SONOMA COUNTY MHP ~ DHCS TRIENNIAL REVIEW OF SMHS
APRIL 17-20, 2017
PLAN OF CORRECTION

ITEM NO. 1, Section B, "Access" Finding 9a-4:

PROTOCOL	
9a-4	**Protocol Requirements** 9a. Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number: 1. Does the MHP provide a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county? 2. Does the toll-free telephone number 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? 3. Does the toll-free telephone number provide information to beneficiaries about services needed to treat a beneficiary's urgent condition? 4. Does the toll-free telephone number provide information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes?

Findings

Test Call Results Summary

Protocol Question	Test Call Findings								Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7		
9a-1	N/A	N/A	N/A	N/A	IN	IN	IN		**100%**
9a-2	N/A	IN	IN	IN	IN	N/A	IN		**100%**
9a-3	IN	IN	IN	IN	IN	N/A	IN		**100%**
9a-4	OCC	N/A	N/A	N/A	N/A	IN	N/A		**50%**

Protocol question 9a-4 is deemed in partial compliance.

Plan of Correction

The MHP will submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it will provide information to beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.

Sonoma County Plan of Correction

Regarding **9a-4**, Sonoma county maintains a 24/7 Automatic Call Distribution (ACD) line for clients to access Specialty Mental Health Services (SMHS). Sonoma County MHP has provided training to both Sonoma County Access program staff (who answer the 24/7, toll-free, ACD line during business hours) and our contractor Optum's staff (who answer calls during non-business hours). SCBH Quality Improvement staff held trainings with SCBH Access program staff (5-11-17) and two conference calls with Optum (5-17-17 and 7-19-17). The training minutes are attached (see Attachments 1 and 2a-b) showing the content of the trainings, including review of triennial and SCBH test call results and revised phone scripts.

Test calls continue to be conducted quarterly and the results are shared with both Access staff and Optum. SCBH Quality Improvement staff developed a plan of correction with Optum to address areas of deficiency that were found during test calls which was completed on 5-30-17 (See Attachment 3). Scripts for both SCBH and Optum staff answering ACD phone calls have

been updated to include all required elements (see Attachments 4 and 5). Recent SCBH test call reports (Attachments 6 and 7) show improvement in meeting all requirements of the 24/7 ACD line, including providing information to beneficiaries regarding the grievance and appeal process when applicable (January-March, 2017 and April-June, 2017 had a 100% compliance score in this area).

The following documentation is enclosed in support of this item:
1. Attachment 1: ACD Access Staff Training Minutes 5-11-17
2. Attachment 2a: Optum Conference Call Minutes 5-17-17
   Attachment 2b: Optum Conference Call Minutes 7-19-17
3. Attachment 3: Optum POC for Sonoma County 5-30-17
4. Attachment 4*: Script – Responses for Staff Answering the ACD Line*
5. Attachment 5: *Script for Optum – Responses for After Hours Staff*
6. Attachment 6: Sonoma Jan-Mar 2017 Test Call Quarterly Report
7. Attachment 7: Sonoma Apr-Jun 2017 Test Call Quarterly Report

ITEM NO. 2, Section B, "Access" Finding 10b 1-3:

PROTOCOL	
10b	**Protocol Requirements** 10. Regarding the written log of initial requests for SMHS: 10a. Does the MHP maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing? 10b. Does the written log(s) contain the following required elements: 1. Name of the beneficiary? 2. Date of the request? 3. Initial disposition of the request?

Findings

The MHP did not furnish evidence its written log(s) of initial requests for SMHS includes requests made by phone, in person, or in writing. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Call Logs. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, two (2) of the five (5) test calls were not logged.

Test Call #	Date of Call	Time of Call	Log Results		
			Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
2	3/9/17	11:23 a.m.	In	In	Out
3	3/20/17	7:35 a.m.	In	In	In
4	3/22/17	10:23 p.m.	In	In	In
5	3/24/17	2:54 p.m.	Out	Out	Out
7	4/3/17	12:42 p.m.	Out	Out	Out
Compliance Percentage			**60%**	**60%**	**40%**

Please note: Only calls requesting information about SMHS, including services needed to treat a beneficiary's urgent condition, are required to be logged.

Protocol questions 10b1, 10b2 and 10b3 are deemed in partial compliance.

Plan of Correction

The MHP will submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that its written log of initial requests for SMHS (including requests made via telephone, in person, or in writing) complies with all regulatory requirements.

Sonoma County Plan of Correction

Regarding **10b 1-3,** as mentioned in the prior response, Sonoma County MHP has provided training to both Sonoma County Access program staff (who answer the 24/7, toll-free, ACD line during business hours) and our contractor Optum's staff (who answer calls during non-business hours). SCBH Quality Improvement staff held trainings with SCBH Access program staff (5-11-17) and a conference call with Optum (5-17-17). The SCBH ACD call log has been revised to include the scripted prompts for the staff person completing the log (Attachment 8). The script reminds staff both of what needs to be said and what needs to be completed in the call log.

As mentioned in the prior response, SCBH Quality Improvement staff developed a plan of correction with Optum to address areas of deficiency that were found during test calls, including insuring all call logs were completed (Attachment 9 is an example of a completed Optum call log). The POC for Optum was completed on 5-31-17 (Attachment 10).

Additionally, the MHP Administration Committee meets regularly to review ACD call data including timeliness to access services and dispositions of service requests. At these meetings, SCBH Quality Management staff and senior managers have addressed any deficits with completing the call logs as incomplete logs skew the data (Attachments 11a-c include recent MHPA minutes where the ACD call data is discussed). Per the most recent test call report, there are still some elements of the log that are not being completed (Attachment 12). Sonoma MHP continues to work on ensuring that both SCBH and Optum staff complete all required call log elements in their entirety through staff training and MHPA meetings which include the Access program manager, QA Manager and QI Manager as well as the SCBH senior management team.

The following documentation is enclosed in support of this item:

1. Attachment [1]*:* Initial Request for SMHS Call Log Screenshot with Script (used by SCBH Access line staff)
2. Attachment [2]: After Hours ACD Line Call Log Sample (used by Optum staff)
3. Attachment [3]: Optum POC for Sonoma County 5-31-17
4. Attachment [4]: MHP Administration Committee meeting minutes: 5-12-17

   Attachment [5]: MHP Administration Committee meeting minutes: 5-26-17
   Attachment [6]: MHP Administration Committee meeting minutes: 7-21-17
5. Attachment [7]: Sonoma Apr-Jun 2017 Test Call Quarterly Report

[1] Attachment number(s) removed for confidentiality
[2] Attachment number(s) removed for confidentiality
[3] Attachment number(s) removed for confidentiality
[4] Attachment number(s) removed for confidentiality
[5] Attachment number(s) removed for confidentiality
[6] Attachment number(s) removed for confidentiality
[7] Attachment number(s) removed for confidentiality

ITEM NO. 3, Section C, "Authorization" Finding 1c:

PROTOCOL	
1c	**Protocol Requirements** 1. Regarding the Treatment Authorization Requests (TARs) for hospital services: a. Are the TARs being approved or denied by licensed mental health or waivered/registered professionals of the beneficiary's MHP in accordance with title 9 regulations? b. Are all adverse decisions regarding hospital requests for payment authorization that were based on criteria for medical necessity or emergency admission being reviewed and approved in accordance with title 9 regulations by: 1) a physician, or 2) at the discretion of the MHP, by a psychologist for patients admitted by a psychologist and who received services under the psychologist's scope of practice? c. Does the MHP approve or deny TARs within 14 calendar days of the receipt of the TAR and in accordance with title 9 regulations?

Findings

The MHP did not furnish evidence it complies with regulatory requirements regarding Treatment Authorization Requests (TARs) for hospital services. DHCS reviewed the MHP's authorization policy and procedure: P&P #MHP-03 Authorization Standards and 100 TAR samples. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, one (1) of the 100 TARS reviewed was approved past 14 calendars days of receipt. The TAR sample review findings are detailed below:

PROTOCOL REQUIREMENT		# TARS IN COMPLIANCE	# TARs OOC	COMPLIANCE PERCENTAGE
C1a	TARs approved or denied by licensed mental health or waivered/registered professionals	100	0	100%
C1c	TARs approves or denied within 14 calendar days	99	1	99%

Plan of Correction

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it complies with regulatory requirements regarding Treatment Authorization Requests (TARs) for hospital services.

Sonoma County Plan of Correction

Regarding **1c**, Sonoma's Hospital Utilization Review team has increased by one full-time, licensed clinician assigned to TAR review. Additionally, Sonoma County has developed a TAR tracking database that includes a field that automatically populates a TAR approval/denial due date when a TAR is entered as received (see Attachment [8]). This database also has a function to run a report of TARs pending due dates. Since the triennial review, there have been no TARs approved or denied beyond the 14 calendar day deadline.

[8] Attachment number(s) removed for confidentiality

A TAR audit was completed by SCBH Quality Assurance staff on 10-28-16 and a responsive plan of correction was completed by our hospital utilization review team addressing any out of compliance items. Given our improved timeliness in processing TAR's, the audit and POC have addressed the out of compliance finding 1c item identified in the DHCS review.
The following documentation is enclosed in support of this item:
1. Attachment [9]: TAR Tracking Database Screenshot

ITEM NO. 4, Section C, "Authorization," Finding 6d:

PROTOCOL	
6d	**Protocol Requirements** 6. Regarding Notices of Action (NOAs): a.1 NOA-A: Is the MHP providing a written NOA-A to the beneficiary when the MHP or its providers determine that the beneficiary does not meet the medical necessity criteria to be eligible to any SMHS? a.2 Does the MHP provide for a second opinion from a qualified health care professional within the MHP network or arrange for the beneficiary to obtain a second opinion outside the MHP network, at no cost to the beneficiary? b. NOA-B: Is the MHP providing a written NOA-B to the beneficiary when the MHP denies, modifies, or defers payment authorization requests beyond timeframes? c. NOA-C: Is the MHP providing a written NOA-C to the beneficiary when the MHP denies payment authorization of a service that has already been delivered to the beneficiary as a result of a retrospective payment determination? d. NOA-D: Is the MHP providing a written NOA-D to the beneficiary when the MHP fails to act within the timeframes for disposition of standard grievances, the resolution of standard appeals, or the resolution of expedited appeals?

Findings

The MHP did not furnish evidence it provides a written NOA-D to the beneficiary when the MHP fails to act within the timeframes for disposition of standard grievances, the resolution of standard appeals, or the resolution of expedited appeals. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P # MHP-05 Notice of Action; Sonoma County DHS Behavioral Health Division NOA Overview Grid; and NOA-D forms in English and Spanish. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, five (5) out of twenty-five (25) grievances reviewed were not resolved within timeframes and the beneficiaries were not issued the required NOA-D. Protocol question C6d is deemed in partial compliance.

Plan of Correction

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it

[9] Attachment number(s) removed for confidentiality

provides a written NOA-D to the beneficiary when the MHP fails to act within the timeframes for disposition of standard grievances, the resolution of standard appeals, or the resolution of expedited appeals.

Sonoma County Plan of Correction

Regarding **6d**, Sonoma County has not had any late resolution of standard grievances, the resolution of standard appeals, or the resolution of expedited appeals in the last few months since the review. Thus, there has not been a reason to issue a NOA-D to a beneficiary. Sonoma MHP's Grievance Coordinator maintains a database that automatically populates the timeframe between receipt of the grievance/appeal and the resolution. This tool has helped ensure that grievances/appeals are processed in a timely manner. In the event that a grievance is resolved in excess of the required timeframes, Sonoma County's Grievance Coordinator will promptly issue a NOA-D as triggered by the database showing a timeframe greater than 60 days. Included are a screenshot showing recent grievances entered into the database, none of which exceed the required timeframes (Attachment [10]).

The following documentation is enclosed in support of this item:
1. Attachment [11]: Grievance Log May 01 to Aug 16, 2017

ITEM NO. 5, Section D, "Beneficiary Protection," Finding 2a2:

PROTOCOL	
2a2	**Protocol Requirements** **2.** The MHP is required to maintain a grievance, appeal, and expedited appeal log(s) that records the grievances, appeals, and expedited appeals within one working day of the date of receipt of the grievance, appeal, or expedited appeal. The log must include: a.1 The name or identifier of the beneficiary. a.2 The date of receipt of the grievance, appeal, and expedited appeal. a.3 The nature of the problem.

Findings

The MHP did not furnish evidence it maintains a grievance, appeal, and expedited appeal log(s) that records the grievances, appeals, and expedited appeals within one working day of the date of receipt. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P MHP-06 Client Grievance and Appeal Process; and the Grievance/Appeal log. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the date of receipt of the Grievance did not match the information that was documented in the log. In some cases, the Grievance was not stamped with an accurate date of receipt and the reviewer was unable to determine if the date entered into the log was within one working day of the receipt of the grievance. Protocol question D2a2 is deemed in partial compliance.

Note: The MHP recently changed their documentation process for their tracking log. Each grievance/appeal is stamped when received and then entered into the Grievance/Appeal log

[10] Attachment number(s) removed for confidentiality
[11] Attachment number(s) removed for confidentiality

within one working day of the date of receipt to ensure tracking of each form aligns with regulatory requirements.

Plan of Correction

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it maintains a grievance, appeal, and expedited appeal log(s) that records the grievances, appeals, and expedited appeals within one working day of the date of receipt.

Sonoma County Plan of Correction

Regarding **2a2**, as noted by DHCS, Sonoma MHP recently changed the documentation process for our grievance tracking log. Each grievance/appeal is stamped when received and then entered into the Grievance/Appeal log within one working day of the date of receipt to ensure tracking of each form aligns with regulatory requirements. If a grievance is received orally, our Grievance Coordinator enters it as received the day the verbal grievance is received. Attachment [12] exemplifies how our new documentation and grievance tracking system is working: our grievance log is now a database that automatically populates dates to ensure compliance with required timelines, including ensuring a grievance is entered into the log within one working day of receipt and resolved within 60 days. As shown in the log (Attachment [13]), all grievances have been logged within the required timelines since May 01, 2017. The date of the grievance (as stamped/date received) and the date of logging are no more than one business day apart.

The following documentation is enclosed in support of this item:
1. Attachment [14]: Grievance Log May 01 to Aug 16, 2017

ITEM NO. 6, Section D, "Beneficiary Protection," Finding 3a1:

PROTOCOL	
3a1	**Protocol Requirements** **3.** Regarding established timeframes for grievances, appeals, and expedited appeals: a.1 Does the MHP ensure that grievances are resolved within established timelines? a.2 Does the MHP ensure that appeals are resolved within established timelines? a.3 Does the MHP ensure that expedited appeals are resolved within established timelines? b. Does the MHP ensure required notice(s) of an extension are given to beneficiaries?

Findings

The MHP did not furnish evidence it ensures grievances, appeals, and expedited appeals are resolved within established timeframes and/or required notice(s) of an extension are given to beneficiaries. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P MHP-06 Client Grievance and Appeal Process; and the Grievance/Appeal

[12] Attachment number(s) removed for confidentiality
[13] Attachment number(s) removed for confidentiality
[14] Attachment number(s) removed for confidentiality

Log. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, five (5) out of the twenty-five (25) grievances reviewed where not resolved within 60 days.

In addition, DHCS inspected a sample of grievances, appeals, and expedited appeals to verify compliance with regulatory requirements.

	# REVIEWED	RESOLVED WITHIN TIMEFRAMES		REQUIRED NOTICE OF EXTENSION EVIDENT	COMPLIANCE PERCENTAGE
		# IN COMPLIANCE	# OOC		
GRIEVANCES	25	20	5	NO	80%
APPEALS	1	1	100	N/A	100%
EXPEDITED APPEALS	N/A	N/A	N/A	N/A	N/A

Protocol question D3a1 is deemed in partial compliance.

Plan of Correction

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it ensures grievances, appeals, and expedited appeals are resolved within established timeframes.

Sonoma County Plan of Correction

Regarding **3a1**, as noted by DHCS, Sonoma MHP recently changed the documentation process for our grievance tracking log. Each grievance/appeal is stamped when received and then entered into the Grievance/Appeal log within one working day of the date of receipt to ensure tracking of each form aligns with regulatory requirements. If a grievance is received orally, our Grievance Coordinator enters it as received the day the verbal grievance is received. Attachment [15] exemplifies how our new documentation and grievance tracking system is working: our grievance log is now a database that automatically populates dates to ensure compliance with required timelines, including ensuring a grievance is entered into the log within one working day of receipt and resolved within 60 days. As shown in the log (Attachment [16]), all grievances have been resolved within the required timelines since May 01, 2017. There is one example in which a grievance required more time to resolve; a letter dated 8-10-17 was sent to a client by the Grievance Coordinator because it was in the client's best interest to use additional time to address the grievance (Attachment [17]).

The following documentation is enclosed in support of this item:
1. Attachment [18]: Grievance Log May 01 to Aug 16, 2017
2. Attachment [19]: Grievance Extension Letter 8-10-17

[15] Attachment number(s) removed for confidentiality
[16] Attachment number(s) removed for confidentiality
[17] Attachment number(s) removed for confidentiality
[18] Attachment number(s) removed for confidentiality
[19] Attachment number(s) removed for confidentiality

SONOMA COUNTY MHP ~ DHCS TRIENNIAL REVIEW OF SMHS
APRIL 17-20, 2017
PLAN OF CORRECTION

ITEM NO. 7, Section D, "Beneficiary Protection," Finding 4a1:

PROTOCOL	
4a1	**Protocol Requirements** **4.** Regarding notification to beneficiaries: a.1 Does the MHP provide written acknowledgement of each grievance to the beneficiary in writing? a.2 Is the MHP notifying beneficiaries, or their representatives, of the grievance disposition, and is this being documented? b.1 Does the MHP provide written acknowledgement of each appeal to the beneficiary in writing? b.2 Is the MHP notifying beneficiaries, or their representatives, of the appeal disposition, and is this being documented? c.1 Does the MHP provide written acknowledgement of each expedited appeal to the beneficiary in writing? c.2 Is the MHP notifying beneficiaries, or their representatives, of the expedited appeal disposition, and is this being documented?

Findings

The MHP did not furnish evidence it provides written acknowledgement and notifications of dispositions to beneficiaries for all grievances, appeals, and expedited appeals. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P MHP-06 Client Grievance and Appeal Process. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, there was no evidence that a grievance acknowledgement letter was sent to the beneficiary for two (2) out of the twenty-five (25) grievances reviewed.

DHCS inspected a sample of grievances, appeals, and expedited appeals to verify compliance with regulatory requirements.

	# REVIEWED	ACKNOWLEDGEMENT		DISPOSITION		COMPLIANCE PERCENTAGE
		# IN	# OOC	# IN	# OOC	
Grievances	25	23	2	25	25	92%
Appeals	1	1	0	1	0	100%
Expedited Appeals	N/A	N/A	N/A	N/A	N/A	N/A

Protocol question D4a1 is deemed in partial compliance.

Plan of Correction

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides written acknowledgement and notifications of dispositions to beneficiaries for all grievances, appeals, and expedited appeals.

Sonoma County Plan of Correction

Regarding **4a1**, as noted by DHCS, Sonoma MHP recently changed the documentation process for our grievance tracking log. Each grievance/appeal is stamped when received and then entered into the Grievance/Appeal log within one working day of the date of receipt to ensure tracking of each form aligns with regulatory requirements. If a grievance is received orally, our Grievance Coordinator enters it as received the day the verbal grievance is received. Attachment [20] exemplifies how our new documentation and grievance tracking system is working: our grievance log is now a database that automatically populates dates to ensure compliance with required timelines, including ensuring a grievance is entered into the log within one working day of receipt and resolved within 60 days. As shown in the log (Attachment [21]), all grievances have been followed up with a written acknowledgment letter since May 01, 2017. The following documentation is enclosed in support of this item:

1. Attachment [22]: Grievance Log May 01 to Aug 16, 2017
2. Attachment [23]: Sample Acknowledgment Letter dated 7-12-17
   Attachment [24]: Sample Acknowledgment Letter dated 7-13-17
   Attachment [25]: Sample Acknowledgment Letter dated 7-18-17

Please see also: PLAN OF CORRECTION Part II: Chart Review

Respectfully submitted by Dr. Audrey E. Boggs, QA Manager, Sonoma County Behavioral Health

[20] Attachment number(s) removed for confidentiality
[21] Attachment number(s) removed for confidentiality
[22] Attachment number(s) removed for confidentiality
[23] Attachment number(s) removed for confidentiality
[24] Attachment number(s) removed for confidentiality
[25] Attachment number(s) removed for confidentiality

SECTION K: ITEM NO. 1, "Chart Review – Non-Hospital Services" Finding 1c-1:

PROTOCOL	
1c-1	**Protocol Requirements** a. Does the beneficiary meet all three (3) of the following medical necessity criteria for reimbursement (1a, 1b, and 1c. below)? b. The beneficiary has a current ICD diagnosis which is included for non-hospital SMHS in accordance with the MHP contract? The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below): 1. A significant impairment in an important area of life functioning. 2. A probability of significant deterioration in an important area of life functioning. 3. A probability that the child will not progress developmentally as individually appropriate. 4. For full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that SMHS can correct or ameliorate. c. Do the proposed and actual intervention(s) meet the intervention criteria listed below: 1. The focus of the proposed and actual intervention(s) is to address the condition identified in No. 1b. (1-3) above, or for full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that SMHS can correct or ameliorate per No. 1b(4). d. The condition would not be responsive to physical health care based treatment.

Findings

The medical record associated with the following Line numbers did not meet the medical necessity criteria since the focus of the proposed interventions did not address the mental health condition as specified in the CCR, title 9, chapter 11, section 1830.205(b)(3)(A):

- **Line numbers [26]. RR3, refer to Recoupment Summary for details**

Plan of Correction

The MHP shall submit a POC that describes how the MHP will ensure that interventions are focused on a significant functional impairment that is directly related to the mental health condition as specified in CCR, title 9, chapter 11, section 1830.205(b)(3)(A).

Sonoma County Plan of Correction

Several documentation trainings have been conducted by Sonoma County MHP since the chart audit review period (July-September, 2015). For example, on September 28, 2016, SCBH Quality Assurance staff conducted a comprehensive documentation training for the entire division. This training was also provided for contracted providers on July 15, 2016. The agenda and PowerPoint slides from this training, covering essential topics such as medical necessity, assessments, progress notes, and client plans is included, as well as a sign-in sheet from this training (Attachment [27]). Because the documentation training was mandatory for all SCBH staff, the training was videotaped and non-attendees were required to view the video and complete a post-test about the training.

[26] Line number(s) removed for confidentiality
[27] Attachment number(s) removed for confidentiality

Specifically regarding **1c-1**, Sonoma County MHP has re-trained all staff to ensure that they fully understand all three criteria needed to establish medical necessity. A PowerPoint training document is enclosed (Attachment [28]) as well as a sampling of staff sign-in sheets from medical necessity trainings provided to our treatment teams (Attachment [29]).
Prebilling audits are conducted monthly to help ensure that documentation supports medically necessary services before claims are submitted for reimbursement. Many corrections are made related to medical necessity, as shown in a sample prebilling audit tracking log, also included for review (Attachment [30]).
The following documentation is enclosed in support of this item:
1. Attachment [31]: Medi-Cal Documentation Basics Slides ([32])

Attachment [33]: 2016 BH Documentation Training Meeting Agenda ([34])
Attachment [35]: Documentation Training Sign-In Sheet ([36])
2. Attachment [37]: Medical Necessity Training Slides
3. Attachment [38]: Sign-in Sheet: Youth and Family Services ([39])

Attachment [40]: Sign-in Sheet: Access Team ([41])
Attachment [42]: Sign-in Sheet: Access Team ([43])
Attachment [44]: Sign-in Sheet: Mobile Support Team ([45])
Attachment [46]: Sign-in Sheet: Crisis and Prevention Education Team ([47])
Attachment [48]: Sign-in Sheet: Older Adult Team ([49])
4. Attachment [50]: Pre-billing Audit Tracking [51]

[28] Attachment number(s) removed for confidentiality
[29] Attachment number(s) removed for confidentiality
[30] Attachment number(s) removed for confidentiality
[31] Attachment number(s) removed for confidentiality
[32] Date(s) removed for confidentiality
[33] Attachment number(s) removed for confidentiality
[34] Date(s) removed for confidentiality
[35] Attachment number(s) removed for confidentiality
[36] Date(s) removed for confidentiality
[37] Attachment number(s) removed for confidentiality
[38] Attachment number(s) removed for confidentiality
[39] Date(s) removed for confidentiality
[40] Attachment number(s) removed for confidentiality
[41] Date(s) removed for confidentiality
[42] Attachment number(s) removed for confidentiality
[43] Date(s) removed for confidentiality
[44] Attachment number(s) removed for confidentiality
[45] Date(s) removed for confidentiality
[46] Attachment number(s) removed for confidentiality
[47] Date(s) removed for confidentiality
[48] Attachment number(s) removed for confidentiality
[49] Date(s) removed for confidentiality
[50] Attachment number(s) removed for confidentiality
[51] Date(s) removed for confidentiality

SONOMA COUNTY MHP ~ DHCS TRIENNIAL REVIEW OF SMHS
APRIL 17-20, 2017
PLAN OF CORRECTION

ITEM NO. 2, Section K, "Chart Review – Non-Hospital Services" Finding 2a:

PROTOCOL	
2a	Protocol Requirements 2. Regarding the Assessment, are the following conditions met: a. 1) Has the assessment been completed in accordance with the MHP's established written documentation standards for timeliness? 2) Has the Assessment been completed in accordance with the MHP's established written documentation standards for frequency?

Findings

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

One or more assessments were not completed within the update frequency requirements specified in the MHP's written documentation standards. The following are specific findings from the chart sample:

• **Line number [52]:** There was no updated assessment found in the medical record.

During the review, MHP staff were given the opportunity to locate the missing assessment but could not locate the document in the medical record.

• **Line number [53]:** The updated assessment was completed 17 days late.
• **Line number [54]:** The updated assessment was completed seven (7) days late.
• **Line number [55]:** The updated assessment was completed 27 days late.
• **Line number [56]:** The updated assessment was completed 17 days late.
• **Line number [57]:** The updated assessment was completed four (4) days late.

Plan of Correction

The MHP shall submit a POC that describes how the MHP will ensure that assessments are completed in accordance with the timeliness and frequency requirements specified in the MHP'swritten documentation standards.

Sonoma County Plan of Correction

Regarding **2a**, Sonoma County Behavioral Health program managers have reviewed the updated policy*, MHP-16 Clinical Documentation Standards* with their staff to ensure that staff understand all documentation requirements, including timeliness and frequency requirements for assessments (Attachment [58]). Attached are a sampling of signed acknowledgements from treatment teams showing that staff have reviewed and understand the policy (Attachments [59]).

---

[52] Line number(s) removed for confidentiality
[53] Line number(s) removed for confidentiality
[54] Line number(s) removed for confidentiality
[55] Line number(s) removed for confidentiality
[56] Line number(s) removed for confidentiality
[57] Line number(s) removed for confidentiality
[58] Attachment number(s) removed for confidentiality
[59] Attachment number(s) removed for confidentiality

Program managers are able to run reports from the division's Avatar and DCAR electronic health records showing any pending or overdue assessments for their teams. Assessment timelines are consistent with Client Plan due dates, thus, the sample Client Plan Due Dates Report (Attachment [60]) includes both assessment and Client Plan due dates. With these reports, program managers have the ability to prevent late assessments and to provide immediate corrective feedback to staff should an assessment show up as almost due or overdue.
The following documentation is enclosed in support of this item:
1. Attachment [61]: *MHP-16 Clinical Documentation Standards*, pg. 4 and Attachment [62]
2. Attachment [63]: MHP-16 Policy Review Signature Sheet: Access

Attachment [64]: MHP-16 Policy Review Signature Sheet: CSU
Attachment [65]: MHP-16 Policy Review Signature Sheet: IRT/TAY
Attachment [66]: MHP-16 Policy Review Signature Sheet: YFS
Attachment [67]: MHP-16 Policy Review Signature Sheet: CMHC
3. Attachment [68]: Client Plan Due Dates Report (Sample, IHT program)

[60] Attachment number(s) removed for confidentiality
[61] Attachment number(s) removed for confidentiality
[62] Attachment number(s) removed for confidentiality
[63] Attachment number(s) removed for confidentiality
[64] Attachment number(s) removed for confidentiality
[65] Attachment number(s) removed for confidentiality
[66] Attachment number(s) removed for confidentiality
[67] Attachment number(s) removed for confidentiality
[68] Attachment number(s) removed for confidentiality

SONOMA COUNTY MHP ~ DHCS TRIENNIAL REVIEW OF SMHS
APRIL 17-20, 2017
PLAN OF CORRECTION

ITEM NO. 3, Section K, "Chart Review – Non-Hospital Services" Finding 2b:

PROTOCOL	
2b	Protocol Requirements 2b. Do the assessments include the areas specified in the MHP Contract with the Department? 1) Presenting Problem. The beneficiary's chief complaint, history of presenting problem(s) including current level of functioning, relevant family history and current family information; 2) Relevant conditions and psychosocial factors affecting the beneficiary's physical health and mental health including, as applicable; living situation, daily activities, social support, cultural and linguistic factors, and history of trauma or exposure to trauma; 3) Mental Health History. Previous treatment, including providers, therapeutic modality (e.g., medications, psychosocial treatments) and response, and inpatient admissions. If possible, include information from other sources of clinical data such as previous mental health records and relevant psychological testing or consultation reports; 4) Medical History. Relevant physical health conditions reported by the beneficiary or a significant support person. Include name and address of current source of medical treatment. For children and adolescents the history must include prenatal and perinatal events and relevant/significant developmental history. If possible, include other medical information from medical records or relevant consultation reports; 5) Medications. Information about medications the beneficiary has received, or is receiving, to treat mental health and medical conditions, including duration of medical treatment. The assessment must include documentation of the absence or presence of allergies or adverse reactions to medications and documentation of an informed consent for medications; 6) Substance Exposure/Substance Use. Past and present use of tobacco, alcohol, caffeine, CAM (complementary and alternative medications) and over-the-counter drugs, and illicit drugs; 7) Client Strengths. Documentation of the beneficiary's strengths in achieving client plan goals related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis; 8) Risks. Situations that present a risk to the beneficiary and/or others, including past or current trauma; 9) A mental status examination; 10)A Complete Diagnosis; A diagnosis from the current !CD-code must be documented, consistent with the presenting problems, history, mental status examination and/or other clinical data; including anv current medical diagnoses.

Findings

One or more of the assessments reviewed did not include all of the elements specified in the MHP Contract with the Department. The following required elements were incomplete or missing:

1) Presenting Problem(s): **Line number [69].**
2) Relevant conditions and psychosocial factors affecting the beneficiary's physical and mental health: **Line number [70].**
3) Mental Health History: **Line numbers [71].**
4) Medical History: **Line numbers [72].**
5) Medications: **Line numbers [73].**
6) Substance Exposure/Substance Use: **Line numbers [74].**
7) Client Strengths: **Line number [75].**
8) Risks: **Line number [76].**
9) Mental status examination: **Line numbers [77].**
10)Full DSM diagnosis or current ICD code: **Line number [78].**

Plan of Correction

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

Sonoma County Plan of Correction

Regarding **2b**, Sonoma County Behavioral Health has appealed this finding as follows:

Sonoma County MHP reviewed all client charts included in this finding. All charts contained an Initial Assessment that included all of the 10 required elements. Specifically, Line [79] had an Initial Assessment dated [80] that addressed all 10 elements. Thus, we are appealing the finding that the client chart identified as Line number [81] had an assessment that did not meet the requirement. The other charts reviewed had similar findings. For example, Line [82] contained an Initial Assessment dated [83] that contained all required elements; Line [84] contained an Initial Assessment dated [85] that contained all required elements; Line [86] contained an Initial Assessment dated [87] that contained all required elements. We are appealing the complete finding 2b that the charts included contained assessments that did not address all 10 elements. Sonoma County MHP staff verified that all charts ([88]) contained Initial Assessments that included all 10 elements, thus, meeting this requirement.

---

[69] Line number(s) removed for confidentiality
[70] Line number(s) removed for confidentiality
[71] Line number(s) removed for confidentiality
[72] Line number(s) removed for confidentiality
[73] Line number(s) removed for confidentiality
[74] Line number(s) removed for confidentiality
[75] Line number(s) removed for confidentiality
[76] Line number(s) removed for confidentiality
[77] Line number(s) removed for confidentiality
[78] Line number(s) removed for confidentiality
[79] Line number(s) removed for confidentiality
[80] Assessment Date(s) removed for confidentiality
[81] Line number(s) removed for confidentiality
[82] Line number(s) removed for confidentiality
[83] Assessment Date(s) removed for confidentiality
[84] Line number(s) removed for confidentiality
[85] Assessment Date(s) removed for confidentiality
[86] Line number(s) removed for confidentiality
[87] Assessment Date(s) removed for confidentiality
[88] Chart number(s) removed for confidentiality

While not required per state regulations nor DHCS-MHP contract, Sonoma County MHP requires staff to complete Re-assessments of clients every 6-months to one year (depending on program) following the Initial Assessment. These Re-assessments assess whether or not medical necessity continues to be met in order to continue treatment; these Re-assessments, however, do not address all 10 required elements that are included in the Initial Assessment, nor are there state regulations or Sonoma County MHP policies or procedures that require Re-assessments to do so. It appears that the auditors rated these Re-assessments as not meeting all of the 10 required elements that are contained in each client's Initial Assessment. We are appealing the finding that our Re-assessments must also meet the standard of including all 10 required elements. Sonoma County MHP is in compliance with our own policy regarding Re-assessments (*MHP-16 Clinical Documentation Standards for Specialty Mental Health Services*).

Please note, in response to the 2014 Triennial Review, the same finding was appealed by Sonoma County MHP on [89] as cited below:

"The MHP is appealing the finding that the updated assessments are not completed in accordance with regulatory and contractual requirements.

The MHP meets the required areas of Assessment outlined in the MHP contract with the Department. The MHP contract states that "all standards shall be addressed in the beneficiary record; however, there is no requirement that the records have a specific document or section addressing these topics".

The MHP completes an Initial Assessment, within 30 days of opening to the MHP, that meets all of the assessment areas outlined in the MHP contract. After the initial assessment is completed, the MHP completes an updated assessment every 6 months or annually thereafter.

The MHP completes the Initial Assessment in accordance with regulatory and contractual requirements. Regulatory and contractual requirements do not include the requirement to conduct updated assessments. The MHP's updated assessment is not intended to review known, documented history; such as developmental history, mental health history, medical history, and substance use history, which was collected and documented in the client record at the time of the Initial Assessment and claimed to Medi-Cal. There is no basis in contract or regulation that requires an updated assessment.

The purpose of the Sonoma County updated assessment is to update the client's current needs and strengths since the previous assessment for treatment planning and level of care determination. The Adult Needs and Strengths Assessment (ANSA) is a best practice tool embedded in the updated assessment to identify current needs and strengths. Fidelity to the ANSA includes the instructions on page 2 to: "COMPLETE THE FOLLOWING RATINGS ONLY IF CLIENT SCORES IN THE SHADED AREAS ON A TRIGGER ITEM IN LIFE DOMAIN FUNCTIONING, MENTAL HEALTH NEEDS AND/OR RISK BEHAVIORS ON PAGE 1" (see attachment). Therefore, thorough completion of the ANSA could result in certain fields being left blank and does adhere to the MHP policy and procedure for required updated assessment elements and the purpose of the updated assessment."

[89] Appeal Date(s) removed for confidentiality

DHCS responded to this appeal on [90] with the following:

"POC APPEAL APPROVED, 2c required areas of assessment. The MHP uses the ANSA for updated assessments. Upon review, the MHP did follow the protocol for the updated assessment tool. ***Since there are no regulatory guidelines for updated assessments, the MHP is in compliance with their own guidelines for the elements required for updated assessments.*** *MHP complied with assessment tool; and no regulations guide UPDATED assessments. (Line numbers [91] are approved)."*

Supporting documentation was submitted in support of this appeal. The MHP is currently awaiting a response from DHCS.

ITEM NO. 4, Section K, "Chart Review – Non-Hospital Services" Finding 4a:

PROTOCOL	
4a	Protocol Requirements 4a. Has the client plan been updated at least annually and/or when there are significant changes in the beneficiary's condition?

Findings

The client plan was not updated at least annually, or when there was a significant change in the beneficiary's condition (as required in the MHP Contract with the Department), or updated at another frequency specified in the MHP's documentation standards:

• Line number [92]: There was no updated client plan in the medical record. During the review, MHP staff was given the opportunity to locate the document in question but could not find written evidence of it in the medical record. RR6, refer to Recoupment Summary for details. *The MHP should review all services and the claims identified during the audit for which there was no client plan in effect and disallow those claims as required.*

• Line number [93]: There was a lapse between the prior and current client plans and therefore, there was no client plan in effect during a portion of the audit review. RR6, refer to Recoupment Summary for details. *The MHP should review all services and the claims identified during the audit for which there was no client plan in effect and disallow those claims as required.*

• Line numbers [94]: There was a lapse between the prior and current client plans. However, this occurred outside of the review period. *The MHP should review all services and claims identified during the audit that were claimed outside of the audit review period for which there was no client plan in effect and disallow those claims as required.*

• Line numbers [95]: There was a lapse between the prior and current client plans. However, no services were claimed.

• Line number [96]: There was no updated client plan for one type of service being claimed. During the review, MHP staff was given the opportunity to locate the service in question on a client plan

[90] Appeal Date(s) removed for confidentiality
[91] Line number(s) removed for confidentiality
[92] Line number(s) removed for confidentiality
[93] Line number(s) removed for confidentiality
[94] Line number(s) removed for confidentiality
[95] Line number(s) removed for confidentiality
[96] Line number(s) removed for confidentiality

that was effective on the date of service but could not find written evidence of it. RR6, refer to Recoupment Summary for details. *The MHP should review all services and claims identified during the audit for which there was no client plan for the services in question and disallow those claims as required.*

Plan of Correction

The MHP shall submit a POC that describes how the MHP will:
1) Ensure that client plans are completed at least on an annual basis as required in the MHP Contract with the Department, and within the timelines and update frequency specified in the MHP's written documentation standards.
2) Ensure that all types of interventions/service modalities provided and claimed are recorded as proposed interventions on a current client plan.
3) Ensure that non-emergency services are not claimed when:
    a) A client plan has not been completed.
    b) The service provided is not included in the current client plan.
4) Provided evidence that all services identified during the audit that were claimed outside of the audit review period for which no client plan was in effect are disallowed.

Sonoma County Plan of Correction

Regarding **4a**, Sonoma County Behavioral Health's Plan of Correction includes:

1) SCBH strives to ensure all Client Plans are completed within 6-month or annual timeframes (depending on the program requirement). Staff have been trained on documentation standards, including timelines for Client Plan completion, and all have reviewed policy *MHP-16 Clinical Documentation Standards* to ensure understanding of these requirements. One of the policy attachments is a grid outlining the required timeframe for completion of Client Plans, whether every six months or annually as this varies by program (Attachment [97]). As mentioned in response number [98], attached are a sampling of signed acknowledgements from treatment teams showing that staff have reviewed and understand the documentation policy, including the Client Plan timeliness standards (Attachment [99]).

Program managers are able to access reports regarding timelines for completion of assessments and Client Plans. Thus, they have the ability to ensure that their staff stays up to date in completing all required Client Plans. Program managers are able to run reports from the division's Avatar and DCAR electronic health records showing any pending or overdue assessments/Client Plans for their teams. Assessment timelines are consistent with Client Plan due dates, thus, with the Client Plan Due Dates Report (Attachment [100]), they have the ability to prevent late assessments and Client Plans and to provide immediate corrective feedback to staff should an assessment or Client Plan show up as almost due or overdue.

2) As mentioned in POC Item No. 1, several documentation trainings have been conducted by Sonoma County MHP since the chart audit review period (July-September, 2015). For example, on September 28, 2016, SCBH Quality Assurance staff conducted a comprehensive documentation training for the entire division. This training was also provided for contracted providers on July 15, 2016. The agenda and PowerPoint slides from this training, covering

[97] Attachment number(s) removed for confidentiality
[98] Response number(s) removed for confidentiality
[99] Attachment number(s) removed for confidentiality
[100] Attachment number(s) removed for confidentiality

essential topics such as medical necessity, assessments, progress notes, and client plans is included, as well as a sign-in sheet from this training (Attachment [101]).

Client Plan specific training has begun in some of our treatment teams and will continue until all programs have been trained. The training includes review of all Client Plan requirements, including ensuring that all types of interventions/service modalities provided and claimed are recorded as proposed interventions on the current Client Plan. This requirement is also included in policy *MHP-16, Clinical Documentation Standards*, pg. 4-5 (Attachment [102]). Enclosed is the sign-in sheet from the Client Plan training presented to our Access program on 3-30-17 (Attachment [103]). Additional training dates are to be determined. Client Plan training is also included in our New Employee Orientation training, scheduled for October through November, 2017 and our contractor training scheduled for January, 2018.

3) Several documentation trainings have been conducted by Sonoma County MHP since the chart audit review period (July-September, 2015). For example, on September 28, 2016, SCBH Quality Assurance staff conducted a comprehensive documentation training for the entire division. This training was also provided for contracted providers on July 15, 2016. The agenda and PowerPoint slides from this training, covering essential topics such as medical necessity, assessments, progress notes, and client plans is included, as well as a sign-in sheet from this training (Attachment [104]).

Client Plan specific training has begun in some of our treatment teams and will continue until all programs have been trained. The training includes review of all Client Plan requirements, including ensuring that non-emergency services are not claimed when a Client Plan has not been completed, nor if the service provided is not included on the current Client Plan. SCBH will update policy *MHP-16, Clinical Documentation Standards for SMHS*, to include the requirements recently clarified in DHCS MHSUDS Information Notice 17-040. Per the new IN, the following services may be claimed prior to the completion of a Client Plan: Assessment, Plan Development, Crisis Intervention, Crisis Stabilization, Medication Support (emergency only; the urgent need of the beneficiary must be documented), and Targeted Case Management or Intensive Care Coordination that is focused on assessment, plan development or referral and linkage services only (IN 17-040, pg. 12-13). Enclosed is the sign-in sheet from the Client Plan training presented to our Access program on 3-30-17 (Attachment [105]). Additional training dates are to be determined and will include the clarifying information contained in IN 17-040. Client Plan training is also included in our New Employee Orientation training, scheduled for October through November, 2017.

4) A review of all services identified during the audit that were claimed outside of the audit review period for which no client plan was in effect are disallowed is pending. SCBH Quality Assurance will conduct an internal audit in October, 2017 and will respond to DHCS with the results of the audit on or before October 31, 2017. SCBH will ensure that any claims are disallowed, accordingly.

The following documentation is enclosed in support of this item:

---

[101] Attachment number(s) removed for confidentiality
[102] Attachment number(s) removed for confidentiality
[103] Attachment number(s) removed for confidentiality
[104] Attachment number(s) removed for confidentiality
[105] Attachment number(s) removed for confidentiality

1. Attachment [106]: *MHP-16 Clinical Documentation Standards for SMHS*, pg. 4-5
2. Attachment 9: Client Plan training sign-in sheet, Access program (3-30-17)

See also, Attachments 1a-c, 5, 6a-e, and 7

ITEM NO. 5, Section K, "Chart Review – Non-Hospital Services" Finding 4b:

PROTOCOL	
4b	Protocol Requirements 4b. Does the client plan include the items specified in the MHP Contract with the Department? 1) 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 diaqnosis. 2) The proposed type(s) of intervention/modality including a detailed description of the intervention to be provided. 3) The proposed frequency of intervention(s). 4) The proposed duration of intervention(s). 5) Interventions that focus and address the identified functional impairments as a result of the mental disorder or emotional disturbance. 6) Interventions are consistent with client plan goal(s)/treatment objective(s). 7) Be consistent with the qualifying diagnoses.

Findings

The following Line numbers had client plans that did not include all of the items specified in the MHP Contract with the Department:

4b-1) One or more of the goals/treatment objectives were not specific, observable, and/or quantifiable and related to the beneficiary's mental health needs and identified functional impairments as a result of the mental health diagnosis. **Line numbers [107].**

4b-2) One or more of the proposed interventions did not include a detailed description. Instead, only a "type" or "category" of intervention was recorded on the client plan (e.g. "Medication Support Services," "Targeted Case Management," "Mental Health Services," etc.). **Line numbers [108].**

4b-3) One or more of the proposed interventions did not indicate an expected frequency. **Line numbers [109].**

[106] Attachment number(s) removed for confidentiality
[107] Line number(s) removed for confidentiality
[108] Line number(s) removed for confidentiality
[109] Line number(s) removed for confidentiality

4b-4) One or more of the proposed interventions did not indicate an expected duration. **Line number [110].**

Plan of Correction

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

1) All client plan goals/treatment objectives are specific, observable and/or quantifiable and relate to the beneficiary's documented mental health needs and functional impairments as a result of the mental health diagnosis.
2) All mental health interventions/modalities proposed on client plans include a detailed description of the interventions to be provided and do not just identify a type or modality of service (e.g. "therapy", "medication", "case management", etc.).
3) All mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.

Sonoma County Plan of Correction

Regarding **4b**, Sonoma County Behavioral Health's Plan of Correction includes:
1) SCBH strives to ensure all Client Plan goals are specific, observable and/or quantifiable and relate to the beneficiary's documented mental health needs and functional impairments as a result of the mental health diagnosis. Staff have been trained on documentation standards, including requirements for Client Plan goals, and all have reviewed policy *MHP-16 Clinical Documentation Standards* to ensure understanding of these requirements (Attachment [111], pg. 4). As mentioned in response number [112], attached are a sampling of signed acknowledgements from treatment teams showing that staff have reviewed and understand the documentation policy, including the Client Plan goal requirements (Attachment [113]).

Several documentation trainings have been conducted by Sonoma County MHP since the chart audit review period (July-September, 2015). For example, on September 28, 2016, SCBH Quality Assurance staff conducted a comprehensive documentation training for the entire division. This training was also provided for contracted providers on July 15, 2016. The agenda and PowerPoint slides from this training, covering essential topics such as medical necessity, assessments, progress notes, and client plans is included, as well as a sign-in sheet from this training (Attachment [114]).
Client Plan specific training has begun in some of our treatment teams and will continue until all programs have been trained. The training includes review of all Client Plan requirements, including ensuring that Client Plan goals/treatment objectives are specific, observable and/or quantifiable and relate to the beneficiary's documented mental health needs and functional impairments as a result of the mental health diagnosis. Enclosed is the sign-in sheet from the Client Plan training presented to our Access program on 3-30-17 (Attachment [115]). Additional training dates are to be determined. Client Plan training is also included in our New Employee Orientation training, scheduled for October through November, 2017 and our contractor training scheduled for January, 2018.
2) Several documentation trainings have been conducted by Sonoma County MHP since the chart audit review period (July-September, 2015). For example, on September 28,

[110] Line number(s) removed for confidentiality
[111] Attachment number(s) removed for confidentiality
[112] Response number(s) removed for confidentiality
[113] Attachment number(s) removed for confidentiality
[114] Attachment number(s) removed for confidentiality
[115] Attachment number(s) removed for confidentiality

2016, SCBH Quality Assurance staff conducted a comprehensive documentation training for the entire division. This training was also provided for contracted providers on July 15, 2016.The agenda and PowerPoint slides from this training, covering essential topics such as medical necessity, assessments, progress notes, and client plans is included, as well as a sign-in sheet from this training (Attachment [116]).

Client Plan specific training has begun in some of our treatment teams and will continue until all programs have been trained. The training includes review of all Client Plan requirements, including ensuring that all mental health interventions/modalities proposed on client plans include a detailed description of the interventions to be provided and do not just identify a type or modality of service (e.g. "therapy", "medication", "case management", etc.). This requirement is also included in policy *MHP-16, Clinical Documentation Standards*, pg. 5 (Attachment [117]). Enclosed is the sign-in sheet from the Client Plan training presented to our Access program on 3-30-17 (Attachment [118]). Additional training dates are to be determined. Client Plan training is also included in our New Employee Orientation training, scheduled for October through November, 2017.

3) Several documentation trainings have been conducted by Sonoma County MHP since the chart audit review period (July-September, 2015). For example, on September 28, 2016, SCBH Quality Assurance staff conducted a comprehensive documentation training for the entire division. This training was also provided for contracted providers on July 15, 2016. The agenda and PowerPoint slides from this training, covering essential topics such as medical necessity, assessments, progress notes, and client plans is included, as well as a sign-in sheet from this training (Attachment [119]).

Client Plan specific training has begun in some of our treatment teams and will continue until all programs have been trained. The training includes review of all Client Plan requirements, including ensuring that all mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention. This requirement is also included in policy *MHP-16, Clinical Documentation Standards*, pg. 5 and Attachment [120] (Attachment [121]). Policy MHP-16 contains an attachment showing Client Plan frequency by program, whether six months or one year. Thus, the duration of intervention is typically 6 months or 12 months, unless otherwise specified on the Client Plan (e.g., a shorter duration may be indicated, but never a longer duration). Enclosed is the sign-in sheet from the Client Plan training presented to our Access program on 3-30-17 (Attachment [122]). Additional training dates are to be determined. Client Plan training is also included in our New Employee Orientation training, scheduled for October through November, 2017.

The following documentation is enclosed in support of this item:

1. Attachment [123]: *MHP-16 Clinical Documentation Standards for SMHS*, pg. [124]
2. Attachment [125]: *MHP-16 Clinical Documentation Standards for SMHS*, pg. [126]

---

[116] Attachment number(s) removed for confidentiality
[117] Attachment number(s) removed for confidentiality
[118] Attachment number(s) removed for confidentiality
[119] Attachment number(s) removed for confidentiality
[120] Attachment number(s) removed for confidentiality
[121] Attachment number(s) removed for confidentiality
[122] Attachment number(s) removed for confidentiality
[123] Attachment number(s) removed for confidentiality
[124] Page number(s) removed for confidentiality
[125] Attachment number(s) removed for confidentiality
[126] Page number(s) removed for confidentiality

3. Attachment [127]: *MHP-16 Clinical Documentation Standards for SMHS*, pg. [128] and

Attachment [129]*.*
See also, Attachments [130].

ITEM NO. 6, Section K, "Chart Review – Non-Hospital Services" Finding 5a:

	PROTOCOL
5a	Protocol Requirements 5a. Do the progress notes document the following: 1) Timely documentation (as determined by the MHP) of relevant aspects of client care, including documentation of medical necessity? 2) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions? 3) Interventions applied, beneficiary's response to the interventions, and the location of the interventions? 4) The date the services were provided? 5) Documentation of referrals to community resources and other agencies, when appropriate? 6) Documentation of follow-up care or, as appropriate, a discharge summary? 7) The amount of time taken to provide services? 8) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, and licensure or job title?

Findings

Progress notes were not completed in accordance with regulatory and contractual requirements and/or with the MHP's own written documentation standards:

9) One or more progress note was not completed within the timeliness and frequency standards in accordance with regulatory and contractual requirements.
10)The **MHP** was not following its own written documentation standards for timeliness of staff signatures on progress notes.
11)Progress notes did not document the following:

5a-1) Line numbers [131]: Timely documentation of relevant aspects of beneficiary care as specified by the MHP's documentation standards (i.e., progress notes completed late based on the MHP's written documentation standards in effect during the audit period).
5a-4) Line numbers [132]: Timeliness of the progress note could not be determined because the note was signed but not dated by the person providing the service. Therefore, the date the progress note was entered into the medical record could not be determined.
5a-8) Line numbers [133]: The provider's professional degree, licensure or job title.

[127] Attachment number(s) removed for confidentiality
[128] Page number(s) removed for confidentiality
[129] Attachment number(s) removed for confidentiality
[130] Attachment number(s) removed for confidentiality
[131] Line number(s) removed for confidentiality
[132] Line number(s) removed for confidentiality
[133] Line number(s) removed for confidentiality

12) Appointment was missed or cancelled: **Line number [134]. RR19a, refer to Recoupment Summary for details.**

Plan of Correction

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

1) Ensure that progress notes meet timeliness, frequency and the staff signature requirements in accordance with regulatory and contractual requirements.
2) Ensure that progress notes are completed in accordance with the timeliness and frequency requirements specified in the MHP's written documentation standards.
3) The MHP shall submit a POC that describes how the MHP will ensure that progress notes document:

5a-1) Timely completion by the person providing the service and relevant aspects of client care, as specified in the MHP Contract with the Department and the MHP's written documentation standards.
5a-4) The date the progress note was completed and entered into the medical record by the person(s) providing the service in order to determine the timeliness of completion, as specified in the MHP Contract with the Department.
5a-8) The provider's professional degree, licensure or job title.

Sonoma County Plan of Correction

Regarding **5a**, Sonoma County Behavioral Health's Plan of Correction includes:
1) Several documentation trainings have been conducted by Sonoma County MHP since the chart audit review period (July-September, 2015). For example, on September 28, 2016, SCBH Quality Assurance staff conducted a comprehensive documentation training for the entire division. This training was also provided for contracted providers on July 15, 2016. The agenda and PowerPoint slides from this training, covering essential topics such as medical necessity, assessments, progress notes, and client plans is included, as well as a sign-in sheet from this training (Attachment [135]).

Specific to progress notes, a handout was provided to staff at this training covering all progress note documentation requirements entitled, "Progress Note Writing 101 (Attachment [136])." Our policy, *MHP-16, Clinical Documentation Standards*, was revised after this training and distributed to staff for review with their program managers. Page 7 of the policy covers timeliness and frequency requirements for progress notes; page [137] covers staff signature requirements (Attachment [138]). Attachment [139] contains a sampling of signed acknowledgments from treatment teams showing that staff have reviewed and understand the policy.
In order to ensure that progress notes meet timeliness, frequency and the staff signature requirements in accordance with regulatory and contractual requirements, SCBH has begun to provide progress note specific training to treatment teams who are having difficulty meeting progress note requirements. A sample sign-in sheet from one such progress note training provided to our Youth and Family Services program is included (Attachment [140]). SCBH will

[134] Line number(s) removed for confidentiality
[135] Attachment number(s) removed for confidentiality
[136] Attachment number(s) removed for confidentiality
[137] Page number(s) removed for confidentiality
[138] Attachment number(s) removed for confidentiality
[139] Attachment number(s) removed for confidentiality
[140] Attachment number(s) removed for confidentiality

continue to provide training as necessary to ensure that all documentation requirements are met.
2) In order to ensure that progress notes are completed in accordance with the timeliness and frequency requirements specified in *MHP-16, Clinical Documentation Standards*, SCBH provides frequent audits of both our internal staff and contracted providers. The *SCBH, Mental Health Services Comprehensive Audit Tool*, pg. [141], items [142], ensure that timeliness standards for progress notes are met (Attachment [143]). If found out of compliance, a plan of correction from the program is requested. For example, a recent audit report provided to our contract provider contained the following finding and request for a plan of correction:

Finding:
VTC stated that their policy is to complete documentation the same day of service or no later than 72 hours afterward. Because VTC's electronic health records document when the service was entered into the medical record SCBH was able to verify when progress notes were written and whether or not they were completed within the required timeframe. 7 out of 10 charts reviewed contained notes that were completed late.

- **Plan of Correction: VTC shall submit a POC to ensure that progress notes are completed, consistent with VTC requirements, within 72 hours after the service was provided. VTC shall submit a policy stating the expected timeframe for completion of documentation.**

3) Sonoma County MHP ensures that progress notes document:

5a-1) Timely completion by the person providing the service and relevant aspects of client care, as specified in the MHP Contract with the Department and the MHP's written documentation standards.
See items 1) and 2), above for plan of correction.
5a-4) The date the progress note was completed and entered into the medical record by the person(s) providing the service in order to determine the timeliness of completion, as specified in the MHP Contract with the Department.
Sonoma County programs and contracted agencies who utilize electronic health records meet this requirement by having their progress notes electronically time stamped when completed. However, not all of our programs use electronic health records.
In order to ensure compliance with this requirement, audits of our providers who do not have electronic health records have concluded with SCBH requiring them to provide a handwritten date next to their signature on all progress notes at the time of completion. SCBH's comprehensive audit tool, item [144], specifically looks for the date the documentation was entered in the medical record (Attachment [145]). A recent audit report provided to a contract provider who did not meet this requirement was issued a report containing the following finding and request for a plan of correction:

Finding:
For all 10 charts reviewed, PPSC's progress notes only had one date which is presumably the date of service. None of the PPSC progress notes documented when the service was entered into the medical record therefore we were unable to verify when progress notes were written.

Reference:

[141] Page number(s) removed for confidentiality
[142] Item number(s) removed for confidentiality
[143] Attachment number(s) removed for confidentiality
[144] Item number(s) removed for confidentiality
[145] Attachment number(s) removed for confidentiality

DHCS Annual Review Protocol for Consolidated Specialty Mental Health Services (FY 2015-16), Section K, 5d(3) states that all entries in the medical record must include (3) the date the documentation was entered into the medical record.

- **Plan of Correction: PPSC shall submit a POC to ensure that Progress Notes document the date the service was entered into the medical record. PPSC shall ensure the Progress Notes are completed according to PPSC's documentation requirements and submit a PPSC policy outlining documentation timeliness standards.**

5a-8) The provider's professional degree, licensure or job title.
See item [146]) and Attachment [147], pg. [148].

The following documentation is enclosed in support of this item:
1) Attachment [149]: *Progress Note Writing 101*
2) Attachment [150]: *MHP-16 Clinical Documentation Standards for SMHS*, pgs. [151]
3) Attachment [152]: Progress Note Training Sign-In Sheet YFS ([153])
4) Attachment [154]: *SCBH, Mental Health Services Comprehensive Audit Tool,* pg. [155]

See also, Attachments [156].

[146] Item number(s) removed for confidentiality
[147] Attachment number(s) removed for confidentiality
[148] Page number(s) removed for confidentiality
[149] Attachment number(s) removed for confidentiality
[150] Attachment number(s) removed for confidentiality
[151] Page number(s) removed for confidentiality
[152] Attachment number(s) removed for confidentiality
[153] Date(s) removed for confidentiality
[154] Attachment number(s) removed for confidentiality
[155] Page number(s) removed for confidentiality
[156] Attachment number(s) removed for confidentiality

SONOMA COUNTY MHP ~ DHCS TRIENNIAL REVIEW OF SMHS
APRIL 17-20, 2017
PLAN OF CORRECTION

ITEM NO. 7, Section K, "Chart Review – Non-Hospital Services" Finding 5a3:

PROTOCOL	
5a3	Protocol Requirements 5a. Do the progress notes document the following: 1) Timely documentation (as determined by the MHP) of relevant aspects of client care, including documentation of medical necessity? 2) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions? 3) Interventions applied, beneficiary's response to the interventions, and the location of the interventions? 4) The date the services were provided? 5) Documentation of referrals to community resources and other agencies, when appropriate? 6) Documentation of follow-up care or, as appropriate, a discharge summary? 7) The amount of time taken to provide services? 8) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, and licensure or job title?

Findings

The progress notes for the following Line numbers indicate that the service provided was solely clerical and therefore did not meet medical necessity: **Line numbers [157]. RR17, refer to Recoupment Summary for details.**

Plan of Correction

The MHP shall submit a POC that describes how the MHP will ensure that:
1) Each progress note describes how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning, as outlined in the client plan.
2) Services provided and claimed are note solely transportation, clerical or payee related.
3) All services claimed are appropriate, relate to the qualifying diagnosis and the identified functional impairments and are medically necessary as delineated in the CCR, title 9, chapter 11, sections 1830.205(a)(b).

Sonoma County Plan of Correction

Regarding **5a3**, Sonoma County Behavioral Health's Plan of Correction includes:

1) Several documentation trainings have been conducted by Sonoma County MHP since the chart audit review period (July-September, 2015). For example, on September 28, 2016, SCBH Quality Assurance staff conducted a comprehensive documentation training for the entire division. This training was also provided for contracted providers on July 15, 2016. The agenda and PowerPoint slides from this training, covering essential topics such as medical necessity, assessments, progress notes, and client plans is included, as well as a sign-in sheet from this training (Attachment [158]).

[157] Line number(s) removed for confidentiality
[158] Attachment number(s) removed for confidentiality

Specific to progress notes, a handout was provided to staff at this training covering all progress note documentation requirements entitled, "Progress Note Writing 101 (Attachment [159])." Our policy, *MHP-16, Clinical Documentation Standards*, was revised after this training and distributed to staff for review with their program managers. Page 5 of the policy covers the requirement that progress notes address impairments, restore functioning or prevent significant deterioration in an important area of life functioning (Attachment [160]). Attachment [161] contains a sampling of signed acknowledgments from treatment teams showing that staff have reviewed and understand the policy.

Prebilling audits are conducted monthly to help ensure that documentation supports medically necessary services before claims are submitted for reimbursement. As a result of our prebilling audits, SCBH is currently in the process of completing a group services audit to identify any outstanding training needs in order to ensure compliance with all group progress note requirements. The results of this audit will be shared with all staff and contract providers at an upcoming training. While the audit results are pending, SCBH Quality Assurance staff have begun to provide training to internal staff to help address areas in need of training that have already been identified. Included are the sign-in sheet from a training conducted on July 18, 2017 (Attachment [162]) and the handout provided to staff at that training, *Avatar Group Progress Note Instructions*, including both electronic health record and clinical documentation Requirements (Attachment [163]).

2) Sonoma County MHP has re-trained all staff to ensure that they fully understand all three criteria needed to establish medical necessity. A PowerPoint training document is enclosed (Attachment [164]) as well as a sampling of staff sign-in sheets from medical necessity trainings provided to our treatment teams (Attachment [165]).

Prebilling audits are conducted monthly to help ensure that documentation supports medically necessary services before claims are submitted for reimbursement. Many corrections are made related to medical necessity, including the need to address progress note requirement 5a3, as shown in a sample prebilling audit tracking log, also included for review (Attachment [166]).

Several documentation trainings have been conducted by Sonoma County MHP since the chart audit review period (July-September, 2015). For example, on September 28, 2016, SCBH Quality Assurance staff conducted a comprehensive documentation training for the entire division. This training was also provided for contracted providers on July 15, 2016. The agenda and PowerPoint slides from this training, covering essential topics such as medical necessity, assessments, progress notes, and client plans is included, as well as a sign-in sheet from this training (Attachment [167]).

---

[159] Attachment number(s) removed for confidentiality
[160] Attachment number(s) removed for confidentiality
[161] Attachment number(s) removed for confidentiality
[162] Attachment number(s) removed for confidentiality
[163] Attachment number(s) removed for confidentiality
[164] Attachment number(s) removed for confidentiality
[165] Attachment number(s) removed for confidentiality
[166] Attachment number(s) removed for confidentiality
[167] Attachment number(s) removed for confidentiality

Specific to group progress notes, a handout was provided to staff at this training covering group progress note documentation requirements entitled, "*Group Therapy Progress Note Guidelines* (Attachment [168])" includes the requirement that if more than one staff is claiming for the service, each staff's contribution must be included. Our policy, *MHP-16, Clinical Documentation Standards*, was revised after this training and distributed to staff for review with their program managers. Page 6 of the policy covers the requirement that group progress notes document the contribution, involvement or participation of each staff member as it relates to the identified functional impairment and mental health needs of the beneficiary (Attachment [169]). Attachment [170] contains a sampling of signed acknowledgments from treatment teams showing that staff have reviewed and understand the policy.
The following documentation is enclosed in support of this item:
1) Attachment [171]: *Group Therapy Progress Note Guidelines*
2) Attachment [172]: *MHP-16 Clinical Documentation Standards for SMHS*, pg. [173]
3) Attachment [174]: Group Progress Note Training Sign-In Sheet YFS ([175])
4) Attachment [176]: *Avatar Group Progress Note Instructions*

See also, Attachments [177].

ITEM NO. 9, Section K, "Chart Review – Non-Hospital Services" Finding 5c:

PROTOCOL	
5c	**Protocol Requirements** **5c. Timeliness/frequency as follows:** 1) Every service contact for: A. Mental health services B. Medication support services C. Crisis Intervention D. Targeted case management 2) Daily for: A. Crisis residential B. Crisis stabilization (one per 23 hour period) C. Day treatment intensive 3) Weekly for: A. Day treatment intensive (clinical summary) B. Day rehabilitation C. Adult residential

Findings

[168] Attachment number(s) removed for confidentiality
[169] Attachment number(s) removed for confidentiality
[170] Attachment number(s) removed for confidentiality
[171] Attachment number(s) removed for confidentiality
[172] Attachment number(s) removed for confidentiality
[173] Page number(s) removed for confidentiality
[174] Attachment number(s) removed for confidentiality
[175] Date(s) removed for confidentiality
[176] Attachment number(s) removed for confidentiality
[177] Attachment number(s) removed for confidentiality

Documentation in the medical record did not meet the following requirements:
• **Line number** [178]: There were no progress notes in the medical record for 11 service claims. **RR9, refer to Recoupment Summary for details.**
• **Line numbers** [179]: The type of specialty mental health service (SMHS) documented on the progress note was not the same type of SMHS claimed. **RR9, refer to Recoupment Summary for details.**

Plan of Correction

The MHP shall submit a POC that describes how the MHP will ensure that all SMHS claimed are:
a) Documented in the medical record.
b) Actually provided to the beneficiary.
c) Claimed for the correct service modality and billing code.
d) Accurate and meet the documentation requirements described in the MHP Contract with the Department.

Sonoma County Plan of Correction

Regarding **5c**, Sonoma County Behavioral Health's prebilling and program audits include review of documentation against service claims. If during a prebilling audit, a service is found to be claimed but no documentation of the service is found, SCBH removes the service from the claim before it is submitted for reimbursement. Additionally, during program audits of internal staff and contracted providers, SCBH will recoup any claims made for which no documentation was found during the audit.

The *SCBH, Mental Health Services Comprehensive Audit Tool*, pg. 2, item [180] ensures that there is a progress note for every service claimed to Medi-Cal (Attachment [181]). If found out of compliance, a plan of correction from the program is requested. For example, a recent audit report provided to our contract provider contained the following finding and request for a plan of correction. Services were recouped due to no progress notes found in the chart:

Finding:
In three instances, there were no progress notes found for the service claimed. In one instance, a therapy service was claimed when documentation in the chart indicated that the client (G.C.) was out of town that day Thus, the following service claims for [182] clients are disallowed:

[183] ([184]) [185] mins.
[186] ([187]) [188] mins.

[178] Line number(s) removed for confidentiality
[179] Line number(s) removed for confidentiality
[180] Item number(s) removed for confidentiality
[181] Attachment number(s) removed for confidentiality
[182] Client name removed for confidentiality
[183] Date of service removed for confidentiality
[184] Client initials removed for confidentiality
[185] Minutes removed for confidentiality
[186] Date of service removed for confidentiality
[187] Client initials removed for confidentiality
[188] Minutes removed for confidentiality

[189] ([190]) [191] mins.

Reference:
Per DHCS *Reasons for Recoupment for FY 2015-2016*, when "no progress note is found for the service claimed," the service is disallowed. Claimed services are also disallowed when documentation indicates that no mental health service was provided.

- **Plan of Correction: [192] shall provide evidence to ensure that all services claimed are documented. [193] shall have procedures in place to ensure that any services that are not properly documented are not billed to Medi-Cal.**

The provider described above included in their plan of correction new procedures to review claims before they are submitted as well as hiring staff who specifically monitor billing and documentation.

The *SCBH, Mental Health Services Comprehensive Audit Tool*, pg. 2, item [194] ensures that service procedure codes claimed match the service provided per the chart documentation (Attachment [195]). If found out of compliance, a plan of correction from the program is requested. For example, a recent audit report provided to our contract provider contained the following finding and request for a plan of correction. Services were voided and replaced due to use of service codes that did not match the service documented:

Finding:
There were a few instances when specialty mental health services claimed did not match specialty mental health services documented in progress notes. For example, on [196], individual therapy (service code 341) was claimed for client [197] However the focus of the session was plan development; thus the correct code to claim is Plan development (service code 391).

SCBH Fiscal Department will void and replace the following claims with correct service codes as documented in medical records:

[198] ([199]) service code claimed was 341, however service provided was 391
[200] ([201]) service code claimed was 341, however service provided was 391
[202] ([203]) service code claimed was 341, however service provided was 391

---

[189] Date of service removed for confidentiality
[190] Client initials removed for confidentiality
[191] Minutes removed for confidentiality
[192] Client name removed for confidentiality
[193] Client name removed for confidentiality
[194] Item number(s) removed for confidentiality
[195] Attachment number(s) removed for confidentiality
[196] Date of service removed for confidentiality
[197] Client initials removed for confidentiality
[198] Date of service removed for confidentiality
[199] Client initials removed for confidentiality
[200] Date of service removed for confidentiality
[201] Client initials removed for confidentiality
[202] Date of service removed for confidentiality
[203] Client initials removed for confidentiality

[204] ([205]) service code claimed was 391, however service provided was 341
[206] ([207]) service code claimed was 391, however service provided was 341
The above services need to also be corrected in the progress notes.

[208] ([209]) service code claimed was 391, however service documented was 341
[210] ([211]) service code claimed was 391, however service documented was 341
[212] ([213]) service code claimed was 391, however service documented was 341
[214] ([215]) service code claimed was 391, however service documented was 341
The above services were correctly documented in the progress notes but procedure codes will need to be corrected in claiming by voiding and replacing all of these services.

[216] ([217]) service claimed was 341, however service provided was assessment (331).
Since assessment is not part of [218] contract, SCBH Fiscal Department will recoup and void this service.

Reference:
Per Title 9, Section 1810.232, "Plan Development means a service activity that consists of development of client plans, approval of client plans, and/or monitoring of a beneficiary's progress." Per Title 9, Section 1810.250, Individual therapy is "a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments."

- **Plan of Correction: [219] shall make procedure code corrections in the medical records to address the findings above. Corrections shall be made using the SLIDE method (Single Line cross out, Initial and Date Entry). POC is to submit evidence of correction and to ensure that procedure codes claimed match the service provided. SCBH Fiscal Department will void and replace the claims identified above. [220] shall have practices in place to reduce the claiming error rate.**

SCBH is in the process of revising form *MHS-105, Procedure Codes for Client Related Activities,* for use in training staff and contractors on use of the correct service code, per CCR, title 9 definitions. SCBH will update form *MHS-105* to include both title 9 definitions as well as the recent clarifications in DHCS MHSUDS Information Notice 17-040 and provide

[204] Date of service removed for confidentiality
[205] Client initials removed for confidentiality
[206] Date of service removed for confidentiality
[207] Client initials removed for confidentiality
[208] Date of service removed for confidentiality
[209] Client initials removed for confidentiality
[210] Date of service removed for confidentiality
[211] Client initials removed for confidentiality
[212] Date of service removed for confidentiality
[213] Client initials removed for confidentiality
[214] Date of service removed for confidentiality
[215] Client initials removed for confidentiality
[216] Date of service removed for confidentiality
[217] Client initials removed for confidentiality
[218] Client name removed for confidentiality
[219] Client name removed for confidentiality
[220] Client name removed for confidentiality

training to staff and contractors, accordingly. Per the new IN, further clarification was given on the use of family therapy versus collateral service, for example (IN 17-040, pg. 30).

The following documentation is enclosed in support of this item:
1) Attachment [221]: *SCBH, Mental Health Services Comprehensive Audit Tool,* pg. [222]
2) Attachment [223]: *SCBH, Mental Health Services Comprehensive Audit Tool,* pg. [224]
3) Attachment [225]*: MHS-105 Procedure Codes for Client Related Activities*

ITEM NO. 10, Section K, "Chart Review – Non-Hospital Services" Finding 5d:

PROTOCOL	
5d	**Protocol Requirements** **5d. Do all entries in the beneficiary's medical record include:** 1) The date of service? **2) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, and licensure or job title?** **3) The date the documentation was entered in the medical record.**

Findings

The progress notes did not include:

- The signature of the person providing the service (or electronic equivalent) as specified in the Contract with the Department: **Line numbers [226]**. **RR15, refer to Recoupment Summary for details.**
- The provider's professional degree, licensure or job title. **Line numbers [227].**
- Date the documentation was entered into the medical record: **Line numbers [228].**
- The following line number had a progress note indicating that the documented and claimed service provided was not within the scope of practice of the person delivering the service:

  a) A non-medical, Mental Health Rehabilitation Specialist/Case Manager provided medication consultation advice to the beneficiary although the provider was not qualified to deliver and claim for this type of service: **Line number [229]. RR19d, refer to Recoupment Summary for additional details.**

*The MHP should review all services and claims provided by the staff who was not qualified and disallow claims as required***.**

Plan of Correction

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

1) Ensure that all documentation includes the signature (or electronic equivalent) with the professional degree, licensure or title of the person providing the service.

[221] Attachment number(s) removed for confidentiality
[222] Page number(s) removed for confidentiality
[223] Attachment number(s) removed for confidentiality
[224] Page number(s) removed for confidentiality
[225] Attachment number(s) removed for confidentiality
[226] Line number(s) removed for confidentiality
[227] Line number(s) removed for confidentiality
[228] Line number(s) removed for confidentiality
[229] Line number(s) removed for confidentiality

2) Ensure that all documentation includes the date the signature was completed and the document was entered into the medical record.
3) Ensure all services claimed are provided by the appropriate and qualified staff within his or her scope of practice, if professional licensure is required for the service.
4) Ensure that staff adheres to the MHP's written documentation standards and policies and procedures for providing services with the staff's scope of practice.
5) Ensure that services are not claimed when services are provided by staff outside the staff's scope of practice or qualifications.
6) Provide evidence that all claims in which the staff was not qualified to provide services were disallowed.

Sonoma County Plan of Correction

Regarding **5d**, Sonoma County Behavioral Health's Plan of Correction includes:
With regard to POC items [230]:
Several documentation trainings have been conducted by Sonoma County MHP since the chart audit review period (July-September, 2015). For example, on September 28, 2016, SCBH Quality Assurance staff conducted a comprehensive documentation training for the entire division. This training was also provided for contracted providers on July 15, 2016. The agenda and PowerPoint slides from this training, covering essential topics such as medical necessity, assessments, progress notes, and client plans is included, as well as a sign-in sheet from this training (Attachment [231]).

Policy, *MHP-16, Clinical Documentation Standards*, was revised after this training and distributed to staff for review with their program managers. Pages 2 and 6 cover the requirements included in **5d;** that progress notes document include the signature (or electronic equivalent) with the professional degree, licensure or title of the person providing the service; and that all documentation includes the date the service was provided and the documentation was entered into the medical record (Attachment [232]). Attachment [233] contains a sampling of signed acknowledgments from treatment teams showing that staff have reviewed and understand the policy.

With regard to POC items [234]:
Sonoma County MHP contains a credentialing committee comprised of Quality Assurance, Compliance, Claiming, senior managers and Human Resources staff. In order to ensure that all services claimed are provided by the appropriate and qualified staff within his or her scope of practice, all new providers are thoroughly screened and given limited access to our Avatar electronic health record and claiming system in accordance with their staff role and qualifications. For example, only a licensed clinician or registered intern whose scope of practice includes assessment and diagnosis of mental health conditions may access and enter information into diagnostic areas of the EHR. Similarly, a non-medical staff would not be allowed to provide and claim for medication support services. Our credentialing policy, *BH-01 Provider Credentialing and Continuous Monitoring* and included attachment, *Medi-Cal Mental Health Provider Credentialing Procedure*, are attached (Attachment [235]).

---

[230] Item number(s) removed for confidentiality
[231] Attachment number(s) removed for confidentiality
[232] Attachment number(s) removed for confidentiality
[233] Attachment number(s) removed for confidentiality
[234] Item number(s) removed for confidentiality
[235] Attachment number(s) removed for confidentiality

In the event that services are claimed outside the scope of practice of the provider, these services are disallowed and not claimed to Medi-Cal. To prevent such activity, our credentialing committee reviews staff credentials regularly and in the event that the appropriate credentials are not maintained, the staff will be deactivated from the EHR and billing system and will have a meeting with credentialing committee staff in order to develop a plan of correction and/or disciplinary action.

With regard to POC item [236]:
Sonoma County will provide evidence that all claims in which the staff was not qualified to provide services are disallowed. A review of out of scope services provided by the provider identified in finding 5d, with regard to Line [237], is pending. SCBH Quality Assurance staff will conduct an internal audit in October, 2017 and will respond to DHCS with the results of the audit on or before October 31, 2017. SCBH will ensure that any claims the provider was not qualified to provide are disallowed, accordingly, and will employ any necessary disciplinary procedures required.

The following documentation is enclosed in support of this item:
1) Attachment [238]: *MHP-16 Clinical Documentation Standards for SMHS*, pg. [239]
2) Attachment [240]: *BH-01 Provider Credentialing and Continuous Monitoring,* pgs. [241], and *Medi-Cal Mental Health Provider Credentialing Procedure,* pgs. [242].

See also, Attachments [243].

Please see also: PLAN OF CORRECTION Part I: System Review
Respectfully submitted by Dr. Audrey E. Boggs, QA Manager, Sonoma County Behavioral Health

[236] Item number(s) removed for confidentiality
[237] Item number(s) removed for confidentiality
[238] Attachment number(s) removed for confidentiality
[239] Page number(s) removed for confidentiality
[240] Attachment number(s) removed for confidentiality
[241] Page number(s) removed for confidentiality
[242] Page number(s) removed for confidentiality
[243] Attachment number(s) removed for confidentiality