

Siskiyou County Health and Human Services Agency
FY 18/19 Specialty Mental Health Triennial Review
Corrective Action Plan

System Review

Requirement: MHP Contract, Ex. A, Att.5.

The monitoring mechanism shall be: under the supervision of a person licensed to prescribe or dispense medication.

DHCS Finding: Section C

The MHP did not furnish evidence to demonstrate it complies with MHP contract, Ex. A, Att.5. The monitoring mechanism shall be: under the supervision of a person licensed to prescribe or dispense medication.

DHCS deems the MHP out-of- compliance with MHP Contract, Ex. A, Att.5. The MHP must complete a POC addressing this finding of non-compliance.

Corrective Action Description

P&P HID 13-27 revised to reflect supervision requirements in the MHP contract.

The MHP hired an RN to supervise the Medication Department, including supervision of the medication monitoring process.

Proposed Evidence/Documentation of Correction

P&P MEDS 602

Implementation Timeline: P&P HID 13-27 revised to reflect supervision requirements in the MHP contract: 1/14/2020.

The MHP hired an RN to supervise the Medication Department, including supervision of the medication monitoring process: 6/3/2019.

Requirement: California Code of Regulations, title 9, § 1810.405(f).

The log must contain the name of the beneficiary, date of request and initial disposition of the request.

DHCS Finding: Section D

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, § 1810.405(f). The MHP must complete a POC addressing this finding of non-compliance. These are repeated deficiencies.

Test call findings: MHP did not maintain a written log of the initial requests for SMHS. The log must contain the name of the beneficiary, date of request and initial disposition of the request.

Corrective Action Description

Compliance Officer conducted a focused training with health support staff that addressed logging calls for urgent conditions and initial requests for services. Training included: requirement to document the name of the beneficiary, date of request, and the initial disposition of the request.

Due to this being a reoccurring deficiency, training will be provided bi-annually for all health support staff.

Proposed Evidence/Documentation of Correction

Training materials. Training sign-in sheet.

Implementation Timeline

Compliance Officer conducted a focused training with health support staff that addressed logging calls for urgent conditions and initial requests for services. Training included: requirement to document the name of the beneficiary, date of request, and the initial disposition of the request: 1/14/2020.

Due to this being a reoccurring deficiency, training will be provided bi-annually for all health support staff: bi-annually.

Requirement

MHP must provide TFC for children and youth who meet medical necessity criteria for TFC.

DHCS Finding: Section Survey Network Adequacy and Availability of

Services

MHP must provide TFC for children and youth who meet medical necessity criteria for TFC. At a minimum, the MHP maintain P&Ps to address the requirements, continue discussion with interested contractors in providing TFC, and Update the Provider Contract Boilerplate

Corrective Action Description

The MHP maintains the following P&Ps pertaining to TFC: CLIN16-00, CLIN 16-01, and CLIN 16-02. Ongoing discussion with CWS of TFC services and potential interested providers, including existing RFA providers. Meeting scheduled on 1/29/2020. Contract boilerplate with TFC Scope of Work is being developed.

Proposed Evidence/Documentation of Correction

CLIN 16-00, CLIN 16-01, CLIN 16-02, Meeting sign in sheet, Meeting agenda, Contract boilerplate.

Implementation Timeline

Ongoing discussion with CWS of TFC services and potential interested providers, including existing RFA providers. Meeting scheduled on: 1/29/2020.

Contract boilerplate with TFC Scope of Work is being developed: in development.

Requirement

The MHP must review and make a decision regarding a provider's request for prior authorization within 5-business days after receiving the request.

DHCS Finding: Section Survey Coverage and Authorization Of

Services

MHP did not demonstrate compliance with the survey item. The MHP must review and make a decision regarding a provider's request for prior authorization within 5-business days after receiving the request.

DHCS recommends, at a minimum, the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements, or to strengthen current processes in this area to ensure compliance in future reviews: update policies and procedures to address the requirements; Provider training to the affected parties; and, continue to monitor compliance with new requirements.

Corrective Action Description

The MHP has written and submitted to DHCS draft a P&P addressing MHSUDS Information Notice No: 19-026, Authorization of Specialty Mental Health Services

Psychiatric inpatient hospitals and psychiatric health facilities (PHFs) have been informed via letters and procedures of the MHP's process.

The MHP conducts concurrent review with contracted hospital providers.

Training and monitoring of authorizations is performed by the Quality Assurance Manager.

The MHP is awaiting further guidance from DHCS regarding implementation of this requirement.

Proposed Evidence/Documentation of Correction

P&P CLIN 310, Letter to hospitals and PHFs, Procedure for hospitals and PHF, Completed concurrent review form

Implementation Timeline

The MHP has written and submitted to DHCS draft a P&P addressing MHSUDS Information Notice No: 19-026, Authorization of Specialty Mental Health Services: 8/15/2019.

Psychiatric inpatient hospitals and psychiatric health facilities (PHFs) have been informed via letters and procedures of the MHP's process: 7/11/2019.

The MHP conducts concurrent review with contracted hospital providers: first review 8/10/2020, ongoing.

Training and monitoring of authorizations is performed by the Quality Assurance Manager. Ongoing.

Chart Review

Requirement

The MHP shall submit a POC that describes how the MHP will ensure that all documentation includes the signature (or electronic equivalent) with the professional degree, licensure or title of the person providing the service.

DHCS Finding: Section K

One or more Assessment(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.

Corrective Action Description

Credentials and signatures as they appear in the EHR will be reviewed and corrected.

The Project Coordinator will run quarterly reports to ensure credentials and job titles are accurate and current.

Proposed Evidence/Documentation of Correction

Sample credential report.

Implementation Timeline

Credentials and signatures as they appear in the EHR will be reviewed and corrected: 2/10/2020.

The Project Coordinator will run quarterly reports to ensure credentials and job titles are accurate and current: quarterly.

Requirement

The MHP shall submit a POC to address actions it will implement to ensure the following : 1) A written medication consent form is obtained and retained for each medication prescribed and administered under the direction of the MHP. 2) Written medication consent forms are completed in accordance with the MHP's written documentation standards.

DHCS Finding: Section K

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

Corrective Action Description:

Due to reoccurring deficiencies in this area, monitoring of compliance with this requirement will be conducted by the Clinical Services Site Supervisor RN overseeing the Medication Department. Training will be provided bi-annually to all MHP prescribers

Proposed Evidence/Documentation of Correction

Medical team training/meeting minutes (includes attendees).

Implementation Timeline

Bi-Annually.

Requirement

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) 2) Ensure that client plans are updated at least on an annual basis as required in the MHP Contract with the Department, and/or as specified in the MHP's documentation standards).

DHCS Finding: Section K

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)

Corrective Action Description:

Training on client plan requirements and Medi-Cal documentation standards will be provided at least annually.

Training will be provided to all new hires writing client plans during orientation period.
Training scheduled to address all documentation deficiencies.

Proposed Evidence/Documentation of Correction

Training sign-in sheets and training materials. Orientation Documentation Training Curriculum.

Implementation Timeline

Training on client plan requirements and Medi-Cal documentation standards will be provided at least annually: 1/15/2020 and annually.

Training will be provided to all new hires writing client plans during orientation period: ongoing.

Training scheduled to address all documentation deficiencies: 1/15/20.

Requirement

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

DHCS Finding: Section K

Client Plans did not include all of the required elements specified in the MHP Contract.

Corrective Action Description

Training on client plan requirements and Medi-Cal documentation standards will be provided at least annually. Training will be provided to all new hires writing client plans during orientation period. The MHP's EHR has the capacity to indicate the expected duration of an intervention. Staff will be trained to use this feature.

Proposed Evidence/Documentation of Correction

Training sign-in sheets and training materials. Orientation Documentation Training Curriculum.

Implementation Timeline

Training on client plan requirements and Medi-Cal documentation standards will be provided at least annually: 1/15/2020 and annually

Training will be provided to all new hires writing client plans during orientation period. The MHP's EHR has the capacity to indicate the expected duration of an intervention. Staff will be trained to use this feature: ongoing.

Requirement:

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 Section K:

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.

Corrective Action Description

Training on progress note requirements and Medi-Cal documentation standards will be provided at least annually. Training will be provided to all new hires providing billable services. P&P CLIN 16-06 will be reviewed as part of annual documentation training. Compliance of timeliness standards will be monitored by site supervisors. Credentials and signatures as they appear in the EHR will be reviewed and corrected. The Project Coordinator will run quarterly reports to ensure credentials and job titles are accurate and current.

Evidence/Documentation of Correction

Training sign-in sheet and training materials, orientation documentation training curriculum, sample credential report.

Implementation Timeline:

Training on progress note requirements and Medi-Cal documentation standards will be provided at least annually: 1/15/2020 and annually.

Training will be provided to all new hires providing billable services: Ongoing.

P&P CLIN 16-06 will be reviewed as part of annual documentation training: 1/15/2020.

Compliance of timeliness standards will be monitored by site supervisors: Ongoing.

Credentials and signatures as they appear in the EHR will be reviewed and corrected: 2/10/2020.

The Project Coordinator will run quarterly reports to ensure credentials and job titles are accurate and current: Quarterly.

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.
- 2) Ensure that all progress notes:
 - a) Describe the type of service or service activity, the date the service was provided and the amount of time taken to provide the service, as specified in the MHP Contract with the Department.

DHCS Finding: Section K

Progress notes were not consistent with claims submitted to DHCS for reimbursement.

Specifically, the type of SMHS (e.g., Medication Support, Targeted Case Management) documented on the progress note was not the same type of SMHS claimed. Refer to the Recoupment Summary for additional details.

Corrective Action Description

Training on progress note requirements and Medi-Cal documentation standards including claiming the correct billing code and describing the service activity will be provided at least annually. Training will be provided to all new hires providing billable services during orientation.

Evidence/Documentation of Correction

Training sign-in sheet and training materials. Orientation Documentation Training Curriculum.

Implementation Timeline

Training on progress note requirements and Medi-Cal documentation standards including claiming the correct billing code and describing the service activity will be provided at least annually: 1/15/2020 and annually.

Training will be provided to all new hires providing billable services during orientation: ongoing.

Requirement

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

1) 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. 2) Claims for ICC use the following codes : Procedure code T1017, Procedure modifier "HK", Mode of service 15, Service function code 07

DHCS Finding: Section K

One or more claims were submitted for Targeted Case Management (Service Function "01") but the progress note(s) associated with the date(s) and time(s) of the service claimed describe the provider's participation in a CFT meeting. Services should be claimed as ICC (Service Function "07").

Corrective Action Description

Training on accurate identification of billing codes, including ICC will be provided at least annually. Training will be provided to all new hires providing billable services during orientation.

Evidence/Documentation of Correction

Training sign-in sheet and training materials. Orientation Documentation Training Curriculum.

Implementation Timeline

Training on accurate identification of billing codes, including ICC will be provided at least annually: 1/15/2020 and annually.

Training will be provided to all new hires providing billable services during orientation: ongoing.