



01/02/2020

Mariposa County Behavioral Health and Recovery Services (MCBHR) has developed a Plan of Correction (POC) for the items found to be out of compliance during the triennial on site review on June 3-4, 2019.

Chart Review Findings

PLAN OF CORRECTION 2A:

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's written documentation standards.

Description of Correction Action: To ensure that all assessments/re-assessments are completed within the timeliness requirements, Quality Assurance will continue to enter "broadcast alerts" into the electronic health record (EHR) to notify clinicians of a pending re-assessment 30 days prior to the re-assessment date. Broadcast alerts automatically present themselves upon opening the EHR. Supervisors are provided with an assessment report monthly to assist them in monitoring the timeliness of pending assessments. As part of the routine documentation manual training, timelines will continue to be reinforced. Timeliness will be addressed this Thursday, January 16th, during an all staff meeting.

Timeline for Implementation: December 2019

Evidence to be submitted to DHCS: MCBHR will submit a sample assessment report, broadcast alert sample, and any minutes/sign in sheets where timeliness of assessments was a topic of training.

Mechanisms for monitoring the effectiveness: Quality Assurance and Deputy Director will review this information at the Utilization Management Committee meeting.

Description of corrective actions required by contracted providers: Contract providers will also be held to the corrective action listed above. They are required to attend all of the documentation manual trainings held, and are subject to broadcast alerts and Utilization Management review. Information on overdue assessments will be reviewed at monthly contractor meetings.

PLAN OF CORRECTION 2B:

The MHP shall submit a POC that describes how the MHP will ensure that every assessment contains all the required elements specified in the MHP contract with the Department, and that a full diagnosis from the current ICD code is included with all assessment and linked in time.

Description of Correction Action: MCBHRS has a documentation manual that indicates the required elements of an assessment. Annually staff are required to attend a documentation manual training. Quality Assurance will update the documentation manual, and hold an additional documentation manual training each calendar year. This training will now be held twice annually to ensure that staff are reminded of these requirements. Supervisors will also be required to train their new staff on these requirements if hired before or after the semi-annual trainings. Quality Assurance will begin to run monthly reports for all assessments completed within the prior month and cross reference that with a diagnosis report to ensure that with all assessments/re-assessments have a diagnosis form linked in time.

Timeline for Implementation: Quality Assurance will update the documentation manual in 2020. An additional documentation training will be held in 2020, MCBHRS will now hold two documentation manual trainings throughout the calendar year. Quality Assurance will begin the monthly reporting in January 2020.

Evidence to be submitted to DHCS: MCBHRS will submit sample monthly reports for both the assessments and the diagnosis reports. Sign in sheets will also be submitted for each documentation manual training.

Mechanisms for monitoring the effectiveness: Quality Assurance will monitor the reports monthly to identify if the diagnosis forms for the prior month have been entered and the standard met.

Description of corrective actions required by contracted providers: Contract providers are held to the same requirements and corrective action listed above. Contracted providers are required to attend all documentation manual trainings. Providers will also receive reports monthly.

PLAN OF CORRECTION 4A-2:

The MHP shall submit a POC that describes how the MHP will ensure that services are provided in an amount, duration, and scope as specified in the individualized client plan for each beneficiary.

Description of Correction Action: Quality Assurance will update the documentation manual, and hold an additional documentation manual training. This training will now be held twice annually to ensure that staff are reminded of these requirements. MCBHRS will also continue to facilitate chart audits monthly, all chart audits have been reviewed by the supervisors as of October 2019, and supervisors will report to the utilization management committee with any trends, identifying any areas for training. Staff that demonstrate significant findings more than twice annually will proceed with county disciplinary procedures.

Timeline for Implementation:

Quality Assurance will update the documentation manual in 2020. An additional documentation training will be implemented in 2020, MCBHRS will now hold two documentation manual trainings throughout the calendar year. MCBHRS have already implemented the chart audits, the chart audits have been reviewed by supervisors since October of 2019, and county disciplinary procedures will be utilized as necessary starting in January 2020.

Evidence to be submitted to DHCS:

Sign in sheets will be submitted to DHCS for each documentation manual training. Reports of trends identified and areas MCBHRS will facilitate additional trainings will also be submitted to DHCS as evidence.

Mechanisms for monitoring the effectiveness:

Quality Assurance will monitor the results of the chart audits to determine trends and if there are training opportunities identified. After implementation of trainings, Quality Assurance will monitor past trends to determine effectiveness of trainings.

Description of corrective actions required by contracted providers:

Contract providers are held to the same requirements, and corrective action listed above. Quality Assurance monitors and reviews claims submitted by contracted providers, and if any trends are identified, the contracted provider is notified in monthly contract provider meetings.

PLAN OF CORRECTION 4B:

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

1. Ensure that client plans are completed prior to planned services being provided.
2. Ensure that the 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.

Description of Correction Action: Quality Assurance will update the documentation manual, and hold an additional documentation manual training. This training will now be held twice annually to ensure that staff are reminded of these requirements. MCBHRS will also continue to facilitate chart audits monthly, all chart audits have been submitted and reviewed by the supervisors as of October 2019, and supervisors will report to the utilization management committee with any trends, identifying any areas for training. Staff that demonstrate serious findings more than twice annually will proceed with county disciplinary procedures. Quality Assurance will continue to provide supervisors monthly reports of non-final approved plans as well as interim service logs. MCBHRS also utilizes "broadcast alerts" within the EHR to notify staff of treatment plans that will be expiring within the next 30 days.

Timeline for Implementation: Quality Assurance will update the documentation manual 2020. An additional documentation training will be implemented in 2020, MCBHRS will now hold two documentation manual trainings throughout the calendar year. MCBHRS have already implemented the chart audits, the chart audits have been reviewed by the supervisors since October 2019, and county disciplinary procedures will be utilized as necessary beginning in January 2020.

Evidence to be submitted to DHCS: Sign in sheets and reports of trends identified and areas MCBHRS will facilitate additional trainings will be submitted to DHCS. Sample broadcast alerts will also be submitted.

Mechanisms for monitoring the effectiveness: Quality Assurance will review the treatment plan reports monthly and compare to prior months to ensure that those notified the month prior have updated the treatment plans.

Description of corrective actions required by contracted providers: Contract providers are held to the same requirements, and corrective action listed above. Contracted providers are required to attend all documentation manual training, and Quality Assurance provides the same level of oversight for contracted providers and internal staff for this particular corrective action.

PLAN OF CORRECTION 4C:

The MHP shall submit a POC that describes how the MHP will ensure that all mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.

Description of Correction Action: Quality Assurance will update the documentation manual, to include a breakout section specifically on frequency and duration. MCBHRS will hold an additional documentation manual training, this training will now be held twice annually to ensure that staff are reminded of these requirements. During this documentation manual training there will have a breakout section specifically on treatment plans and the expectation of frequency and duration for each intervention listed. MCBHRS is also implementing a new EHR by April 2020, the implementation team will investigate options for adding an expected duration to the template for the treatment plans. MCBHRS will also continue to facilitate chart audits monthly, all chart audits have been submitted and reviewed by the supervisors as of October 2019, supervisors will report to the utilization management committee with any trends, identifying any areas for training. Staff that demonstrate serious findings more than twice annually will proceed with county disciplinary procedures. MCBHRS will utilize the new employee supervisory plan that indicates the expected timeframes for understanding documentation for all new staff.

Timeline for Implementation: Quality Assurance will update the documentation manual in 2020. An additional documentation training will be implemented in 2020, MCBHRS will now hold two documentation manual trainings throughout the calendar year. MCBHRS is in the implementation phase of a new EHR, through this process MCBHRS will work with the vendor to add duration to the template by April 2020.

Evidence to be submitted to DHCS: Sign in sheets will be provided to DHCS as well as a sample treatment plan template once completed in the new EHR.

Mechanisms for monitoring the effectiveness: Chart audits and supervisors spot checks will identify if corrective action is effective. New employee supervisory plan will serve as a checklist to monitor new staff progress to established timeframes for understanding documentation.

Description of corrective actions required by contracted providers: Contract providers are held to the same requirements, and corrective action listed above. Contracted providers are required to attend all documentation manual trainings.

PLAN OF CORRECTION 5A:

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 conditions, as specified in CCR, title 9, chapter 11, sections 1830.205(a)(b).

Description of Correction Action: Quality Assurance will update the documentation manual, to include a breakout section specifically on how to identify interventions that focus on impairment related to a mental health condition. MCBHRS will hold an additional documentation manual training each year, this training will now be held twice annually to ensure that staff are reminded of these requirements.

Timeline for Implementation: Quality Assurance will update the documentation manual 2020. An additional documentation manual training will be implemented in 2020, MCBHRS will now hold two documentation manual trainings throughout the calendar year.

Evidence to be submitted to DHCS: Sign in sheets for documentation manual training, and breakout session on treatment plans will be submitted to DHCS.

Mechanisms for monitoring the effectiveness: Chart audits and supervisors spot checks will identify if corrective action is effective. New employee supervisory plan will serve as a checklist to monitor new staff progress to established timeframes for understanding documentation.

Description of corrective actions required by contracted providers: Contract providers are held to the same requirements, and corrective action listed above. Contracted providers are required to attend all documentation manual trainings.

PLAN OF CORRECTION 5B:

The MHP shall submit a POC that describes how the MHP will ensure that progress notes document timely completion by the person providing the services and relevant aspects of client care, as specified in the MHP contract with the Department and by the MHP's written documentation standards.

Description of Correction Action: Quality Assurance will update the documentation manual, and hold an additional documentation manual training. This training will now be held twice annually to ensure that staff are reminded of these requirements. MCBHRS will revisit the expectation of timeliness standards for documentation. MCBHRS will continue to hold staff accountable by having supervisors spot check clinicians notes to ensure the timeliness standards for documentation are being met, by implementing the county disciplinary procedure to staff that document outside of timeliness. MCBHRS will utilize the new employee supervisory plan that indicates the expected timeframes for understanding documentation for all new staff.

Timeline for Implementation: Quality assurance will update the documentation manual training in 2020. An additional documentation manual training will be added in 2020. MCBHRS will implement the spot checking immediately, and county disciplinary procedures will be utilized as necessary.

Evidence to be submitted to DHCS: Sign in sheets will be provided to DHCS for each documentation training, as well as training materials.

Mechanisms for monitoring the effectiveness: Quality Assurance will monitor and report to the Utilization Management Committee. Supervisor spot checks will identify if corrective action is effective. New employee supervisory plan will serve as a checklist to monitor new staff progress to established timeframes for understanding documentation.

Description of corrective actions required by contracted providers: Contract providers are held to the same requirements, and corrective action listed above. Contracted providers are required to attend all documentation manual trainings where timeliness standards are emphasized. Quality Assurance will monitor claims for late entry, and identify claims subject for recoupment.

PLAN OF CORRECTION 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, and types of service and dates of services (DOS).
2. The number of clients in the group, number of staff, units of time, types 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.

Description of Correction Action: Currently the system tracks and submits proper billing for group notes, however with the new EHR implementation, MCBHRS will ensure services clearly identify the proper billing documentation for group services.

Timeline for Implementation: The new EHR is in implementation and will be launched by April 2020.

Evidence to be submitted to DHCS: Once the new EHR has been implemented MCBHRS will submit a new group service sample claim.

Mechanisms for monitoring the effectiveness: Once the new EHR has been implemented, no follow up should be necessary.

Description of corrective actions required by contracted providers: Contract providers utilize the county EHR and are under the same structure and corrective action listed above.

PLAN OF CORRECTION 5D:

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

1. Ensure that all SMHS claimed are:
 - a. Claims for the correct service modality billing code, and units of time.
2. Ensure that all progress notes:
 - a. Describe the type of service or service activity as specified in the MHP Contract.

Description of Correction Action: Quality Assurance will update the documentation manual, and hold an additional documentation manual training. This training will now be held twice annually to ensure that staff are reminded of these requirements. MCBHRS will also continue to facilitate chart audits monthly, all chart audits have been routed to the supervisors as of October 2019 for review, supervisors will report to the Utilization Management committee with any trends, identifying any areas for training. Staff that demonstrate significant findings more than twice annually will proceed with county disciplinary procedures.

Timeline for Implementation: Quality assurance will update the documentation manual training in 2020. An additional documentation manual training will be held in 2020, MCBHRS will now hold two documentation manual trainings throughout the calendar year. MCBHRS have already implemented the chart audits, the chart audits have been reviewed by the supervisors as of October 2019, and county disciplinary procedures will be utilized as necessary beginning in January 2020.

Evidence to be submitted to DHCS: Sign in sheets will be submitted to DHCS for each documentation manual training. Reports of trends identified and areas MCBHRS will facilitate additional trainings will also be submitted to DHCS.

Mechanisms for monitoring the effectiveness: Chart audit results will be reported to the Utilization Management Committee.

Description of corrective actions required by contracted providers: Contract providers are held to the same requirements, and corrective action listed above. Contract providers are required to attend all documentation manual trainings. Quality Assurance will monitor claims for the correct service modality and documentation standard, and identify claims that are subject for recoupment.

PLAN OF CORRECTION 5E2:

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 not solely transportation.
3. All services claimed are appropriate, relate to the qualifying diagnosis and identified functional impairments and are medically necessary as delineated in CCR, title 9, chapter 11.

Description of Correction Action: MCBHRS will emphasize and train staff more efficiently on how to identify the interventions that focus on impairment related to a mental health condition. During the two annual documentation manual trainings, MCBHRS will train staff on how to properly document interventions that demonstrate restored or improved functioning as a result of the intervention. MCBHRS will also continue to facilitate chart audits monthly, all chart audits have been reviewed by the supervisors as of October 2019, supervisors will report to the utilization management committee with any trends to identify any areas for training.

Timeline for Implementation: An additional documentation manual training will be held in 2020, MCBHRS will now hold two documentation manual trainings throughout the calendar year

Evidence to be submitted to DHCS: Sign in sheets and training materials will be submitted to DHCS for each documentation training.

Mechanisms for monitoring the effectiveness: Chart audit findings will be reported to the Utilization Management Committee.

Description of corrective actions required by contracted providers: Contract providers are held to the same requirements, and corrective action listed above. Contract providers are required to attend all documentation manual trainings. Quality Assurance will monitor claims for documentation standards, and identify claims that are subject for recoupment.

PLAN OF CORRECTION 6E:

The MHP shall submit a POC that describes how the MHP 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.

Description of Correction Action: MCBHRS will continue to hold staff accountable by having supervisors spot check clinicians notes to ensure the timeliness standards for documentation are being met. MCBHRS will be implementing the county disciplinary procedure for staff that document outside of timeliness. MCBHRS will add another documentation manual training each year, resulting in two trainings per calendar year. MCBHRS will also continue to facilitate chart audits monthly, all chart audits are being submitted to the supervisors for review as of October 2019. MCBHRS will continue to hold staff accountable by having supervisors spot check clinicians progress notes to ensure services claimed are consistent with the services documented.

Timeline for Implementation: MCBHRS supervisors will immediately implement spot checking of staff progress notes. An additional documentation training will be held in the 2020 calendar year, so a total of two documentation trainings will occur annually. Chart audits will continue to occur monthly, and county disciplinary procedures will be utilized as necessary beginning January 2020.

Evidence to be submitted to DHCS: MCBHRS will submit sign in sheets for all documentation manual trainings.

Mechanisms for monitoring the effectiveness: Chart audit findings will be reported to the Utilization Management Committee.

Description of corrective actions required by contracted providers: Contracted providers are held to the same requirements, and corrective action listed above. Contract providers are required to attend all documentation manual trainings. Quality Assurance will monitor claims for documentation standards, to ensure services claimed are accurate and consistent with services billed and identify claims that are subject for recoupment.

System Review Findings

PLAN OF CORRECTION (Test Calls)

The MHP shall submit a POC that describes how to ensure that the 24/7 access line provides information to beneficiaries about the services available, how to access services, how to treat an urgent condition, and the use of the problem resolution process. The MHP shall also submit a POC that describes how to ensure that the information provided on the 24/7 access line is properly logged and documented.

Description of Correction Action: MCBHRS will continue six test calls per quarter, Quality Assurance analyst will send monthly reminder to supervisors to ensure the test calls are completed each month. Through this process, Quality Assurance will identify areas for training opportunities. Trainings are to ensure the quality of information provided over the access line, and to ensure proper documentation of these calls.

Timeline for Implementation: This plan of correction will begin in January 2020.

Evidence to be submitted to DHCS: MCBHRS will continue to submit quarterly 24/7 access line reports. Sign in sheets and training materials will also be submitted.

Mechanisms for monitoring the effectiveness: A Staff Analyst from the Quality Assurance unit will monitor the test calls monthly for trends before and after implementation of training to ensure effective corrective action.

Description of corrective actions required by contracted providers: MCBHRS contracts with a provider who provides afterhours 24/7 access line information, contract provider will be held to the same corrective action described above. If through the process Quality Assurance identifies any issues with the afterhours information given and/or logged, MCBHRS will reach out to reinforce standards of information and documentation.



PLAN OF CORRECTION (TAR's / SARS)

The MHP shall submit a POC that describes how to ensure that treatment authorization requests (TAR's) are submitted within the 14-day standard.

Description of Correction Action: In 2019, MCBHRS hired another licensed supervisor to review the TAR process. The licensed supervisor is now responsible for concurrent review and the retrospective TAR process. Quality assurance also updated the internal check off list to include the last day before the due date that the Medical Director is available to sign off on a denial. The due date and the last day for the Medical Director review is now included in the initial email to licensed supervisor prior to review.

Timeline for Implementation: MCBHRS has implemented as of December 2019.

Evidence to be submitted to DHCS: Sample checkoff list with updated info, and sample emails with due date reminders will be submitted to DHCS.

Mechanisms for monitoring the effectiveness: Quality Assurance will monitor and ensure that all TARs are processed as applicable with 42 CFR. The Medical Records Supervisor reports to the Utilization Management Committee the number of TARs received in a given quarter, and the number of days between receipt and submission through the Utilization Management Committee.

Description of corrective actions required by contracted providers: Contract providers do not process TARs, all TARs for Mariposa County Residence are directed to MCBHRS. No corrective action is required of contract providers.



Mariposa County
Health & Human Services Agency

Suggested Action (TFC)

Establish policy and procedures, including TFC services criteria and monitoring mechanisms to ensure the implementation of this requirement with an ongoing monitoring mechanism and update contracts to reflect this requirement for future compliance.

MCBHRS is actively working and planning with a contract provider to establish TFC, MCBHRS is hoping to enter into contract within this fiscal year.