

CALAVERAS COUNTY MENTAL HEALTH PLAN
Fiscal Year (FY) 19/20 Specialty Mental Health Triennial Review
Corrective Action Plan
Chart Review

Review Dates: November 30, 2020 to December 1, 2020

1. Requirement: MEDICAL NECESSITY

MHP will ensure that all SMHS interventions are reasonably likely to correct or reduce the beneficiary's documented mental health condition, prevent the condition's deterioration, or help a beneficiary who is under age 21 to progress developmentally as individually appropriate.

DHCS Finding: 8.1.1.3b:

The actual interventions documented in the progress note for the following Line number does not meet medical necessity criteria since the intervention was not 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; c) allow the child to progress developmentally; d) correct or ameliorate the mental health condition of a beneficiary who is under age 21. Specifically:

Line number 2: The intervention documented on the Progress Note does not meet the definition of a valid Specialty Mental Health Service.

- o **11/5/19** (SF 30, Case Management): Case worker "administered a 10-panel presumptive urine analysis test to assist the client with compliance with the terms of probation and to increase accountability."

RR15b, refer to Recoupment Summary for a summary of details

Corrective Action Description

1. The MHP will create and roll out a specific training that includes and is relevant to the finding by September 2021.
2. Training will be provided once a month during the weekly assignment meeting that includes all direct service providers. including one training specific to Medi-Cal's requirement that the intervention must reasonably be 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; c) allow the child to progress developmentally; d) correct or ameliorate the mental health condition of a beneficiary who is under age 21, will be discussed. The above deficiency will be used as an example of a non-compliant billable intervention.

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3. Case Managers will provide 3 months of progress note peer review to ensure medi-cal billable interventions used meet medical necessity criteria and MHP compliance requirements.
4. Deficiencies found during the peer review will be documented on the 'Billing Compliance Form' and addressed by the staff Supervisor with the individual Case Manager and additional training will be provided as needed.
5. Redistribute Documentation Policy and Procedure

Proposed Evidence/Documentation of Correction

(All meetings with more than three participants are held via zoom)

1. Meeting minutes
2. Record of attendance
3. Peer review tool for Case Managers
4. Sample Billing Compliance Form
5. Medi-Cal definitions of services

Ongoing Monitoring (if included)

1. 3 months of peer review.

Person Responsible

Wendy Alt; Director, Behavioral Health Services
Rolan Dillard; Children's System of Care Supervisor
Monique Gonzales, Clinical Supervisor
Stacey Meily; Behavioral Health Program Manager
Dianne Johnson; Quality Management Specialist

Implementation Timeline:

September 2021

2. Requirement: ASSESSMENT

MHP's policy requires Assessments to be completed within 60 days of the initial contact with the beneficiary, and they are to be renewed at least annually for adults 18 years and older, and every 6 months for youth. MHP will ensure that assessments are completed in accordance with the initial timeliness and update frequency requirements specified in the MHP's written documentation standards

DHCS Finding 8.2.1

Assessments were not completed in accordance with regulatory and contractual requirements. Specifically:

Several assessments were not completed within update frequency requirements specified in the MHP's written documentation standards.

- **Line 4** – The MHP provided an initial Adult Assessment completed on 6/27/2017. The MHP was given the opportunity to locate yearly updated Assessments for the years 2018 and 2019; however, they were unable to locate these documents.

During the In-Person Review, the MHP acknowledged that they are aware of this issue, and in order to address it, they have created a medical chart documentation checklist

- **Line 6** – The MHP provided an initial Child/Youth Comprehensive Intake Assessment completed on 8/23/2017 and an updated Assessment completed on 10/17/2019; however, they were unable to locate a yearly Assessment update for the year 2018, or 6-month updates in accordance with the MHP's youth Assessment policy.
- **Line 7** – The MHP provided an initial Child/Youth Comprehensive Intake Assessment completed on 5/22/2019; however, they were unable to locate a 6-month update, in accordance with the MHP's youth Assessment policy.
- **Line 8** – The MHP provided a Child/Youth Comprehensive Intake Assessment completed on 8/20/2018; however, they were unable to locate both 6-month and yearly Assessment updates for the year 2019, in accordance with the MHP's youth Assessment policy.
- **Line 9** – The MHP provided an initial Child/Youth Comprehensive Intake

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Assessment completed on 11/21/2018; however, they were unable to locate both 6-month and yearly Assessment updates, in accordance with the MHP's youth Assessment policy the following are specific findings from the chart sample:

Corrective Action Description

1. The MHP will create and roll out a specific training that includes and is relevant to the finding by September 2021.
2. Training will be provided once per month during the weekly assignment meeting, including one specific to the MHP's policy on the timeliness of adult and youth assessments and re-assessments. Review of the Assessment Policy will be strongly iterated to ensure compliance with the MHP's written documentation standards
3. A monthly report will be run from EHR showing Assessment/Treatment plan expiring within 60 days. Each provider with a client on the list will be given a copy of their list. Administration and the clinical Supervisors will be provided the list to provide support and follow-up to ensure compliance.
4. Redistribute Documentation Policy and Procedure.

Proposed Evidence/Documentation of Correction

(All meetings with more than three participants are held via zoom)

1. Meeting minutes
2. Record of attendance
3. Assessment Policy & Procedure
4. Expiring TP/Assessment report

Ongoing Monitoring (if included)

Monthly

Person Responsible

Wendy Alt; Director, Behavioral Health Services
Rolan Dillard; Children's System of Care Supervisor
Stacey Meily; Behavioral Health Program Manager
Dianne Johnson; Quality Management Specialist
Monique Gonzales, Supervising Clinician

Implementation Timeline:

September 2021

3. Requirement: ASSESSMENT

The MHP will ensure that every Assessment contains all of the required elements specified in the MHP Contract with the Department.

DHCS Finding: 8.2.2:

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

- a) Relevant conditions and psychosocial factors affecting the beneficiary's physical health and mental health, including history of or exposure to trauma:
Line numbers: 1 and 2.
- b) Medical History: **Line numbers: 1 and 2.**
- c) Medications: **Line number: 1.**
- d) Substance Exposure/Substance Use: **Line number: 1.**
- e) Risks: **Line numbers: 4, 6, 8, and 9.**

*Please Note: In general, for **Line numbers 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10**, in regard to the Assessment elements that were present, many of them lacked significant comprehensive details. Reviewers found that on some Assessment forms, which utilize check boxes with additional space on which the form instructs the provider to enter supplemental/explanatory narrative, the narrative spaces were either left blank or contain very little information*

Corrective Action Description

1. Assessments and Reassessments for both child and adult have been updated to require a narrative response in all required elements of the assessment. By making these fields required staff will not have the option to bypass
2. Trainings will be provided once per month during the weekly assignment meeting including all direct service providers, including one specific to the required elements of the Assessment as specified in the MHP Contract. The MHP will strongly iterate compliance to these elements to ensure adherence with the MHP's Contract and written documentation standards.
3. 3 months peer review of Assessments / re-assessments to ensure assessments include all required elements and detailed narratives as recommend.
4. Deficiencies found during the peer review will be documented on the 'Billing Compliance Form' and addressed by the staff Supervisor with the individual Case Manager and additional training will be provided as needed.

Proposed Evidence/Documentation of Correction

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(All meetings with more than three participants are held via zoom)

1. Meeting minutes
2. Record of attendance
3. Peer review tool for Clinical providers
4. Sample Billing Compliance Form
5. Email updating Assessment forms
6. Policy & Procedure

Ongoing Monitoring (if included)

1. 3 months of peer review

Person Responsible (job title)

Wendy Alt; Director, Behavioral Health Services
Rolan Dillard; Children’s System of Care Clinical Supervisor
Stacey Meily; Behavioral Health Program Manager
Monique Gonzales, Clinical Supervisor
Dianne Johnson; Quality Management Specialist

Implementation Timeline:

September 2021

4 .**Requirement:** MEDICATION CONSENT

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The MHP ensure that a written medication consent form is obtained and retained for each medication prescribed and administered under the direction of the MHP.

DHCS Finding 8.3.1:

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

Line number: 4. There was no written medication consent form found in the medical record, although Medication Support Progress notes completed during the review period indicate that Remeron, Seroquel, and Lexapro were prescribed.

MHP staff was given the opportunity to find the missing medication consent form in the medical record but was unable to locate it.

Corrective Action Description

1. The MHP will add an electronic signature pad to the Psychiatric Tele-health office to obtain an immediate 'Medication Consent' signed by the beneficiary or authorized representative.
2. 3 months peer review to ensure Medical Consent compliance
3. Deficiencies found during the peer review will be documented on the 'Billing Compliance Form' and addressed by the staff Supervisor with the individual Case Manager and additional training will be provided as needed.

Proposed Evidence/Documentation of Correction

1. Peer review tool for Chart Compliance
2. Sample Billing Compliance Form

Ongoing Monitoring (if included)

1. 3 months of peer review

Person Responsible (job title)

Wendy Alt; Director, Behavioral Health Services
Rolan Dillard; Children's System of Care Clinical Supervisor
Stacey Meily; Behavioral Health Program Manager
Monique Gonzales, Clinical Supervisor
Dianne Johnson; Quality Management Specialist

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Implementation Timeline:

September 2021

5. Requirement: CLIENT PLANS

The MHP will ensure that services are provided in the amount, duration, and scope as specified in the Individualized Client Plan for each beneficiary. Services not provided in the amount, duration, and scope as specified will have a corresponding informational note in the client record noting why the service(s) did not occur.

DHCS Finding 8.4.2b:

- **Line 1 – Plan Development** (frequency=quarterly/as needed), **Collateral** (frequency=quarterly/as needed), **Group Rehab** (frequency=weekly/as needed), and **Case Management** (frequency=quarterly/as needed).
- **Line 4 – Plan Development** (frequency=quarterly/or as needed) and **Case Management** (frequency=quarterly/or as needed).
- **Line 8 – IHBS** (frequency=weekly/or as needed).
- **Line 9 – Medication Management** (frequency=monthly/if prescribed). According to a Line 9 Medication Consent form completed on **8/29/2019**, the beneficiary was prescribed Strattera 10mg.
- **Line 10 – Group Rehab** (frequency=every two weeks/or as needed), **Plan Development** (frequency=quarterly/or as needed), **Group Therapy** (frequency=weekly/or as needed), and **ICC** (frequency=monthly/at least once every 90 days/or as needed).

According to a statement from the MHP, **ICC services** were included in the Line 10 Client Plan, due to a number of concerns regarding the beneficiary and beneficiary's family's condition, including their living situation and willingness to participate. "We have not provided sufficient documentation in the case file to convey this fact." In addition, MHP staff stated that they are aware that documentation of ICC criteria should be part of the plan development process.

Corrective Action Description

1. The MHP will create and roll out a specific training that includes and is relevant to the finding by September 2021.
2. Training will be provided once a month during the weekly assignment meeting, including one specific to the beneficiary Treatment Plan and that services are required to be sufficient and consistent in amount, duration or scope with those documented on the beneficiary's current Client Plan. The MHP will strongly iterated compliance to these standards to ensure adherence with the MHP's Contract and written documentation standards.
3. 3 months peer review of progress notes to ensure services are being delivered in amount, duration or scope as written on the beneficiary Treatment Plan.

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4. Deficiencies found during the peer review will be documented on the 'Billing Compliance Form' and addressed by the staff Supervisor with the individual Case Manager and additional training will be provided as needed.
5. Redistribution of Client Treatment Plan and ICC Policy and Procedure.

Proposed Evidence/Documentation of Correction

(All meetings with more than three participants are held via zoom)

1. Meeting minutes
2. Record of attendance
3. Peer review tool for Clinical providers & Case Mangers
4. Sample Billing Compliance Form
5. Treatment Plan Policy & Procedure
6. ICC P&P

Ongoing Monitoring (if included)

1. 3 months of peer review

Person Responsible (job title)

Wendy Alt; Director
Rolan Dillard; Children's System of Care Clinical Supervisor
Stacey Meily; Behavioral Health Program Manager
Monique Gonzales, Clinical Supervisor
Dianne Johnson; Quality Management Specialist

Implementation Timeline:

September 2021

6 Requirement: CLIENT PLANS

. The MHP shall ensure that:

- 1) Client plans are updated at least on an annual basis for beneficiaries in the adult system of care and children system of care plans shall be updated every 6 months as required by the MHP Contract with the Department, and within the timelines and frequency specified in the MHP's written documentation standards.
- 2) Planned services are not claimed when the service provided is not included on a current Client Plan.

DHCS Finding 8.4.3:

Several Client Plans were not updated at least annually, as required in the MHP Contract with the Department and/or as specified in the MHP's documentation standards. Specifically:

- **Line number: 9.** There was a **lapse** between the prior and current Client Plan and, therefore, no client plan was in effect during a portion of the audit review period.

The prior Client Plan was finalized by a licensed mental health professional on 11/21/2018. It is noted on the document that the plan is to be in effect from 11/21/2018 through 11/20/2019 (one year). The MHP submitted an updated Client Plan that was finalized by a licensed mental health provider on 12/19/2019. One (1) claim for SMHS was found during the one month lapse, dated 12/12/2019 (Individual Therapy).

RR4b, refer to Recoupment Summary for summary of details

It should be noted that, according to MHP Policy, children and youth Client Plans should be renewed "every six months or more frequently if deemed necessary." The MHP did not follow this policy for **Line 9**.

- **Line number: 4.** There was a **lapse** between the prior and current Client Plans. However, this occurred outside of the audit review period.

The prior Line 4 Client Plan expired on 6/28/2018, while the current Client Plan was completed on 2/21/2019.

During the In-Person Review, the MHP stated that no Client Plan was made or updated during 2018 because no service was provided, and the beneficiary's file should have been closed. According to the MHP, the beneficiary resumed services in January of 2019.

- **Line number: 8.** There was a **lapse** between the prior and current Client Plans. However, there were no claims during this period.

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The prior Line 8 Client Plan expired on 8/22/2019, while the current Client Plan was completed on 10/2/2019

Corrective Action Description

1. The MHP will create and roll out a specific training that includes and is relevant to the finding by September 2021.
2. A monthly report will be run from EHR showing Treatment Plans expiring within 60 days. Each provider with a client on the list will be given a copy. Administration and the clinical Supervisors will be provided the list also to support and follow-up to ensure compliance.
3. A training will be provided monthly during the weekly assignment meeting, including one specific to the “Yellow Banner” that appears on staff’s EHR screen when a service is being entered on behalf of a beneficiary who has an expired or interim treatment plan. This yellow banner is a reminder to staff to notify the medi-cal biller prior to entering the service.
4. A Quality Improvement Plan (QIP) will be forwarded to each staff and their Supervisor for violation of the Yellow Banner protocols. QIPs require staff to provide a written plan, approved by their Supervisor, to ensure compliance.
5. Re-distribution of procedure to follow if yellow banner is generated during the progress note documentation.

Proposed Evidence/Documentation of Correction

(All meetings with more than three participants are held via zoom)

1. Meeting minutes
2. Record of attendance
3. QIP sample form
4. Treatment Plan Policy & Procedure
5. Yellow Banner Procedure

Ongoing Monitoring (if included)

September 2021

Person Responsible

Wendy Alt; Director, Behavioral Health Services
Rolan Dillard; Children’s System of Care Supervisor
Stacey Meily; Behavioral Health Program Manager
Dianne Johnson; Quality Management Specialist
Monique Gonzales, Clinical Supervisors

Implementation Timeline:

September 2021

7 Requirement: CLIENT PLANS

The MHP will ensure that mental health interventions proposed on Client Plans indicate both an expected frequency and duration for each intervention.

DHCS Finding 8.4.4:

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

- One or more proposed intervention does not include an expected frequency that is specific enough. **Line numbers: 1, 2, 3, 4, 5, and 9**
 - o According to the MHP policy on Client Plan intervention frequency, the phrase “as needed” may be used to describe the frequency if it is used in conjunction with a “quantifiable measurement, i.e., once a week or more as needed,” indicating that the actual frequency may be higher than that which is recorded on the treatment plan. The policy could be made more clearly explicit by adding the phrase “at least weekly/monthly/quarterly or more often if needed.”
 - o It would be more clear if frequencies were written in the medical record as
“At least weekly (or monthly, or quarterly) and more often if needed.”
- One or more proposed intervention did not include an expected duration: **Line numbers 3, 5, 9, and 10.**

Corrective Action Description

1. The MHP will create and roll out a specific training that includes and is relevant to the finding by September 2021.
2. Training will be provided once per month during the weekly assignment meeting including one specific to the Treatment Plan policy and the expected frequency of the proposed intervention as required in the MHP Contract with the Department and/or as specified in the MHP’s documentation standards. The MHP will strongly iterated compliance to this standards to ensure adherence with the MHP’s Contract and written documentation standards.
3. The MHP will follow the recommendation of DHCS and change the wording in the Treatment Plan policy:

From: “As needed” may be used to describe the frequency if it is used in conjunction with a “quantifiable measurement, i.e., once a week or more as needed,”

To: “At least weekly (or monthly, or quarterly) and more often if needed” to provide more clear instruction to the expected frequency of the proposed Intervention.

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4. Deficiencies found during the peer review will be documented on the 'Billing Compliance Form' and addressed by the staff Supervisor with the individual Case Manager and additional training will be provided as needed.

Proposed Evidence/Documentation of Correction

(All meetings with more than three participants are held via zoom)

- 1 Meeting minutes
- 2 Record of attendance
- 3 Peer review tool for Clinical providers
- 4 Sample Billing Compliance Form
- 5 Treatment Plan Policy & Procedure

Ongoing Monitoring (if included)

1. 3 months of peer review

Person Responsible (job title)

Wendy Alt; Director, Behavioral Health Services
Monique Gonzales, Clinical Supervisor
Rolan Dillard; Children's System of Care Clinical Supervisor
Stacey Meily; Behavioral Health Program Manager
Dianne Johnson; Quality Management Specialist

Implementation Timeline:

September 2021

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8. Requirement: PROGRESS NOTES

The MHP shall ensure that progress notes document:

- Timely completion and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP's written documentation standards.
- The provider's professional degree, licensure or job title

DHCS Finding 8.5.2

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

- **Line numbers: 2, 6, 7, 8, 9, and 10.** Thirty-one (31) or 23 percent of all progress notes were not completed within the MHP's written timeliness standard of within two (2) days from the date of service.
 - **Line 2 – 10/3, 10/15, 10/22, and 10/29** ○ **Line 6 – 11/8**
 - **Line 7 – 10/7, 11/8, 11/21, 11/25, 12/9, and 12/19** ○ **Line 8 – 10/18, 11/8, 11/22, 12/6, 12/20, and 12/27**
 - **Line 9 – 10/3, 10/24, 10/24, 11/7, 11/7, 11/14, 11/20, 12/5, 12/12, 12/18, and 12/19** ○ **Line 10 – 10/21, 12/16, and 12/16**
- **Line numbers: 2, 5, 6, 8, and 10.** Twenty-four (24) or 18 percent of all progress notes reviewed do not include the provider's professional degree, licensure, or job title.
 - **Line 2 – 10/1, 10/3, 10/15, 10/22, 10/29, 11/5, 11/5, and 12/26**
 - **Line 5 – 11/13** ○ **Line 6 – 11/4, 11/5, 11/8, 11/13, 11/14, 11/25, 12/30, and 12/30** ○ **Line 8 – 10/15, 11/5, 11/12, 12/3, 12/10, and 12/17** ○ **Line 10 – 12/9**

While the Progress Notes for the dates above do not include the providers' degree/title/licensure, in order to determine whether providers were appropriately credentialed for the services they were providing during the Review period, the MHP was able to submit evidence of each provider's credentials at the times these services were rendered

Corrective Action Description:

1. The MHP will the provider's professional degree, licensure or job title pre-set in the electronic health record as part of the on-boarding system to ensure the provider's professional degree, licensure or job title are attached to each documentation.

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2. Training will be provided once per month during the weekly assignment meeting, including one specific to the Progress Note policy including all elements as required in the MHP Contract with the Department and/or as specified in the MHP's documentation standards. The MHP will strongly iterated compliance to this standard to ensure adherence with the MHP's Contract and written documentation standards
3. Deficiencies found during the peer review will be documented on the 'Billing Compliance Form' and addressed by the staff Supervisor with the individual Case Manager and additional training will be provided as needed.

Proposed Evidence/Documentation of Correction

(All meetings with more than three participants are held via zoom)

1. Meeting minutes
2. Record of attendance
3. Peer review tool for Clinical providers & Case Managers
4. Sample Billing Compliance Form
5. Progress Note Policy & Procedure

Ongoing Monitoring (if included)

1. 3 months of peer review

Person Responsible (job title)

Wendy Alt; Director Behavioral Health Services
Monique Gonzales, Clinical Supervisor
Rolan Dillard; Children's System of Care Clinical Supervisor
Stacey Meily; Behavioral Health Program Manager
Dianne Johnson; Quality Management Specialist

Implementation Timeline:

September 2021

9 Requirement: PROGRESS NOTES

The MHP shall ensure that all Specialty Mental Health Services claimed are claimed for the correct service modality billing code, and units of time; and the Progress Notes accurately describe the type of service or service activity, the date of the service and the amount of time to provide the service, as specified in the MHP Contract with the Department

DHCS Finding 8.5.4

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

- **Line number: 1.** The type of Specialty Mental Health Service (SMHS) documented on the Progress Note was not the same type of SMHS claimed.
 - 10/24/19 was claimed as Individual Rehab (SF=30), but the content of the Progress Note describes Targeted Case Management (SF=1).
 - 12/26/2019 was claimed as Individual Rehab (SF=30), but the content of the Progress Notes described Targeted Case Management (SF=1).

RR8b1, refer to Recoupment Summary for summary of details.

Corrective Action Description:

1. The MHP will create and roll out a specific training that includes and is relevant to the finding by September 2021.
2. Training will be provided once per month during the weekly assignment meeting, including one specific to the Progress Note policy including all elements as required in the MHP Contract with the Department and/or as specified in the MHP's documentation standards. The MHP will strongly iterated compliance to this standards to ensure adherence with the MHP's Contract and written documentation standards
3. A 3 month peer review of Progress Notes to ensure all elements are included as required in the MHP Contract with the Department and/or as specified in the MHP's documentation standards
4. Deficiencies found during the peer review will be documented on the 'Billing Compliance Form' and addressed by the staff Supervisor with the individual Case Manager and additional training will be provided as needed.

Proposed Evidence/Documentation of Correction

(All meetings with more than three participants are held via zoom)

1. All-Staff meeting minutes

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2. Record of attendance
3. Peer review tool for Clinical providers & Case Managers
4. Sample Billing Compliance Form
5. Progress Note Policy & Procedure

Ongoing Monitoring (if included)

1. 3 months of peer review

Person Responsible (job title)

Wendy Alt; Director, Behavioral Health Services
Rolan Dillard; Children's System of Care Clinical Supervisor
Stacey Meily; Behavioral Health Program Manager
Dianne Johnson; Quality Management Specialist
Monique Gonzales, Clinical Supervisor

Implementation Timeline:

September 2021

10 Requirement: *Provision of ICC Services and IHBS for Children and Youth*

The MHP shall ensure that each beneficiary under age 22 who is authorized to receive Specialty Mental Health Services also receives an individualized determination of eligibility and need for ICC Service and IHBS prior to or during the development of the beneficiary’s Initial Client Plan, and evidence for the individualized determination is documented in the medical record.

DHCS Finding 8.6.1:

- The medical records associated with the following Line numbers do 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: **Line numbers: 7 and 9.**
During the Review, the MHP provided the following statement regarding documentation of ICC/IHBS services: “It has not been our practice to document the specific inclusion or exclusion of ICC services. We are now aware that documentation of ICC criteria should be a part of the plan development process and will be included in intake assessment/reassessment, case presentations, and treatment plan development moving forward.”

Corrective Action Description

1. Training will be provided to all staff and contract providers who have the responsibility for determining and documenting eligibility and need for ICC and IHBS
2. Redistribution of ICC Policy and Procedure.
3. Update Medical Necessity form to include ICC and IHBS services.

Proposed Evidence/Documentation of Correction

1. ICC P&P
2. Meeting minutes
3. Record of attendance

Ongoing Monitoring (if included)

N/A

Person Responsible (job title)

Wendy Alt; Director, Behavioral Health Services
Rolan Dillard; Children’s System of Care Clinical Supervisor
Monique Gonzales, clinical supervisor
Stacey Meily; Behavioral Health Program Manager
Dianne Johnson; Quality Management Specialist

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Implementation Timeline:

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