

# Plumas County Behavioral Health Plan Plan of Correction 2016/17 Triennial Review

## ATTESTATION

### Item 1, Page 3

DHCS Finding	
	Provide evidence to demonstrate that the MHP provides all information specified in CFR 42 section 438.10(g)(1) about the grievance system to all providers and subcontractors at the time they enter into a contract.

**MHP Action:**

Add information about the grievance process to the MHP's contract boilerplate.

**Status:**

Completed. This has been added to our boilerplate contract. See "Contract page with grievance information"

**Assigned Staff:**

Q.I. Manager, Department Fiscal Officer

## ACCESS

### Item 2, Page 4

DHCS Finding	
	Provider list must contain alternatives and options for cultural services.
	Four failed test calls out of seven (English only).

**MHP Action:**

Add cultural alternatives to the updated provider list.

Provide training to the answering service and front desk staff regarding processing grievances and how to access services (including clinic hours).

**Status:**

Completed. See attached "Clinician Provider List".

Completed. See "24-7 Test Calls"

**Assigned Staff:**

Q.I. Manager, I.T., Q.I. Manager

### Item 3, Page 7

DHCS Finding	
	Absence of TTY/TDD or Telecommunications Relay Services.

**MHP Action:**

Obtain TTY/TDD or Telecommunications Relay Services.

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**Status:**

Completed. See "Compliance and Quality"

**Assigned Staff:**

I.T.

**Item 4, Page 8**

DHCS Finding	
	Test calls were not entered in RFS log.

**MHP Action:**

Refine logging procedures and test regularly.

**Status:**

Completed. See "24-7 Test Calls"

**Assigned Staff:**

Q.I. Manager

**Item 5, Page 8**

DHCS Finding	
	No Annual Report, or annual cultural competence training from the CCC.

**MHP Action:**

Reform the CCC and initiate activities and regular reports.

**Status:**

Completed. See "Cultural Competency"

**Assigned Staff:**

CCC

## AUTHORIZATION

**Item 6, Page 9**

DHCS Finding	
	TARs and SARs to be approved or denied in 14 days.

**MHP Action:**

Provide updated log entries.

**Status:**

Completed. All TARs and SARs have been approved or denied within 14 days. See "TARS and SARS"

**Assigned Staff:**

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Q.I. Manager

## Item 7, Page 10

DHCS Finding	
	No request for advance payment authorization for Day Rehab.

### MHP Action:

Update P&P 200.0.

### Status:

In process

### Assigned Staff:

Senior management

## NETWORK ADEQUACY

## Item 8, Page 11

DHCS Finding	
	No request for advance payment authorization for Day Rehab.

### MHP Action:

Update P&P 200.0.

### Status:

In process

### Assigned Staff:

Senior management, Q.I. Manager

## Item 9, Page 12

DHCS Finding	
	No evidence of ensured communication between compliance officer and organization employees.

### MHP Action:

Post notices with compliance hot line number and confidential mailboxes in each services location.

### Status:

Completed. See "Compliance and Quality".

### Assigned Staff:

Q.I. Manager

## Item 10, Page 12

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DHCS Finding	
	No evidence of a method to verify whether Medicaid services were actually furnished.

**MHP Action:**

Form letters will be sent out to clients requesting confirmation of service provision.

**Status:**

Completed. See "Verification of Services"

**Assigned Staff:**

Q.I. Manager Bob M.

**QUALITY IMPROVEMENT**

**Item 11, Page 13**

DHCS Finding	
	Failure to collect disclosures of ownership...

**MHP Action:**

Add disclosure of ownership clause to the MHP's boilerplate contract.

**Status:**

In Process

**Assigned Staff:**

Q.I. Manager H.R., ASO

**Item 12, Page 13**

DHCS Finding	
	QM/QI work plan incomplete

**MHP Action:**

Update QM/QI workplan.

**Status:**

Completed. See "PCBH QI Workplan FY16-17"

**Assigned Staff:**

Q.I. Manager

**Item 13, Page 14**

DHCS Finding	
	Most recent update of the CCP was March 2014.

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**MHP Action:**

The CCP should be updated annually—(the CCC can contact the county liaison for guidance).

**Status:**

Completed. See “Cultural Competency”

**Assigned Staff:**

Cultural Competency Committee

## NETWORK ADEQUACY

**Item 14, Page 15**

DHCS Finding	
	No evidence of a process to verify providers in the Social Security Administration Death Master File, or Excluded Parties List System.

**MHP Action:**

Add this data base to the existing reporting/tracking system.

**Status:**

In Process

**Assigned Staff:**

N/A

## CHART REVIEW

**Item 15, Page 3**

DHCS Finding	
	Medical record(s) that did not meet the medical necessity criteria.

**MHP Action:**

POC that will ensure that only beneficiaries with a qualifying functional impairment that is directly related to a mental health condition have claims submitted.

**Status:**

Completed. See “Documentation Guidelines” and “Chart Review Process”

**Assigned Staff:**

Senior Management, Q.I. Manager

**Item 16, Page 4**

DHCS Finding	
	Assessments were not completed in accordance with regulatory and contractual requirements (timeliness, frequency)

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**MHP Action:**

POC that will ensure that assessments are completed in accordance with timeliness and frequency requirements.

**Status:**

See above

**Assigned Staff:**

N/A

**Item 17, Page 5**

DHCS Finding	
	Assessments reviewed did not include all the elements specified in the MHP contract (medical history, client strengths, risks, a full DSM diagnosis).

**MHP Action:**

POC that will ensure that every assessment contains all the required elements.

**Status:**

See above

**Assigned Staff:**

N/A

**MEDICATION CONSENT****Item 18, Page 5**

DHCS Finding	
	The provider did not obtain a current medication consent signed by the beneficiary.

**MHP Action:**

POC that will ensure that a medication consent form is obtained for each medication.

**Status:**

Completed. See "Medication Consent Forms"

**Assigned Staff:**

Telemed staff, I.T.

**Item 19, Page 6**

DHCS Finding	
	edication consents did not contain all required elements (alternative treatments, range of frequency, dosage, method of administration, duration, side effects, side effects beyond three months).

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**MHP Action:**

POC that will ensure that every medication consent includes required elements.

**Status:**

See above

**Assigned Staff:**

N/A

**CLIENT PLAN****Item 20, Page 7**

<b>DHCS Finding</b>	
	Client plans were not completed, at least, on an annual basis. One or more goals/treatment objectives were not specific, observable and/or quantifiable. One or more proposed interventions did not include a detailed description. Instead, on a "type" or "category" was recorded. One or more proposed interventions did not address the mental health needs and functional impairments identified as a result of the mental disorder.

**MHP Action:**

POC that indicates how the MHP will ensure that client plans are completed at least on an annual basis, and all types of interventions /service modalities are recorded, and all interventions/goals/objectives are clear, specific and address the beneficiary's identified functional impairments as a result of the mental disorder.

**Status:**

Completed. See "Documentation Guidelines" and "Chart Review Process"

**Assigned Staff:**

QI Manager, I.T., Unit Supervisors

**Item 21, Page 9**

<b>DHCS Finding</b>	
	The client plan was not signed.

**MHP Action:**

POC that indicates how the MHP will ensure that client plans are signed by appropriate staff, and the signature of the appropriate staff is timely.

**Status:**

See above

**Assigned Staff:**

N/A

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## Item 22, Page 10

DHCS Finding	
	The client plan was not signed.

### MHP Action:

POC that indicates how the MHP will ensure that each beneficiary's participation and agreement is obtained and documented in a timely manner.

Ensure that services are not claimed when the beneficiary's participation and agreement is not obtained or signature is not obtained when required, and a refusal is not documented.

### Status:

See above

### Assigned Staff:

N/A

## INDIVIDUAL PROGRESS NOTES

## Item 23, Page 12

DHCS Finding	
	Progress notes were not completed in accordance with regulatory requirements:  One or more progress notes was not completed within timeliness standards,  The MHP was not following its own written documentation standards,

### MHP Action:

POC that indicates how the MHP will ensure that progress notes meet timeliness, frequency and staff signature requirements...

timely completion by the person providing the service.

Progress notes clearly and accurately document the beneficiary's response to specific interventions applied.

The documentation is individualized for each service provided, and describes how services reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning.

### Status:

1/1/17 PCBH initiate the "72-hour Rule"; all chart documents must be submitted within 72 hours. This rule is being monitored and enforced. See "Documentation Guidelines"

### Assigned Staff:

QI, Senior Management, I.T.

## GROUP PROGRESS NOTES

## Item 24, Page 13



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<b>DHCS Finding</b>	
	Progress notes did not document the contribution, involvement or participation of each staff member as it relates to the functional impairment and mental health needs.

**MHP Action:**

POC that indicates how the MHP will ensure that group progress notes document the contribution, involvement or participation of each staff member as it relates to the functional impairment and mental health needs

**Status:**

Pending.

Group progress note workshop by Kingsview is scheduled for 9/12/17.

**Assigned Staff:**

I.T.