Alameda County Behavioral Health

FY 19/20 Specialty Mental Health Triennial Review

Corrective Action Plan

System Review

Requirement: **Protocol Section A. III. F**

The MHP shall meet, and require its providers to meet, Department standards for timely access to care and services, considering the urgency of need for services (42 C.F.R. §438.206(c)(1)(i).)

In addition, DHCS reviewed the internal compliance data regarding Network Adequacy. The Network Adequacy data indicated that the MHP has a conditional pass on the timelines standard requirements. DHCS deems the MHP out of compliance with the Federal Code of Regulations, title 42,section, 438, subsection 206(c)(1)(i). The MHP must comply with the CAP requirements per Network Adequacy Findings Report addressing this finding of noncompliance.

42 C.F.R. § 438.206(c)(1)(i)

DHCS Finding

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(i). The MHP must meet, and require its providers to meet, Department standards for timely access to care and services, taking into account the urgency of need for services.

The MHP must comply with the CAP requirements per Network Adequacy Findings Report addressing this finding of noncompliance.

Corrective Action Description

Goal (optional):

A) To fully implement TFC services;

B) To screen all Alameda County child and adolescent clients of the MHP for ICC, IHBS, and TFC.

Change: The MHP has established a plan and timeline for implementing TFC and for including screening for ICC, IHBS, and TFC as part of MHP's mental health initial assessment.

Steps to Implement: Finalize training for TFC parents. Implement quarterly training of TFC parents. Finalize TFC daily note. Update Clinician's Gateway assessment to

include ICC, IHBS, and TFC screening. Issue memo requiring subcontractors to update mental health assessments to include ICC, IHBS, and TFC screening. Implement monitoring plan to ensure compliance and achievement of goals.

Plan for Subcontractors (if applicable): Plan for subcontractors is included in the implementation plan.

Proposed Evidence/Documentation of Correction

- Documentation of completed TFC training for TFC parents.
- Documentation (e.g., sign-in sheets, training materials, certification, etc.) for all parents trained in TFC services.
- IPRC TFC approval documents.
- TFC note template approved by the MHP.
- MHP's medical record policy for TFC CBO/parents.
- Updated Clinician's Gateway assessment that includes ICC, IHBS, and TFC.
- Samples of updated assessments from CBOs that do not use Clinician's Gateway.

MHP's training materials on ICC, IHBS, and TFC assessment.

Measures of Effectiveness (if applicable)

On a quarterly basis, the Juvenile Justice/Child and Family Services Health Services Director will receive a report from the TFC CBO on the number of new TFC parents trained including appropriate documentation of said trainings.

On a monthly basis, the Juvenile Justice/Child and Family Services Health Services Director will receive a report from the TFC CBO on the number of TFC parents who are able to receive new children/adolescents.

TFC providers will receive ongoing Technical Assistance support from the MHP's QA department. The provider will be trained to conduct Clinical Quality Review (CQRT) of charts.

The MHP's QA department will review the TFC's CQRT sheets for accuracy and provide individual training and support to the agency based on the review of CQRT.

The MHP's QA department will incorporate into their quarterly audit protocol when reviewing randomly selected child/adolescent beneficiaries to ensure a) screening for ICC, IHBS, and TFC is being conducted during the mental health assessments, and b) youth who require ICC/IHBS/TFC level of care are being referred to these services.

Frequency: Measures will be checked on a monthly and quarterly basis.

Implementation Timeline: January 1, 2021

Requirement: Protocol Section A. III. F

The MHP must provide Therapeutic Foster Care (TFC) services to all children and youth who meet medical necessity criteria for TFC. (Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018). Alameda County Behavioral Health informed DHCS that they are not providing Therapeutic Foster Care at this time. DHCS deems the MHP out of compliance with the Medi-Cal Manual for ICC, IHBS, and TFC for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must complete a CAP addressing this finding of non-compliance.

DHCS Finding

The MHP did not furnish evidence to demonstrate compliance with the Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must have an affirmative responsibility to determine if children and youth meet medical necessity criteria need TFC.

Corrective Action Description

Goal (optional):

A) To fully implement TFC services;

B) To screen all Alameda County child and adolescent clients of the MHP for ICC, IHBS, and TFC.

Change: The MHP has established a plan and timeline for implementing TFC and for including screening for ICC, IHBS, and TFC as part of MHP's mental health initial assessment.

Steps to Implement: Finalize training for TFC parents. Implement quarterly training of TFC parents. Finalize TFC daily note. Update Clinician's Gateway assessment to include ICC, IHBS, and TFC screening. Issue memo requiring subcontractors to update mental health assessments to include ICC, IHBS, and TFC screening. Implement monitoring plan to ensure compliance and achievement of goals.

Plan for Subcontractors (if applicable): Plan for subcontractors is included in the implementation plan.

Proposed Evidence/Documentation of Correction

- Documentation of completed TFC training for TFC parents.
- Documentation (e.g., sign-in sheets, training materials, certification, etc.) for all parents trained in TFC services.

- IPRC TFC approval documents.
- TFC note template approved by the MHP.
- MHP's medical record policy for TFC CBO/parents.
- Updated Clinician's Gateway assessment that includes ICC, IHBS, and TFC.
- Samples of updated assessments from CBOs that do not use Clinician's Gateway.
- MHP's training materials on ICC, IHBS, and TFC assessment.

Measures of Effectiveness (if included)

On a quarterly basis, the Juvenile Justice/Child and Family Services Health Services Director will receive a report from the TFC CBO on the number of new TFC parents trained including appropriate documentation of said trainings.

On a monthly basis, the Juvenile Justice/Child and Family Services Health Services Director will receive a report from the TFC CBO on the number of TFC parents who are able to receive new children/adolescents.

TFC providers will receive ongoing Technical Assistance support from the MHP's QA department. The provider will be trained to conduct Clinical Quality Review (CQRT) of charts. The MHP's QA department will review the TFC's CQRT sheets for accuracy and provide individual training and support to the agency based on the review of CQRT.

The MHP's QA department will incorporate into their quarterly audit protocol when reviewing randomly selected child/adolescent beneficiaries to ensure a) screening for ICC, IHBS, and TFC is being conducted during the mental health assessments, and b) youth who require ICC/IHBS/TFC level of care are being referred to these services.

Frequency: Measures will be checked on a monthly and quarterly basis.

Implementation Timeline: January 1, 2021

Requirement: Protocol Section D. IV. D.

The MHP provider directory must contain the following required elements: (Fed. Code Regs., tit. 42, § 438, subd.10(h)(1)(v), Cal Code Regs., tit. 9, chap. 11, § 1810, subd. 410, MHSUDS, IN, No.18-020). An indication of whether the provider has completed cultural competence training.

Protocol section: FY 19/20 Protocol pg. 71 Section D. IV. D.

DHCS Finding

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(h)(1). The provider directory indicated

that the majority of the providers have not completed cultural competence training. During the on-site review, the MHP stated that providers have completed training, but the data has not been reflected into the current provider directory. MHP is currently updating the provider directory to reflect cultural competence training data. DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(h)(1)(v), California Code of Regulations, title 9, chapter 11, section 1810, subdivision 410, and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-020. The MHP must complete a CAP addressing this finding of non-compliance.(v), California Code of Regulations, title 9, chapter 11, section 1810, subdivision 410, and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-020. The MHP provider directory must contain all the elements required above.

Corrective Action Description

Goal (optional):

- To demonstrate that the MHP provider directory contains the required elements.
- Increase the cultural competence training completion rate for providers.

Change: The MH provider directory contains all required elements and correctly reflects completion or non-completion of cultural competence training.

For information purposes only: (For SUD provider information, the required elements are contained in two separate files. The SUD Provider Directory file contains elements at the Organization level and the Provider Rendering file contains individual practitioners and remaining required elements. The SUD provider information correctly reflects completion or non-completion of cultural competence training).

Steps to Implement:

1. Reinforce CLAS training completion requirements during Spring Provider Presentation in June 2020
2. Regularly share quarterly ACBH CLAS training schedule to SUD and MH providers.
3. Convene a workgroup to develop monitoring of training.
4. Address non- compliance issues in accordance with ACBH Policy and Procedure #1302-1-1 Contract Compliance and Sanctions for ACBH Contracted Providers.

Plan for Subcontractors (if applicable): Ensure compliance with all training and related reporting requirements.

Proposed Evidence/Documentation of Correction

Contracts Unit Spring Provider Presentation (slide 9); audio/video presentation posted here: http://www.acbhcs.org/p roviders/network/whats_ new.htm

Measures of Effectiveness (if included)

Regularly review progress of proposed steps to implement during workgroup meetings

Frequency: Monthly

Implementation Timeline: June 30, 2021

Requirement: Protocol Section D. VI. 1-4

Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number: (Cal. Code Regs., tit. 9, chap. 11, § 1810, subd. 405(d) and 410(e)(1).) The toll-free telephone number provides 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. The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition.

The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes

DHCS Finding

The calls are deemed **out of compliance** with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

Corrective Action Description

Goal (optional): All calls to ACBH ACCESS 24/7 toll free phone number will 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, provide information to beneficiaries about services needed to treat a beneficiary's urgent condition, and provide information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.

Change: Please see attached documents:

ACBH – ACCESS Program

- Plan of Corrections for DHCS 2020 Triennial Audit
- ACCESS Protocol Script
- Reduce Wait Times and Abandoned Calls

Steps to Implement:

- The ACCESS POC has been discussed with staff, and will be reviewed on a quarterly basis during the adult and child weekly team meetings. Per staff requests, ACCESS supervisors will go over and discuss all of the DHCS test calls at a team meeting by 6/26/20.
- ACCESS Protocol script will be reviewed with staff by 6/30/20 and implemented immediately.
- Increased wait times and abandoned calls will be discussed with staff as they occur and supervisors will solicit their thoughts on what they think is causing the issue.

Plan for Subcontractors (if applicable): Crisis Support Services (CSS) of Alameda County is the after-hours provider for the ACCESS 24/7 toll- free telephone number. The ACCESS Division Director will share and review this Corrective Action Plan and corresponding documents with the Crisis Line Program Director. Attached you will also find the following documents from Crisis Support Services:

- CSS Plan of Corrections February 2020

County NightWatch Training 2/2020

Proposed Evidence/Documentation of Correction

Evidence of successful correction will be verified by monthly test calls made by the ACBH Q.A. department to ACCESS and Crisis Support Services of Alameda County (our after-hours provider).

Test calls reviewed by the ACCESS Division Director and the quarterly test call reports that Q.A. sends to DHCS includes all relevant items in this Corrective Action Plan: Does the 24/7 Statewide Toll- Free Access Line provide:

1. Language capability in all languages (NON-ENGLISH) spoken by beneficiaries of the County?
2. Information about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met?

(e.g. directing the caller where they can obtain a clinical assessment, providing clinic locations and hours of operation, information about walk-in services, etc.)

3. Information about services needed to treat a beneficiary's urgent condition? (e.g. crisis services)
4. Information about how to use the beneficiary problem resolution and fair hearing process?

Does the written log of the initial requests for specialty mental health services include:

5. Name of the beneficiary?
6. Date of the request?
7. Initial disposition of the request (e.g. caller provided with clinic hours/location, beneficiary scheduled for assessment with [Provider] at [Date/time], warm hand off to 24-hour Crisis Clinician, etc.)?

Measures of Effectiveness (if included)

The test calls Q.A. makes to ACCESS and our after- hours provider will inform us of the percentage of calls made each month with all required elements present. We will also continue to monitor call logs to determine if staff are following the ACCESS Protocol Script. Finally, per our Plan of Corrections, ACCESS supervisors will review with staff all requirements of the statewide 24/7 toll- free number on a quarterly basis and develop a Corrective Plan of Action for individual staff with repeated incidents of not meeting all required elements for every behavioral health related call.

Frequency: Monthly for test calls, script, and corrective plans of action. Quarterly review with clinicians of all requirements of the statewide 24/7 toll-free number.

Implementation Timeline: 80% compliance of goal by 9/1/20. 90% compliance of goal by 11/1/20. 100% compliance of goal by 1/1/21.

Requirement: Protocol Section D. VI. C. 1-2

The MHP must maintain a written log(s) of initial requests for SMHS that include requests made by phone, in person, or in writing. (Cal. Code Regs., tit. 9, chap.11, sect. 1810, subd.405(f). The written log(s) contain the following required elements:

-Name of the beneficiary

-Date of the request

-Initial disposition of the request.

DHCS Finding

The MHP did not furnish evidence to demonstrate compliance with California Code for Regulations, title 9, chapter 11, section 1810, subdivision 405(f). The MHP must maintain a written log(s) of initial requests for SMHS that include requests made by phone, in person, or in writing. The written log(s) must contain name of the beneficiary, date of the request, and initial disposition of the request.

Corrective Action Description

Goal (optional):

ACBH ACCESS will maintain a written log(s) of initial requests for SMHS that include requests made by phone, in person, or in writing.

The written log(s) will contain the following required elements: Name of the beneficiary

Date of the request

Initial disposition of the request.

Change:

Please see attached documents:

ACBH – ACCESS Program

- Plan of Corrections for DHCS 2020 Triennial Audit
- ACCESS Protocol Script
- Reduce Wait Times and Abandoned Calls

Steps to Implement:

- The ACCESS POC has been discussed with staff, and will be reviewed on a quarterly basis during the adult and child weekly team meetings. Per staff requests, ACCESS supervisors will go over and discuss all of the DHCS test calls at a team meeting by 6/26/20.
- ACCESS Protocol Script will be reviewed with staff by 6/30/20 and implemented immediately.

Increased wait times and abandoned calls will be discussed with staff as they occur and supervisors will solicit their thoughts on what they think is causing the issue.

Plan for Subcontractors (if applicable):

Crisis Support Services (CSS) of Alameda County is the after- hours provider for the ACCESS 24/7 toll- free telephone number. The ACCESS Division Director will share and review this Corrective Action Plan and corresponding documents with the Crisis Line Program Director. Attached you will also find the following documents from Crisis Support Services:

- CSS Plan of Corrections February 2020
- County NightWatch Training 2/2020

Proposed Evidence/Documentation of Correction

Evidence of successful correction will be verified by monthly test calls made by the ACBH Q.A. department to ACCESS and Crisis Support Services of Alameda county (our after-hours provider). Test calls reviewed by the ACCESS Division Director and the quarterly test call reports that Q.A. sends to DHCS includes all relevant items in this Corrective Action Plan:

Does the 24/7 Statewide Toll- Free Access Line provide:

1. Language capability in all languages (NON-ENGLISH) spoken by beneficiaries of the County?
2. Information about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met?

(e.g. directing the caller where they can obtain a clinical assessment, providing clinic locations and hours of operation, information about walk-in services, etc.)

3. Information about services needed to treat a beneficiary's urgent condition?

(e.g. crisis services)

4. Information about how to use the beneficiary problem resolution and fair hearing process?

Does the written log of the initial requests for specialty mental health services include:

5. Name of the beneficiary?
6. Date of the request?
7. Initial disposition of the request (e.g. caller provided with clinic hours/location, beneficiary scheduled for assessment with [Provider] at [Date/time], warm hand off to 24-hour Crisis Clinician, etc.)?

Measures of Effectiveness (if included)

The test calls Q.A. makes to ACCESS and our after-hours provider will inform us of the percentage of calls made each month with all required elements present. We will also continue to monitor call logs to determine if staff are following the ACCESS Protocol Script. Finally, per our Plan of Corrections, ACCESS supervisors will review with staff all requirements of the statewide 24/7 toll-free number on a quarterly basis and develop a Corrective Plan of Action for individual staff with repeated incidents of not meeting all required elements for every behavioral health related call.

Frequency: Monthly for test calls, script, and corrective plans of action. Quarterly review with clinicians of all requirements of the statewide 24/7 toll- free number.

Implementation Timeline: 80% compliance of goal by 9/1/20. 90% compliance of goal by 11/1/20. 100% compliance of goal by 1/1/21.

Requirement: Protocol Section E. II. G. 2

MHPs must review and make a decision regarding a provider’s request for prior authorization as expeditiously as the beneficiary’s mental health condition requires, and not to exceed five (5) business days from the MHP’s receipt of the information reasonably necessary and requested by the MHP to make the determination.

DHCS Finding

The MHP did not furnish evidence to demonstrate compliance with this survey item requirement.

Corrective Action Description

Goal (optional): The MHP will review and make a decision regarding prior authorization to a provider within five (5) business days from the MHP's receipt of documentation needed for the determination.

Change: The ACBH Policy and Procedures: "Authorization of Specialty Mental Health Services" on page three (3) under the "Prior Authorization or MHP Referral" subsection will state the five (5) business day requirement for all prior authorizations or MHP referrals

- Steps to Implement: The ACBH Policy and Procedures: "Authorization of Specialty Mental Health Services" was reviewed by the ACBH Quality Improvement Committee (QIC) which included ACBH stakeholders providing feedback for completion of the draft.
- The draft Policy and Procedures for "Authorization of Specialty Mental Health Services" was presented and approved at the June 22, 2020 ACBH QIC meeting.

The finalized Policy and Procedures for "Authorization of Specialty Mental Health Services" is enclosed and signed by ACBH Director, Dr. Karyn Tribble.

Plan for Subcontractors (if applicable): N/A

Proposed Evidence/Documentation of Correction

DHCS system reviews will see 100% compliance with five (5) business day response when reviewing a sample of prior authorization requests. The ACBH Utilization Management program will continue a three (3) business day internal UM guideline for response time for prior authorization requests to ensure the five (day) business day is met consistently. The UM management team will conduct quarterly system reviews (January/April/July/October) of UM prior authorization response times using the UM administrative documents received logs. If discrepancies are found, additional training and review of prior authorization standards will be conducted for the Utilization Management administrative and clinical staffs during a weekly UM staff meeting.

Measures of Effectiveness (if included)

The UM management team (Director and two Supervisors) will conduct quarterly system reviews (January/April/July/October) of UM prior authorization response times using the UM administrative documents received logs to maintain a 95% or greater success rate.

Frequency: Quarterly system reviews will be completed by the UM Management on a quarterly basis (January/April/July/October).

Implementation Timeline: “Authorization of Specialty Mental Health Services” Policy and Procedure finalized and signed by ACBH Director on 6/25/20.

Requirement: Protocol Section G. I. B. 4

MHP contract, exhibit A, attached 13, and Federal Code of Regulations, title 42, section 438, subdivision 608(a)(1).

DHCS Finding

MHP did not have evidence of tracking and monitoring compliance training for the subcontracted providers.

Corrective Action Description

Goal (optional):

Change: The County of Alameda has recently procured an Enterprise- wide Learning Management System (LMS), which promises to deliver a modern, engaging and trackable learning experience for end users. This LMS platform will also be available to our contractors.

Steps to Implement: The County go-live date is June 30, 2020.

Plan for Subcontractors (if applicable): All Behavioral Health Contractors will have access to LMS by December 2020. Trainings will be identified as required and optional. All required trainings will be tracked and monitored for completion.

Proposed Evidence/Documentation of Correction

Please see attached PowerPoint presentation on our new LMS platform.

Measures of Effectiveness (if included)

Measure(s) of Effectiveness:

# of staff completed training # of CBOs completed training

# of staff and CBOs completed training within the allotted timeframe

Frequency: Annual reports for compliance training requirements

Implementation Timeline: We anticipate rolling out new trainings to all County staff and CBOs by February 2021. All required trainings will be tracked and monitored for completion. Training report will be generated by May 2021.

Requirement: Protocol Section H. B. 2

The MHP shall allow such inspection, evaluation and audit of its records, documents and facilities, and those of its subcontractors, for 10 years from the term end date of this Contract or in the event the Contractor has been notified that an audit or investigation of this Contract has been commenced, until such time as the matter under audit or investigation has been resolved, including the exhaustion of all legal remedies, whichever is later. (MHP contract, Ex. E; Fed. Code Regs., tit. 42, § 438, subd. 3(h) and 230(c)(3)(i-iii).)

DHCS Finding

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit E, and Federal Code of Regulations title 42, section 438, subdivision 3(h) and 230(c)(3)(i-iii). The MHP, and subcontractors, must allow the Department, CMS, the Office of the Inspector General, the Comptroller General of the United States, and other authorized federal and state agencies, or their duly authorized designees, to evaluate Contractor's, and subcontractors', performance under this contract, including the quality, appropriateness, and timeliness of services provided, and to inspect, evaluate, and audit any and all records, documents, and the premises, equipment and facilities maintained by the Contractor and its subcontractors pertaining to such services at any time. Also the MHP must allow such inspection, evaluation and audit of its records, documents and facilities, and those of its subcontractors, for 10 years from the term end date of this Contract or in the event the Contractor has been notified that an audit or investigation of this Contract has been commenced, until such time as the matter under audit or investigation has been resolved, including the exhaustion of all legal remedies, whichever is later. Alameda County Behavioral Health Boilerplate for FY 2018-2019 addresses the 10 years. However, the MHP did not submit an amendment or addendum to correct the required timeframe from three (3) years to 10 years for three contracts executed in 2016 (MSI System Corp, Power Personnel, Inc., LocumTenens.com).DHCS deems the MHP out of compliance with the MHP contract, exhibit E, and Federal Code of Regulations title 42, section 438, subdivision 3(h) and 230(c)(3)(i-iii). The MHP must complete a CAP addressing this finding of non- compliance.

Corrective Action Description

Goal (optional): Enhance clarity about current requirements in these areas across the system.

Change/Steps to Implement/Plan for Subcontractors: Update applicable language in the contract boilerplate by June 15, 2020 and update the ACBH Records Retention Policy and Procedure by September 15, 2020. The updated ACBH Records Retention Policy and Procedure will include the plan for providers/contractors.

Proposed Evidence/Documentation of Correction

Contract Boilerplate Language has been updated in the Exhibit A-1 (excerpt below, full text on our website at: http://www.acbhcs.org/providers/network/forms.htm#contract.) ACBH, the Department of Health Care Services (DHCS), or any other applicable regulatory body has the right at all reasonable times to inspect or otherwise evaluate the work performed or being performed pursuant to this Agreement including premises in which it is being performed. If an inspection or evaluation is made of the premises of Contractor, Contractor shall provide all reasonable facilities and assistance for the safety and convenience of the authorized representative in performance of their duties.

Contractor shall cooperate with ACBH in any review and/or audit initiated by ACBH, DHCS, or any other applicable regulatory body. This cooperation may include such activities as onsite program, fiscal, or chart reviews and/or audits. In addition, Contractors shall comply with all requests for any documentation or files including, but not limited to, client and personnel files.

Contractor shall allow inspection, evaluation and audit of its records, documents and facilities for 10 years from the term end date of this contract or in the event Contractor has been notified that an audit or investigation of this contract has been commenced, until such time as the matter under audit or investigation has been resolved, including the exhaustion of all legal remedies, whichever is later pursuant to Federal Code of Regulations Title 42, § 438, subdivision 3(h) and 230(c)(3)(i-iii).

ACBH Records Retention Policy and Procedure to be updated by September 15, 2020. See Draft Policy and Procedure document: Section H.B.2 - ACBH Record and Data Retention Schedule 2019

Measures of Effectiveness (if included)

Measure(s) of Effectiveness/Frequency: QA Department will convene stakeholder workgroup to support ACBH Departments with creating an internal policy for their types of records (based on Section H.B.2 - 2018 Record and Data Retention Schedule).

Each department manager will be responsible for reviewing the most current California Hospital Association (CHA) record and data retention recommendation s (as listed in Section H.B.2 - 2018 Record and Data Retention Schedule) and for determining their appropriateness for each type of record/data under their jurisdiction. In reviewing the retention periods, the manager will consider the need to support patient care; management of the organization; the information's use for legal purposes, research and education; the need to conform to applicable law and regulation; and storage costs.

Implementation plan for all departments to have a Record Retention and Storage Policy and Procedure for their type(s) of record finalized by June 30, 2021.

Implementation Timeline: Update applicable language in the contract boilerplate by June 15, 2020 and update the ACBH Records Retention Policy and Procedure by September 15, 2020.

Chart Review

Requirement (1)

Interventions are reasonably likely to result in at least one of the following: a) significantly diminish the impairment; b) prevent deterioration in an important area of life functioning; allow the child to progress developmentally; c) correct or ameliorate the mental health condition of a beneficiary who is under age 21.

Citations: CCR, title 9, § 1830.205 (b)(3)(B)(1-4).)

DHCS Finding 1A-3b: Line #4 RR15b

The MHP did not submit documentation that a valid service was provided to, or on behalf of, the beneficiary:

b) Service provided did not meet the applicable definition of a SMHS.

Per Note: "Partner unavailable … will continue attempts via text, call or in person."

Corrective Action Description

Goal (optional): Improve provider understanding/knowledge of non-billable activities. Eliminate instances of claiming for attempts to contact a client that do not result in client contact and corresponding specialty mental health Interventions.

Target Audience (if applicable): All Specialty Mental Health Providers in the MHP System of Care

Change: Create QA/Documentation training for the MHP system of care that highlights specific issues identified in the Triennial Audit. The trainings will include guidance on billable vs. non-billable activities such as leaving voice or text messages. This training will be available on-line for all Specialty Mental Health Providers. Monitoring for non-billable activities such as leaving voice messages is an item on the Clinical Quality Review Team (CQRT) sheet that providers use when reviewing beneficiary charts at the time of Treatment Plan completion. This item will be highlighted and emphasized as a critical review item during CQRT. Update the MHP's documentation training (section on Case Management) so that providers know when it is important to document attempts to contact clients (and other non-billable activities), and how to document this information as non- billable notes. As part of the 2021 and 2022 regularly scheduled System of Care audits, the MHP will request CQRT sheets from providers to assure they are using new CQRT forms and checking for items.

Implementation Steps:

1.) The following tools/documents will be updated to include no claiming for clerical activities such as leaving or listening to voice mail, texts or emails:

a.) ACBH SMHS Clinical Documentation Standards Policy & Procedure Manual.

b.) The ACBH QA MH CQRT form.

2.) Create QA/Documentation training for the MHP system of care that highlights specific issues identified in the Triennial Audit. This will include a training on non-billable activities including clerical activities such as leaving voice or text messages. This training will be available on-line for all Specialty Mental Health Providers.

3.) Monitoring for non- billable activities such as leaving voice messages is an item on the Clinical Quality Review Team (CQRT) sheet that providers use when reviewing beneficiary charts at the time of Treatment Plan completion. This item will be highlighted and emphasized as a critical review item during CQRT.

4.) Update the MHP's documentation training (section on Case Management) so that providers know when it is important to document attempts to contact clients (and other non-billable activities), and how to do informational/non- billable notes.

5.) As part of the 2021 and 2022 regularly scheduled System of Care audits, the MHP will request CQRT sheets from providers to assure they are using new CQRT forms and checking for items.

Plan for Subcontractors: Subcontractors will attend (or watch online) newly developed trainings. Subcontractors will need to train their Clinical staff that participate in their internal CQRT process to review progress notes for non-billable activities such as leaving messages.

Proposed Evidence/Documentation of Correction

New training materials and link to online trainings will be submitted. Updated CQRT forms, policy, and manual will be submitted. Updated/new PowerPoint slides that address this issue will be submitted. Updated MHP system of care audit protocol will be available beginning Q2 2021. MHP system of care audit results (including CQRT review) will be completed by Q4 2021.

Measures of Effectiveness (if included)

Increase in provider knowledge about non- billable activities. Use of updated CQRT sheets by providers to monitor for this specific non-billable issue. The 2022 MHP internal system of care audit evidence that non- billable activities (such as leaving voice messages) are not being claimed. (Note: The 2021 system of care audit will look at claims submitted in the 2020 calendar year and providers will not yet have received trainings or implemented changes to their claiming and documentation system; therefore, evidence of change will not be detectable until the 2022 audit.)

Frequency: Trainings on corresponding issues will be provided in a live or Tele-work environment at least once. All trainings will be posted online for providers to watch at any time. Internal system of care audits occur 1x per year.

Implementation Timeline: Development of the training will begin July 31st 2020 and be completed by October 31st 2020. Training will be posted online by November 30st 2020. Updating of CQRT forms and CQRT training manual will begin July 31st 2020 and will be presented to the Quality Improvement Committee for comment in September/October 2020. Updating of CQRT policy and manual will occur in October 2020. Posting of new CQRT forms and Manual will occur in November 2020. Live and online trainings for CQRT will occur in December 2020. Updates to the regular Medi-Cal documentation training will begin July 31st 2020 and be completed by October 31st 2020. Medi-Cal documentation training will be posted online by November 30st 2020. The 2021 MHP internal system of care audit protocol will be updated in the first quarter of 2021 to incorporate CQRT request/review. The 2021 system of care audit is slated to begin Q2 2021.

Requirement (2)

The MHP shall submit a CAP that describes how the MHP will ensure that: Services provided and claimed are not solely transportation, clerical or payee related.

Citation(s): CCR, title 9, sections 1810.247, 1810.345(a), 1810.335(a)(2), 1830.205(b)(3), and MHSUDS IN. NO. 18-054, Enclosure 4.

DHCS Finding 1A-3b1: Line 20 RR11f

The service provided was solely for one of the following: Clerical. Intervention solely clerical: "Called back Teen Clinic … informing them that patient's labs were never received. Message left requesting labs be refaxed."

Corrective Action Description

Goal (optional):

Target Audience (if applicable): All Specialty Mental Health Providers in the MHP System of Care that provide medication services

Change: After looking at the service in question, there seems to be confusion about Medication Training and Support Interventions and what is a billable service (such as faxing medication orders to pharmacies) and non- billable such as leaving voice messages for the purpose of requesting records for medical review. There also seems to be confusion regarding when to use E/M codes vs. Medication Training and support code. The MHP Quality Assurance department will develop a training for medical providers emphasizing what type of interventions are non-billable. The MHP does not want to reduce coordination between medical providers so the training will also focus on methods to maintain coordination and overcome barriers to coordination of care. The training will also clarify what services should be claimed as Medication Training and Support vs. E/M Codes.

Steps to Implement: Create QA/Documentation training for the MHP system of care that highlights specific issues identified in the Triennial Audit. This training will include a training on non-billable activities including clerical activities such as leaving voice or text messages. This training will be available on-line.

Plan for Subcontractors: Subcontractors will attend (or watch online) newly developed trainings.

Proposed Evidence/Documentation of Correction

New training materials and all links to online training will be submitted.

Measures of Effectiveness (if included)

Increase in provider knowledge about non- billable activities. Claims for non-billable activities will cease as evidenced by chart review during the MHP's regularly scheduled 2021/2022 system of care audits.

Frequency: Trainings on corresponding issues will be provided in a live or Tele-work environment at least once. All trainings will be posted online for providers to watch at any time. Internal system of care audits occur 1x per year.

Implementation Timeline: Development of the training will begin July 31st 2020 and be completed by October 31st 2020. Training will be posted online by November 30st 2020.

Requirement (3)

The MHP must establish written standards for (1) timeliness and (2) frequency of the Assessment documentation.

Citation(s): (MHP Contract, Ex. A, Att. 9)

DHCS Finding 2A: Line 1

Assessments were not completed in accordance with regulatory and contractual requirements, specifically: One (1) assessment was not completed within the MHP's initial assessment timeliness standard of no more than 60 days after the beneficiary's Episode Opening Date (i.e., the date of first face-to-face kept appointment). Specifically: Line number 1. The beneficiary's Episode Opening Date was 10/4/2018, while the Initial Assessment was not completed until 12/18/2018 with no documentation of why the completion date was 15 days late.

Corrective Action Description

Goal (optional): Assure that Specialty Mental Health Assessments are completed within timeliness standards or if timeliness standards for the completion of the assessment cannot be met, there is documentation in the medical record as to what barriers

prevented the assessment being completed. The medical record will also include the clinician's plan to overcome barriers to complete the assessment in the future (including timeframe.)

Target Audience (if applicable): All Specialty Mental Health Providers in the MHP System of Care.

Change: Alameda County MHP implemented timeliness monitoring for first appointments and assessment completion in the summer of 2019. Data indicating our compliance rates over the past year was just reported in June 2020. Specific programs that are not meeting timeliness standards (including the completion of assessments) will be informed, provided with additional technical assistance from the Information system and Quality Assurance department to overcome barriers to either completing assessments per timeliness requirements or reporting (and documenting) barriers that prevented the completion of assessments. Alameda County MHP is experiencing a significant turnover rate of staff at Community Based Organizations (subcontractors). Providers are reporting that knowledge of how to access, read, and understand data reports that inform providers of upcoming assessment completion due dates have been lost. The MHP will develop an online training to describe the various reports, how they are used, and how they can prevent late assessments.

Steps to Implement: Information Systems and Quality assurance department will inform each provider of their timeliness compliance rates and then assess barriers or need for additional training. Information Systems and Quality assurance department will develop a training based on the needs identified above, then provide, and post the training online. This training will contain information on how to access, understand, and use INSYST reports.

Plan for Subcontractors: Subcontractors will attend (or watch online) newly developed trainings. Contractors identified as either not completing assessments on time, not reporting timeliness data accurately or in a timely fashion will be required to attend the training. Providers that continue to have difficulty adhering to timeliness standards will need to complete a plan of correction.

Proposed Evidence/Documentation of Correction

Report of Timeliness Monitoring and rates of compliance with assessment completion. Training Materials. Provider participation attendance. Link to online posted training.

Measures of Effectiveness (if included)

Rates of Timeliness reporting and compliance will increase as evidenced by statistical reports. System of care audits will show an increase in the timely completion of a beneficiary's mental health assessment and a decrease of any barriers that prevented the completion of assessments in a timely fashion.

Frequency: MHP Information Systems department will run quarterly reports on Timeliness no later than November 31, 2020. Live or tele-training will be held once but available online for providers any time. At least annually, the 2020, 2021, 2022 regularly scheduled system of care audits will monitor for compliance with this requirement.

Implementation Timeline: Providers will be informed of their timeliness compliance rates by October 31st, 2020. Technical assistance by the QA and IS department is available immediately. Development of training on INSYST reports will begin July 31st and be completed by October 31st, 2020. A live or online interactive training will be provided to the system of care by November 30th 2020. The training will be recorded and available online by November 30th, 2020.

Requirement (4)

All entries in the beneficiary record (i.e., Assessments) include: 1) Date of service. 2) The signature of the person providing the service (or electronic equivalent). 3) The person's type of professional degree, licensure, or job title. 4) Relevant identification number (e.g., NPI number), if applicable. 5) The date the documentation was entered in the medical record.

Citation(s): (MHP Contract, Ex. A, Att. 9) (CCR, title 9, § 1840.314(e); CCR, title 9, § 1810.440(c).); State Plan, Supplement 3, Attachment 3. 1- A, pp. 2m-p, MHSUDS IN No. 17-040

DHCS Finding 2C: Line 7 RR 4b

One (1) assessment was completed and signed (or electronic equivalent) by a provider whose scope of practice does not include mental health diagnosis determination or Mental Status Examinations. Specifically: Line number 7. A Registered Pharmacist completed all elements of an Assessment on 5/17/2018. The Assessment included determining a diagnosis and performing a Mental Status Examination. While a Nurse Practitioner did co-sign the Assessment, the beneficiary was not actually seen and interviewed by the Nurse Practitioner.

Corrective Action Description

Goal (optional):

Target Audience (if applicable): Providers that have Registered Pharmacists on staff and providers that provide medication services and are considering employing registered Pharmacists in the future.

Change: All ACBH provider trainings, documents and tools will be updated to include this scope of practice restriction for Clinical Pharmacists

Steps to Implement:

1.) Create QA/Documentation training for the MHP system of care that highlights each of the clinical documentation issues identified in the Triennial Audit. This will include training on clinical pharmacist non-allowable activities (diagnosing with MSE) and co-signature requirements when creating the Client Plan.

2.) A provider memo will be sent out to all providers (MH and SUD) who utilize, or are considering utilizing, registered Pharmacists. The memo will clearly indicate that per the ACBH Scope of Practice document and ACBH Clinical Documentation Manual that registered Pharmacist may not diagnose or perform the Mental Status Exam (MSE) to determine the diagnosis. It must be clearly indicated in the Mental Health Assessment that the Licensed LPHA (non- pharmacist) completed the diagnosis and MSE. As well, the Licensed LPHA who diagnosed and completed the MSE must create a Progress Note in the client's medical record substantiating this.

3.) Additionally, the ACBH QA "Train the Trainer" Training of Clinical Documentation Requirements will be updated to include this requirement.

4.) The ACBH QA MH CQRT tool and ACBH Audit tool will be updated and utilized to verify that this requirement is met.

Plan for Subcontractors: Subcontractors will attend (or watch online) newly developed trainings. All ACBH County Clinics and contractors will be informed of these requirements (per above) and be held accountable during ACBH QA Audits. All updated documents and tools described above will be distributed system-wide across all MH and SUD programs.

Proposed Evidence/Documentation of Correction

All updated trainings, documents and forms (steps 1 – 4) will be released by the completion date and meet the evidence of correction indicated that Clinical Pharmacists may not diagnose or complete the MSE for diagnostic purposes.

Measures of Effectiveness (if included)

All providers in the system of care will no longer use Registered Pharmacists to diagnose clients. All beneficiaries will receive an assessment and diagnosis by a clinician with the scope of practice to do so. Regularly scheduled 2021 and 2022 MHP system of care audits will show that no diagnosis were made by Registered Pharmacists.

Frequency: Updated forms and trainings will be available online, by October 31, 2020. Provider trainings to be offered (online or in person) by November 30, 2020. At least annually, the 2020, 2021, 2022 regularly scheduled system of care audits will monitor for compliance with this requirement.

Implementation Timeline: All trainings, tools and forms to be changed will be updated and posted by October 31, 2020. All trainings will be conducted in- person or be available online by November 30, 2020. A Provider Memo will be sent out in August

2020 to all providers that have Registered Pharmacists on staff and Providers that provide medication services and are considering employing registered Pharmacists in the future. 2021 MHP internal system of care audit protocol will be updated in first quarter of 2021 to incorporate CQRT request/review. The 2021 system of care audit is slated to begin Q2 2021.

Requirement (5)

The provider obtains and retains a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication.

Citation(s): (MHP Contract, Ex. A., Att.9)

DHCS Finding 3A: Line 10

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: Line number 10. Two (2) medication consent forms, completed on 12/19/2018 and 12/20/2018, were not signed by the beneficiary.

Corrective Action Description

Goal (optional):

Target Audience (if applicable): All providers that provide and claim for medication services.

Changes: Medical providers have given feedback to the MHP that it is difficult for them to attend all day MHP documentation trainings and need specific training relevant to medication services which are short and available online. The QA department will partner with the MHP medical director to produce a special training for medication prescribers in the system. This training will include strategies for overcoming barriers of explaining side effects to clients, attempting to get signatures on medication consent forms, and documenting in a chart when a client refuses or is unavailable to sign.

This training will also address the COVID-19 shelter in place situation and how to document client unavailability. MHP will update Clinical Quality Review Team (CQRT) forms and highlight the requirement for providers to check that there is a medication consent signed for each prescribed medication or documentation of refusal or unavailability.

Steps to Implement:

1.) Create QA/Documentation training for the MHP system of care that highlights each of the clinical documentation issues identified in the Triennial Audit. There will be training on required client signatures on medication consents.

2.) The ACBH QA "Train the Trainer" Training of Clinical Documentation Requirements will be updated to highlight this requirement and utilized in all subsequent Provider trainings

3.) The ACBH Auditing Tool Quality Review Items utilized in QA Audits will be updated to check for the client signature on Medication consents.

Plan for Subcontractors: Subcontractors will attend (or watch online) newly developed trainings. All ACBH County Clinics and contractors will be reminded of these requirements (per above) and be held accountable during ACBH QA Audits. All updated documents and tools described above will be distributed system wide across all MH and SUD programs.

Proposed Evidence/Documentation of Correction

The revised trainings and auditing tool will clearly highlight the compliance requirements for medication consent, including that the provider obtains and retains a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication.

Measures of Effectiveness (if included)

Medical providers in the system of care will have better access to trainings that are specifically relevant to documentation requirements for services that they provide. These trainings should ensure that Beneficiaries will always receive an explanation of what is in a medication consent form and a signature demonstrating consent obtained (if possible). If a signature cannot be obtained, due to refusal or unavailability, the details of this will be documented in the beneficiary's medical record. Regularly scheduled 2021 and 2022 MHP system of care audits will show that there is a signed medication consent that is valid for each medication prescribed.

Frequency: One-time update of trainings and forms, by October 31, 2020. One-time provision of updated training (in- person or posted online) by November 30, 2020. At least annually, the 2020, 2021, 2022 regularly scheduled system of care audits will monitor for compliance with this requirement.

Implementation Timeline: Implementation (updates to training, documents and forms) of Steps 1 – 3 will be completed by October 31, 2020. 2021 MHP internal system of care audit protocol will be updated in first quarter of 2021 to incorporate CQRT request/review when non- compliance rates are high. The 2021 system of care audit is slated to begin Q2 2021.

Requirement (6)

Written medication consents shall include, but not be limited to, the following required elements:

1) The reasons for taking such medications. [Requirement Text, and citation if included]

2) Reasonable alternative treatments available, if any.

3) Type of medication.

4) Range of frequency (of administration).

5) Dosage.

6) Method of administration.

7) Duration of taking the medication.

8) Probable side effects.

9) Possible side effects if taken longer than 3 months.

10) Consent once given may be withdrawn at any time.

Citation(s): MHP Contract, Ex. A, Att. 9

DHCS Finding 3B: Line 3, 14, 20, Line 6, 20, Line 3,6,20, Line 14, 20, Line 20, Line 20

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: Reasonable alternative treatments available: Line numbers 3, 14 and 20. Range of Frequency: Line numbers 6 and 20. Method of administration (oral or injection): Line numbers 3, 6 and 20. Duration of taking each medication: Line numbers 14 and 20. Probable side effects: Line number 20. Possible side effects if taken longer than 3 months: Line number 20.

Corrective Action Description

Goal (optional):

Target Audience (if applicable): All providers that provide and claim for medication services.

Changes: The Quality Assurance department in collaboration with the Medical Director will release a memo to all providers that provide and claim for medication services to immediately review their medication consent forms to ensure that they meet Medi-Cal

requirements. A copy of a medication consent form that does meet requirements will be disseminated to providers to use as an example for which they may reference.

Steps to Implement: Create QA/Documentation training for the MHP system of care that highlights each of the clinical documentation issues identified in the Triennial Audit. This training will include the 10 required elements on medication consents.

Plan for Subcontractors: All providers that provide and claim for medication services will send to the MHP Quality Assurance department a copy of the medication consent forms that the agency uses. The Quality Assurance department will verify that these forms meet Medi-Cal requirements. Any provider that is found to be using a non- compliant form will be required to update their form.

Proposed Evidence/Documentation of Correction

The revised ACBH QA "Train the Trainer" Training of Clinical Documentation Requirements training will clearly highlight the compliance requirements for medication consents including (but not limited to):

1) The reasons for taking such medications.
2) Reasonable alternative treatments available, if any.
3) Type of medication.
4) Range of frequency of administration.
5) Dosage.
6) Method of administration.
7) Duration of taking the medication.
8) Probable side effects.
9) Possible side effects if taken longer than 3 months.
10) Consent once given may be withdrawn at any time.

A copy of each agency's/provider's Medi-Cal compliant medication consent form will be available.

Measures of Effectiveness (if included)

All providers in the system of care that offer medication services will update their medication consent forms if they are out of compliance. Regularly scheduled 2021 and 2022 MHP system of care audit results will show that providers are using compliant medication consent forms and that if a client refuses or is unavailable to sign the medication consent form that there is documentation in the medical record explaining the situation.

Frequency: One-time implementation (update to trainings and forms) of Steps 1 – 3 will be completed and posted online by October 31, 2020. One-time review of each agency's medication consent forms for compliance will occur in the 2020 year. Updated trainings will be provided (in-person or online recording), by November 30, 2020. At least annually, the 2020, 2021, 2022 regularly scheduled system of care audits will monitor for compliance with this requirement.

Implementation Timeline: A memo will be drafted and sent to providers by August 31st 2020. Implementation (update to trainings and forms) of Steps 1 – 3 will be completed and posted online by October 31, 2020. The updated trainings will be provided (in-person or online recording), by November 30, 2020. Providers will send a copy of their medication consent form to the MHP Quality Assessment department by October 31st 2020. Any provider using a form that is out of compliance must update and use their form by December 31st 2021.

Requirement (7)

All entries in the beneficiary record (i.e., Medication Consents) include:

1) Date of service.
2) Signature of the person providing the service (or electronic equivalent).
3) The person's type of professional degree, licensure, or job title of the person providing the service.
4) Relevant identification number (e.g., NPI number), if applicable.
5) Date the documentation was entered in the medical record.

Citation(s): MHP Contract, Ex. A, Att. 9

DHCS Finding 3C: Line 2

One Medication Consent, completed on 2/22/2019, did not include the provider's profession al degree, licensure or job title: Line number 2.

Corrective Action Description

Goal (optional):

Target Audience (if applicable): All providers that provide and claim for medication services.

Changes: Finding 3B will address that each provider that provides medication services will use a medication consent form that meets Medi- Cal requirements. A memo will be sent to all providers that provide and claim for medication services that use electronic health records will need to make sure that any electronic signature includes the

provider's professional degree licensure or job title. Providers that use paper medication consent forms should update their forms (see finding 3b) to include a prompt on the signature line for providers to indicate their professional degree licensure or job title. Providers that use paper medication consent forms will need to specifically review medication consent forms for compliance with this item during regularly scheduled Clinical Quality Review Team (CQRT) meetings. This item will be highlighted on the CQRT sheet.

Steps to Implement:

1.) Create QA/Documentation training for the MHP system of care that highlights each of the clinical documentation issues identified in the Triennial Audit. This will include a training of the requirement that professionals include their professional degree, licensure, or job title.

2.) The ACBH Audit Tool Quality Review Items utilized in QA Audits, Survey Monkey Question #73 will be updated to include provider professional degree, licensure or job title.

Plan for Subcontractors: Subcontractors will attend (or watch online) newly developed trainings. Providers that use electronic health records will need to make sure that any electronic signature includes the provider's professional degree licensure or job title. Providers that use paper medication consent forms should update their forms (see finding 3b) to include a prompt on the signature line for providers to indicate their professional degree licensure or job title. Providers that use paper medication consent forms will need to specifically review medication consent forms for compliance with this item during regularly scheduled Clinical Quality Review Team (CQRT) meetings. This item will be highlighted on the CQRT sheet.

Proposed Evidence/Documentation of Correction

The revised ACBH QA "Train the Trainer" Training of Clinical Documentation Requirements training will clearly highlight all of the compliance requirements for medication consents including, but not limited to:

1) Date of service.

2) Signature of the person providing the service (or electronic equivalent).

3) The person's type of professional degree, licensure, or job title of the person providing the service.

4) Relevant identification number (e.g., NPI number), if applicable.

5) Date the documentation was entered in the medical record.

2.) The Quality Review Items tool utilized in QA Audits, item QRI #67 attached will be updated to include the requirements:

1) Date of service.
2) Signature of the person providing the service (or electronic equivalent).
3) The person's type of professional degree, licensure, or job title of the person providing the service.
4) Relevant identification number (e.g., NPI number), if applicable
5) Date the documentation was entered in the medical record.

Measures of Effectiveness (if included)

All medication consent forms reviewed during the regularly scheduled 2021 and 2022 system of care audit will have the provider's professional degree, licensure or job title. The updated training and updated CQRT review forms will be completed and posted on the ACBH Provider QA website by the completion date and meet the evidence of correction indicated.

Frequency: One-time, Implementation (update of training and forms) of Steps 1 – 3 will be completed and posted online by October 31, 2020. The updated training will be provided in- person or online by November 30, 2020. At least annually, the 2020, 2021, 2022 regularly scheduled system of care audits will monitor for compliance with this requirement.

Implementation Timeline: A memo will be drafted and sent to providers by August 31st 2020. Update of trainings, documents and forms will be completed and posted online by October 31, 2020. The updated trainings will be conducted in- person or online by November 30, 2020. Posting of new CQRT forms and Manual will occur in November 2020. Live and online trainings for CQRT will occur in December 2020.

Providers will attest to the MHP Quality Assurance department by November 2020 that their Medication Consent form in their electronic health record system will post the professional degree, licensure or job title when electronically signed.

Requirement (8)

The MHP shall ensure that all medically necessary SMHS are sufficient in amount, duration, or scope to reasonably achieve the purpose for which the services are furnished.

Citation(s): MHP Contract, Ex. A, Att. 2)

DHCS Finding 4A-2: Line 1 Line 2, 3, 14, 20

Line number 1: The current Client Plan did not contain services sufficient to reasonably achieve the purpose and goals documented on the Plan: An Assessment, completed in December of 2018, indicated that this 49 year old male presented with severe

depression (ICD-10 33.2, Major Depressive Disorder Recurrent Severe). However, the only intervention proposed on the beneficiary's initial Client Plan, also completed in December of 2018, was Case Management "every other week and as needed". An updated Plan added Individual Rehabilitation "every week and as needed", but this Plan was not completed until February 27, 2019, and did not include a psychiatric evaluation for possible medication or propose any additional service in order to address the beneficiary's Major Depressive Disorder.

Line numbers 2, 3, 14 and 20: Although more than one (1) Client Plan, developed by separate providers with the participation of the beneficiary, was in effect at the same point in time, the medical record lacked evidence for the coordination and communication of care among those separate providers.

Corrective Action Description

Goal (optional): Increase the quality of care and coordination that beneficiaries receive in the MHP's system of care. Ensure that all beneficiaries have a plan of treatment that addresses all symptoms and impairments to functioning and that those services are provided to the beneficiary.

Target Audience (if applicable): All Specialty Mental Health Providers in the MHP System of Care

Change: The MHP leadership in conjunction with the Quality Assurance department will present the quality of care findings of the triennial audit during each of the system of care meetings that occur regularly with providers. Specifically, for this item: A discussion of whole person care and coordination with treatment team members (both within an agency and across agencies in the system) to meet a beneficiary's treatment needs will be discussed. Providers will be asked to identify barriers that are preventing providers from providing services identified and present in a beneficiary's treatment plan.

Providers will be asked to identify barriers that are preventing coordination with other providers, including what to do if another provider does not return phone calls or does not provide services in accordance with the agreed upon treatment plan.

The Quality assurance department will provide a training and sample progress notes to demonstrate billable/claimable services for such coordination of care and how to document proper clinical responses when a beneficiary's treatment needs are not being met.

Steps to Implement: Create QA/Documentation training for the MHP system of care that highlights each of the specific issues identified in the Triennial Audit (items #1 –25). This will include training on providing appropriate MH Interventions and Services for the M/C Primary Included Diagnosis.

Plan for Subcontractors: Subcontractors will attend (or watch online) newly developed trainings. Providers will attend system of care meetings and give feedback on barriers.

Additionally, they will attend or receive online trainings and develop internal procedures for what to do if a co-provider is not providing services that have been agreed upon in the client's treatment plan.

Proposed Evidence/Documentation of Correction

Presentation material/ Meeting Notes and Attendance logs. Training Materials, provider participation attendance and links to online posted training will provide evidence of correction.

Measures of Effectiveness (if included)

Providers will develop a protocol specific to their agency and population served to address instances in which a beneficiary has multiple treatment plans with different providers and one or more providers are not coordinating care, or are not providing the types of treatment described in the client's treatment plan. The 2022 MHP internal system of care audit will provide evidence that coordination of care and symptoms and impairments that are identified in a client's assessment and treatment plan are being addressed. (Note: The 2021 system of care audit will look at claims submitted in the 2020 calendar year; therefore, providers will not have received trainings or implemented changes to their system. However, it is our hope that the data in this audit will show that coordination of care has improved, as this has been an ongoing initiative of Alameda County for the past several years.)

Frequency: There will be one-time meeting with all providers in the system to discuss barriers. There will be a one-time live training on audit results. This training will be posted online and available for providers to view at any time. At least annually, the 2020, 2021, 2022 regularly scheduled system of care audits will monitor for compliance with this requirement.

Implementation Timeline: Presentation to Systems of care providers will occur in the August 2020 and/or September 2020 scheduled meetings. Development of the training will begin July 31st 2020 and be completed by October 31st 2020. Training will be posted online by November 30th 2020. November 31st 2020.

Requirement (9)

The MHP shall ensure that all medically necessary SMHS are sufficient in amount, duration, or scope to reasonably achieve the purpose for which the services are furnished. Monitoring and follow up activities [shall] ensure the beneficiary's Client Plan is being implemented and that it adequately addresses the beneficiary's individual needs.

Citation(s): MHP Contract, Ex. A, Att. 2) MHSUDS IN No.17-040

DHCS Finding 4A-2a: Line 1

Line number 1. While a Client Plan, completed in February of 2019, documented the need for both Individual Rehabilitation and Case Management sessions “every week”, there were no claims or progress notes for Rehabilitation sessions from February 9, 2019 through March 31, 2019. In addition, while a Case Management note, completed on February 11, documented that the MHP’s mental health provider was planning to collaborate with the beneficiary’s “community provider” in order to “assist in finding client and assess clients new needs”, there were no additional Case Management progress notes until March 15 when the MHP’s provider “checked in on clients whereabouts and mental health status”.

Corrective Action Description

Goal (optional): Increase the quality of care and coordination that beneficiaries receive in the MHP’s system of care. Ensure that all beneficiaries have a plan of treatment that addresses all symptoms and impairments to functioning and that those services are provided to the beneficiary.

Target Audience (if applicable): All Specialty Mental Health Providers in the MHP System of Care

Change: Note: Because this item/finding is very similar to finding 4A-2 our proposed change is identical (with an addition at the end marked as “additional”.) The MHP leadership in conjunction with the Quality Assurance department will present the quality of care findings of the triennial audit during each of the system of care meetings that occur regularly with providers.

A discussion of whole person care and coordination with treatment team members (both within an agency and across agencies in the system) to meet a client’s treatment needs will be discussed. Providers will be asked to identify barriers that are preventing providers from providing services identified and present in a client’s treatment plan.

Providers will be asked to identify barriers that are preventing coordination with other providers, including what to do if another provider does not return phone calls or does not provide services in accordance with the agreed upon treatment plan. The Quality Assurance department will provide a training and sample progress notes to demonstrate billable/claimable services for coordination of care and how to properly document clinical responses when a client’s treatment needs are not being met. Additionally, providers may have some confusion regarding when to add modalities to a treatment plan. They may be adding modalities that they are considering rather than actually planning to provide. Alameda County’s documentation training will be updated to emphasize that only modalities than plan to be provided should be added to a client’s treatment plan and that a new treatment plan should be developed if it is decided in the future to provide an additional modality of service.

Steps to Implement: Create QA/Documentation training for the MHP system of care that highlights each of the clinical documentation issues identified in the Triennial Audit. This

will include a training providing the services (and frequency of said services) as outlined on the Client Plan; if not, the Client Plan should be modified.

Plan for Subcontractors: Subcontractors will attend (or watch online) newly developed trainings. Providers will attend system of care meetings and give feedback on barriers and attend or receive online trainings. Providers will attend system of care meetings and give feedback on barriers and attend or receive online trainings.

Proposed Evidence/Documentation of Correction

Presentation material/ Meeting Notes and Attendance logs. Training Materials, provider participation attendance and links to online posted training will provide evidence of correction.

Measures of Effectiveness (if included)

Providers will develop a protocol specific to their agency and population served to address instances in which a beneficiary has multiple treatment plans with different providers and one or more providers are not coordinating care, or are not providing the types of treatment described in the client's treatment plan. The 2022 MHP internal system of care audit will provide evidence that coordination of care and symptoms and impairments that are identified in a client's assessment and treatment plan are being addressed. (Note: The 2021 system of care audit will look at claims submitted in the 2020 calendar year; therefore, providers will not have received trainings or implemented changes to their system. However, it is our hope that the data in this audit will show that coordination of care has improved, as this has been an ongoing initiative of Alameda County for the past several years.

Frequency: One time meeting with all providers in the system to discuss barriers. One-time live training on audit results including One-time training posted online and available for providers to view at any time. At least annually, the 2020, 2021, 2022 regularly scheduled system of care audits will monitor for compliance with this requirement.

Implementation Timeline: Presentation to systems of care providers will occur in the August 2020 and/or September 2020 scheduled meetings. Development of the training will begin July 31st 2020 and be completed by October 31st 2020. Training will be posted online by November 30th 2020. Training will be posted online November 30th 2020. The 2021 MHP internal system of care audit protocol will be updated in first quarter of 2021 to incorporate CQRT request/review. The 2021 system of care audit is slated to begin Q2 2021.

Requirement (10)

The Client Plan has been updated at least annually and/or when there are significant changes in the beneficiary's condition.

Citation(s): MHP Contract, Ex. A, Att. 2

DHCS Finding 4B-1: (Line9 RR4a) Line 1 (Line 8, 9 RR4c) (Line 1 RR4c)

Line number 9: An Initial Client Plan was not completed until after one or more planned service was provided and claimed.

Line number 1: An Initial Client Plan was completed late according to the MHP's written Timeliness Standard, with no explanation regarding the reason for the delay. However, this occurred outside of the audit review period. The following is the basis for this finding: The Alameda MHP's written timeliness standard for completion of Initial Client Plans is a maximum of 60 days following the beneficiary's Episode Opening Date. However, the Initial Plan completion date for this beneficiary was actually 12/15/2018, or 72 days after the beneficiary's Episode Opening Date of 10/4/2018.

Line numbers 8 and 9: 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. Line number 1: An Updated Client Plan, which added the planned treatment service of Individual Rehabilitation, was not completed until after two (2) of those treatment services were provided and claimed.

Corrective Action Description

Goal (optional):

Target Audience (if applicable): All Specialty Mental Health Providers in the MHP System of Care

Change: Trainings will be updated to emphasize which "unplanned" services may be provided and claimed prior to the completion of a client's treatment plan. Trainings will be updated to include information on how to read INSYST reports that will show both the completion of treatment plans and services claimed. Providers will be trained on how to look for claims for "planned" services that occurred before the completion of the treatment plan and how to cancel/"back-out" the claim once discovered.

Steps to Implement: Create QA/Documentation training for the MHP system of care that highlights each of the clinical documentation issues identified in the Triennial Audit, including a training on Client Plan due dates.

Plan for Subcontractors: Subcontractors will attend (or watch online) newly developed trainings. All ACBH County Clinics and Contractors will be informed of these requirements (per above) and will be held accountable during ACBH QA Audits. All updated documents and tools described above will be distributed system wide across all MH and SUD programs.

Proposed Evidence/Documentation of Correction

Training Materials, provider participation attendance and links to online posted training will provide evidence of correction.

Measures of Effectiveness (if included)

Providers will gain a greater understanding of what a “planned” and “unplanned” service is and when they are allowed to be claimed. Providers will gain a greater understanding of how to check claims submitted that are not allowed. The number of “planned” service claims that occur before a client’s treatment plan has been completed will be reduced per evidence in the MHP’s regularly scheduled 2021, 2022 System of Care audits.

Frequency: A one-time training will be completed and posted online by October 31, 2020. A one-time, the training will be provided in- person, or recording online, by November 30, 2020. At least annually, the 2020, 2021, 2022 regularly scheduled system of care audits will monitor for compliance with this requirement.

Implementation Timeline: The training will be completed and posted online by October 31, 2020. The training will be provided in- person or online by November 30, 2020.

Requirement (11)

The Client Plan has been updated at least annually and/or when there are significant changes in the beneficiary’s condition. Services shall be provided, in accordance with the State Plan, based on the beneficiary’s need for services established by an Assessment and documented in the Client Plan. Services were claimed: a) Prior to the initial Client Plan being in place; or b) During the period where there was a gap or lapse between Client Plans; or c) When the planned service intervention was not on the current Client Plan.

Citation(s): MHP Contract, Ex. A, Att. 2 MHSUDS IN No. 18-054, Enclosure 4

DHCS Finding 4B-2: Line 7 RR4

One or more Client Plan(s) was not updated at least annually and/or when there were significant changes in the beneficiary’s condition. Specifically: Line number 7: There was a lapse between the prior and current Client Plans. However, this occurred outside of the audit review period. Specifically: The prior Client Plan expired on 12/28/2017 while the current Client Plan was completed on 5/17/2018.

Corrective Action Description

Goal (optional):

Target Audience (if applicable): All Specialty Mental Health Providers in the MHP System of Care

Change: Trainings will be updated to include information on how to read INSYST reports that will show both the due dates of annual Client Plans (before they are due)

and if there are any overdue Client Plans. MHP providers have reported that due to staff turnover the knowledge and ability to read the reports has diminished. Clinical Quality Review Team (CQRT) review sheets will highlight and emphasize the need for all providers to check that Client Plans have been completed on time. Any planned service that occurs without a Client Plan need to be canceled or “backed-out.”

Steps to Implement: Create QA/Documentation training for the MHP system of care that highlights each of the clinical documentation issues identified in the Triennial Audit including a training Client Plan due dates.

Plan for Subcontractors: Subcontractors will attend (or watch online) newly developed trainings. All ACBH County Clinics and Contractors will be informed of these requirements (per above) and be held to these requirements during ACBH QA Audits. All updated documents and tools described above will be distributed system wide across all MH and SUD programs.

Proposed Evidence/Documentation of Correction

Training Materials, provider participation attendance and links to online posted training will provide evidence of correction. Updated CQRT Forms.

Measures of Effectiveness (if included)

All annual Client Plans should be completed in a timely manner. If an annual Client Plan cannot be completed on time due to client unavailability, barriers preventing the completion of the Client Plan will be documented. Only medically necessary unplanned services will be provided until a new Client Plan has been completed, agreed upon, and signatures obtained. The number of late completed Client Plans will be reduced per evidence in the MHP’s regularly scheduled 2021, 2022 System of Care audits.

Frequency: A one-time training will be completed and posted online by October 31, 2020. A one-time training will be provided in-person or online by November 30, 2020. At least annually, the 2020, 2021, 2022.

Implementation Timeline: The training will be completed and posted online by October 31, 2020. The training will be provided in- person, or online, by November 30, 2020. Posting of new CQRT forms and manual will occur in November 2020. Live and online trainings for CQRT will occur in December 2020.

Requirement (12)

The MHP shall ensure that Client Plans:
1) Have 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) Identify the proposed type(s) of intervention/modality including a detailed description of the intervention to be provided.

3) Have a proposed frequency of the intervention(s).
4) Have a proposed duration of intervention(s).
5) Have interventions that focus and address the identified functional impairments as a result of the mental disorder or emotional disturbance (CCR, title. 9, §1830.205(b).
6) Have interventions that are consistent with Client Plan goal(s)/treatment objective(s).
7) Have interventions consistent with the qualifying diagnosis

DHCS Finding 4C: Line 2, Line 14, Line 3, Line 13, Line 14, Line 5, Line 5, Line 14

Client Plans did not include all of the required elements specified in the MHP Contract. Specifically: One or more goal/treatment objective was not specific, observable, and/or quantifiable and related to the beneficiary's mental health needs and identified functional impairments:

Line number 2. Provider 8138: Client Plan completed 3/11/2019.

Line number 14. Provider 0196: Client Plan completed 10/10/2018. One or more proposed intervention did not include a detailed description. Instead, only a "type" or "category" of intervention was recorded.

Line number 3. Provider 8131: Client Plan completed 1/11/2019 one or more proposed intervention did not include an expected frequency or frequency range that was specific enough:

Line number 12. Provider 8194: Client Plan completed 10/3/2018

Line number 14. Provider 01P6: Client Plan completed 10/10/2018 one or more proposed intervention did not include an expected duration:

Line number 5. Provider 01GW: Day Rehab. Plan completed 2/14/2019

Line number 14. Provider 01P6: Client Plan completed 10/10/2018

Corrective Action Description

Goal (optional):

Target Audience (if applicable): All Specialty Mental Health Providers in the MHP System of Care

Change: Providers have given the MHP feedback that the topic of Client Plans need to be a specific training separate from the Medi-Cal documentation training (that currently includes this topic.) MHP will develop a specific training for providers on how to develop and complete Client Plans with beneficiaries and how this is associated with quality of care. MHP will update Clinical Quality Review Team (CQRT) forms and highlight the need for providers to check that completed Client Plans contain all of the required elements specified in the MHP contract.

Steps to Implement:

1.) MHP's Quality Assurance department will create, post, and provide a separate and unique training for Treatment Plans.

2) MHP's Quality Assurance department will update CQRT forms.

Plan for Subcontractors: Subcontractors will attend (or watch online) newly developed trainings. ACBH County Clinics and Contractors will be informed of these requirements (per above) and be held accountable during ACBH QA Audits

Proposed Evidence/Documentation of Correction

Training Materials, provider participation attendance and links to online posted training will provide evidence of correction. Updated CQRT forms.

Measures of Effectiveness (if included)

Treatment Plans will include all of the required elements specified in the MHP contract. The quality of care will improve as treatment plans will include information about a client's treatment goals, objectives, interventions and plan that is easy to understand for both providers and beneficiaries. Evaluation will occur during the regularly scheduled 2021, 2022 System of Care audits. The number of incomplete treatment plans will be reduced per evidence in the MHP's regularly scheduled 2021, 2022 System of Care audits.

Frequency: This specific and separate training on Client Plans will be included in the rotation of regularly scheduled documentation trainings offered by the MHP to both contracted and county providers. At least annually, the 2020, 2021, 2022 regularly scheduled system of care audits will monitor for compliance with this requirement.

Implementation Timeline: The training will be completed and posted by October 31, 2020. The training will be conducted in-person, or recorded online, by November 30, 2020. CQRT forms will be updated by October 31, 2020 and posted for providers to use.

Requirement (13)

The MHP shall ensure that Client Plans are signed (or electronic equivalent) by: a) The person providing the service(s) or, b) A person representing a team or program providing the service(s) or, c) A person representing the MHP providing service(s). Services (i.e., Plan Development) shall be provided within the scope of practice of the person delivering the service, if professional licensure is required for the service. Services shall be provided under the direction of one or more of the following: H. Physician I. Psychologist J. Licensed Clinical Social Worker K. Licensed Marriage and Family Therapist L. Licensed Professional Clinical Counselor M. Registered Nurse, including but not limited to nurse practitioners and clinical nurse specialists N. Waivered/Registered Professional when supervised by a licensed mental health professional in accordance with laws and regulations governing the registration or waiver. The Client Plan must be co-signed by the LMHP directing services, within their

scope of practice under State law. If the individual providing services must be under the direction of an LMHP (from the categories above).

Citation(s): CCR, title 9, § 1810.440(c).) CCR, title 9, § 1840.314(e); CCR, title 9, § 1810.440(c).); State Plan, Supplement 3, Attachment 3. 1-A, pp. 2m-p, MHSUDS IN No. 17-040 (CCR, title 9, § 1840.314(e); CCR, title 9, § 1810.440(c).); State Plan, Supplement 3, Attachment 3. 1-A, pp. 2m-p, MHSUDS IN No. 17-040 (MHP Contract, Ex A, Att. 2; MHSUDS IN No. 18-054, Enclosure 4)

DHCS Finding 4D: Line7 RR4b

The Client Plan was not signed (or electronic equivalent) by the appropriate provider, as specified in the MHP Contract and CCR, title 9, chapter 11, section 1810.440(c)(1)(AC): Line number 7: The Client Plan was neither signed nor co-signed (or electronic equivalent) by an “approved category” of provider (i.e., MD/DO, RN, licensed/regist ered/waivered LCSW, MFT, LPCC, or licensed / waivered psychologist). RR4b, refer to Recoupment Summary for details. Note on 2nd Recoupment code of “14” recorded on the Recoupment Summary: There are six (6) Progress Notes for which Alameda MHP staff confirmed accounted for 16 claims. These notes were completed/sign ed by a Registered Pharmacist. For example, on 1/17/2019, there were three claims for 13 min; 22 min and 15 minutes, respectively with only one (1) individual Note for that date documenting a total time of 50 minutes. The Note indicated that the Pharmacist provided 15 minutes of service, while a physician apparently provided the remainder of the service that corresponded to the other two claims.

Corrective Action Description

Goal (optional):

Target Audience (if applicable): Providers that have Registered Pharmacists on staff. Providers that provide medication services and are considering employing registered Pharmacists in the future.

Change: Registered Pharmacists who create and sign Client Plans will now be required to obtain a Licensed LPHA co- signature from a non- Pharmacist for their signed Client Plan.

Steps to Implement:

1.) Create QA/Documentation training for the MHP system of care that highlights each of the clinical documentation issues identified in the Triennial Audit (items #1 –25). This will include training on Client Plan signature requirements.

2.) A provider memo will be sent out to all providers (MH and SUD) who utilize, or are considering utilizing, registered Pharmacists. This memo will indicate that when a Registered Pharmacist completes and signs a Client Plan, that a licensed LPHA (non-pharmacist) must co- sign the Client Plan.

3.) The ACBH Scope of Practice Document will be updated to reflect this co-signature requirement.

4.) The ACBH SMHS Clinical Documentation Standards Policy & Procedure Manual will be updated to reflect this co-signature requirement.

5.) The ACBH QA "Train the Trainer" Training of Clinical Documentation

6.) The ACBH QA MH CQRT tool and ACBH Audit tool will be updated to reflect this requirement.

Plan for Subcontractors: All ACBH County Clinics and Contractors will be informed of these requirements (per above) and be held to these during ACBH QA Audits. All updated documents and tools described above will be distributed system wide across all MH and SUD programs.

Proposed Evidence/Documentation of Correction

Implementation steps 1 – 6 will be clearly indicated in all appropriate documents/training materials including the requirement that a Registered Pharmacist who completes and signs a Client Plan must obtain a licensed LPHA (non- pharmacist) co- signature.

Measures of Effectiveness (if included)

All updated documents and forms (Steps 1 – 6) will be updated and released by the completion date and meet the evidence of correction indicated. The number of Client Plans missing required co-signatures will be reduced per evidence in the MHP's regularly scheduled 2021, 2022 System of Care audits.

Frequency: A one-time update of all forms and trainings will be completed as described and posted by October 30, 2020.The one-time update of provider trainings will be offered in-person or online by November 31, 2020. At least annually, the 2020, 2021, 2022 regularly scheduled system of care audits will monitor for compliance with this requirement.

Implementation Timeline: Steps 1 – 6 indicated in the previous column will be completed and distributed by October 31, 2020. The provider training will be conducted in- person and be available online by November 30, 2020.

Requirement (14)

The MHP shall ensure that Client Plans include documentation of the beneficiary's participation in and agreement with the Client Plan. The MHP shall ensure that Client Plans include the beneficiary's signature or the signature of the beneficiary's legal representative when: a. The beneficiary is expected to be in long-term treatment, as determined by the MHP, and, b. The Client Plan provides that the beneficiary will be receiving more than one (1) type of SMHS. When the beneficiary's signature or the

signature of the beneficiary's legal representative is required on the Client Plan and the beneficiary refuses or is unavailable for signature, the Client Plan includes a written explanation of the refusal or unavailability of the signature.

Citation(s): (MHP Contract, Ex. A, Att. 9; CCR, title 9, § 1810(c)(2).) (CCR, title 9, § 1810.440(c) (2) (A).) (CCR, title 9, § 1810.440(c)(2)(B).)

DHCS Finding 4E: Line 1, 2, 9, 10, 20

There was no documentation of the beneficiary's or legal representative's degree of participation in and agreement with the Client Plan, and there was no written explanation of the beneficiary's refusal or unavailability to sign the Plan, if a signature was required by the MHP Contract with the Department and/or by the MHP's written documentation standards: Line numbers 1, 2, 9, 10 and 20. The beneficiary or legal representative was required to sign the Client Plan, as required by the MHP's written documentation standards, and by the MHP Contract with the Department for a beneficiary in "long-term" treatment, if the beneficiary is receiving more than one type of SMHS. However, the signature was missing.

Specifically:

Line number 1: Client Plan completed 12/15/2018 and 2/27/2019

Line number 2: Client Plan completed 3/11/2019

Line number 9: Client Plan completed 1/9/2019

Line number 10: Client Plan completed 2/20/2019

Line number 20: Client Plan completed 7/26/2018

Corrective Action Description

Goal (optional):

Target Audience (if applicable): All Specialty Mental Health Providers in the MHP System of Care

Change: Providers have given the MHP feedback that this topic needs to be a specific training separate from the Medi-Cal documentation training (that currently includes this topic.)

MHP will develop a specific training for providers on how to develop and complete Client Plans with beneficiaries and how this is associated with quality of care. Specifically, for this item, the training will include more detailed instructions that providers must document in a beneficiary's chart explanations of the beneficiary's refusal or unavailability to sign the plan. This training will also address the COVID-19 shelter in place situation and how to document client unavailability.

The MHP will update Clinical Quality Review Team (CQRT) forms and highlight the need for providers to check that completed Client Plans contain all of the required elements specified in the MHP contract.

Steps to Implement:

1.) MHP's Quality Assurance department will create post and provide a separate and unique training for Treatment Plans.

2) MHP's Quality Assurance department will update CQRT forms.

Plan for Subcontractors: Subcontractors will attend (or watch online) newly developed trainings. All ACBH County Clinics and Contractors will be informed of these requirements (per above) and be held to these during ACBH QA Audits. All updated documents and tools described above will be distributed system wide across all MH and SUD programs.

Proposed Evidence/Documentation of Correction

Training Materials. Provider participation attendance. Link to online posted training. Updated CQRT forms.

Measures of Effectiveness (if included)

MHP providers will increase their knowledge of the importance of including beneficiaries in the creation of treatment plans and the importance of documenting agreement with the Client Plan by obtaining a client's signature.

Providers will have the knowledge and will always document in a beneficiary's medical record when a client refuses to sign or is unavailable to sign.

The number of incomplete treatment plans will be reduced per evidence in the MHP's regularly scheduled 2021, 2022 System of Care audits.

Frequency: This specific and separate training on treatment plans will be included in the rotation of regularly scheduled documentation trainings offered by the MHP to both contracted and county operated providers. At least annually, the 2020, 2021, 2022 regularly scheduled system of care audits will monitor for compliance with this requirement.

Implementation Timeline: The training will be completed and posted by October 31, 2020. The training will be conducted in-person, or recorded online, by November 30, 2020. CQRT forms will be updated by October 31, 2020 and posted for providers to use.

Requirement (15)

There is documentation in the Client Plan that a copy of the Client Plan was offered to the beneficiary.

Citation(s): MHP Contract, Ex. A, Att. 9

DHCS Finding 4G

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

Specifically:

Line number 2. Provider 8138: Plan completed 3/11/2019

Line number 3. Provider 8131: Plan completed 1/11/2019

Line number 6. Provider 0108: Plan completed12/5 /2018;

Line number 6. Provider 8127: Plan completed 3/28/2019

Line number 11. Provider 01KV: Plan completed 11/30/2018

Line number 17. Provider 01OK: Plan completed 2/5/2019

Line number 20. Provider 01AM: Plan completed 7/26/2018

Corrective Action Description

Goal (optional):

Target Audience (if applicable): All Specialty Mental Health Providers in the MHP System of Care

Change: Providers have given the MHP feedback that this topic needs to be a specific training separate from the Medi-Cal documentation training (that currently includes this topic.) MHP will develop a specific training for providers on how to develop and complete Client Plans with beneficiaries and how this is associated with quality of care. Specifically, for this item, the training will include more detailed instructions that providers must offer a copy of the Client Plan to the beneficiary. This training will include a quality of care element that will stress the therapeutic alliance and positive outcomes associated with beneficiaries being given and understanding their treatment plan. This training will also address the COVID-19 shelter in place situation and how best to send a copy of the Client Plan to the client.

Steps to Implement: MHP’s Quality Assurance department will create, post, and provide a separate and unique training for Treatment Plans.

Plan for Subcontractors: Subcontractors will attend (or watch online) newly developed trainings. All ACBH County Clinics and Contractors will be informed of these requirements (per above) and be held to these during ACBH QA Audits. All updated

documents and tools described above will be distributed system wide across all MH and SUD programs.

Proposed Evidence/Documentation of Correction

The training developed will include all of the required Client Plan elements outlined in Column #1 (beneficiary/family member was offered a copy of the Plan).

Measures of Effectiveness (if included)

Providers will have an improved understanding of why it is therapeutically important that beneficiaries be offered copies of their treatment plan. This hopefully will result in more beneficiaries receiving copies of their treatment plan and using them to understand and improve their treatment outcomes.

The regularly scheduled 2021 and 2022 system of care audit will monitor for this compliance issue.

Frequency: This specific and separate training on treatment plans will be included in the rotation of regularly scheduled documentation trainings offered by the MHP to both, contracted and county operated, providers. At least annually, the 2020, 2021, 2022 regularly scheduled system of care audits will monitor for compliance with this requirement.

Implementation Timeline:

1.) The training power point presentation will be completed, and posted, by October 31, 2020.

2.) The training will be provided in-person, or recorded online, by November 30, 2020.

Requirement (16)

All entries in the beneficiary record (i.e., Client Plans) include:

1) Date of service.
2) The signature of the person providing the service (or electronic equivalent);
3) The person's type of professional degree, licensure or job title.
4) Relevant identification number (e.g., NPI number), if applicable.
5) The date the documentation was entered in the medical record.

Citation(s): MHP Contract, Ex. A, Att. 9 MHSUDS IN No. 18- 054, Enclosure 4

DHCS Finding 4H: Line 2, 3, 14

One or more Client Plan in effect during the review period did not include signature of the person providing the service (or electronic equivalent) that includes the provider's professional degree, licensure, or job title.

Specifically:

Line number 2. Provider 8138: Plan completed 3/11/2019

Line number 3. Provider 8144: Plan completed 12/21/2018

Line number 14. Provider 01P6: Plan completed 10/10/2018

Corrective Action Description

Goal (optional):

Target Audience (if applicable): All Specialty Mental Health Providers in the MHP System of Care

Changes: A memo will be sent informing all providers that use electronic health records to make sure that any electronic signature includes the provider's professional degree licensure or job title. Providers that use paper forms should update their forms to include a prompt on the signature line for providers to indicate their professional degree licensure or job title. During regularly scheduled Clinical Quality Review Team (CQRT) meetings all treatment plans that are due are required to be reviewed for compliance (which includes a clinician's signature and credentials.) This item will be highlighted on the CQRT sheet. During the regularly scheduled 2021 and 2022 system of care audits, agency CQRT sheets will be requested from providers. No unsigned Client plans (or those lacking credentials) should pass an agency CQRT review. The MHP Quality Assurance department will verify during system of care audits that this item is being reviewed.

Steps to Implement:

1.) Create QA/Documentation training for the MHP system of care that highlights each of the clinical documentation issues identified in the Triennial Audit including an update that all entries in the beneficiary record (i.e., Client Plans) include:

1) Date of service.

2) The signature of the person providing the service (or electronic equivalent);

3) <u>The person's type of professional degree, licensure or job title.</u>

4) Relevant identification number (e.g., NPI number), if applicable.

5) The date the documentation was entered in the medical record.

2.) Update the ACBH SMHS Audit Tool to include a review of CQRT sheets and that providers are monitoring for incomplete Client Plans.

Plan for Subcontractors: Subcontractors will attend (or watch online) newly developed trainings. Subcontractors that use agency specific electronic health records will update their electronic signature system to ensure that signatures include the professional degree, licensure, or job title.

Proposed Evidence/Documentation of Correction

The updated forms, tools, documents and trainings will specify the Client Plan requirements:

1) Date of service.

2) The signature of the person providing the service (or electronic equivalent);

3) The person's type of professional degree, licensure or job title.

4) Relevant identification number (e.g., NPI number), if applicable.

5) The date the documentation was entered in the medical record.

Measures of Effectiveness (if included)

All Client Plans audited in the regularly scheduled 2021 and 2022 system of care audit will include the signature of the person providing the service and the provider's professional degree, licensure, or job title. Contracted providers that use agency specific Electronic Health Records will be updated to include the provider's professional degree, licensure, or job title. Providers will be in compliance with the CQRT review of Client Plans per QA review of CQRT sheets during regularly scheduled system of care audits.

Frequency: The training power point presentations, documents and forms as outlined in steps 1 - 5 will be completed, and posted online, by October 31, 2020. The training will be provided in-person, or recorded online, by November 30, 2020. This training will be available for future viewing at any time. At least annually, the 2020, 2021, 2022. Regularly scheduled system of care audits will monitor for compliance with this requirement.

Implementation Timeline:

1.) All training power point presentations, documents and forms as outlined in steps 1-5 will be completed, and posted online, by October 31, 2020.

2.) The training will be provided in-person, or recorded online, by November 30, 2020.

3.) The 2021 MHP internal system of care audit protocol will be updated in the first quarter of 2021 to incorporate CQRT request/review. The 2021 system of care audit is slated to begin Q2 2021

Subcontractors will show proof of updated Electronic Health Record signature changes by 12/31/2021.

Requirement (17)

Items that shall be contained in the client record (i.e., Progress Notes) related to the beneficiary's progress in treatment include all of the following: a) Timely documentation of relevant aspects of client care, including documentation of medical necessity. b) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions; c) Interventions applied, beneficiary's response to the interventions and the location of the interventions; d) the date the services were provided; e) Documentation of referrals to community resources and other agencies, when appropriate. f) Documentation of follow-up care, or as appropriate, a discharge summary; and g) The amount of time taken to provide services; and h) The signature of the person providing the service (or electronic equivalent) with the person's type of professional degree, licensure, or job title.

Citation(s): (MHP Contract, Ex. A, Att. 9) MHSUDS IN No. 18-054, Enclosure 4

DHCS Finding 5B: Line 1,3,4,6,8,9,11,12, 13,15,16,17, Line 20, Line 8 RR8 RR14

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:

Line numbers 1, 3, 4, 6, 8, 9, 11, 12, 13, 15, 16 and 17. Multiple progress notes were not completed within the MHP's written timeliness standard of five (5) business days after provision of service. 122 or 20.5 percent of all progress notes reviewed were completed late.

Line number 20. Progress notes did not document other required elements, including relevant clinical decisions, when decisions were made, and/or consideration of alternative approaches for future interventions. Specifically: Eleven Progress Notes from Provider 01AM were not legible (2 DHCS reviewers could not make out some words). Therefore, we were unable to evaluate elements, such as the provider's clinical decisions or to clearly understand the interventions provided.

Line number 8. Three (3) progress notes contained the exact same verbiage, and therefore those progress notes were not individualized in terms of the specific interventions applied, as specified in the MHP Contract with the Department. Specifically, Progress Notes documenting services provided on 2/14/2019, 2/21/2019 and 2/26/2019 contained essentially identical verbiage.

Corrective Action Description

Goal (optional):

Target Audience (if applicable)**:** All Specialty Mental Health Providers in the MHP System of Care

Change: MHP Providers have given the MHP feedback that this topic needs to be a specific training separate from the Medi-Cal documentation training (that currently includes this topic.) MHP will develop a specific training for providers on how to develop and complete progress notes in a quick and timely fashion. This training will identify the appropriate level of clinical detail that needs to be in progress notes and strategies for overcoming barriers for completing progress notes in a timely fashion. This training will also address the specific barriers that COVID-19 situation places on providers as they do tele-health services or in-person services.

Steps to Implement: Create QA/Documentation training for the MHP system of care that highlights each of the clinical documentation issues identified in the Triennial Audit including an update that all Progress Note Requirements are met as outlined in Column #1 (specifically that Progress Notes are legible, not cloned, and are finalized within five business days of the date of service).

Plan for Subcontractors: Subcontractors will attend (or watch online) newly developed trainings. All ACBH County Clinics and Contractors will be informed of these requirements (per above) and be held accountable during ACBH QA Audits. All updated documents and tools described above will be distributed system wide across all MH and SUD programs.

Proposed Evidence/Documentation of Correction

The training content will include the Progress Note requirements as outlined in Column #1; specifically, the Progress Notes in the client record related to the beneficiary's progress in treatment must include all of the following:

a) Timely documentation of relevant aspects of client care including documentation of medical necessity.

b) Documentation of beneficiary encounters, including relevant clinical decisions when decisions are made and alternative approaches for future interventions.

c) Interventions applied, beneficiary's response to the interventions and the location of the interventions.

d) The date the services were provided.

e) Documentation of referrals to community resources and other agencies, when appropriate.

f) Documentation of follow-up care, or as appropriate, a discharge summary.

g) The amount of time taken to provide services; and

h) The signature of the person providing the service (or electronic equivalent) with the person's type of professional degree, licensure, or job title.

Measures of Effectiveness (if included)

The MHP's system of care audit protocol already includes an item to assess for the timely completion of progress notes. The results of the 2021 and 2022 regularly scheduled audits should show increased compliance rates for this item. Providers will be in compliance with CQRT review of client progress notes per QA review of CQRT sheets during regularly scheduled system of care audits.

Frequency: The updated training power point will be developed and posted by October 31, 2020. The updated training will be provided in- person or online by November 30, 2020. This training will be available online for the provider at any time. At least annually, the 2020, 2021, 2022 regularly scheduled system of care audits will monitor for compliance with this requirement.

Implementation Timeline:

1.) The updated training power point will be developed and posted online by October 31, 2020.

2.) The updated training will be provided in- person or online by November 30, 2020.

Requirement (18)

Progress notes shall be documented at the frequency by types of service indicated below:

a) Every service contact for:

i. Mental health services;

ii. Medication support services;

iii. Crisis intervention;

iv. Targeted Case Management; b) Daily for:

i. Crisis residential;

ii. Crisis stabilization (one per 23/hour period);

iii. Day Treatment Intensive;

iv. Therapeutic Foster Care c) Weekly: i. Day Treatment Intensive: (clinical summary); ii. Day Rehabilitation; iii. Adult Residential.

Citation(s): (MHP Contract, Ex.A, Att. 9); (CCR, title 9, §§ 1840.316(a- b); 1840.318(a-b), 840.320(a-b),) (MHSUDS IN No. 18-054)

DHCS Finding 5D: Line 10, Line 2, 3, 4, 6, 8, Line 3, 15 RR8

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

Line number 10: There was no progress note in the medical record for the service claimed. RR8a, refer to Recoupment Summary for details. The MHP was given the opportunity to locate the document in question but did not provide written evidence of the document in the medical record.

Line numbers 2, 3, 4, 6 and 8: The type of Specialty Mental Health Service (SMHS) (e.g., Medication Support, Targeted Case Management) documented on the progress note was not the same type of SMHS claimed. RR8b1, refer to Recoupment Summary for details.

Line numbers 3 and 15: For Mental Health Services claimed, the service activity (e.g., Assessment, Plan Development, Rehab) identified on the progressnote was not consistent with the specific service activity actually documented in the body of the progress note. Specifically:

Line number 3. 1/18/2019 – claimed as Collateral, Note content is primarily Plan Development.

Line number 3. 3/18/2019 – 2 Notes – claimed as Collateral, Note contents are primarily Plan Development

Line number 3. 2/11/2019 – claimed as Collateral, Note content is a combination of Case Management and Plan Development.

Line number 3. 2/8/2019 – claimed as Collateral, Note content is a combination of Individual Rehabilitation and Plan Development.

Line 15. Content of 13 progress notes documented an Individual Rehabilitation intervention, but the beneficiary's Plan called for Individual Psychotherapy, not Individual Rehabilitation. Note: During the Alameda site- visit, MHP staff supported the view that the choice of a "significant support person" for claiming a Collateral service is not limited to a family member or partner, and could include "teachers, case managers, social workers, board and care operators and at times prescribing medical providers". We agree that a "significant support person" may extend to those individuals.

However, the documentation of a Collateral service should be distinguished from "Plan Development" or "Case Conference" with colleagues or with the beneficiary's other providers. Instead, a primary purpose of a Collateral service is to "assist [the support person] in better utilization of specialty mental health services by the beneficiary, consultation and training of the significant support person(s) to assist in better understanding of mental illness, and family counseling with the significant support person(s)" CCR Title 9 1810.206

Corrective Action Description

Goal (optional):

Target Audience (if applicable): All Specialty Mental Health Providers in the MHP System of Care.

Change: The majority of claims disallowed involved providers claiming for collateral for interventions in which they coordinated care with a medical treatment provider. Coordinating care with medical service providers is very important and we do not want this to decrease. Upon further investigation, the majority of services involved the discussion of the beneficiary's treatment plan (plan development) or getting the client connected to the medical service (case management.) The MHP will change the service definition of collateral to exclude other medical service providers and will train providers when to use the plan development code or the case management code.

Steps to Implement:

1.) INSYST procedure code 614 titled "Collateral Healthcare Provider," will be eliminated. The MHP Quality Assurance department, Quality Improvement department, Leadership, and Provider Relations/Finance departments will meet to discuss if new codes are needed to track plan development with healthcare provider or case management with healthcare provider. If so, two additional INSYST procedure codes will be created with service definitions and providers will receive a memo and training on when to use these new codes.

2.) Update the ACBH Clinical Documentation Manual, the ACBH CQRT Regulatory Tool, the ACBH SMHS Audit Tool and the Service Code Definitions to indicate that Collateral services may be provided only to significant support persons and no other professionals.

Plan for Subcontractors: Subcontractors will attend (or watch online) newly developed trainings. All ACBH County Clinics and Contractors will be informed of these requirements (per above) and be held accountable during ACBH QA Audits. Clinics and contractors will update their own electronic health record systems to remove INSYST procedure code 614 titled "Collateral Healthcare Provider." Clinics and contractors will update their own electronic health record systems to add service codes for plan development with healthcare provider or Case management with health care provider if required. All updated documents and tools described above will be distributed system-wide across all MH and SUD programs.

Proposed Evidence/Documentation of Correction

The updated forms, tools, documents and trainings will specify all Progress Note requirements outlined in column #1 and will clarify that a Collateral service may only be provided to a client's significant other and not another professional.

Measures of Effectiveness (if included)

The use of Service code 614 Collateral Healthcare provider will immediately cease. The rates of interaction and coordination of care with medical providers will not decrease.

Providers will gain a better understanding of the type of interventions needed in order to claim for plan development or case management when interacting with a beneficiary's medical provider.

Frequency: The updated forms, tools, documents and trainings will be developed and posted online by October 31, 2020. The updated training will be provided in- person or online, by November 30, 2020. This training will be available online for the provider at any time. At least annually, the 2020, 2021, 2022 regularly scheduled system of care audits will monitor for compliance with this requirement.

Implementation Timeline: Removal of INSYST procedure code 614 will happen immediately. The decision to develop two additional procedure codes will be reached in September/October 2021.If additional procedure codes are created, providers will be trained in November/December 2021 and be expected to use the new codes by Jan1st 2022. The updated forms, tools, documents and training power point presentations will be developed and posted online by October 31, 2020. The updated training will be provided in- person or online by November 30, 2020.

Requirement (19)

All entries in the beneficiary record (i.e., Progress Notes) include:

1) Date of service.
2) The signature of the person providing the service (or electronic equivalent);
3) The person's type of professional degree, licensure or job title.
4) Relevant identification number (e.g., NPI number), if applicable.
5) The date the documentation was entered in the medical record.

Citation(s): (MHP Contract, Ex. A, Att. 9) MHSUDS IN No. 18-054, Enclosure 4

DHCS Finding 5E: Line 7 RR14

Documentation in the medical record did not meet the following requirements: Six (6) progress notes for the following Line number were signed by another staff member and not by the person providing the service, as specified in the MHP Contract with the Department.

Corrective Action Description

Goal (optional):

Target Audience (if applicable): All Specialty Mental Health Providers in the MHP System of Care.

Change: Alameda County is experiencing significant staff turnover due to the rising cost of living in the Bay Area. The issue of having supervisors sign progress notes when they did not provide the service is in part linked to some providers not doing progress notes in a timely fashion and then leaving the agency; this issue will in part be addressed in item # 17 (finding number 5B). Update the ACBH Clinical Documentation training to include specific training that only a provider of the service may write and sign a progress note for the service/claim. (An exception for group therapies will still exist.)

Steps to Implement: Create QA/Documentation training for the MHP system of care that highlights each of the clinical documentation issues identified in the Triennial Audit including an update that all Progress Note Requirements are met as outlined in Column #1 (specifically that PN's are signed by the staff person providing the service).

Plan for Subcontractors: Subcontractors will attend (or watch online) newly developed trainings. All ACBH County Clinics and contractors will be informed of these requirements (per above) and be held accountable during ACBH QA Audits. All updated documents and tools described above will be distributed system-wide across all MH and SUD programs.

Proposed Evidence/Documentation of Correction

The updated trainings will be developed and highlight that the individual providing the service must write and sign the related progress note.

Measures of Effectiveness (if included)

All progress notes will be written and signed by the staff that provided the service. If a staff person leaves an agency before writing and signing a progress note, the agency will still write a progress note to document the service but will not claim for the service. The regularly scheduled 2021 and 2022 system of care audits will monitor for this issue specifically.

Frequency: The updated training presentation will be developed and posted online by October 31, 2020. The updated training will be provided in- person or online by November 30, 2020. This training will be available online for provider at any time. At least annually, the 2020, 2021, 2022 regularly scheduled system of care audits will monitor for compliance with this requirement.

Implementation Timeline: The updated training presentation will be developed online and posted by October 31, 2020. One time: The updated training will be provided in-person, or recorded online, by November 30, 2020.

Requirement (20)

The MHP must make individualized determinations of each child's/youth's need for ICC and IHBS, based on the child's/youth's strengths and needs.

Citation(s): (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi- Cal Beneficiaries, 3rd Edition, January 2018)

DHCS Finding 6A Line 11, 12, 13, 14, 15, 17, 18, 19, 20

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 in their Client Plan:

Corrective Action Description

Goal (optional):

Target Audience (if applicable): All Specialty Mental Health Providers in the MHP System of Care.

Change: The MHP's Specialty Mental Health Assessment process and forms will be modified to indicate that the beneficiary received an individualized determination of eligibility and need for Intensive Care Coordination (CC) services, Therapeutic Foster Care (TFC) and Intensive Home Based Services (IHBS), and if appropriate; such services were included in their Client Plan.

Steps to Implement:

1.) Create QA/Documentation training for the MHP system of care that highlights each of the clinical documentation issues identified in the Triennial Audit including that the SMHS Assessment process and forms must be modified to include that the beneficiary received an individualized determination of eligibility and need for ICC services and IHBS, and if appropriate, such services were included in their Client Plan.

2.) Modify MH Assessment templates to include these requirements.

3.) Modify the ACBH Clinical Documentation Manual, the ACBH CQRT Regulatory Tool and the ACBH SMHS Audit Tool to include these requirements.

Plan for Subcontractors: Subcontractors will attend (or watch online) newly developed trainings. All ACBH County Clinics and Contractors will be informed of these requirements (per above) and be held accountable during ACBH QA Audits. All ACBH contractors with agency specific electronic health records will need to update their templates to include a section that indicates that they assessed for the required elements and what the determination was. All updated documents and tools described above will be distributed system- wide across all MH and SUD programs.

Proposed Evidence/Documentation of Correction

The updated forms, tools, documents and trainings will be developed and specify the requirements that the provider must make an individualized determination of each

child's/youth's need for ICC and IHBS, based on the child's/youth's strengths and needs.

Measures of Effectiveness (if included)

The updated forms, tools, documents and trainings will include that the MH Assessment process and templates include that the beneficiary received an individualized determination of eligibility and the need for ICC services and IHBS, and that if appropriate, such services were included in their Client Plan.

Frequency: The updated forms, tools, documents and trainings will be developed and posted online by October 31, 2020. The updated training will be provided in- person or online by November 30, 2020. This training will be available online for provider at any time. At least annually, the 2020, 2021, 2022 regularly scheduled system of care audits will monitor for compliance with this requirement.

Implementation Timeline:

1.) The updated forms, tools, documents and trainings will be developed and posted by October 31, 2020.

2.) The updated training will be provided in-person, or recorded online, by November 30, 2020. The in the MHP county run Electronic Health record system assessment template will be updated by October 31st 2021 and will be expected to be used by all Clinician Gateway users by December 1st 2021. Assessment templates that are compliant with this requirement will be released to contracted providers by October 1st 2021. Contractors will be expected to update their Electronic Health Record system's assessment templates by December 31st 2021.

Requirement (21)

The ICC Coordinator and the CFT should reassess the strengths and needs of children and youth, and their families, at least every 90 days, and as needed.

Citation(s): (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018)

DHCS Finding 6B: Line 16

The medical record for the following beneficiary who was receiving ICC services did not contain evidence that the MHP had reassessed the strengths and needs of the beneficiary, at least every 90 days, for the purpose of determining if ICC services should be modified:

Corrective Action Description

Goal (optional):

Target Audience (if applicable): All Specialty Mental Health Providers in the MHP System of Care.

Change: The ACBH MH Plan requires that the Intensive Care Coordination (ICC) Coordinator and the CFT should reassess the strengths and needs of children/ youth and their families at least every 90 days and as needed; this will be specified in the ACBH trainings, documents and forms.

Steps to Implement:

1.) Create QA/Documentation training for the MHP system of care that highlights each of the clinical documentation issues identified in the Triennial Audit including that the ICC Coordinator and the CFT should reassess the strengths and needs of children/ youth and their families at least every 90 days and as needed.

2.) Modify the ACBH Clinical Documentation Manual, the ACBH CQRT Regulatory Tool and the ACBH SMHS Audit Tool to include these requirements.

Plan for Subcontractors: Subcontractors will attend (or watch online) newly developed trainings. All ACBH County Clinics and Contractors will be informed of these requirements (per above) and be held accountable during ACBH QA Audits. All updated documents and tools described above will be distributed system- wide across all MH and SUD programs.

Proposed Evidence/Documentation of Correction

The updated forms, tools, documents and trainings will highlight that that the ICC Coordinator and the CFT should reassess the strengths and needs of children/youth and their families at least every 90 days and as needed.

Measures of Effectiveness (if included)

All beneficiaries that need and receive ICC services will have their strengths and needs reassessed every 90 days. This will be evident in the regularly scheduled 2021 and 2022 system of care audits.

Frequency: The updated forms, tools, documents and training presentations will be developed and posted online by October 31, 2020. The updated training will be provided in- person or online by November 30, 2020. This training will be available online for provider at any time. At least annually, the 2020, 2021, 2022 regularly scheduled system of care audits will monitor for compliance with this requirement.

Implementation Timeline:

1.) The updated forms, tools, documents and trainings will be developed and posted by October 31, 2020.

2.) The updated training will be provided in- person or online by November 30, 2020.

Requirement (22)

There is evidence that mental health interpreter services are offered and provided, when applicable.

Citation(s): (MHP Contract, Ex. A, Att. 9)

DHCS Finding 7A: Line 13, 18

The medical record did not include evidence that oral interpretation services were made available to the beneficiary and/or the beneficiary's parent(s)/legal guardian(s).

Specifically: Line numbers 13 and 18. There was no evidence in the medical record that language interpretation services were offered or provided to the beneficiary and/or to the beneficiary's parent or legal guardian whose preferred language was not English.

Corrective Action Description

Goal (optional):

Target Audience (if applicable): All Specialty Mental Health Providers in the MHP System of Care.

Change: It is a current ACBH requirement that when clients and/or their significant others have a preferred language other than English, that Interpreter services are offered. In an attempt to facilitate this, ACBH now offers access to an Interpretation phone service for all County and Master Contract Providers. As well, an interpreter can be provided by ACCESS for Level III (Provider Network) Providers. Programs within the system of care have reported that they believe that this is an issue of documentation and that providers are failing to document that interpretation services were offered if the beneficiary declined those services. A special training will be developed for providers within the MHP's system of care on the availability of interpretation services and how to access them. The training will include the requirement that interpretation services be offered to beneficiaries when their preferred language is not English. The training will include the need for providers to document in the beneficiary's medical record that the offer was made and whether the client received or declined such services.

Steps to Implement:

1.) Develop a special topic specific training on interpreter services.

2.) The Quality Review Items tool utilized in QA Audits will be updated to include that there is evidence that mental health interpreter services are offered and provided, when applicable.

Plan for Subcontractors: All ACBH County Clinics and Contractors will be reminded of these requirements (per above) and be held accountable during ACBH QA Audits. Providers may need to update forms within their agency specific electronic health record to prompt providers to document if interpreter services were offered or provided.

Proposed Evidence/Documentation of Correction

The training will clearly reflect that oral interpretation services are made available to the beneficiary and/or the beneficiary's parent(s)/legal guardian(s) when their primary language is not English.

Measures of Effectiveness (if included)

Any beneficiary whose preferred language is not English will always be offered interpreter services. Any beneficiary whose preferred language is not English and refuses interpreter services will have this documented in their medical record. The 2021 and 2022 regularly scheduled system of care audits should see full compliance with this item.

Frequency: The specific training presentation will be developed and posted online by October 31, 2020. The updated training will be provided in- person or online by November 30, 2020. At least annually, the 2020, 2021, 2022 regularly scheduled system of care audits will monitor for compliance with this requirement.

Implementation Timeline:

1.) The training presentation will be developed and posted online by October 31,

2020.

2.) The updated training will be provided in- person or online by November 30, 2020.

Requirement (23)

Day Treatment Intensive and Day Rehabilitation programs include all the following required service components: A. Daily Community Meetings; * B. Process Groups; C. Skill-building Groups; and D. Adjunctive Therapies; E. Additionally, Day Treatment Intensive programs also require Psychotherapy.

Citation(s): (CCR, title 9, § 1810.212, 1810.216, 1810.314(d)(e).)

DHCS Finding 8A, Line 5

Documentation for the following Line numbers indicated the required service components for a Day Rehabilitation program were not included, as specified by the MHP Contract with the Department: Line number 5: Community meetings for Day Rehabilitation did not occur at least once a day.

Specifically: One Weekly Summary Progress Note lacked documentation that the beneficiary attended Community Meeting on 2/28/2019.

Corrective Action Description

Goal (optional):

Target Audience (if applicable): All Specialty Mental Health Providers in the MHP System of Care.

Change: It is a current ACBH requirement when providing Day Treatment Intensive (DTI) or Day Rehabilitation (DR) that all requirements are met per: (CCR, title 9, § 1810.212, 1810.216, 1810.314(d)(e).) including, but not limited to, that DTI and DR include all the following required service components:

A. Daily Community Meetings; * B. Process Groups; C. Skill- building Groups; and D. Adjunctive Therapies; E. Additionally, Day Treatment Intensive programs also require Psychotherapy. Since this error occurred only once on a single weekly summary progress note; the MHP Quality Assurance department will re-enforce the importance of this requirement with the provider and provide technical assistance regarding what is claimable when a client fails to attend a community meeting. The MHP Quality Assurance department will discuss with the provider potential protocols the provider should have to prevent claiming if a client does not meet attendance requirements.

Steps to Implement: Post the DR and DTI training PowerPoint on the ACBH QA Provider Website.

Plan for Subcontractors: Provider will draft or modify existing protocol for identifying which clients fail to meet attendance requirements for DR and DTI and how to prevent claiming.

Proposed Evidence/Documentation of Correction

The updated trainings will specify the DTI and DR requirements including those specified in Column #1. The providers protocol for claiming.

Measures of Effectiveness (if included)

The updated trainings will include the service component requirements for DR and DTI. The 2021 and 2022 regularly scheduled system of care audits should see full compliance with this item.

Frequency: One time: The updated training presentation will be developed and posted by October 31, 2020. One time: The updated training will be provided in-person or online by November 30, 2020. At least annually, the 2020, 2021, 2022 regularly scheduled system of care audits will monitor for compliance with this requirement.

Implementation Timeline:

1.) The updated training presentation will be developed and posted online by October 31, 2020.

2.) The updated training will be provided in- person or online by November 30, 2020.

The provider will provide to the MHP Quality Assurance department their claiming protocol for clients that do not meet attendance requirements by 11/1/2020.

Requirement (24)

Documentation requirements for Day Treatment Intensive include:

1. Daily Progress Notes on activities attended. 2. Weekly Clinical Summary.

Documentation requirements for Day Rehabilitation include: 1. Weekly Progress Notes.

1) Documentation requirements for both Day Treatment Intensive and Day Rehabilitation include: Monthly documentation of one contact with family, care-giver, or significant support person identified by an adult beneficiary or one contact per month with the legally responsible adult for a beneficiary who is a minor. A. This contact is face-to face or by an alternative method such as email, telephone, etc. B. This contact focuses on the role of the support person in supporting the beneficiary's community reintegration. C. This contact occurs outside the hours of operation and outside the therapeutic program.

Citation(s): CCR, title 9, § 1810.112(b)(6)

DHCS Finding 8e: Lines 3, 5, 10

Documentation for the following Line numbers indicated that essential requirements for a Day Rehabilitation program were not met, as specified by the MHP Contract with the Department: Line numbers 3, 5 and 10. Entries in the medical record did not consistently document, during each month that Day Rehabilitation services were claimed, the provision of at least one (1) monthly contact with the beneficiary's family member, caregiver or other significant support person identified by an adult beneficiary, and that the documentation of one (1) monthly contact occurred outside of the Day Program's normal hours of operation

Corrective Action Description

Goal (optional):

Target Audience (if applicable): All Specialty Mental Health Providers in the MHP System of Care.

Change: It is not clear to the MHP if these meetings are not happening or are not being documented (so both will be addressed). The MHP will update the Day Rehab (DR) and Day Treatment Intensive (DTI) trainings to emphasize the clinical importance of having monthly contact with a beneficiary's family member, caregiver, or support person. The training will identify barriers to this happening and work with the system of care directors and providers to help identify ways of overcoming these barriers.

The training will emphasize that these meetings must be documented and will provide a sample note that would indicate the level of detail needed to be compliant.

Steps to Implement:

1.) Post the DR and DTI training power point on the ACBH QA Provider Website.

2.) Create QA/Documentation training for the MHP system of care that highlights each of the clinical documentation issues identified in the Triennial Audit inclusive of documentation of the provision of at least one (1) monthly contact with the beneficiary's family member, caregiver or other significant support person identified by an adult beneficiary, and that the documentation of one (1) monthly contact occurred outside of the Day Program's normal hours of operation.

Plan for Subcontractors: All ACBH County Clinics and Contractors will be reminded of these requirements (per above) and be held accountable during ACBH QA Audits. All updated documents and tools described above will be distributed system- wide across all MH and SUD programs.

Proposed Evidence/Documentation of Correction

The updated trainings will specify DR and DTI requirements as outlined in Column #1 (requirement).

Measures of Effectiveness (if included)

Day Rehab and Day Treatment Intensive programs will provide at least one monthly contact with a beneficiary's family member, caregiver, or support person. The 2021 and 2022 regularly scheduled system of care audits should see full compliance with this item.

Frequency: One time: The updated training presentation will be developed and posted online by October 31, 2020. One time: The updated training will be provided in-person or online by November 30, 2020. At least annually, the 2020, 2021, 2022 regularly scheduled system of care audits will monitor for compliance with this requirement.

Implementation Timeline:

1.) The updated training presentation will be developed and posted online by October 31, 2020.

2.) The updated training will be provided in- person or recorded online, by November 30, 2020.

Requirement (25)

There is a Written Program Description for Day Treatment Intensive and Day Rehabilitation that:

1) Describes the specific activities of each service and reflects each of the required components described in the MHP Contract.

2) Includes a Mental Health Crisis Protocol.

3) Includes a Written Weekly Schedule that: a) Identifies when and where services are provided and by whom; and b) Describes the qualifications and scope of services of program staff.

Citation(s): CCR, title 9, § 1810.212, 1810.213

DHCS Finding [Finding Number]

The Written Weekly Schedule for Day Rehabilitation did not identify: Line number 3. All program staff, their qualifications and scope of their services.

Corrective Action Description

Goal (optional):

Target Audience (if applicable): All Specialty Mental Health Providers in the MHP System of Care.

Change: Day Rehab (DR) providers in the MHP system will update and provide copies of their written weekly schedule template that will prompt that the staff qualifications and scope of practice be documented after their name. Day Rehab providers will be required to attend a mandatory Day Rehab documentation training and this issue will be highlighted in the training.

Steps to Implement:

1.) Post the DR and DTI training power point on the ACBH QA Provider Website.

2.) Create QA/Documentation training for the MHP system of care that highlights each of the clinical documentation issues identified in the Triennial Audit inclusive of documentation of the provision of at least one (1) monthly contact with the beneficiary's family member, caregiver or other significant support person identified by an adult beneficiary, and that the documentation of one (1) monthly contact occurred outside of the Day Program's normal hours of operation.

Plan for Subcontractors: Day Rehab providers in the MHP system will update and provide copies of their written weekly schedule template that will prompt that the staff qualifications and scope of practice be documented after their name.

Proposed Evidence/Documentation of Correction

The updated trainings will specify DR and DTI requirements as outlined in Column #1 (requirement). Examples of compliant Day Rehab weekly schedules.

Measures of Effectiveness (if included)

The updated trainings will include the written Weekly Schedule requirements for DR and DTI.

Evidence that all Day Rehab providers have weekly schedule templates that prompt for the staff qualifications and scope of practice.

Frequency: One time: The updated training presentation will be developed and posted online by October 31, 2020. One time: The updated training will be provided in-person or online by November 30, 2020. At least annually, the 2020, 2021, 2022 regularly scheduled system of care audits will monitor for compliance with this requirement.

Implementation Timeline:

1.) The updated training presentation will be developed and posted online by October 31, 2020.

2.) The updated training will be provided in- person or online by November 30, 2020.

The provider will provide the MHP Quality Assurance department with copies of compliant weekly schedules by 11/1/2020.