Tuolumne County Mental Health Plan Review
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SECTION B: Access) <u>Access to Care & Logging Calls</u>

B10b1, B10b2, and B10b3

Training:

- Test Call Q&A worksheet re- distribution, Fall 2017
- QI to attend CAIP shift- change meetings quarterly as refresher, Fall 2017- ongoing

P&P's:

- Updated "Access to Behavioral Health Services" 5/2017
- Update to "Access to Care Log Policy" completed 5/2017 and distributed to all-staff

Monitoring:

- Pre/Post training assessment item to assure increased understanding
- Complete 10 Quarterly Test Calls to monitor performance (ongoing)
- Complete DHCS Test Call Reports quarterly (ongoing)
- Internal Test Call Reports presented at QM Committee quarterly (ongoing)
- Individual training feedback provided from QI to CAIP Supervisor as needed (ongoing)

SECTION C: Authorization) <u>Treatment Authorizations</u>

C1c

Training:

- N/A at present, upon hiring of a new Clinical Manager procedures will be reviewed, this task has been re- assigned in the interim to the Head of Service

P&P's:

- N/A Appropriate P&P's exist: "Protocol for Payment Authorizations for Inpatient Services", "Notices of Action Policy", "TAR Task List", and "TAR Overview" and develop/update procedures as needed (June 2018)

Monitoring:

- Add Reports to QM Committee quarterly using the TAR log database

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SECTION C: Authorization) <u>Treatment Authorizations</u>

C1b

Training:

- N/A at present. Upon hiring of a new Clinical Manager procedures will be reviewed, this task has been re- assigned in the interim to the Head of Service who is working with the on- site Psychiatrist to complete reviews

P&P's:

- N/A Appropriate P&P's exist: "Protocol for Payment Authorizations for Inpatient Services", "Notices of Action Policy", "TAR Task List", and "TAR Overview" and develop/update procedures as needed (June 2018)

Monitoring:

- Add Reports to QM Committee quarterly
- Since the FY16/17 audit there have been two TAR denials which both had Physician review alongside the Head of Service (4/17; 5/17)

SECTION C: Authorization) <u>Standard Authorization Requests</u>

C2c

Training:

- Review SAR process with TCBH and partnering counties

P&P's:

- Update SAR Tracking Form & Process
- Develop SAR Policy (June 2018)

Monitoring:

- Add Reports to QM Committee quarterly for monitoring

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SECTION K: Chart Review) <u>Medical Necessity</u>

K1c-1

Training:

- Medical Necessity In- Service Training(s) (Completed 9/2017)
- Progress Note/Documentation training (June 2018)
- Individual staff feedback with supervisor as needed (URC, Team Meetings, etc.)

P&P's:

- N/A, existing policy: Documentation Standards for Client Records

Monitoring:

- Pre/Post training assessment item to assure increased understanding
- Utilization Review Committee (ongoing)
- End of Month billing disallowance report

SECTION K: Chart Review) <u>Assessment</u>

K2a

Training:

- Individual meetings with staff & supervisors (Meetings began August 2017 and will continue ongoing until less than 5% of clients are overdue)

P&P's:

- Policy for annual Assessment: Documentation Standards for Client Records (Updated 4/2017, completed to allow for assessments to be valid for up to 2 years)
- Policy for Documentation due within 48 hours: Documentation Deadline

Monitoring:

- Notifications to Clinicians in E.H.R. and Notification Report
- Unresolved and non- final approved reports for documentation
- Monthly Disallowance Summary
- Reports reviewed monthly at the Management Meeting
- Non-Clinical PIP topic

SECTION K: Chart Review) <u>Assessment Signatures</u>

K2c

Training:

- N/A, Completed. This update was rectified within the E.H.R.

P&P's:
- N/A, included within "Clinical Documentation Standards" and other pertinent P&P's

Monitoring:

- N/A, Completed. This update was rectified within the E.H.R.

SECTION K: Chart Review) <u>Medication Consent</u>

K3a

Training:
- DHCS Team advised TA and sample forms will be provided in the near future
- Psychiatrist to collect for initial and renewal (ongoing)

P&P's:
- DHCS Team advised TA and sample forms will be provided in the near future
- Update specifics in "Medication Practice Guidelines" and develop and update associated procedures as necessary (June 2018)
- Update MOU with Tele- Psychiatry as needed (June 2018)

Monitoring:

- Once forms are implemented, ongoing monitoring through URC with reports provided at Quality Management Committee (ongoing)

SECTION K: Chart Review) <u>Medication Consent Elements</u>

K3b

Training:
- DHCS Team advised TA and sample forms will be provided in the near future
- Psychiatrist to collect for initial and renewal (ongoing)

P&P's:

- DHCS Team advised TA and sample forms will be provided in the near future
- Update specifics in "Medication Practice Guidelines" and develop and update associated procedures as necessary (June 2018)
- Update MOU with Tele- Psychiatry as needed (June 2018)
- KingsView's Policy "Informed Consent – Psychotropic Medications"

Monitoring:

- Ongoing monitoring through URC with reports provided at Quality Management Committee (ongoing)

SECTION K: Chart Review) Client Plans Completed Annually

K4a-2

Training:

- Individual meetings with staff & supervisors

P&P's:

- N/A – Already within "Documentation Standards for Client Records" and "Plan of Care Policy" (Updated 4/2017, complete)

Monitoring:

- Notifications on Clinician's Home page in E.H.R. (ongoing)
- Notification Reports
- Monthly Disallowance Summary (ongoing)
- Review at Management meetings monthly (ongoing)
- Non-Clinical PIP topic

SECTION K: Chart Review) Client Plan Contents

K4b – 1, 2, and 3

Training:

- Annual training to be conducted June 2018

P&P's:

- N/A – Already within "Documentation Standards for Client Records" and "Plan of Care Policy" (Updated 4/2017, complete)

Monitoring:

- Pre/Post training assessment item to assure increased understanding
- Monitor through URC Tool and report at Quality Management Committee quarterly (ongoing)

SECTION K: Chart Review) <u>Client Plan Signatures</u>

K4f

Training:

- N/A, Completed. This update was rectified within the E.H.R.

P&P's:

- N/A, included within "Clinical Documentation Standards" and other pertinent P&P's

Monitoring:

- N/A, Completed. This update was rectified within the E.H.R.

SECTION K: Chart Review) <u>Progress Note Timeliness</u>

K5a-1

Training:

- Annual training to be conducted June 2018

P&P's:

- N/A, included within "Clinical Documentation Standards" and "Documentation Deadline Plan"

Monitoring:

- Monthly reporting of non-final approved and unresolved services is produced by the E.H.R. team and Billing Supervisor

SECTION K: Chart Review) <u>Progress Note for Groups</u>

K5b

Training:

- Annual documentation training to be conducted by June 2018
- Assure contractor (ex: for Day Rehab) training on documentation on an annual basis

P&P's:

- Distribute MHP Documentation Policies to contractors annually and at time of updates
- Review and update MOU with contractor as necessary

Monitoring:

- Pre/Post training assessment item to assure increased understanding
- URC Tool and Quality Management Committee reports quarterly
- Request contractor documentation quarterly and conduct URC Tool audit

SECTION K: Chart Review) <u>Progress Note Content</u>

K5c

Training:

- Annual documentation training to be conducted in June 2018
- Assure contractor training on documentation on an annual basis

P&P's:

- N/A, included within "Clinical Documentation Standards" and "Documentation Deadline Plan"
- Distribute MHP Documentation Policies to contractors annually and at time of updates
- MOU with contractor

Monitoring:

- Pre/Post training assessment item to assure increased understanding
- URC Tool and Quality Management Committee reports quarterly
- Request contractor documentation quarterly and conduct URC Tool audit

SECTION K: Chart Review) <u>Progress Note Signature</u>

K5d

Training:

- N/A, Completed. This update was rectified within the E.H.R.

P&P's:

- N/A, included within "Clinical Documentation Standards" and other pertinent P&P's

Monitoring:

- N/A, Completed. This update was rectified within the E.H.R.

SECTION K: Chart Review) <u>Day Rehabilitation</u>

K7b, e, and f3

Training:

- Distribute MHP Documentation Policies to contractors annually and at time of updates
- Assure contractor training on documentation on an annual basis

P&P's:

- Update "Clinical Documentation Standards" and "Documentation Deadline Plan" (June 2018)
- Distribute MHP Documentation Policies to contractors annually and at time of updates
- Review and update MOU with contractor (June 2018)

Monitoring:

- Pre/Post training assessment item to assure increased understanding
- URC Tool and Quality Management Committee reports quarterly
- Request contractor documentation quarterly and conduct URC Tool audit

SECTION B: Attachments

    A. Access to Behavioral Health Services Policy
    B. Access to Care Log Policy
    C. Access to Care Log Training PowerPoint
    D. Test Call Q&A
    E. Test Call Template

F. DHCS Test Call Report Sample (pending)
G. TCBH Test Call Log Sample (pending)

SECTION C: Attachments

A. Protocol for Payment Authorizations for Inpatient Services (Pending updates)
B. NOA/NOABD Policy (Pending updates)
C. TAR Task List (Pending updates)
D. TAR Overview (Pending updates)
E. SAR Tracking Form (Pending updates)

SECTION K: Attachments

A. Documentation Standards for Client Records
B. Notification Report Summary (Pending updates)
C. Management Meeting agendas (Pending)
D. Medication Consent Form (Pending updates)