

**County of San Diego Mental Health Services**  
**Fiscal Year (FY) 20/21 Specialty Mental Health Triennial Review**  
**System Review Corrective Action Plan (CAP)**

**MHP SYSTEM REVIEW CORRECTIVE ACTION PLAN ITEMS**

**QUESTION 1.1.3 NETWORK ADEQUACY AND AVAILABILITY OF SERVICE**

The MHP shall meet, and require its providers to meet, Department standards for timely access to care and services, taking into account the urgency of need for services. (42 C.F.R. § 438.206(c)(1)(i), CCR, tit. 28 § 1300.67.2.2 (c)(5)(D))

**FINDING:**

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(i). The MHP must meet, and require its providers to meet, Department standards for timely access to care and services, taking into account the urgency of need for services.

Triennial review will focus on timeliness of all urgent appointments and physician appointments.

1. Urgent care appointments for services that do not require prior authorization: within 48 hours of the request for appointment
2. Urgent care appointments for services that require prior authorization: within 96 hours of the request for appointment

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

- Timeliness of Urgent and Routine Services Access to Service Journal for April – June 2020
- Access Times – Emergent Urgent Routine – Organizational Provider Operations Handbook
- Accessing Services - Time - Organizational Provider Operations Handbook

While the MHP submitted evidence to demonstrate this requirement, it is not evident that the MHP meets and requires its providers to meet, Department standards for timely access to care and services, taking into account the urgency of the need for services. During the facilitated discussion, the MHP shared details of monitoring urgent and emergent appointments in the Access to Service log within the MHP's electronic health record. The Timeliness of Urgent and Routine Services Access to Service Journal for April – June 2020 provided by the MHP included Urgent and Physician appointments outside of Department standards for timely access. DHCS deems the MHP out of compliance with Federal Code of Regulations, title 42, section 438, subdivision 206(c)(1)(i).

**MHP PLAN OF CORRECTION**

MHP is developing a Timely Access Monitoring process to be instituted no later than April 1, 2022. Access time reports from data entered into the Access to Services journal will be run monthly. Any contacts not in compliance with access time standards will be reviewed with the program and corrective action plans will be required to address. Routine monitoring in conjunction with

technical assistance and corrective action follow up will be provided to ensure regulatory standards are met.

### **PROPOSED EVIDENCE/DOCUMENTATION OF CORRECTION**

Draft Timely Access Monitoring Process

### **ONGOING MONITORING (if included)**

The Timely Access Monitoring plan involves ongoing monitoring on a monthly basis of all mental health programs.

### **PERSON RESPONSIBLE (job title)**

QI Specialists and Contracting Officer Representatives (CORs)

### **IMPLEMENTATION TIMELINE (dates)**

April 1, 2022

### **QUESTION 4.2.1 ACCESS AND INFORMATION REQUIREMENTS**

The MHP shall provide all written materials for potential beneficiaries and beneficiaries in a font size no smaller than 12 point. (42 C.F.R. 438.10(d)(6)(ii).)

### **FINDING:**

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 10(d)(6)(ii). The MHP must provide all written materials for potential beneficiaries and beneficiaries in a font size no smaller than 12 point.

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

- Advanced Directive Arabic Intake Packet
- Advanced Directive English-Intake Packet
- Advance Directive Farsi Intake Packet
- Advance Directive Tagalog Intake Packet
- Advance Directive Vietnamese Intake Packet
- MHP Beneficiary Handbook Spanish
- Notice of Privacy Practice Acknowledgement English Intake Packet
- Notice of Privacy Practice Acknowledgement Spanish Intake Packet
- Notice of Privacy Practices Acknowledgement Farsi Intake Packet
- Notice of Privacy Practices Acknowledgement Tagalog Intake Packet
- Provider Directories Walk-in clinic hours region
- Quick Guide MHP Final Rv 5\_15\_19 ARABIC Intake Packet
- Quick Guide MHP Final Rv 5\_15\_19 English Intake Packet
- Quick Guide MHP Final Rv 5\_15\_19 FARSI Intake Packet

- Quick Guide MHP Final Rv 5\_15\_19 Spanish Intake Packet
- Quick Guide MHP Final Rv 5\_15\_19 TAGALOG Intake Packet
- Quick Guide MHP Final Rv 5\_15\_19 VIETNAMESE Intake Packet
- Quick Guide MHP Final Rv 5\_06\_19 English Intake Packet

While the MHP submitted evidence to demonstrate this requirement, it is not evident that the MHP provides all written materials for potential beneficiaries and beneficiaries in a font size no smaller than 12 points. The listed evidence above does not meet the 12-point font requirement. The MHP was allowed to submit additional evidence after the WebEx review for this requirement. During post-review discussions, the MHP confirmed font was made smaller due to formatting into threshold languages. The MHP plans to update the formatting as necessary to meet the requirement of 12-point font

**MHP PLAN OF CORRECTION**

COSD MHP has updated the current documents and all comply with 12 pt. font requirement.

**PROPOSED EVIDENCE/DOCUMENTATION OF CORRECTION**

See all attached documents in 12 pt font and updated QM Team Operations manual with task requirement.

**ONGOING MONITORING (if included)**

COSD MHP has assigned a member of the QM Team to quarterly confirm all documents are up to date with all requirements and visible on the Optum website for the system of care.

**PERSON RESPONSIBLE (job title)**

QI Specialist

**IMPLEMENTATION TIMELINE (dates)**

This process has already been implemented

**QUESTION 4.3.2 ACCESS AND INFORMATION REQUIREMENTS**

Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number:

1. The MHP provides a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county.
2. 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.
4. The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.

(CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1).)

### **FINDING:**

DHCS' review team made seven (7) calls to test the MHP's statewide 24/7 toll-free number. The seven (7) test calls must demonstrate compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1). The toll-free telephone number provides information to beneficiaries to the below listed requirements:

1. The MHP provides a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county.
2. 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.
4. The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.

### **TEST CALL #6**

Test call was placed on Thursday, February 18, 2021, at 7:08 a.m. The call was answered after one (1) ring via phone tree directing the caller to select an option for threshold languages, crisis, mental health services, and substance use disorder services. The caller chose the option to speak to a live operator. The call was transferred and answered after four (4) rings. The caller asked how he/she could file a complaint against a therapist. The operator provided the caller with the telephone number of the Board of Behavioral Science. No additional information about SMHS was supplied to the caller. The caller thanked the operator and ceased the call. The operator did not provide the caller with information about using the beneficiary problem resolution and fair hearing process.

### **FINDING**

The call is deemed out of compliance with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

## **TEST CALL #7**

Test call was placed on Thursday, February 18, 2021, at 12:31 p.m. The call was answered after two (2) rings via phone tree directing the caller to select an option for threshold language, crisis, mental health services, and substance use disorder services. The caller chose the option to speak to an operator and was transferred to a live operator. The caller requested information about how to file a complaint in the county. The operator informed the caller that to file a complaint, the caller needed to call the Consumer Center for Health Education Advocacy and provided the phone number. No additional information about SMHS was supplied to the caller. The caller was not provided information about how to use the beneficiary problem resolution and fair hearing process.

## **FINDING**

The call is deemed out of compliance with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

Based on the test calls, DHCS deems the MHP in partial compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1).

## **MHP PLAN OF CORRECTION**

- MHP has updated the monitoring tool used for quarterly ACL call reviews to include the review of the beneficiary problem resolution process.

Optum San Diego Public Sector will take the following corrective actions:

- The Access and Crisis Line (ACL) Manager will ensure the beneficiary problem resolution and fair hearing process is clearly documented for staff to have accessible when working on the ACL. All clinicians that work on the ACL will review the process for beneficiary problem resolution and fair hearing upon implementation of its corrective action plan and quarterly thereafter. The clinicians will complete an attestation to having reviewed the information. The clinicians will provide the information to callers on how to file a grievance or appeal verbally by phone, in person, or in writing. They will also advise that Grievance and Appeal forms with stamped envelopes are available at their treating providers office. The contact information for the contracted agencies to help beneficiaries resolve issues will also be provided. Beneficiaries will also be provided information on how to request a second opinion when applicable. ACL Management will update their training materials to incorporate the process outlined above. ACL Management will host quarterly trainings on the Beneficiary Problem Resolution & State Fair Hearing practices. ACL Management will add the Beneficiary Problem Resolution & State Fair Hearing process to its quarterly staff meeting agenda. The ACL team does have a script for the process in the resource data base. In addition to the action items attached, the ACL Management ensures they are using the appropriate script through the call monitoring and auditing process.

## **PROPOSED EVIDENCE/DOCUMENTATION OF CORRECTION**

Updated ACL call monitoring form utilized by QM Team.

Updated ACL written process provided by Optum  
Updated ACL Quarterly Report Template

**ONGOING MONITORING (if included)**

Ongoing monitoring will occur through ACL internal call monitoring to ensure the information is being provided when relevant and documented appropriately. In addition to the action items attached, ACL management team will also ensure ACL clinicians are using the appropriate script through their call monitoring and auditing process. The MHP also conducts quarterly call audits where compliance is also monitored, and corrective action plans are required for areas in need of improvement.

**PERSON RESPONSIBLE (job title)**

Optum Access and Crisis Line Manager  
QI Specialist

**IMPLEMENTATION TIMELINE (dates)**

November 1, 2021

**QUESTION 5.4.1 COVERAGE AND AUTHORIZATION OF SERVICES**

The MHP shall have mechanisms in effect to ensure consistent application of review criteria for authorization decisions, and shall consult with the requesting provider when appropriate. (MHP Contract, Ex. A, Att 6; 42 C.F.R. § 438.210(b)(2)(i-ii).)

**FINDING:**

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 400. The MHP must provide beneficiaries with a Notice of Adverse Beneficiary Determination under the circumstances listed below:

1. The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of covered benefit.
2. The reduction, suspension or termination of a previously authorized service.
3. The denial, in whole or in part, of a payment for service.
4. The failure to provide services in a timely manner.
5. The failure to act within timeframes provided in 42 C.F.R. § 438.408(b) (1) and (2) regarding the standard resolution of grievances and appeals.
6. The denial of a beneficiary's request to dispute financial liability, including cost sharing and other beneficiary financial liabilities.

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

- Timeliness of Urgent and Routine Services Access to Service Journal for April – June 2020
- Access Times – Emergent Urgent Routine – Organizational Provider Operations

#### Handbook

- Accessing Services - Time - Organizational Provider Operations Handbook
- Optum NOABD Log FY 20-21
- Organizational Provider Operations Handbook, Section F
- Optum NOABD Denial Notice Form
- QM Memo NOABD Log
- San Diego NOABD Delivery System Notice April 1-June 30,2020

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provided beneficiaries with a NOABD upon failure to provide services in a timely manner. The NOABD logs for the fiscal year did not reflect that any NOABDs were sent to the six (6) beneficiaries related to timeliness. Of the Six (6) Notice of Adverse Benefit Determinations (NOABD), five (5) were missing for urgent/emergent services, and one (1) for a psychiatry appointment. During the post- review discussions, the MHP confirmed that they are out of compliance with this requirement and did not submit additional evidence after the WebEx review for this requirement.

#### **MHP PLAN OF CORRECTION**

The MHP has developed a more robust monitoring system of NOABD delivery to beneficiaries. A monthly review of all NOABD logs submitted by programs will occur and be cross referenced with a timely access report as well as a discharge disposition report. Based on this information, proof of NOABD delivery of the various NOABDs required will be requested from programs. On a quarterly basis, a random sample of a minimum of 5 issued NOABDs will be requested based on review of the program logs. A Quality Improvement Plan (QIP) will be required if any NOABDs are missing/not submitted.

Additionally, NOABD provider education will continue through the NOABD webinar available for programs and this topic will routinely be discussed at the Quality Improvement meetings held with providers.

#### **PROPOSED EVIDENCE/DOCUMENTATION OF CORRECTION**

Timely Access Monitoring Process  
NOABD Log example  
NOABD webinar  
QIP Template

#### **ONGOING MONITORING (if included)**

Monthly: The MHP QM Team will review the Access to Services Journal report to address any concerns with Timely Access and request proof of NOABD delivery to the beneficiary in instances in which Timely Access was not met. In these cases, the lack of NOABD as required will require a corrective action plan and be included as part of the non-compliance process for Timely Access. Please see Timely Access process for further information.

Monthly: The MHP QM unit will run the Discharge Disposition report showing the disposition codes for all discharged clients at the unit level. For those who are marked “did not return” the QI Specialist will review the corresponding NOABD Log to ensure notation and request proof of termination notice from the provider. If the provider is unable to show proof of delivery, the MHP QM Team shall issue a Quality Improvement Plan.

Quarterly: The MHP QM Team will review the quarterly submission NOABD Logs by the providers and request proof of NOABD delivery for no less than 5 notices listed on the log. If the provider is unable to show proof of delivery, the MHP QM Team shall issue a Quality Improvement Plan

### **PERSON RESPONSIBLE (job title)**

QI Specialist

### **IMPLEMENTATION TIMELINE (dates)**

02/01/2022

### **MHP CHART REVIEW CORRECTIVE ACTION PLAN ITEMS**

#### **QUESTION 8.1.1.3b: MEDICAL NECESSITY**

The beneficiary must meet medical necessity criteria outlined in subsections (1-3) to be eligible for services. (CCR, title 9, § 1830.205(b) (outpatient) and 1830.210 (EPSDT), Welf. & Inst. Code § 14132(v) and 14059.5).

3) The proposed and actual intervention(s) meet the intervention criteria listed below: (CCR, title 9, § 1830.205(b)(3)(A), (B), and (C).)

(b) The expectation is that the proposed and actual intervention(s) will do at least one (1) of the following (A, B, C, or D):

- A. Significantly diminish the impairment.
- B. Prevent significant deterioration in an important area of life functioning.
- C. Allow the child to progress developmentally as individually appropriate.
- D. For full-scope MC beneficiaries under the age of 21 years, correct or ameliorate the condition.

### **FINDING:**

The actual interventions documented in the progress notes for the following Line numbers did not meet medical necessity criteria since the intervention(s) were not reasonably likely to result in at least one of the following: a) significantly diminish the impairment; b) prevent deterioration in an important area of life functioning; c) allow the child to progress developmentally; d) correct or ameliorate the mental health condition of a beneficiary who is under age 21. Specifically:

- **Line numbers 4 and 14.** The intervention documented on the progress notes did not meet the definition of a valid Specialty Mental Health Service. **RR15b, refer to Recoupment Summary for details.**



## **MHP PLAN OF CORRECTION**

This item is monitored through the annual Medical Record Review (MRR) tool. This subject matter is included in the Documentation Trainings offered by the County of San Diego, Quality Management Unit.

Once DHCS final information notice regarding Medical Necessity is published in relation to medical necessity changes, the information will be disseminated to the system of care by the MHP via memo format, Quality Improvement Partners meeting and the Up to the Minute newsletter.

## **PROPOSED EVIDENCE/DOCUMENTATION OF CORRECTION**

- 1) Verification from the County of San Diego, Mental Health Billing Unit of the required disallowances.
- 2) Copy of the Medical Record Review tool – highlighted sections specifically address Medical Necessity.
- 3) Slides from the Documentation training offered to service providers.

## **ONGOING MONITORING (if included)**

Ongoing monitoring is completed via the MRR Trending Compliance Report.

## **PERSON RESPONSIBLE (job title)**

COSD MHP Quality Management Unit

## **IMPLEMENTATION TIMELINE (dates)**

The Medical Record Review process occurs annually for all programs within our System of Care.

## **QUESTION 8.2.1 ASSESSMENT**

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

## **FINDING:**

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

Assessments for three (3) beneficiaries were not completed within the update frequency requirement specified in the MHP's written documentation standards: The MHP standard is that Assessments should be updated annually.

- **Line number 1.** The prior Assessment was completed on July 2, 2018 while the current Assessment was completed on August 5, 2019.

- **Line number 4.** The prior Assessment was completed on August 24, 2018 while the current Assessment was completed on September 25, 2019. **Line number 4 was appealed by the COSD MHP and approved.**
- **Line number 8.** The only Assessment submitted was completed on April 10, 2019 although an updated Assessment was due by April 10, 2020.

### **MHP PLAN OF CORRECTION**

This item is monitored through the annual Medical Record Review (MRR) tool. This subject matter is included in the Documentation Trainings offered by the County of San Diego, Quality Management Unit.

### **PROPOSED EVIDENCE/DOCUMENTATION OF CORRECTION**

- 1) Copy of the Medical Record Review tool – highlighted sections specifically address Medical Necessity. Update MRR to determine if services were provided prior to an assessment being completed.
- 2) Slides from the Documentation training offered to service providers.
- 3) Inform providers of States finding that services cannot be claimed prior to an assessment completed.

### **ONGOING MONITORING (if included)**

Ongoing monitoring is completed via the MRR Trending Compliance Report.

### **PERSON RESPONSIBLE (job title)**

COSD MHP Quality Management Unit

### **IMPLEMENTATION TIMELINE (dates)**

The Medical Record Review process occurs annually for all programs within our System of Care.

### **QUESTION 8.2.2 ASSESSMENT**

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

- 1) Presenting Problem. The beneficiary's chief complaint, history of the presenting problem(s), including current level of functioning, relevant family history and current family information.
- 2) Relevant conditions and psychosocial factors affecting the beneficiary's physical health including, as applicable; living situation, daily activities, social support, and cultural and linguistic factors.
- 3) History of trauma or exposure to trauma
- 4) Mental Health History. Previous treatment, including providers, therapeutic modality (e.g., medications, psychosocial treatments) and response, and inpatient admissions.
- 5) Medical History, including:

- a) Relevant physical health conditions reported by the beneficiary or a significant support person.

### **FINDING:**

One or more of the assessments reviewed did not address all of the required elements specified in the MHP Contract. Specifically:

- **Line number 20.** The most recent diagnoses determined on October 14, 2019 were not fully consistent with the beneficiary's presenting problems and behaviors as described in the Assessments completed on March 11, 2020 and April 23, 2020. Specifically:

While the beneficiary was diagnosed with Persistent Depressive Disorder (i.e., "Dysthymia") and Anxiety Disorder, his principle presenting problems/behaviors were "Explosive behavior, destroying property...refusing to attend school...anger outbursts including physical aggression...verbal aggression...and making vague threats...gets angry when his video games are taken away because they are like 'a drug to me'..."

### **MHP PLAN OF CORRECTION**

This item is monitored through the annual Medical Record Review (MRR) tool. This subject matter is included in the Documentation Trainings offered by the County of San Diego, Quality Management Unit.

### **PROPOSED EVIDENCE/DOCUMENTATION OF CORRECTION**

- 1) Copy of the Medical Record Review tool – highlighted sections specifically address all required elements of Assessment.
- 2) Sample BHA demonstrating required items are included in Assessment
- 3) Slides from the documentation training offered to service providers, including script used by the trainer.
- 4) Optum Assessment Training Resource Handouts
- 5) UTTM March 2020

### **ONGOING MONITORING (if included)**

Ongoing monitoring is completed via the MRR Trending Compliance Report.

### **PERSON RESPONSIBLE (job title)**

COSD MHP Quality Management Unit

### **IMPLEMENTATION TIMELINE (dates)**

The Medical Record Review process occurs annually for all programs within our System of Care.

### **QUESTION 8.3.1 MEDICATION CONSENT**

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)

## **FINDING:**

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. Specifically:

- Line numbers 2, 7 and 9: Although there was one or more written medication consent form in the medical record, there was no medication consent for each and every medication prescribed. The MHP was given the opportunity to locate the medication consent(s) in question but was unable to locate it/them in the medical record.

## **MHP PLAN OF CORRECTION**

This item is monitored through the annual Medical Record Review (MRR) tool. This subject matter is included in the Documentation Trainings offered by the County of San Diego, Quality Management Unit.

We have developed a Medication Monitoring Variance Committee comprised of QI Specialists and BHS Medical Director and others to review med monitoring results and revision of the medication monitoring tool to address revision of the Informed Consent for Psychotropic Medication form and ongoing monitoring of this variance – meeting is scheduled 12/15/21

## **PROPOSED EVIDENCE/DOCUMENTATION OF CORRECTION**

- 1) Copy of the Medical Record Review tool – highlighted sections specifically address Medication Consent form.
- 2) Slides from the Documentation training offered to service providers.
- 3) Draft Update of Medication Monitoring Tool which is completed quarterly by SOC programs' internal med monitoring committee
- 4) UTTM – December 2021
- 5) QIP Agenda – January 2022

## **ONGOING MONITORING (if included)**

Ongoing monitoring is completed via the MRR Trending Compliance Report  
Quarterly Medication Monitoring Tools submitted by SOC Programs and reviewed by QM Specialists

## **PERSON RESPONSIBLE (job title)**

COSD MHP Quality Management Unit

## **IMPLEMENTATION TIMELINE (dates)**

The Medical Record Review process occurs annually for all programs within our System of Care. Medication Monitoring Tools draft pending review/approval at next Medication Monitoring Variance Committee Workgroup meeting on 12/15/21. This tool is completed quarterly by SOC programs and reviewed by QM Specialists.

## **QUESTION 8.3.2 MEDICATION CONSENT**

Written medication consents shall include, but not be limited to, the following required elements:

- 1) The reasons for taking such medications.
- 2) Reasonable alternative treatments available, if any.
- 3) Type of medication.
- 4) Range of frequency (of administration).
- 5) Dosage.
- 6) Method of administration.
- 7) Duration of taking the medication.
- 8) Probable side effects.
- 9) Possible side effects if taken longer than 3 months
- 10) Consent, once given, may be withdrawn at any time.

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

### **FINDING:**

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) Reasonable alternative treatments available, if any: **Line number 7.**
- 2) Method of administration: **Line number 7.**
- 3) Possible side effects if taken longer than 3 months: **Line number 7.**

### **MHP PLAN OF CORRECTION**

This item is monitored through the annual Medical Record Review (MRR) tool. This subject matter is included in the Documentation Trainings offered by the County of San Diego, Quality Management Unit.

We have developed a Medication Monitoring Variance Committee comprised of QI Specialists and BHS Medical Director and others to review med monitoring results and revision of the medication monitoring tool to address revision of the Informed Consent for Psychotropic Medication form and ongoing monitoring of this variance – meeting is scheduled 12/15/21

### **PROPOSED EVIDENCE/DOCUMENTATION OF CORRECTION**

- 1) Copy of the Medical Record Review tool – highlighted sections specifically address Medication Consent form.
- 2) Slides from the Documentation training offered to service providers.
- 3) Draft Update of Medication Monitoring Tool which is completed quarterly by SOC programs' internal med monitoring committee
- 4) UTTM – December 2021
- 5) QIP Agenda – January 2022

### **ONGOING MONITORING (if included)**

Ongoing monitoring is completed via the MRR Trending Compliance Report Quarterly Medication Monitoring Tools submitted by SOC Programs and reviewed by QM Specialists

**PERSON RESPONSIBLE (job title)**

COSD MHP Quality Management Unit

**IMPLEMENTATION TIMELINE (dates)**

The Medical Record Review process occurs annually for all programs within our System of Care. Medication Monitoring Tools draft pending review/approval at next Medication Monitoring Variance Committee Workgroup meeting on 12/15/21. This tool is completed quarterly by SOC programs and reviewed by QM Specialists

**QUESTION 8.4.2a: CLIENT PLANS**

The MHP shall ensure that all medically necessary SMHS are sufficient in amount, duration, or scope to reasonably achieve the purpose for which the services are furnished. (MHP Contract, Ex. A, Att. 2)

**FINDING:**

The medical record did not include services that were sufficient to adequately “achieve the purpose for which the services are furnished”. Specifically:

- **Line number 13:** The current Client Plan did not contain services sufficient to reasonably achieve the purpose and goals documented on the Plan: The Assessment completed on June 17, 2020 indicated need to monitor risk and provide individual therapy sessions. Also on June 17, the beneficiary requested Medication Support services and “1:1 therapy”, However, the Client Plan completed on June 22, 2020 included Medication Support every 4-6 weeks and Case Management every 2-3 months, but did not include any individual or group therapy or counseling sessions with no further explanation.

**MHP PLAN OF CORRECTION**

This item is monitored through the annual Medical Record Review (MRR) tool. This subject matter is included in the Documentation Trainings offered by the County of San Diego, Quality Management Unit. In addition, Client Plans are reviewed at UM / UR.

**PROPOSED EVIDENCE/DOCUMENTATION OF CORRECTION**

- 1) Copy of the Medical Record Review tool – highlighted sections specifically address Client Plan requirements.
- 2) Slides from the Documentation Training offered to service providers.
- 3) Sample of the Client Plan with help text used by providers

- 4) Training documentation received by providers for Client Plan training
- 5) UTTM October 2020, March 2021, and August 2021

**ONGOING MONITORING (if included)**

Ongoing monitoring is completed via the MRR Trending Compliance Report and review of the current or updated client plan at UM / UR.

**PERSON RESPONSIBLE (job title)**

COSD MHP Quality Management Unit

**IMPLEMENTATION TIMELINE (dates)**

The Medical Record Review process occurs annually for all programs within our System of Care. In addition, client plans are reviewed at UM/UR.

**QUESTION 8.4.2b: CLIENT PLANS**

The MHP shall ensure that all medically necessary SMHS are sufficient in amount, duration, or scope to reasonably achieve the purpose for which the services are furnished.

(MHP Contract, Ex. A, Att. 2)

**FINDING:**

Services claimed and documented on the beneficiary's progress notes were not sufficient and consistent in amount, duration or scope with those documented on the beneficiary's current Client Plan. Specifically:

- **Line number 16.** Interventions documented on the February 4, 2020 Client Plan consisted of Individual Therapy one to four times per month, Family Therapy one to two times per month, and separate Collateral Family sessions one to four times per month. In addition, "Trauma Focused Cognitive Behavior Therapy" (TF-CBT) was documented as the primary treatment modality to be used during the therapy sessions. However, the beneficiary's actual services claimed did not include any family sessions during the three-month chart review period, and the chart reviewer noted that the therapy sessions actually provided did not focus on the beneficiary's underlying trauma – as would occur in the course of providing TF-CBT.
- **Line number 19.** Client Plans completed on March 26, 2020 and April 23, 2020 included Individual Psychotherapy once per week, Case Management, Collateral, Family Therapy and/or Family Rehabilitation services once per month. However, actual services provided during the three-month chart review period consisted solely of Individual Psychotherapy sessions.

**MHP PLAN OF CORRECTION**

This item is monitored through the annual Medical Record Review (MRR) tool. This subject matter is included in the Documentation Trainings offered by the County of San Diego, Quality Management Unit. In addition, Client Plans are reviewed at UM / UR.

**PROPOSED EVIDENCE/DOCUMENTATION OF CORRECTION**

- 1) Copy of the Medical Record Review tool – highlighted sections specifically address Client Plan requirements.
- 2) Slides from the Documentation Training offered to service providers.
- 3) Client Plan Sample with Instructions
- 4) Training documentation received by providers for Client Plan training
- 5) UTTM October 2020, March 2021, and August 2021
- 6) QIP Minutes from February 2021 Meeting

**ONGOING MONITORING (if included)**

Ongoing monitoring is completed via the MRR Trending Compliance Report and review of the current or updated client plan at UM / UR.

**PERSON RESPONSIBLE (job title)**

COSD MHP Quality Management Unit

**IMPLEMENTATION TIMELINE (dates)**

The Medical Record Review process occurs annually for all programs within our System of Care. In addition, client plans are reviewed at UM/UR.

**QUESTION 8.4.3 CLIENT PLANS**

The client plan has been updated at least annually and/or when there are significant changes in the beneficiary’s condition. (MHP Contract, Ex. A, Att. 2)

**FINDING:**

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). Specifically:

- **Line number 13.** There was no Client Plan for one type of claimed service.  
*The MHP was given the opportunity to locate the service(s) on a client plan that was in effect during the review period but could not find written evidence of it.*  
**RR4c, refer to Recoupment Summary for details.**

**MHP PLAN OF CORRECTION**

This item is monitored through the annual Medical Record Review (MRR) tool. This subject matter is included in the Documentation Trainings offered by the County of San Diego, Quality Management Unit. In addition, Client Plans are reviewed at UM / UR.

**PROPOSED EVIDENCE/DOCUMENTATION OF CORRECTION**

- 1) Copy of the Medical Record Review tool – highlighted sections specifically address Client Plan requirements.
- 2) Slides from the Documentation Training offered to service providers.
- 3) Client Plan form-fill with Provider Instructions
- 4) UTTM March 2021 and August 2021



**ONGOING MONITORING (if included)**

Ongoing monitoring is completed via the MRR Trending Compliance Report and review of the current or updated client plan at UM / UR.

**PERSON RESPONSIBLE (job title)**

COSD MHP Quality Management Unit

**IMPLEMENTATION TIMELINE (dates)**

The Medical Record Review process occurs annually for all programs within our System of Care. In addition, client plans are reviewed at UM/UR.

**QUESTION 8.4.4 CLIENT PLANS**

The MHP shall ensure that Client Plans:

- 1) Have specific, observable and/or specific quantifiable goals/treatment objectives related to the beneficiary’s mental health needs and functional impairment as a result of the mental health diagnosis.
- 2) Identify the proposed type(s) of interventions or modality, including a detailed description of the intervention to be provided.
- 3) Have a proposed frequency of the intervention(s).
- 4) Have a proposed duration of intervention(s).
- 5) Have interventions that focus and address the identified functional impairments as a result of the mental disorder or emotional disturbance.
- 6) Have interventions are consistent with client plan goal(s)/treatment objective(s).
- 7) Have interventions are consistent with the qualifying diagnoses.

**FINDING:**

Client Plans did not include all of the required elements identified in the MHP Contract. Specifically:

- One or more goal/treatment objective was not specific, observable, and/or quantifiable and related to the beneficiary’s mental health needs and identified functional impairments. **Line numbers 7 and 18.**
- One or more proposed intervention did not include an expected duration which met the requirements described in the MHP Contract and in MHSUDS INFORMATION NOTICE NO. 17-040. **Line number 14:**  
The current Client Plan completed on April 21, 2020 contained expected durations which were not specific enough, but instead were recorded as a “3 – 6 month” ranges.

**MHP PLAN OF CORRECTION**

This item is monitored through the annual Medical Record Review (MRR) tool. This subject matter is included in the Documentation Trainings offered by the County of San Diego, Quality Management Unit. In addition, Client Plans are reviewed at UM / UR.

**PROPOSED EVIDENCE/DOCUMENTATION OF CORRECTION**

- 1) Copy of the Medical Record Review tool – highlighted sections specifically address Client Plan requirements.
- 2) Slides from the Documentation Training offered to service providers.
- 3) Client Plan form-fill with Provider Instructions
- 4) UTTM March 2021, and August 2021
- 5) QIP Meeting Minutes February 2021

**ONGOING MONITORING (if included)**

Ongoing monitoring is completed via the MRR Trending Compliance Report and review of the current or updated client plan at UM / UR.

**PERSON RESPONSIBLE (job title)**

COSD MHP Quality Management Unit

**IMPLEMENTATION TIMELINE (dates)**

The Medical Record Review process occurs annually for all programs within our System of Care. In addition, client plans are reviewed at UM/UR.

**QUESTION 8.5.2: PROGRESS NOTES**

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

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

(MHP Contract, Ex. A, Att. 2)

**FINDING:**

Two out of 477 progress notes did not include all required elements specified in the MHP Contract, and/or were not in accordance with the MHP's written documentation standards. Specifically:

- **Line number 11.** One progress note for a 74 minute ICC service provided on May 1, 2020 was not completed within the MHP's written timeliness standard of 14 days after its service provision.

- **Line number 9.** One progress note's "Completion Timeliness" could not be determined for a Medication Support service provided on May 26, 2020 because the provider signed but did not date the note. Therefore, this note was also considered as late.
- **Line numbers 3 and 13.** Fourteen progress notes did not match their corresponding claims in terms of amount of time to provide services, as is required by the MHP Contract. However, the MHP submitted separate documentation indicating that the claimed service times were derived from a set of CPT codes which the contract providers in question included with each service claim they submitted to the MHP:
  - **Line number 3.** The progress notes for all 12 claims did not include the specific times which corresponded with the units of time claimed,
  - **Line number 13.** Two progress notes documenting Assessment services provided on June 11 and 12 of 2020 did not include the specific times which corresponded with the units of time claimed for those service dates.
- **Line number 8.** The service times documented on thirteen progress notes were recorded as a range instead of as the specific times claimed.
  - Nine progress notes with claims for 45 minutes on April 2nd, 9th, 16th, 23rd, 30th, May 7th, 14th, 21st, and 28th of 2020 had their service times recorded as "45 – 60 minutes"
  - Four progress notes with claims for 45 minutes on June 4th, 11th, 18th, and 25th of 2020 had their service times recorded as "60-75 minutes"

**MHP PLAN OF CORRECTION**

This item is monitored through the annual Medical Record Review (MRR) tool. This subject matter is included in the Documentation Trainings offered by the County of San Diego, Quality Management Unit.

With regards to Line #3, #13, & #8: The MHP is requesting that DHCS allow for no current changes be made to our process with documentation by our fee for service providers and partners. With CalAIM updates to the coding procedures moving to CPT codes, the MHP feels that the documentation standards currently monitored are in line with national standards and the definitions provided in the CPT professional codebook.

**PROPOSED EVIDENCE/DOCUMENTATION OF CORRECTION**

- 1) Copy of the Medical Record Review tool – highlighted sections specifically address Timeliness and Paper Progress Note requirements.
- 2) Slides from the Documentation Training offered to service providers.
- 3) Optum (ASO) response and explanation

**ONGOING MONITORING (if included)**

Ongoing monitoring is completed via the MRR Trending Compliance Report.

**PERSON RESPONSIBLE (job title)**

COSD MHP Quality Management Unit.

**IMPLEMENTATION TIMELINE (dates)**

The Medical Record Review process occurs annually for all programs within our System of Care. Documentation trainings are provided quarterly by the COSD MHP Quality Management Unit.

### **QUESTION 8.5.3 PROGRESS NOTES**

When services are being provided to, or on behalf of, a beneficiary by two or more persons at one point in time, the progress notes shall include:

- 1) Documentation of each person's involvement in the context of the mental health needs of the beneficiary.
- 2) The exact number of minutes used by persons providing the service.
- 3) Signature(s) of person(s) providing the services.

(CCR, title 9, § 1840.314(c).)

### **FINDING:**

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

- **Line number 20.** The progress note for a group session provided on April 3, 2020 did not accurately document the number of group participants. However, the MHP submitted separate documentation listing the number of participants attending that session.

### **MHP PLAN OF CORRECTION**

The MHP is currently working to roadmap into a new EHR application, Cerner Millennium, in which this requirement has been indicated and requested. This item is monitored through the annual Medical Record Review (MRR) tool.

### **PROPOSED EVIDENCE/DOCUMENTATION OF CORRECTION**

- 1) Copy of the Medical Record Review tool – highlighted sections specifically address collateral server requirements.

### **ONGOING MONITORING (if included)**

Ongoing monitoring is completed via the MRR Trending Compliance Report.

### **PERSON RESPONSIBLE (job title)**

COSD MHP Quality Management Unit

### **IMPLEMENTATION TIMELINE (dates)**

The new EHR, Cerner Millennium, is scheduled to go live in Fall 2022. The Medical Record Review process occurs annually for all programs within our System of Care.

### **QUESTION 8.5.4 PROGRESS NOTES**

Progress notes shall be documented at the frequency by types of service indicated below:

- 1) Every service contact for:

- A. Mental health services
- B. Medication support services
- C. Crisis intervention
- D. Targeted Case Management
- E. Intensive Care Coordination
- F. Intensive Home Based Services
- G. Therapeutic Behavioral Services

2) Daily for:

- A. Crisis residential
- B. Crisis stabilization (one per 23/hour period)
- C. Day treatment intensive
- D. Therapeutic Foster Care

3) Weekly for:

- A. Day treatment intensive (clinical summary)
- B. Day rehabilitation
- C. Adult residential

(MHP Contract, Ex. A, Att. 9; CCR, title 9, §§ 1840.316(a)-(b); 1840.318 (a-b), 1840.320(a-b).)

### **FINDING:**

Progress notes were not documented according to the contractual requirements specified in the MHP Contract. Specifically:

- **Line numbers 9 and 13:** The type of Specialty Mental Health Service (SMHS) (e.g., Medication Support, Targeted Case Management, Individual Rehab) documented on 11 progress notes were not the same type of SMHS claimed:
  - Line number 9. The content of progress notes for Case Management claims with service dates of May 15th and 20th of 2020 appear to describe what are primarily Individual Rehabilitation interventions rather than Case Management services.
  - Line number 13. The content of the progress note for a Case Management claim with a service date of June 22, 2020 and time of 74 minutes appears to describe Individual Rehabilitation interventions, i.e., “clinician provided some grounding techniques ... and mindfulness exercises ... and gave them to CLT for homework”.
- **Line number 15:** The service activity (e.g., Assessment, Plan Development, Rehab) identified on the progress note was not consistent with a corresponding service activity proposed on the current client plan:
  - A case manager documented providing an Individual Rehabilitation session on April 7, 2020. However, the current client plan completed on March 4, 2020 included Individual Therapy and Family Rehabilitation, but not Individual Rehabilitation.

### **MHP PLAN OF CORRECTION**

This item is monitored through the annual Medical Record Review (MRR) tool. This subject matter is included in the Documentation Trainings offered by the County of San Diego, Quality Management Unit. In addition, a notice with further guidance was provided to the System of Care

in August 2021 regarding providing services not included on the Client Plan. This was also discussed in the monthly Quality Improvement Partners Meeting in July 2021.

### **PROPOSED EVIDENCE/DOCUMENTATION OF CORRECTION**

- 1) Copy of the Medical Record Review tool – highlighted sections specifically address Progress Note requirements.
- 2) Slides from the Documentation Training offered to service providers.
- 3) August 2021 Quality Management UTTM.
- 4) July QIP Meeting Minutes.
- 5) Handout regarding Rehabilitation Skills, provided to the SOC.
- 6) Handout regarding Case Management and Collateral services, provided to SOC.
- 7) Handout providing detailed Service Descriptions, including Case Management and Rehab services, provided to SOC.
- 8) Service Code Definitions for SC34 and SC50, provided to SOC.

### **ONGOING MONITORING (if included)**

Ongoing monitoring is completed via the MRR Trending Compliance Report.

### **PERSON RESPONSIBLE (job title)**

COSD MHP Quality Management Unit

### **IMPLEMENTATION TIMELINE (dates)**

The Medical Record Review process occurs annually for all programs within our System of Care. Documentation Trainings are provided quarterly by the COSD MHP Quality Management Unit.

### **QUESTION 8.6.1 PROVISION OF ICC SERVICES & IHBS FOR CHILDREN & YOUTH**

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 ICC, IHBS, and TFC Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018)

### **FINDING:**

The medical record associated with the following Line numbers did not contain evidence that the beneficiary received an individualized determination of eligibility and need for ICC services and IHBS, and that if appropriate, such services were included in their Client Plan:

- **Line numbers 13, 14, 15, 16 and 19.**

### **MHP PLAN OF CORRECTION**

COSD MHP shall ensure all beneficiaries receive an eligibility screening for ICC services. This information will be disseminated via the Up to the Minute publication, the Quality Improvement Partners meeting, and updated forms in the Uniform Clinical Record Manual. This subject matter is included in the Documentation Trainings offered by the County of San Diego, Quality Management Unit.

## **PROPOSED EVIDENCE/DOCUMENTATION OF CORRECTION**

- 1) Updated CYF BHA to include eligibility screening for ICC services
- 2) Updated CYF 0-5 BHA to include eligibility screening for ICC services
- 3) Slides from the Documentation Training offered to service providers
- 4) Copy of the Medical Record Review Tool – highlighted sections specifically addressing ICC and IHBS, assessment of client strengths and needs.
- 5) UTTM – December 2021
- 6) QIP Agenda – January 2022

## **ONGOING MONITORING (if included)**

This item is monitored through the annual Medical Record Review (MRR) tool. This subject matter is included in the Documentation Trainings offered by the County of San Diego, Quality Management Unit

## **PERSON RESPONSIBLE (job title)**

QM Specialists

## **IMPLEMENTATION TIMELINE (dates)**

12/06/21