



**Mono County Mental Health Plan
Fiscal Year (FY) 20/21 Specialty Mental Health
Triennial Chart Review
Corrective Action Plan**

Department of Health Care Services
Review of Mono County Mental Health Plan
Chart Review Corrective Action Plans

Medical Necessity

Finding 8.1.1.3b

The actual interventions documented in the progress note(s) for the following Line number(s) did not meet medical necessity criteria since the intervention(s) were not reasonably likely to result in at least one of the following: a) significantly diminish the impairment,; b) prevent deterioration in an important areas of life functioning; c) allow the child to progress developmentally; d) correct or ameliorate the mental health condition of a beneficiary who is under age 21. Specifically:

1. Progress notes indicated a "no-show" or cancelled appointment and the documentation failed to provide evidence or another valid service. For services claimed 7/1/19, 7/11/19, and 7/18/19, the associated progress notes indicate the clinician cancelled appointments. During the virtual on-site, MHP staff confirmed that these claims were billed in error.

Corrective Action Description

Mono County Behavioral Health (MCBH) will ensure that all Specialty Mental Health Services (SMHS) that are not rendered due to "no-shows" or cancelled appointments will not be billed in error by implementing an additional safeguard in the claiming process. Providers will be instructed to use codes 399 (cancellation code) or 400 (no-show code) for non-billable services in their documentation of cancelled or no-show appointments, in addition to not checking the "tag" prompt in the current Electronic Health Record (EHR).

Proposed Evidence

The proposed evidence of the correction will include:

- The training agenda that includes the corrective action
- The PowerPoint slide deck of training
- The roster of the attendees for the trainings

Ongoing Monitoring

MCBH will ensure that all SMHS that are not rendered are not billed in error during MCBH's chart reviews and monthly service verification checks.

Person Responsible

Documentation trainings will be provided by the Clinical Supervisor. Chart reviews will be performed by the Clinical Supervisor and Quality Assurance (QA) Coordinator. Monthly service verifications will be performed by the QA Coordinator.

Implementation Timeline

- October 21, 2022 - Due date for completion of all trainings of all MCBH providers, including contract providers.

Assessment

Finding 8.2.1

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

1. One or more assessments were not completed within update frequency requirements specified in the MHP;'s written documentation standards. Per the MHP's Policy and Procedure, "Clinical Documentation Standards for Mental Health," assessment must be updated annually.

Corrective Action Plan

MCBH will ensure that all assessments are completed in accordance with MCBH's update frequency requirements with new focused trainings on the clinical staff, including contract providers. Due to the limitations of the plan's current EHR, said trainings will facilitate compliance with the annual assessment update requirement until the adoption of the new CalMHSA EHR, when prompts and notifications will be utilized to remind providers of pending assessments.

Proposed Evidence

The proposed evidence of the correction will include:

- The training agenda that includes the corrective action
- The PowerPoint slide deck of training
- The roster of the attendees for the trainings

Ongoing Monitoring

MCBH will ensure that all assessments are up to date in accordance with MCBH's policies during the plan's chart reviews.

Person Responsible

Documentation trainings will be provided by the Clinical Supervisor. Chart reviews will be performed by the Clinical Supervisor and QA Coordinator.

Implementation Timeline

- October 21, 2022 - Due date for completion of all trainings of all MCBH providers, including contract providers.

Finding 8.2.2

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

1. History of or exposure to trauma. An Assessment update completed on 1/29/19, was missing any description regarding the beneficiary's history of or exposure to trauma.

Corrective Action Plan

MCBH will ensure that every assessment contains all the required elements specified in the MHP Contract with the Department by introducing a new assessment form that encompasses each assessment domain, including trauma. Training on the utilization of the new assessment form will be incorporated during the rollout.

Proposed Evidence

The proposed evidence of the correction will include:

- The training agenda
- The PowerPoint slide deck of the training
- The roster of the attendees for the trainings
- The new assessment form

Ongoing Monitoring

MCBH will ensure that all assessments include the required elements specified in the MHP Contract, including history of or exposure to trauma, during MCBH's chart reviews.

Person Responsible

Documentation trainings will be provided by the Clinical Supervisor. Chart reviews will be performed by the Clinical Supervisor and QA Coordinator.

Implementation Timeline

- October 21, 2022 - Due date for completion of all trainings of all MCBH providers, including contract providers.

Finding 8.2.3

One or more of the assessments reviewed did not include the signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, job title, or the date the documentation was entered into the medical record. Specifically:

1. The type of professional degree, licensure, or job title of person providing the service. The assessment completed as signed on 1/29/19 was missing the professional degree, licensure, or job title of person providing the service.
2. The date the documentation was entered in the medical record. The MHP submitted an Assessment completed by Annie Linaweaver, MFT, but the document was missing the date it was entered in the medical record.

Corrective Action Plan

MCBH will ensure that all documentation includes the signature (or electronic equivalent) with the professional degree, licensure, or title of the person providing the service, and the date the signature was completed, and the document was entered into

the medical record, with new trainings by the clinical supervisor. The adoption of the new CalMHSA EHR will alleviate the need to enter said information manually.

Proposed Evidence

The proposed evidence of the correction will include:

- The training agenda
- The PowerPoint slide deck of the training
- The roster of the attendees for the trainings

Ongoing Monitoring

MCBH will ensure that all assessments will include the signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, or job title, and the date the documentation was entered into the medical record during MCBH's chart reviews.

Person Responsible

Documentation trainings will be provided by the Clinical Supervisor. Chart reviews will be performed by the Clinical Supervisor and QA Coordinator.

Implementation Timeline

- October 21, 2022 - Due date for completion of all trainings of all MCBH providers, including contract providers.

Medication Consent

Finding 8.3.2

Written medication consents did not contain all the required elements specified in the MHP Contract with MCBH. 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. Type of medication
2. Range of frequency (of administration)
3. Dosage
4. Method of administration
5. Duration of taking the medication

Please note: DHCS reviewers provided technical assistance, noting that the previous consent template was missing the elements of discussing reasonable alternative treatments available; and possible side effects that may occur to beneficiaries taking such medication beyond 3 months (beyond just a discussion of potential tardive dyskinesia).

Corrective Action Plan

Since the Review, MCBH has adopted a newly revised medication consent form that includes type of medication, range of frequency, dosage, method of administration, and duration of taking the medication. The new form has an itemized prompt for the

provider to specify the estimated duration the client is expected to take the prescription. The newly adopted consent form also itemizes documentation of provider discussion pertaining to alternative treatments and possible side effects from prescribed medications beyond 3 months.

Proposed Evidence

The proposed evidence of the correction will include:

- The newly revised medication consent

Ongoing Monitoring

MCBH will ensure that all of the required elements of the medication consent specified in the MHP Contract with the Department are contained in the document and completed by the prescribing providers during MCBH's medication reviews.

Implementation Timeline

- The revised medication consent form has been in use since the time of the last Review and is included with this submission.

Client Plans

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, an initial Client Plan was not completed until after one or more planned service was provided and claimed.

Corrective Action Plan

Per Department of Health Care Services (DHCS) Behavioral Health Information Notice (BHIN) 22-019, Documentation Requirements for all Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC), and Drug Medi-Cal Organized Delivery System (DMC-ODS) Services, "DHCS removed client plan requirements from SMHS and treatment plan requirements from DMC and DMC-ODS, with the exception of continued requirements...in effect due to applicable federal regulations or guidance." Treatment and Care Planning requirements to continue for Targeted Case Management services and Peer Support services.

MCBH has revised the Clinical Documentation Requirements Policy & Procedure to reflect the new guidance from DHCS.

Proposed Evidence

- MCBH Policy & Procedure, Clinical Documentation Requirements

Finding 8.4.3a

One or more client plan(s) was not completed in accordance with the MHP's initial timeliness standards or updated at least annually. Specifically, an initial Client Plan was completed late based on the MHP's documentation standards of timeliness, of "within 60 days of the date of the client's intake."

Corrective Action Plan

Per Department of Health Care Services (DHCS) Behavioral Health Information Notice (BHIN) 22-019, Documentation Requirements for all Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC), and Drug Medi-Call Organized Delivery System (DMC-ODS) Services, "DHCS removed client plan requirements from SMHS and treatment plan requirements from DMC and DMC-ODS, with the exception of continued requirements...in effect due to applicable federal regulations or guidance." Treatment and Care Planning requirements to continue for Targeted Case Management services and Peer Support services.

MCBH has revised the Clinical Documentation Requirements Policy & Procedure to reflect the new guidance from DHCS.

Proposed Evidence

The proposed evidence of the correction will include:

- MCBH Policy & Procedure, Clinical Documentation Requirements

Finding 8.4.4

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

- One or more proposed intervention did not include an expected frequency or frequency range that was specific enough.
- One or more proposed intervention did not include an expected duration.

Corrective Action Plan

Per Department of Health Care Services (DHCS) Behavioral Health Information Notice (BHIN) 22-019, Documentation Requirements for all Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC), and Drug Medi-Call Organized Delivery System (DMC-ODS) Services, "DHCS removed client plan requirements from SMHS and treatment plan requirements from DMC and DMC-ODS, with the exception of continued requirements...in effect due to applicable federal regulations or guidance." Treatment and Care Planning requirements to continue for Targeted Case Management services and Peer Support services.

MCBH has revised the Clinical Documentation Requirements Policy & Procedure to reflect the new guidance from DHCS.

Progress Notes

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:

- One or more progress note was not completed within the MHP's written timeliness standard of 12 business days after provision of service.
- One or more progress note was missing the provider's professional degree, licensure, or job title.

Corrective Action Plan

MCBH will ensure the timely documentation of all required elements specified in the MHP Contract and in accordance with the MHP's written documentation standards with new trainings provided by the Clinical Supervisor. MCBH's written timeliness standard has changed to a 3-business day standard, and a 24-hour standard for crisis, since the new guidance from DHCS. MCBH's providers will be trained to enter their professional degree, licensure, or job title with their signatures.

Proposed Evidence

The proposed evidence of the correction will include:

- The training agenda
- The PowerPoint slide deck of the training
- The roster of the attendees for the trainings
- MCBH Policy & Procedure, Clinical Documentation Requirements

Ongoing Monitoring

MCBH will ensure the timely documentation of all required elements specified in the MHP Contract and in accordance with the MHP's written documentation standards with MCBH's chart reviews.

Person Responsible

Documentation trainings will be provided by the Clinical Supervisor. Chart reviews will be performed by the Clinical Supervisor and QA Coordinator.

Implementation Timeline

- October 21, 2022 - Due date for the completion of all trainings for all MCBH providers, including contract providers.

Finding 8.5.4

Progress notes were not documented according to the contractual requirements specified in the MHP Contract. Specifically:

- The type of SMHS documented on the progress note was not the same type of SMHS claimed. There were 6 Progress Notes that were described as Plan Development notes but claimed as Targeted Case Management.

- For Mental Health Services claimed, the service activity identified on the progress note was not consistent with the specific activity actually documented in the body of the progress note.

Corrective Action Plan

The claiming error has since been discovered in the current EHR Billing Software (Sharecare) where the service code for Plan Development was erroneously being routed to be claimed as an Assessment Procedure code. MCBH's current EHR contract is currently compiling a report of paid claims for Plan Development for services that occurred in the previous year. Once received, the MCBH Fiscal staff will review, void, and rebill eligible claims for services. The Fiscal and Technical team will review every Service Code that is billable to Medi-Cal in the Fiscal Setup of the EHR and ensure that they are linked to the appropriate Procedure code. This will be tracked on a spreadsheet, and any errors will be recorded. Upon discovery of any error, the Fiscal and Technical team will request a report of erroneously paid claims and rebill eligible claims for services.

Proposed Evidence

The proposed evidence of the correction will include:

- Email correspondence between MCBH Fiscal and Technical staff and the EHR's Support Specialist addressing the correction.
- MCBH spreadsheet of matching Service and Procedure codes reviewed by MCBH.

Ongoing Monitoring

Review of the current EHR's Service and Procedure codes to be conducted annually until the adoption of the new CalMHSA Smartcare EHR.

Person Responsible

The review of the current EHR's Service and Procedure codes for consistency will be conducted by the Fiscal and Technical staff.

Implementation Timeline

- October 21, 2022 - Due date for the correction of previous year's claiming errors as identified during the Triennial Review.
- October 21, 2022 - Due date for the completion of Service and Procedure codes review for consistency