

**Imperial County Behavioral Health Services
FY 18/19 Specialty Mental Health Triennial Review
Corrective Action Plan**

System Review

SECTION D: ACCESS AND INFORMATION REQUIREMENTS

I. 24/7 Access Line and Written Log of Requirements for SMHS

Requirement:

Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number: (CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1).)

- 2) The toll-free telephone number provides information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met.
- 3) The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition.

DHCS Finding: D.VI.B.2 & D.VI.B 3

Corrective Action Description:

- 1) The Program Supervisor for Access is responsible for this POC. Access has taken proactive measure to ensure protocols and procedures have been updated to enforce that information on how to access services, including specialty mental health services required to assess whether medical necessity criteria are met is provided to callers requesting this information. The update and enforcement of these protocols and procedures also include the information to beneficiaries about services needed to treat an urgent condition. There are three groups that provide this information to beneficiaries. They are: Access, AHCAR and Switchboard. Each group has protocols that have been updated and reviewed with staff during their monthly meetings. For AHCAR, the group that answers the phone during non-business hours, the following protocols were updated: Access After-Hours Telephone Answering Services-AHCAR log V2, AHCAR Telephone Line Protocol and AHCAR Response Reference Guide. These were reviewed with staff on 11/13/19. During this meeting, the Beneficiary Handbook was also provided to staff and assigned the task of review with a deadline and verification of this review to be returned. Additionally, QM will be conducting

more frequent test calls when new staff starts to provide this service. This will help to gauge their progress in mastering the information that needs to be provided. The frequency of meetings for staff who volunteer for AHCAR will also increase from once a month to twice a month to cover potential situations and any presenting scenarios for review as well as any other updates.

- 2) For Switchboard, the group that answers primarily during business hours, the following protocols were updated: Access Log V3, Access Daytime Telephone Line Protocol and Regular Hours Response Guide. These were reviewed with staff on 11/7/19. During this meeting, the Beneficiary Handbook was also provided to staff and assigned the task of review with a deadline and verification of this review to be returned.
- 3) For Access, the group that answers secondary during business hours, the following protocols were reviewed, during the monthly regularly scheduled meeting: Access Log V3, Access Daytime Telephone Line Protocol and Regular Hours Response Guide.

Implementation Timeline:

- 1) Completed 11/13/19 and ongoing
- 2) Completed 11/7/19 and ongoing
- 3) Completed 11/7/19 and ongoing

SECTION D: ACCESS AND INFORMATION REQUIREMENTS

VII. Cultural Competence Requirement

Requirement:

Regarding the MHP's plan for annual cultural competence training necessary to ensure the provision of culturally competent services:

- 1) There is a plan for cultural competency training for the administrative and management staff of the MHP.
- 2) There is a plan for cultural competency training for persons providing SMHS employed by or contracting with the MHP.

DHCS Finding: D.VII.D1 & D.VII.D2

Corrective Action Description:

- 1) The MHP will schedule trainings that allow more staff to attend at once, offering the department the opportunity to have the entire work force trained (approximately 600 employees) by the end of the third quarter, allowing remedial interventions to be applied in the fourth quarter.
- 2) An eLearning online Cultural Competency Class is assigned to all MHP staff who have failed to complete the Cultural Competency training requirement by the beginning of the 4th quarter of the fiscal year. Biweekly updates will be presented at management meetings and by email to track progress.
- 3) Quarterly cultural competence training attendance updates will be provided to management staff and Quality Management.
- 4) At the time of annual employee performance appraisal, data will be provided to appraising supervisory staff on the status of required Cultural Competency trainings for that appraisal period. Employees who have failed to fulfill this required job expectation will be subject to progressive discipline, as specified in County of Imperial Ordinance 3.32.030.

Implementation Timeline:

- 1) 7/2019
- 2) 4/2020
- 3) 7/2019
- 4) 1/2020

Chart Review

SECTION I: CHART REVIEW-NON-HOSPITAL SERVICES

Assessment

Requirement:

The MHP must establish written standards for (1) timeliness and (2) frequency of the Assessment documentation. (MHP Contract, Ex. A, Att. 9)

DHCS Finding: 2A

Corrective Action Description:

- 1) The MHP will provide training on Procedure 01-126- Annual Assessment of a Client Receiving Specialty Mental Health Services, which outlines the timeliness and frequency requirements for completing annual assessments, and monitor compliance to procedure adherence.
- 2) The MHP coordinates Annual Assessments with Nursing Assessments through monitoring of the Annual Client Plan Due List. Training will be provided to staff to ensure staff understand the steps that must be taken to coordinate both assessments.
- 3) Compliance will be monitored through chart reviews conducted by program supervisors and the QM Unit.

Implementation Timeline:

- 1) 12/2019
- 2) 2/2020
- 3) Ongoing – monthly reviews

Requirement:

The MHP shall ensure that the following areas are included, as appropriate, as part of a comprehensive beneficiary record when an assessment has been performed:

- b) Relevant conditions and psychosocial factors affecting the beneficiary's physical health and mental health, including history of trauma
- c) Mental Health History
- d) Medical History
- e) Medications
- f) Substance Exposure/ Substance Use
- g) Client Strengths
- i) A mental status examination

DHCS Finding: 2B

Corrective Action Description:

- 1) The MHP will provide training to staff on all the required elements of the Assessment specified in Policy 01-245- Intake and Annual Assessment Timeframe and Elements and monitor compliance to policy adherence.
- 2) Compliance will be monitored through monthly chart reviews conducted by program supervisors and the QM Unit.

Implementation Timeline:

- 1) 12/2019
- 2) Ongoing – monthly reviews

Requirement:

All entries in the beneficiary record shall include:

- 1) The date of service.
- 2) The signature of the person providing the service (or electronic equivalent).
- 3) The type of professional degree, licensure, or job title of the person providing the service.
- 4) The date the documentation was entered in the medical record.

(MHP Contract, Ex. A, Attachment 9)

DHCS Finding: 2C

Corrective Action Description:

Extension requested by MHP and granted by DHCS – Appealed by MHP and pending DHCS response

Implementation Timeline: [Left Blank]

SECTION I: CHART REVIEW-NON-HOSPITAL SERVICES

Medication Consent

Requirement:

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

(MHP Contract, Ex. A., Att.9)

DHCS Finding: 3A

Corrective Action Description:

- 1) Training will be provided to MDs and Nurses on Policy 01-96- Medication: Informed Consent by Voluntary Patients, which discusses the requirements for obtaining and retaining written medication consents. Training will be provided to MDs during the MD monthly meeting and Nurses will be trained during the Nurses' quarterly meeting.
- 2) Adherence to the aforementioned policy will be monitored through monthly Medication Monitoring Committee chart reviews.

Implementation Timeline:

- 1) 1/2020
- 2) Ongoing – monthly reviews

Requirement:

All entries in the beneficiary record shall include:

- 1) The date of service.
- 2) The signature of the person providing the service (or electronic equivalent).
- 3) The type of professional degree, licensure, or job title of the person providing the service.

4) The date the documentation was entered in the medical record.
(MHP Contract, Ex. A, Attachment 9)

DHCS Finding: 3C

Corrective Action Description:

- 1) Training will be provided to MDs and Nurses on Policy 01-96- Medication: Informed Consent by Voluntary Patients, which outlines the requirements for medication consents.
- 2) Adherence to the aforementioned policy will be monitored through monthly Medication Monitoring Committee chart reviews.

Implementation Timeline:

- 1) 1/2020
- 2) Ongoing – monthly reviews

SECTION I: CHART REVIEW-NON-HOSPITAL SERVICES

Client Plans

Requirement:

The MHP shall ensure that Client Plans:

- a) Have specific observable and/or specific quantifiable goals/treatment objectives related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis.

DHCS Finding: 4C

Corrective Action Description:

- 1) Training will be provided to Licensed Vocational Nurses (LVN), Mental Health Rehabilitation Technicians/Specialists (MHRT/S), and Psychiatric Social Workers (PSW)/ Mental Health Counselors (MHC) on the MHP's Client Plan policies and procedures to ensure staff understand that client plan goals and treatment objectives are specific, observable, and/or quantifiable and relate to the beneficiary's mental health needs and functional impairments.
- 2) Compliance will be monitored through monthly chart reviews conducted by program supervisors and the QM Unit.

Implementation Timeline:

- 1) 1/2020
- 2) Ongoing – monthly reviews

Requirement:

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

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

(MHP Contract, Ex. A, Att. 9)

DHCS Finding: 4H

Corrective Action Description:

- 1) The MHP is in the process of transitioning to a fully electronic health record, including an electronic client plan. In doing so, staff signatures will be automatically generated to include signature, and legible professional degree, licensure, or title of the person providing the service.
- 2) Compliance will be monitored through monthly chart reviews conducted by program supervisors and the QM Unit.

Implementation Timeline:

- 1) 12/2019
- 2) Ongoing – monthly reviews

SECTION I: CHART REVIEW-NON-HOSPITAL SERVICES

Progress Notes

Requirement:

The MHP shall ensure that progress notes describe how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning outlined in the client plan.

Items that shall be contained in the client record related to the beneficiary's progress in treatment include:

- a) Timely documentation of relevant aspects of beneficiary care, including documentation of medical necessity;
- g) The amount of time taken to provide services

(MHP Contract, Ex. A, Attachment 9)

DHCS Finding: 5A

Corrective Action Description:

- 1) The MHP has established Policies and Procedures related to documentation delineating requirements based on MHP Contract. Department Policies include:
 - 01-132 Documentation Standards – Responsibilities for supervising Clinical Staff
 - 01-133 Documentation Standards
 - 01-134 Documentation Standards – Late Entry and Department Procedure include 01-161 Staff Activity Summary and Documentation Critiquing
- 2) The AVATAR or Electronic Health Record (EHR) system now includes a check box, in all discipline notes, to indicate “late entry” for any late entries. The AVATAR system also provides reports to staff and supervisors of pending documentation (draft notes), minutes and coding inconsistencies to alert supervisors and staff to follow up and review or confirm accuracy.
- 3) The MHP has provided Documentation training to all disciplines in the month of June 2019. The MHP will provide ongoing periodic Documentation training and Documentation refresher trainings to all staff to highlight MHP contract agreement to document description on how services provided reduced impairment, restored

functioning, or prevented significant deterioration in an important area of life functioning as outlined in the client plan. Including documentation of relevant aspects of beneficiary care, including documentation of medical necessity, and the amount of time taken to provide services.

- 4) Staff will also obtain Policy and procedure updates, documentation requirement reminders at Full Staff Meetings, Clinical Meetings, Discipline meeting and Unit meeting. These serve as reminder to staff of documentation requirements based on MHP Contract and Department Policies 01-133, 01-134, 01-132 and Procedure 01-161.
- 5) The MHP also has ongoing academies for clinical staff that include documentation standards and requirements, including describing how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning as outlined in the client plan. The academies are specific to the disciplines below.
 - Licensed Vocational Nurses (LVN),
 - Mental Health Rehabilitation Technicians/Specialists (MHRT/S), and
 - Psychiatric Social Workers (PSW)/ Mental Health Counselors (MHC)

These trainings will continue to be provided.

- 6) The MHP will provide documentation training to staff to ensure that progress notes meet documentation standards requirements and that claims accurately reflect the amount of time taken to provide a service.
- 7) The MHP will monitor compliance through monthly chart reviews conducted by program supervisors and the QM Unit.

Implementation Timeline:

- 1) N/A
- 2) N/A
- 3) 3/2020
- 4) Ongoing
- 5) Ongoing
- 6) 3/2020
- 7) Ongoing – monthly reviews

Requirement:

The MHP must make individualized determinations of each child's/youth's need for ICC and IHBS, based on the child's/youth's strengths and needs. (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018)

DHCS Finding: 6A

Corrective Action Description:

- 1) The MHP will draft a policy and procedure that will include the process for determining and documenting the eligibility and need for ICC and IHBS services.
- 2) Once the policy and procedure have been completed, training will be provided to staff on roles and responsibilities.

Implementation Timeline:

- 1) 1/2020
- 2) 2/2020

SECTION I: CHART REVIEW-NON-HOSPITAL SERVICES

Documentation of Cultural and Linguistic Services

Requirement:

The MHP shall make oral interpretation, available and free of charge for any language. (42 C.F.R. § 438.10(d)(2), (4)-(5).)

Items that shall be contained in the client record (i.e., progress notes) related to the beneficiary's progress in treatment include:

- a) Timely documentation of relevant aspects of beneficiary care, including documentation of medical necessity;
- b) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions;

(MHP Contract, Ex. A, Attachment 9)

DHCS Finding: 7A

Corrective Action Description:

- 1) The MHP's electronic health record is being updated so that all service notes indicate an option to state whether the services were provided in the beneficiaries preferred language and if not, were translation services acquired.
- 2) Policy 01-133 Documentation Standards will be updated to indicate that it is required that it be documented on all notes if services were provided in beneficiaries preferred language and if not, were translation services acquired.
- 3) The MHP will provide training to staff on the updated policy and electronic documentation requirements, ensuring they understand the requirement to offer oral interpretation services, when applicable, and to document accordingly.
- 4) The MHP has ongoing trainings/academies for Licensed Vocational Nurses (LVN), Mental Health Rehabilitation Technicians/Specialists (MHRT/S), and Psychiatric Social Workers (PSW)/Mental Health Counselors (MHC) that reference documenting if services were offered in beneficiaries preferred language.

Implementation Timeline:

- 1) 1/2020
- 2) 12/2019
- 3) 1/2020
- 4) Ongoing