corrective Action Description

The MHP provided training and education to Contracted and County employed personnel regarding ensuring that the beneficiary is offered a copy of their treatment plan. This requirement is outlined in Policy and Procedure Guide 2.1.6 V#3 Treatment Plan and the client plan contains a field to indicate that a copy was provided to the beneficiary, typically at the end of the collaborative treatment planning session after the client signs the plan. Training for Contractors was provided at the Mental Health Contractor's Meeting on December 9, 2021. Training for County personnel was provided at the Clinical Supervisor's meeting on December 10, 2021. Attached are the PowerPoint training presentation, agendas, attendance rosters for both trainings, and PPG 2.1.6 V#3 Treatment Plan.

Proposed Evidence/Documentation of Correction

000 Triennial Chart Review Findings 12.2.2021
001 MH Contractor's Meeting Agenda 12.9.21
002 MH Contractor's Meeting 12.9.21 Attendance
007 December 10, 2021 Sups agenda COVID –
009 DBH Clinical Supervisor's Meeting 12.10.2021 Attendance
011 PPG 2.1.6 V#3 Treatment Plan (1561_3)

Ongoing Monitoring

The MHP will conduct ongoing monitoring to ensure beneficiaries are offered a copy of the client plan. Please see attached monitoring tool (line 39, item 20).

010 2021 FCMHP Individual Chart Review Tool (Rvd 01.10.2022)

Person Responsible

Trainings conducted by Marcelia Black, LCSW, Division Manager, Managed Care
Ongoing monitoring will be conducted by Managed Care Utilization Review Specialists

Implementation Timeline

Trainings completed December 9, 2021 and December 10, 2021. Ongoing monitoring commencing immediately via the annual site review/monitoring process.

County of Fresno Department of Behavioral Health
Fiscal Year 20/21 Specialty Mental Health Triennial Review
Corrective Action Plan

Chart/System Review

Requirement

- 1) The MHP shall submit a CAP that describes how the MHP will ensure that progress notes document:
 - a. Timely completion and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP's written documentation standards.
 - b. Date the progress note was completed and entered into the medical record in order to determine completion timeliness, as specified in the MHP Contract with the Department.
 - c. Communication with and/or referral to community resources and other agencies, when appropriate, as specified in the MHP Contract with the Department.
- 2) The MHP shall submit a CAP that describes how the MHP will ensure that both service dates and times recorded on progress notes match their corresponding claims.
- 3) The MHP shall submit a CAP that describes how the MHP will ensure that Specialty Mental Health Services claimed are accurate and are actually provided to the beneficiary.

DHCS Finding 8.5.2

Progress notes did not include all required elements specified in the MHP Contract, and/or were not in accordance with the MHP's written documentation standards.

Specifically:

- a. Line number 1, 3,7, 8,9,10,12,13,14,16,17,18 and 20. Sixty three progress notes or 17 percent of all progress notes reviewed were not completed within the MHP's written timeliness standard of five (5) business days after the provision of service (83% compliance).
- b. Line number 3. For two (2) progress notes, with service dates of 1/2/2020 and 3/5/2020, "Completion Timeliness" could not be determined because the provider signed but did not date the notes (i.e., 0.5 % of all progress notes reviewed, (99.5 % compliance).
- c. Line number 4. One progress note did not match its corresponding claim in terms of service date. RR8b2, refer to Recoupment Summary for details.

- d. Line numbers 4 and 6. Documentation was missing for evidence of communication with the beneficiary's Primary Care Physician or other medical provider during the three-month chart review period:
 - a. Line number 4. The case manager reported accompanying the beneficiary to medical services on several occasions with no evidence of communication with the beneficiary's medical provider(s).
 - b. Line number 6. The assessment completed on 8/13/2019 indicated - "Cit has high BP which may contribute to anxiety about her health. Collaboration with medical doctor ... may be appropriate"- with no evidence of communication with the beneficiary's medical provider(s).
- e. Line number 3. Five or one (1) percent of all progress notes reviewed did not match their corresponding claims in terms of amount of time to provide services (99 % compliance): The service time documented on the Progress Note was less than the time claimed. RR8b3, refer to Recoupment Summary for details.

Corrective Action Description

The MHP provided training and education to Contracted and County employed personnel regarding completion of progress notes. Progress notes must be signed and dated within five (5) days of service provision. The service date documented on the note must match the date claimed and the duration of the service documented in the note must match the duration of services claimed. Additionally, providers were instructed to ensure communication with and/or referral to community resources and other agencies when appropriate and identified as a beneficiary need, whether in a progress note, on a treatment plan, or an assessment. Training for Contractors was provided at the Mental Health Contractor's Meeting on December 9, 2021. Training for County personnel was provided at the Clinical Supervisor's meeting on December 10, 2021. Attached are the PowerPoint training presentation, agendas, and attendance rosters for both trainings.

Proposed Evidence/Documentation of Correction

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Ongoing Monitoring

The MHP will conduct ongoing monitoring to ensure documentation is completed and signed within five (5) days of service provision, ensure that the claimed date and duration of the service provided is accurate, and ensure communication/collaboration with other providers and agencies when identified as a beneficiary need. Please see attached monitoring tool (line 60, item 26 b, d, & e; line 66, item 27; line 67, item 28 a; line 94, item 43; line 113, item 55; line 90, item 39).

[County of Fresno Department of Behavioral Health]
[FY 20/21] Specialty Mental Health Triennial Review – Corrective Action Plan

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Person Responsible

Trainings conducted by Marcelia Black, LCSW, Division Manager, Managed Care
Ongoing monitoring will be conducted by Managed Care Utilization Review Specialists

Implementation Timeline

Trainings completed December 9, 2021 and December 10, 2021. Ongoing monitoring commencing immediately via the annual site review/monitoring process.

**County of Fresno Department of Behavioral Health
Fiscal Year 20/21 Specialty Mental Health Triennial Review
Corrective Action Plan**

Chart/System Review

Requirement

The MHP shall submit a CAP that describes how the MHP will ensure that the services documented on all progress notes are:

- 1) Accurate, complete, legible and meet the documentation requirements described in the MHP Contract with the Department.
- 2) Consistent with the specific service activity claimed - i.e., all claims submitted must be accurate and consistent with the actual service documented on their corresponding progress notes in terms of type of service, date of service and time of service.

DHCS Finding 8.5.4

For Mental Health Services claimed, the service activity claimed (e.g., Assessment, Plan Development, Rehab, Psychotherapy) was not consistent with the specific service activity documented in the progress note.

- a. Line number 17. The provider recorded the type of service on two progress notes for 2/6/2020 and 2/27/2020 as "Individual Rehabilitation" but the interventions described in the body of both notes are more consistent with Individual Psychotherapy since the provider recorded that the focus of the intervention was "to assist client with decreasing symptoms of depression and anxiety". This stands in contrast to the definition of a Rehabilitation intervention, which is defined as "assistance in improving, maintaining or restoring a beneficiary's or group of beneficiaries' functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources, and/or medication education (Title 9, 1810.243).

Corrective Action Description

The MHP provided training and education to Contracted and County employed personnel regarding accurate, complete, and legible documentation in accordance with MHP standards. Additionally, providers were instructed to ensure that services claimed are consistent with the services provided. Training for Contractors was provided at the Mental Health Contractor's Meeting on December 9, 2021. Training for County personnel was provided at the Clinical Supervisor's meeting on December 10, 2021.

Attached are the PowerPoint training presentation, agendas, and attendance rosters for both trainings.

Proposed Evidence/Documentation of Correction

000 Triennial Chart Review Findings 12.2.2021
001 MH Contractor's Meeting Agenda 12.9.21
002 MH Contractor's Meeting 12.9.21 Attendance
007 December 10, 2021 Sups agenda COVID –
009 DBH Clinical Supervisor's Meeting 12.10.2021 Attendance

Ongoing Monitoring

The MHP will conduct ongoing monitoring to ensure documentation is accurate, complete and legible and that services claimed are consistent with services provided. Please see attached monitoring tool (lines 99-133, items 47-62; line 141, item 64).

010 2021 FCMHP Individual Chart Review Tool (Rvd 01.10.2022)

Person Responsible

Trainings conducted by Marcelia Black, LCSW, Division Manager, Managed Care
Ongoing monitoring will be conducted by Managed Care Utilization Review Specialists

Implementation Timeline

Trainings completed December 9, 2021 and December 10, 2021. Ongoing monitoring commencing immediately via the annual site review/monitoring process.

**County of Fresno Department of Behavioral Health
Fiscal Year 20/21 Specialty Mental Health Triennial Review
Corrective Action Plan**

Chart/System Review

Requirement

The MHP shall submit a CAP that describes how it will ensure that:

- 1) Written documentation is in place describing the process for determining and documenting eligibility and need for ICC Services and IHBS.
- 2) Training is provided to all staff and contract providers who have the responsibility for determining eligibility and need for ICC Services and IBHS.
- 3) Each beneficiary under age 22 who is authorized to receive Specialty Mental Health Services also receives an individualized determination of eligibility and need for ICC Services and IHBS prior to or during the development of the beneficiary's Initial Client Plan.

DHCS Finding 8.6.1

- a. The medical record associated with the following Line numbers did not contain evidence that the beneficiary received an individualized determination of eligibility and need for ICC services and IHBS, and that if appropriate, such services were included on their Client Plan: Line numbers 14, 15, 16, 17, 18, 19, and 20.

Corrective Action Description

The MHP issued a Mental Health Directive on December 1, 2021 directing all providers to utilize the Fresno County ICC IHBS Consideration Tool for beneficiaries age 21 and under. The Mental Health Directive included enclosures MHSUDS 16-004, the Medi-Cal Manual Third Edition ICC, IHBS & TFC, and the Fresno County ICC IHBS Consideration Tool. The MHP provided training and education to Contracted and County employed personnel regarding use of the Fresno County ICC IHBS Consideration Tool. Training for Contractors was provided at the Mental Health Contractor's Meeting on December 9, 2021. Training for County personnel was provided at the Clinical Supervisor's meeting on December 10, 2021. All providers were directed to maintain the Fresno County ICC IHBS Consideration Tool on file for each beneficiary age 21 and under. The ICC and IHBS Consideration Tool was programmed into the County's Electronic Health Record (EHR) for use by individuals with access to the EHR. Attached are the PowerPoint training presentation, agendas, attendance rosters for both trainings, and the Mental Health Directive and enclosures.

Proposed Evidence/Documentation of Correction

003 Mental Health Directive ICC & IHBS 12-1-2021
006 Fresno County ICC IHBS Consideration Tool FINAL (002)
004 Medi-Cal_Manual_Third_Edition ICC, IHBS & TFC
005 MHSUDS 16-004 ICC_IHBS_Through_EPSDT
012 EHR ICC IHBS Consideration Tool
000 Triennial Chart Review Findings 12.2.2021
001 MH Contractor's Meeting Agenda 12.9.21
002 MH Contractor's Meeting 12.9.21 Attendance
007 December 10, 2021 Sups agenda COVID –
009 DBH Clinical Supervisor's Meeting 12.10.2021 Attendance

Ongoing Monitoring

The MHP will conduct ongoing monitoring of the use of the Fresno County ICC IHBS Consideration Tool. Please see attached monitoring tool (line 24-25, item 9a).

010 2021 FCMHP Individual Chart Review Tool (Rvd 01.10.2022)

Person Responsible

Managed Care Division Manager Marcelia Black, LCSW, issued the Mental Health Directive and conducted the trainings.
Ongoing monitoring will be conducted by Managed Care Utilization Review Specialists

Implementation Timeline

Mental Health Directive issued December 1, 2021. Trainings completed December 9, 2021 and December 10, 2021. Ongoing monitoring commencing immediately via the annual site review/monitoring process.

County of Fresno Department of Behavioral Health
Fiscal Year 20/21 Specialty Mental Health Triennial Review
Corrective Action Plan

Chart/System Review

Requirement

The MHP shall submit a CAP that describes how it will ensure that all ICC services are documented and claimed accurately with the correct Procedure code, Procedure modifier, Mode of service and Service function code.

DHCS Finding 8.6.3

The content of one or more progress note documented the provision of an ICC service but the corresponding claim did not include all of the following: Procedure code T1017; Procedure modifier "HK"; Mode of service 15; Service function code 07. Specifically:

- b. Line number 11. For service dates 3/12/2020, 3/16/2020, 3/17/2020, Intensive Care Coordination services were claimed with Service Function Code 1 (i.e., Targeted Case Management) instead of Service Function Code 07.
- c. Line number 12. For service dates 1/6/2020, 1/22/2020, 2/28/2020, 3/5/2020, 3/18/2020, 3/19/2020, 3/23/2020, 3/25/2020, 3/26/2020 and 3/27/2020, ICC services were claimed using Service Function Code 01 (i.e., Targeted Case Management) instead of Service Function Code 07.
- d. Line number 13. For service dates 1/6/2020, 1/8/2020, 1/13/2020, 1/23/2020, 1/27/2020, 2/18/2020 and 2/24/2020, ICC services were claimed using Service Function Code 01 (i.e., Targeted Case Management) instead of Service Function Code 07.

Corrective Action Description

The MHP provided training and education to Contracted and County employed personnel regarding accurate documentation and claiming for Intensive Care Coordination services. Training for Contractors was provided at the Mental Health Contractor's Meeting on December 9, 2021. Training for County personnel was provided at the Clinical Supervisor's meeting on December 10, 2021. Attached are the PowerPoint training presentation, agendas, and attendance rosters for both trainings. Additionally, the MHP discovered that that the Procedure Modifier for ICC services was incorrectly programmed in our EHR as HE, rather than HK. The Procedure Modifier has been corrected to reflect the correct Procedure Modifier, HK. See attached ICC Procedure Modifier Correction in EHR.

Proposed Evidence/Documentation of Correction

000 Triennial Chart Review Findings 12.2.2021
001 MH Contractor's Meeting Agenda 12.9.21
002 MH Contractor's Meeting 12.9.21 Attendance
007 December 10, 2021 Sups agenda COVID –
009 DBH Clinical Supervisor's Meeting 12.10.2021 Attendance
013 ICC Procedure Modifier Correction in EHR

Ongoing Monitoring

The MHP will conduct ongoing monitoring to ensure accurate documentation and claiming for Intensive Care Coordination services. Please see attached monitoring tool (lines 128-132, item 61 a-d).

010 2021 FCMHP Individual Chart Review Tool (Rvd 01.10.2022)

Person Responsible

Trainings conducted by Marcelia Black, LCSW, Division Manager, Managed Care
Ongoing monitoring will be conducted by Managed Care Utilization Review Specialists

Implementation Timeline

Trainings completed December 9, 2021 and December 10, 2021. Ongoing monitoring commencing immediately via the annual site review/monitoring process.

County of Fresno Department of Behavioral Health
Fiscal Year 20/21 Specialty Mental Health Triennial Review
Corrective Action Plan

Chart/System Review

Requirement

The MHP shall submit a CAP that describes how it will ensure that all IHBS services are documented and claimed accurately with the correct Procedure code, Procedure modifier, Mode of service and Service function code.

DHCS Finding 8.6.4

The content of one or more progress note documented the provision of an IHBS intervention but the corresponding claim did not include all of the following: Procedure code H2015; Procedure modifier "HK"; Mode of service 15; Service function code 57.

- a. Line number 11. For service dates 1/2/2020, 1/16/2020, 1/30/2020, 2/6/2020, 2/20/2020, interventions appear to be home or community based IHBS claims using Service Function Code 30 (i.e., Mental Health Services, not including IHBS) instead of Service Function Code 57.
- b. Line number 12. For service dates 1/29/2020 and 2/12/2020, IHBS interventions were claimed using Service Function Code 30 (i.e., Mental Health Services, not including IHBS) instead of Service Function Code 57.
- c. Line number 13. For service dates 1/2/2020, 1/9/2020, 1/16/2020, 1/30/2020, 2/6/2020, 2/13/2020, 2/20/2020, 2/27/2020 and 3/12/2020, IHBS were claimed using Service Function Code 30 (i.e., Mental Health Services, not including IHBS) instead of Service Function Code 57.

Corrective Action Description

The MHP provided training and education to Contracted and County employed personnel regarding accurate documentation and claiming for Intensive Home Based Services. Training for Contractors was provided at the Mental Health Contractor's Meeting on December 9, 2021. Training for County personnel was provided at the Clinical Supervisor's meeting on December 10, 2021. Attached are the PowerPoint training presentation, agendas, and attendance rosters for both trainings.

Proposed Evidence/Documentation of Correction

000 Triennial Chart Review Findings 12.2.2021
 001 MH Contractor's Meeting Agenda 12.9.21
 002 MH Contractor's Meeting 12.9.21 Attendance
 007 December 10, 2021 Sups agenda COVID –

009 DBH Clinical Supervisor's Meeting 12.10.2021 Attendance

Ongoing Monitoring

The MHP will conduct ongoing monitoring to ensure accurate documentation and claiming for Intensive Home Based Services. Please see attached monitoring tool (lines 118-127, items 59 & 60 a-h).

010 2021 FCMHP BLANK Individual Chart Review Tool (Rvd 6.21)

Person Responsible

Trainings conducted by Marcelia Black, LCSW, Division Manager, Managed Care
Ongoing monitoring will be conducted by Managed Care Utilization Review Specialists

Implementation Timeline

Trainings completed December 9, 2021 and December 10, 2021. Ongoing monitoring commencing immediately via the annual site review/monitoring process.