

Kern Behavioral Health and Recovery Services
FY 18/19 Specialty Mental Health Triennial Review
Corrective Action Plan

System Review

Requirement

The MHP submitted evidence that demonstrates that it is in partial compliance with California Code of Regulations, title 9, §§ 1810.405(d) and 1810.410(e)(1). The MHP must complete a POC addressing this finding of non-compliance.

DHCS Finding: Section D: Access and Information Requirements

TEST CALL #2

Test Call #2 Description: Test call # 2 was placed on January 17, 2019, at 9:45 A.M. The call was initially answered after one (1) ring via a phone tree directing the caller to select a language option which included the MHP's threshold languages. After selecting the option for English, the DHCS test caller then heard a recorded greeting and instructions to call 911 in an emergency. The caller was then placed on hold for 2 minutes while the call was transferred to a live operator. The caller requested information about accessing mental health services in the county. The operator asked the caller to provide their name and contact information and advised the caller they were not the county system. The operator advised the caller that someone from the county would contact them later in the week to schedule an assessment. The caller was not provided information about how to access SMHS, including required to assess whether medical necessity criteria are not met, nor was the caller provided information about services need to treat a beneficiary's urgent condition.

TEST CALL #3

Test Call #3 Description: Test Call #3 was placed on Tuesday, January 22, 2019, at 7:35 a.m. The call was initially answered after five (5) rings via a live operator named Lisa. The caller requested information about accessing mental health services in the county. The operator asked the caller if they were in crisis, felt like hurting others, or oneself. The caller stated in the negative. The operator asked the caller to provide their name, date-of-birth, and Medi-Cal number. The caller stated they were not comfortable providing that information. The operator then provided the hours of operation, Monday through Friday from 8:00 a.m. to 3:30 p.m., and the location of the Behavioral Health Recovery Services, at 2151 College Avenue, Bakersfield, CA. No additional information about SMHS was provided to the caller. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity

criteria are met, nor was the caller provided information about services needed to treat a beneficiary's urgent condition.

Finding: DHCS deems the MHP out of compliance with specific requirements in California Code of Regulations, title 9 1810.405 and 1810.410 9 (e) (1).

Corrective Action Description

Plan of Action:

1. Update and revise policy 5.5.3 24/7 Toll-Free Telephone Access, Attachment A Hotline Call Flow Chart, to include instructions to inform caller of the following:
 - a. How to access SMHS
 - b. Explaining there are specific medical necessity criteria clients need to meet to obtain SMHS
 - c. Providing information to access urgent services to address condition, i.e., PEC

Ongoing Monitoring:

2. Silent Monitoring is:
 - a. Performed by staff of the 24/7 access call line.
 - b. Conducted weekly on a minimum of 5% of calls.
3. Quarterly Test Calls:
 - a. Done by QID Staff during off hours and business hours
 - b. QID submits quarterly reporting to DHCS, as required
 - c. QID provides quarterly reporting to Crisis Hotline Supervisor based on the results of the test calls

Proposed Evidence/Documentation of Correction

1. Updated Policy 5.5.3 24/7 Toll-Free Telephone Access, Attachment A Hotline Call Flow Chart (page 29 of 122)
1. KBHRS Memorandum Hotline (page 30 of 122)
2. Silent Monitoring Process (page 31 of 122)

2. KernBHRS Silent Monitoring tool (page 32 of 122)
3. Test Calls
 - a. QID 24/7 Test Call schedule (page 34 of 122)
 - a. 24/7 Test Call Worksheet (page 37 of 122)
 - b. 24/7 Test Call Quarterly Update Report Form (page 40 of 122)
 - c. First Quarter 2019-2020 MHP 24/7 Test Call Analysis (page 41 of 122)

Implementation Timeline:

10/25/19: All items completed

Requirement

DHCS deems the MHP in partial compliance with 42 CFR § 438.210(d)(1). The MHP must complete a POC addressing this finding of non-compliance.

DHCS Finding: Section E: Coverage and Authorization of Services

Currently, the MHP does not have Standard Authorization Services. However, for Treatment Authorization, the MHP did not furnish evidence to demonstrate it complies with 42 CFR § 438.210(d)(1). For standard treatment authorization decisions, MHPs must provide notice as expeditiously as the beneficiary's condition requires and within DHCS established timeframes that may not exceed 14-calendar days following receipt of the request for service, with a possible extension of up to 14 additional calendar days.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Contracts;
- Day Treatment;
- Presumptive Transfer; and
- Second Opinion

The DHCS reviewed a sample of 100-treatment authorization request as evidence of compliance with this requirement.

The treatment authorization services decision sample review findings are detailed below:

- Twenty-four of the 100-treatment authorizations were signed by an Associate Clinical Social Worker - not a licensed physician or a licensed mental health professional.

PROTOCOL REQUIREMENTS	TOTAL# TREATMENT AUTHORIZATION DECISION · REVIEWED	TOTAL# TREATMENT AUTHORIZATION DECISIONS OOC	COMPLIANCE PERCENTAGE
MHP makes authorization decision and provides notice within 14 calendar days	100	24	76%

Corrective Action Description

Plan of Action:

1. Update and revise policy 5.1.19 Treatment Authorization Requests to ensure it outlines only licensed clinicians can complete TAR reviews.
2. Address staffing on Authorizations team to ensure TAR reviews are completed only by licensed clinicians.

Proposed Evidence/Documentation of Correction

1. Updated policy 5.1.19 Treatment Authorization Requests (page 46 of 122)
2. Updated unit roster for Authorization Staff completing TARS (page 51 of 122)

Implementation Timeline:

10/1/19: Both items completed

Chart Review

Requirement

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.

DHCS Finding: 2B

One or more of the assessments reviewed did not address all of the elements specified in the MHP Contract. Below are the specific findings pertaining to the charts in the review sample:

- a) Medications: Line number 5.
- b) A mental status examination: Line numbers 1, 3, 4, 5, 13, 14, 15, 16, 17, 18. Specifically, Mental Status Examinations were specifically missing from Reassessment forms for the beneficiaries cited above. The MHP reports that since June 2018, its Reassessment Forms have since been updated to include a Mental Status Examination. The MHP can submit this information as part of their POC.

Corrective Action Description

Plan of Action:

1. Adult and Minor Reassessment forms were updated in June 2018 to including:
 - a. Mental Status Exam (MSE)
 - b. Section to document medication information, such as medications received/receiving, mental health and physical health conditions, allergies or adverse reactions to medications, etc.
2. Update the current QID EHR bi-annual audit tool to include specific questions regarding MSE and medication information
3. Update QID Utilization Management (UM) Quarterly Assessment Audit Tool to include specific questions regarding MSE and medication information
4. Update the monthly team level Quality Assurance Audit (QAA) tool to include specific questions regarding MSE and medication information
5. Update monthly Assessment Training curriculum to include and emphasize the required elements for an assessment/reassessment.

Ongoing Monitoring:

6. The Documentation Compliance Team will do bi-annual QID EHR audits and QID UM Quarterly Assessment audits utilizing the following updated audit tools:
 - a. Bi-annual QID EHR audits
 - b. QID UM Quarterly Assessment Audits
7. A Plan of Correction will be required for those charts that are found out of compliance in a QID audit
8. Documentation Compliance will continue to coordinate and monitor the monthly team level QAA audits

Training:

9. Documentation Compliance Team provides Monthly Assessment Training required for all new LMHP/WRMP and is optional for any LMHP/WRMP who needs a refresher on completing an assessment/reassessment.
10. An Annual Update training will be required for all staff who document in the EHR. This training will address the following:
 - a. The areas outlined in the DHCS Triennial findings
 - b. The trends and problem areas identified in the bi-annual QID HER Audit and Quarterly QID Progress Note Audits
11. The following will be presented at the next Quarterly QID (QQID) meeting:
 - a. The updated audit tools and edition of requiring a Plan of Correction for charts out of compliance

Proposed Evidence/Documentation of Correction

1. KernBHRS Adult Reassessment form (page 52 of 122)
1. KernBHRS Minor Reassessment form (page 66 of 122)
2. QID EHR bi-annual Audit tool (page 79 of 122)
3. QID UM Quarterly Assessment Audit Tool (page 81 of 122)
4. QAA Monthly audit tools (pages 82-87 of 122)

Implementation Timeline:

6/2018: Updated Reassessment forms

11/1/19: Update to Audit Tools

12/15/19: Update to training materials

11/22/19: Next QQID meeting

Requirement

The MHP shall submit a POC to address actions it will implement to ensure the following:

A written medication consent form is obtained and retained for each medication prescribed and administered under the direction of the MHP.

DHCS Finding: 3A

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

Line number 13: The MHP did not submit all required medication consent documentation. Although there was a written medication consent form in the medical record, there was no medication consent for each of the medications prescribed.

During the on-site review, MHP staff were given the opportunity to locate the medication consent(s) in question but were unable to locate it/them in the medical record.

Corrective Action Description

Plan of Action:

1. Immediate implementation of Medication Consent review for all charts to ensure compliance with requirements: Presence and accurate completion
 - a. The Quality Monitoring team will partner with the Documentation Compliance team in order to ensure this is completed at each team/site
2. Update the current QID EHR bi-annual audit tool to include specific requirements regarding Medication Consents: presence, accurate completion.
3. Update the monthly team level Quality Assurance Audit (QAA) tool to include specific requirements regarding Medication Consents: presence, accurate completion

4. Development of a report on those Medication Consents that are missing or going to expire. Report to be run on a weekly basis at team level identifying medication consents needing to be updated (flag these charts for the doctor's review).
 - a. Medication Services will partner with Information Technology to create this report.
5. Determine feasibility of new technological intervention with Medication consents and e-prescribing. Medication consent is mandatory item to complete in order to transmit the prescription. If deemed feasible within current EHR, Implementation plan will begin December 2019.

Ongoing Monitoring:

6. The Documentation Compliance Team will do bi-annual QID EHR audits utilizing the following updated audit tool:
 - a. Bi-annual QID EHR audits
7. A Plan of Correction will be required for those charts that are found out of compliance as a result of missing or expired medication consents. As part of the Plan of Correction, the team will be given 30 days to correct the charts identified in the audit.
8. Documentation Compliance will coordinate and monitor the monthly team level QAA audits using the updated QAA tool
9. Quality Monitoring Team will to coordinate and monitor the monthly Medication Monitoring to report. Quality Monitoring team will include in the reporting to Medical Services any charts that have missing Medication Consents.

Training:

10. An Annual Update training will be required for all staff who document in the EHR. This training will address the following:
 - a. The areas outlined in the DHCS Triennial findings
 - b. The trends and problem areas identified in the bi-annual QID EHR Audits and Quarterly QID Progress Note Audits
11. The following will be presented at the next Quarterly QID (QQID) meeting:
 - a. The updated audit tools and edition of requiring a Plan of Correction for charts out of compliance

Proposed Evidence/Documentation of Correction

2. QID EHR bi-annual Audit tool (page 79 of 122)
3. QAA Monthly audit tools (pages 82-87 of 122)
- a. Kingsview Medication Monitoring Tool (page 89 of 122)

Implementation Timeline:

1/31/2020: Medication Consent Chart review and correction

11/1/2019: Update to Audit Tools

1/15/2020: Medication Consent Expiration/Missing Report developed and put into use

12/31/2019: Medication Consents with e- prescribing

11/22/19: Next QQID meeting

Requirement

The MHP shall submit a POC that describes how the MHP will ensure that every medication consent process addresses all of the required elements specified in the MHP Contract with the Department

DHCS Finding: 3B

Written medication consents did not contain all of the required elements specified in the MHP Contract with the Department. The following required elements were not documented on the medication consent form, and/or documented to have been reviewed with the beneficiary, and/or provided in accompanying written materials to the beneficiary:

- 1) Range of Frequency: Line numbers 13 and 16.
- 2) Method of administration (oral or injection): Line number 13
- 3) Consent once given may be withdrawn at any time: Line number 1.

Corrective Action Description

Plan of Action:

1. Update the current Medication Consent forms within the EHR to mandate completion of all the fields that correspond to medication prescribed prior to final approval of the form

2. Provide Team level communication reinforcing the required use of only the electronic Medication Consent forms within the EHR
3. Immediate implementation of Medication Consent review for all charts to ensure compliance with requirements: Presence and accurate completion
 - a. The Quality Monitoring team will partner with the Documentation Compliance team in order to ensure this is completed at each team/site
4. Update the current QID EHR bi-annual audit tool to include specific requirements regarding Medication Consents: presence, accurate completion.
5. Update the monthly team level Quality Assurance Audit (QAA) tool to include specific requirements regarding Medication Consents: presence, accurate completion

Ongoing Monitoring:

6. The Documentation Compliance Team will do bi-annual QID EHR audits utilizing the following updated audit tool:
 - a. Bi-annual QID EHR audits
7. A Plan of Correction will be required for those charts that are found out of compliance as a result of missing or expired medication consents. As part of the Plan of Correction, the team will be given 30 days to correct the charts identified in the audit.
8. Documentation Compliance will coordinate and monitor the monthly team level QAA audits using the updated QAA tool
9. Quality Monitoring Team will coordinate the 100% review of all charts across the system of care to ensure the correct and most current Medication Consent forms are entered within the EHR.

Training:

10. An Annual Update training will be required for all staff who document in the EHR. This training will address the following:
 - a. The areas outlined in the DHCS Triennial findings
 - b. The trends and problem areas identified in the bi-annual QID EHR Audits and Quarterly QID Progress Note Audits
11. The following will be presented at the next Quarterly QID (QQID) meeting:

- a. The updated audit tools and edition of requiring a Plan of Correction for charts out of compliance

Proposed Evidence/Documentation of Correction

4. QID EHR bi-annual Audit tool (page 79 of 122)
5. QAA Monthly audit tools (pages 82-87 of 122)
9. Kingsview Medication Monitoring Tool (page 89 of 122)

Implementation Timeline:

12/31/19: Update to Medication Consent forms mandating completion prior to final approval

1/31/2020: Medication Consent Chart review and correction

11/1/19: Update to Audit Tools

11/22/19: Next QQID meeting

Requirement

The MHP shall submit a POC that describes how the MHP will ensure that all documentation continues to include:

- 1) The signature (or electronic equivalent) with the professional degree, licensure or title of the person providing the service.
- 2) The signature of the qualified person (or electronic equivalent) with the professional degree, licensure or title of the person providing the service.

The date the signature was completed, and the document was entered into the medical record.

DHCS Finding: 3C

Medication Consent(s) in the chart sample did not include the signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, job title, or the date the documentation was entered into the medical record. Below are the specific findings pertaining to the charts in the review sample:

- Date of service:

- Line number 1.
- Signature of the person providing the service (or electronic equivalent)
 - Line number 1.
- The type of professional degree, licensure, or job title of person providing the service:
 - Line number 1.

For Line number 1, there were two medication consents identified that appeared to be older versions of the MHP's current medication consent form. On these two forms, the signature of the provider was illegible, and did not clearly identify the provider's degree, licensure, or job title in correspondence with the signature. Additionally, a date of service was not identified on these consent forms

Corrective Action Description

Plan of Action:

1. Update the current Medication Consent forms within the EHR to mandate completion of all the fields that correspond to medication prescribed prior to final approval of the form
2. Provide Team level communication reinforcing the required use of only the electronic Medication Consent forms within the EHR
3. Immediate implementation of Medication Consent review for all charts to ensure compliance with requirements: Presence and accurate completion
 - a. The Quality Monitoring team will partner with the Documentation Compliance team in order to ensure this is completed at each team/site
4. Update the current QID EHR bi-annual audit tool to include specific requirements regarding Medication Consents: presence, accurate completion.
5. Update the monthly team level Quality Assurance Audit (QAA) tool to include specific requirements regarding Medication Consents: presence, accurate completion

Ongoing Monitoring:

6. The Documentation Compliance Team will do bi-annual QID EHR audits utilizing the following updated audit tool:
 - a. Bi-annual QID EHR audits

7. A Plan of Correction will be required for those charts that are found out of compliance as a result of missing or expired medication consents. As part of the Plan of Correction, the team will be given 30 days to correct the charts identified in the audit.
8. Documentation Compliance will coordinate and monitor the monthly team level QAA audits using the updated QAA tool
9. Quality Monitoring Team will coordinate the 100% review of all charts across the system of care to ensure the correct and most current Medication Consent forms are entered within the EHR.

Training:

10. An Annual Update training will be required for all staff who document in the EHR. This training will address the following:
 - a. The areas outlined in the DHCS Triennial findings
 - b. The trends and problem areas identified in the bi-annual QID EHR Audits and Quarterly QID Progress Note Audits
11. The following will be presented at the next Quarterly QID (QQID) meeting:
 - a. The updated audit tools and edition of requiring a Plan of Correction for charts out of compliance

Proposed Evidence/Documentation of Correction

4. QID EHR bi-annual Audit tool (page 79 of 122)
5. QAA Monthly audit tools (pages 82-87 of 122)
9. Kingsview Medication Monitoring Tool (page 89 of 122)

Implementation Timeline:

12/31/19: Update to Medication Consent forms mandating completion prior to final approval

1/31/2020: Medication Consent Chart review and correction

11/1/19: Update to Audit Tools

11/22/19: Next QQID meeting

Requirement

The MHP shall submit a POC that describes how the MHP will: Ensure that client plans are updated at least on an annual basis as required in the MHP Contract with the Department, and within the timelines and frequency specified in the MHP's written documentation standards.

DHCS Finding: 4B

Client Plans were not completed prior to the delivery of planned services and/or were not updated at least annually or reviewed and updated when there was a significant change in the beneficiary's condition (as required in the MHP Contract with the Department and/or as specified in the MHP's documentation standards). Below are the specific findings pertaining to the charts in the review sample:

- Line number 7: There was a lapse between the prior and current client plans. However, this occurred outside of the audit review period.
- Line number 1: There was a lapse between the prior and current client plans. However, no services were claimed.

Corrective Action Description

Plan of Action:

1. Update bi-monthly Treatment Plan Training curriculum to emphasize the need to start treatment planning 60 days prior to expiration date
2. Dashboards have been developed as a tool for staff and supervisors to utilize daily in monitoring treatment plans that are expiring within 60.
 - a. Supervisors can use the dashboards weekly in team meetings to identify any expired treatment plans and those treatment plans that will be expiring within 30 and 60 days.
 - b. QID-IT team will provide team level trainings on the use of the dashboards at the teams for staff and supervisors
 - c. A Dashboard training will also be added to the upcoming Supervisor Academy Training
3. Update the monthly team level Quality Assurance Audit (QAA) Supervisory Review and New Case Review tools to include the following:

- a. Is the current treatment plan completed within 365 days of the previous treatment plan?

Ongoing Monitoring:

4. The Documentation Compliance Team will do bi-annual QID EHR audits utilizing the following updated audit tool:
 - a. Bi-annual QID EHR audits
5. A Plan of Correction will be required for those charts that are found out of compliance as a result of expired treatment plans. As part of the Plan of Correction, the team will be given 30 days to correct the charts identified in the audit.
6. Supervisors will run weekly reports to be able to confirm whether staff are utilizing the dashboards at least on a weekly basis in order to keep track of expired/expiring treatment plans.
7. Documentation Compliance will coordinate and monitor the monthly team level QAA audits using the following updated QAA tools:
 - a. Supervisory Review Tool
 - b. New Case Review Tool
8. For those charts identified as being out of compliance in the QAA tools for expired treatment plan, the team will have 30 days to correct the identified charts.

Training:

9. QID-IT will be providing required staff and supervisor dashboard training
10. Instruction on how to run a report from the EHR on Treatment Plan due dates will be provided whenever a chart is out of compliance due to expired Treatment Plan
11. An Annual Update training will be required for all staff who document in the EHR. This training will address the following:
 - a. The areas outlined in the DHCS Triennial findings
 - b. The trends and problem areas identified in the bi-annual QID EHR Audits and Quarterly QID Progress Note Audits
12. The following will be presented at the next Quarterly QID (QQID) meeting:
 - a. The updated audit tools and edition of requiring a Plan of Correction for charts out of compliance

Proposed Evidence/Documentation of Correction

3. QAA Monthly audit tools (pages 82-87 of 122)

Implementation Timeline:

12/15/19: Update to training materials

January 2020: QID-IT will begin Dashboard trainings

11/1/19: Update to Audit Tools completed

11/22/19: Next QQID meeting

Requirement

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

- 1) 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.).
- 2) All mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.

DHCS Finding: 4C

Client Plans did not include all of the required elements specified in the MHP Contract. Below are the specific findings pertaining to the charts in the review sample:

- 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. Line numbers 3, 9, 19.
- One or more of the proposed interventions did not indicate an expected frequency. Line numbers 11, 12, and 17. In the noted line numbers, "Ad Hoc" was listed as the expected frequency on some of the proposed interventions. The MHP acknowledged at the on-site review that "Ad Hoc" is not adequate as an expected frequency.

Corrective Action Description

Plan of Action:

1. Update the Treatment Plan within the EHR to ensure all required elements are completed before allowing the plan to be final approved
2. Update bi-monthly Treatment Plan training to instruct the following:
 - a. Ad Hoc should never be used as a frequency for a “planned” intervention
 - b. Those “unplanned” interventions, i.e., Crisis and Discharge Planning should not be added as “planned” services on the treatment plan
 - c. All interventions must be individualized with a detailed description of the intervention and expected frequency for the intervention
3. Update the monthly team level Quality Assurance Audit (QAA) Supervisory Review, Annual Review and New Case Review tools to include the following:
 - a. Does each intervention have a detailed description of the intervention?
 - b. Do any interventions have “Ad Hoc” as a frequency of the intervention?

Ongoing Monitoring:

4. The Documentation Compliance Team will do bi-annual QID EHR audits utilizing the following updated audit tool:
 - a. Bi-annual QID EHR audits
5. A Plan of Correction will be required for those charts that are found out of compliance as a result of expired treatment plans. As part of the Plan of Correction, the team will be given 30 days to correct the charts identified in the audit.
7. Documentation Compliance will coordinate and monitor the monthly team level QAA audits using the following updated QAA tools:
 - a. Supervisory Review Tool
 - b. New Case Review Tool
 - c. Annual Review Tool
8. For those charts identified as being out of compliance in the QAA tools for lack of individualized interventions and having “ad hoc” frequencies on the treatment plan, the team will have 30 days to correct the identified charts.

Training:

9. An Annual Update training will be required for all staff who document in the EHR. This training will address the following:
 - a. The areas outlined in the DHCS Triennial findings

- b. The trends and problem areas identified in the bi-annual QID EHR Audits and Quarterly QID Progress Note Audits
10. The following will be presented at the next Quarterly QID (QQID) meeting:
- a. The updated audit tools and edition of requiring a Plan of Correction for charts out of compliance

Proposed Evidence/Documentation of Correction

- 3. QAA Monthly audit tools (pages 82-87 of 122)

Implementation Timeline:

12/15/19: Update the required elements within the Treatment Plan in the EHR 12/15/19:
Update to training materials

11/1/19: Update to Audit Tools

11/22/19: Next QQID meeting

Requirement

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).

DHCS Finding: 5A

The MHP did not submit documentation substantiating that a valid mental health service was provided to the beneficiary in the following instance:

Progress notes associated with the following line number did not describe how the focus of the intervention provided to the beneficiary is to address the beneficiary's included mental health condition.

Line number 9:

- Line number 9: Claim for service dated 06/20/2018 for 9 hours, 45 minutes describes Urgent Care services related to detoxification from Methamphetamines. This is related to the beneficiary's diagnosis of Unspecified

Amphetamine or Other Stimulant Use Disorder, which is not an included mental health condition. RRS, refer to Recoupment Summary for details

Corrective Action Description

Plan of Action:

1. Update the bi-monthly Progress Note training curriculum to provide more instructions and examples of addressing medical necessity for a co-occurring service
2. Update the monthly Advanced Writers Workshop training curriculum to include instructions and examples of addressing medical necessity for a co-occurring service
3. Develop an audit tool and an audit process to add the Psychiatric Evaluation Center (PEC)/Crisis Stabilization Unit (CSU) to the QID Quarterly Progress Note audits
4. Update the Quarterly QID Progress Note audit tool to include the following:
 - a. Is this a co-occurring service?
 - b. Does the medical necessity identify the mental health symptoms?
 - c. Does the intervention(s) address both the mental health symptoms and the SUD symptoms?

Ongoing Monitoring:

5. The Documentation Compliance Team will to do Quarterly QID Progress Note audits using the following updated/new audit tools:
 - a. Quarterly QID Progress Note audit
 - b. PEC/CSU Progress Note audit
6. A Plan of Correction will be required for those teams that have 15% or more disallowance on the Quarterly QID Audit

Training:

7. An Annual Update training will be required for all staff who document in the EHR. This training will address the following:
 - a. The areas outlined in the DHCS Triennial findings

- b. The trends and problem areas identified in the bi-annual QID EHR Audits and Quarterly QID Progress Note Audits
8. The following will be presented at the next Quarterly QID (QQID) meeting:
 - a. The updated audit tools and edition of requiring a Plan of Correction for charts out of compliance

Proposed Evidence/Documentation of Correction

4. QID Progress Note audit tool (page 88 of 122)

Implementation Timeline:

12/15/19: Update to training materials

12/30/19: Create a PEC/CSU audit tool

1/1/2020-3/31/2020: Add PEC/CSU to the Quarterly Progress Note audit schedule

11/1/19: Update to QID Progress Note Audit Tools completed

11/22/19: Next QQID meeting

Requirement

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

- Timely completion by the person providing the service and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP's written documentation standards.

DHCS Finding: 5B

Progress notes did not include timely documentation of relevant aspects of beneficiary care, including documentation of medical necessity, as required in the MHP Contract. One or more progress notes was not completed within the timeliness and/or frequency standards in accordance with the MHP Contract and the MHP's written documentation standards. Below are the specific findings pertaining to the charts in the review sample:

- Progress notes associated with the following line number(s) did not include 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). Line numbers 1, 2, 3,4,5, 6, 7,8,9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19,20.

- Within each Line Number, there were a portion of progress notes completed late per the MHP's documentation standard requiring a "final approve within 48 hours". Note: the total percent of progress notes completed late per the MHP's documentation standard was greater than 35 percent.

Corrective Action Description

Plan of Action:

1. Update Policy 5.1.21 Progress Note and Documentation Standards with the required timeframes for completing progress notes
2. Update the bi-monthly Progress Note training curriculum to clearly outline timeliness of documentation
3. Update the monthly Advanced Writers Workshop training curriculum to clearly outline timeliness of documentation

Ongoing Monitoring:

4. Monthly QID Timeliness of Services Documentation Review audit will to be completed, including reporting to Managers and Supervisors on the disallowances due to timeliness.

Training:

5. Bi-monthly Progress Note Training required for all new staff who document within the EHR.
6. Monthly Advanced Writers Workshop is available for any staff to attend and it is strongly recommended for staff who have more that 6 notes disallowed within the Quarterly QID Progress Note audit.
7. An Annual Update training will be required for all staff who document in the EHR. This training will address the following:
 - a. The areas outlined in the DHCS Triennial findings
 - b. The trends and problem areas identified in the bi-annual QID EHR Audits and Quarterly QID Progress Note Audits
8. The following will be presented at the next Quarterly QID (QQID) meeting:
 - a. The updated audit tools and edition of requiring a Plan of Correction for charts out of compliance

Proposed Evidence/Documentation of Correction

No Supporting documentation is being submitted as it is all contingent on Local SEIU Labor Union accepting the proposed changes to Policy 5.1.21 Progress Notes and Documentation Standards

Implementation Timeline:

12/31/19: Update Policy 5.1.21

12/31/19: Update to training materials

11/22/19: Next QQID meeting

Requirement

Documentation of services being provided to, or on behalf of, a beneficiary by two or more persons at one point in time did not include all required

components. Specifically:

As stated in MHSUDS IN No. 17-040, "The progress note should include the total number of group participants (Medi-Cal and non-Medi-Cal participants) ."

- Line number 11: Progress notes did not accurately document the number of group participants. The progress notes for groups held on 4/9/18, 4/11/18, 4/16/18, 4/18/18, 4/23/18, 4/25/18, and 4/30/18 did not display the correct number of group participants.
- Line number 20: Progress notes did not accurately document the number of group participants. The progress notes for groups held on 4/5/18, 4/12/18, 4/19/18, 4/26/18, 5/3/18, 5/10/18, 5/17/18, 5/24/18, and 5/31/18 did not display the correct number of group participants.

DHCS Finding: 5C

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

- 1) All group progress notes document the number of clients in the group, number of staff, units of time, type of service and dates of service (DOS).

- 2) The number of clients in the group, number of staff, units of time, type of service and dates of service (DOS) documented on the group progress notes are accurate and consistent with the documentation in the medical record and that services are not claimed when billing criteria are not met.

Corrective Action Description

1. In August 2018, the EHR Kern currently uses (Cerner) was updated changing several aspects of the programming and use of the EHR. Group notes were significantly changed, specifically how the group note shows the time and attendees. Instead of the time being broken up by attendees the it shows the whole time for the group on each individual client's note, i.e., for a group of 4 clients the printed note shows 1 participant and 200 total minutes. This problem was reported to Cerner Support (EHR manufacturer) requesting a correction; however, we were informed there is no correction to be made and this is "intentional functionality" and there would be no change made.
2. The Group Progress Note Forms will be updated to include the following required fields:
 - a. Number of Clients in group
 - b. Number of Staff facilitating group
 - c. Units of Time (requiring the time allotment for each client within the group)
3. Update the bi-monthly Progress Note training curriculum to include instructions and examples for staff are to accurately complete the above fields.
4. Update the monthly Advanced Writers Workshop training curriculum include instructions and examples for staff are to accurately complete the above fields.
5. Update the QID Quarterly Progress Note tool to include the following as relates to group notes:
 - a. Is the number of participants correctly entered?
 - b. Is the number of facilitators correctly entered?
 - c. Is the unit of time correctly entered?

Ongoing Monitoring:

6. The Documentation Compliance Team will to do Quarterly QID Progress Note audits using the following updated audit tool:
 - a. Quarterly QID Progress Note audit

7. A Plan of Correction will be required for those teams that have 15% or more disallowance on the Quarterly QID Audit

Training:

9. Bi-monthly Progress Note Training required for all new staff who document within the EHR.
10. Monthly Advanced Writers Workshop is available for any staff to attend and it is strongly recommended for staff who have more than 6 notes disallowed within the Quarterly QID Progress Note audit.
11. An Annual Update training will be required for all staff who document in the EHR. This training will address the following:
 - a. The areas outlined in the DHCS Triennial findings
 - b. The trends and problem areas identified in the bi-annual QID EHR Audits and Quarterly QID Progress Note Audits
12. The following will be presented at the next Quarterly QID (QQID) meeting:
 - a. The updated audit tools and edition of requiring a Plan of Correction for charts out of compliance

Proposed Evidence/Documentation of Correction

1. Email from Cerner Corporation to Kern IT (page 91 of 122)

Implementation Timeline:

12/31/2019: Add the fields to the group progress note

12/31/19: Update training materials

12/31/19: Update Audit Tool with new Group Information

11/22/19: QQID meeting

Requirement

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

- 1) Ensure that all SMHS claimed are:
 - a) Claimed for the correct service modality billing code, and units of time.

- b) Accurately describing the type of service or service activity as specified in the MHP Contract with the Department.

DHCS Finding: 5D

Progress notes were not documented according to the frequency requirements specified in the MHP Contract. Below are the specific findings pertaining to the charts in the review sample:

- Line number 2: The type of specialty mental health service (SMHS) (e.g., Medication Support, Targeted Case Management) documented on the progress note was not the same type of SMHS claimed. RR8b1, refer to Recoupment Summary for details.
 - o Line number 2: Service provided on 4/6/2018 for 53 minutes was claimed as a Crisis MH visit, but the progress note describes service more consistent with a Targeted Case Management activity.
 - o Line number 2: Service provided on 4/19/2018 for 53 minutes was claimed as Collateral, but the progress note describes service more consistent with a Targeted Case Management activity.
- Line number 14: For Mental Health Services claimed, the service activity (e.g., Assessment, Plan Development, Rehab) identified on the progress note was not consistent with the specific service activity actually documented in the body of the progress note.
 - o Line number 14: Service provided on 5/9/2018 for 16 minutes was claimed as a Collateral service, but the progress note describes service activity more consistent with Case Consultation (e.g. Plan Development).
 - o Line number 14: Service provided on 5/25/2018 for 19 minutes was claimed as a Collateral service, but the progress note describes service activity more consistent with Case Consultation (e.g. Plan Development).

Corrective Action Description

Plan of Action:

1. Bi-monthly Progress Note training will be extended to 6-8 hours to incorporate training on the different service codes utilized to document the services provided
2. Update the bi-monthly Progress Note training curriculum to include services code descriptions outlined in Policy 5.1.14 Service Code Descriptions Attachment B

3. The monthly Advanced Writers Workshop training will incorporate the most commonly used service code into the training curriculum.

Ongoing Monitoring:

4. The Documentation Compliance Team will to do Quarterly QID Progress Note audits using the following updated audit tool:
 - a. Quarterly QID Progress Note audit
5. A Plan of Correction will be required for those teams that have 15% or more disallowance on the Quarterly QID Audit

Training:

6. Bi-monthly Progress Note Training required for all new staff who document within the EHR.
7. Monthly Advanced Writers Workshop is available for any staff to attend and it is strongly recommended for staff who have more than 6 notes disallowed within the Quarterly QID Progress Note audit.
8. An Annual Update training will be required for all staff who document in the EHR. This training will address the following:
 - a. The areas outlined in the DHCS Triennial findings
 - b. The trends and problem areas identified in the bi-annual QID EHR Audits and Quarterly QID Progress Note Audits
9. The following will be presented at the next Quarterly QID (QQID) meeting:
 - a. The updated audit tools and edition of requiring a Plan of Correction for charts out of compliance

Proposed Evidence/Documentation of Correction

1. Policy 5.1.14 Service Code Descriptions Attachment B (page 92 of 122)

Implementation Timeline:

12/31/19: Update to training materials

11/22/19: Next QQID meeting

Requirement

The MHP shall submit a POC that describes how it will ensure that the service activity described in the body of all progress notes is consistent with the specific service activity claimed - i.e., all claims submitted must be accurate and consistent with the actual service provided in terms of type of service, date of service and time of service.

DHCS Finding: 6E

- One or more claims were submitted for Targeted Case Management (Service Function "01") but the progress notes associated with the dates and times claimed indicated that the service provided was actually for participation in an ICC "team" meeting, or for providing another ICC- specific service activity, and should have been claimed as an ICC case management service (Service Function "07").
 - o Line number 12: Claim for service dated 5/14/2018 for 79 minutes using Service Function Code "01" describes participation in a CFT meeting, which should be claimed using ICC Service Function "07".
 - o Line number 14: Claim for service dated 5/23/2018 for 115 minutes using Service Function Code "01" describes participation in a CFT meeting, which should be claimed using ICC Service Function "07".

Corrective Action Description

Plan of Action:

1. Bi-monthly Progress Note training will be extended to 6-8 hours to incorporate training on the different service codes utilized to document the services provided
2. Update the bi-monthly Progress Note training curriculum to include services code descriptions outlined in Policy 5.1.14 Service Code Descriptions Attachment B
3. The monthly Advanced Writers Workshop training will incorporate the most commonly used service code into the training curriculum.

Ongoing Monitoring:

4. The Documentation Compliance Team will do Quarterly QID Progress Note audits using the following updated audit tool:
 - a. Quarterly QID Progress Note audit
5. A Plan of Correction will be required for those teams that have 15% or more disallowance on the Quarterly QID Audit

Training:

8. Bi-monthly Progress Note Training required for all new staff who document within the EHR.
9. Monthly Advanced Writers Workshop is available for any staff to attend and it is strongly recommended for staff who have more than 6 notes disallowed within the Quarterly QID Progress Note audit.
10. An Annual Update training will be required for all staff who document in the EHR. This training will address the following:
 - a. The areas outlined in the DHCS Triennial findings
 - b. The trends and problem areas identified in the bi-annual QID EHR Audits and Quarterly QID Progress Note Audits
11. The following will be presented at the next Quarterly QID (QQID) meeting:
 - a. The updated audit tools and edition of requiring a Plan of Correction for charts out of compliance

Proposed Evidence/Documentation of Correction

1. Policy 5.1.14 Service Code Descriptions Attachment B (page 92 of 122)

Implementation Timeline:

12/31/19: Update to training materials

11/22/19: Next QQID meeting