

Stanislaus County Mental Health Services
FY 19/20 Specialty Mental Health Triennial Review
Corrective Action Plan

Chart Review

Requirement

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

DHCS Finding #1

Assessments were not completed in accordance with regulatory and contractual requirements, specifically:One or more assessments were not completed within the timeliness requirements for updated assessments specified in the MHP's written documentation standards.Per the Stanislaus County Behavioral Health & Recovery Services Authorization Guide: Non-Hospital Specialty Mental Health Services & Residential Substance Use Disorder Services, "A Comprehensive Assessment is to be completed within two (2) years of the most recent comprehensive assessment".

Corrective Action Description

In an effort to ensure assessments have been completed in accordance with BHRS's established written documentation standards for timeliness and frequency, BHRS has modified the current documentation training. This training is in a video format and will be viewable to BHRS staff and Contractors at any time. The training is mandatory for all new hires. The training covers DHCS Regulations as well as department standards related to timeliness and frequency of assessments. Out of compliance programs identified in the 2020 Triennial Audit will be audited to ensure assessments are completed in accordance with timeliness and frequency requirements.

Proposed Evidence/Documentation of Correction

Monthly Mental Health Peer Reviews
Service Code Definition Training

Implementation Timeline:

•Mental Health Peer Reviews are facilitated monthly and will continue to be held 1x per month to help assure assessments are completed timely. •A Compliance Newsletter as well as an email from Quality Services and Compliance will be circulated to all BHRS staff including Contractors in October 2020 which will inform staff of department standards related to timeliness and frequency of assessments. •The Service Code Definitions training which includes the assessment timeliness and frequency requirements is available via video and PowerPoint.

Requirement

The provider obtains and retains a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication.(MHP Contract, Ex. A., Att.9)

DHCS Finding #2

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

During the 2020 Triennial Audit, BHRS was informed that line number 1 and 4 had medication services that were provided and claimed without a medication consent while the beneficiaries were in a psychiatric facility and a Board and Care Home. Upon further investigation, BHRS found that the services provided were Fee For Service and were provided in an inpatient psychiatric hospital and Board and Care and therefore, BHRS progress notes were not entered. BHRS discovered that the service function code was being reported as a 60 instead of a 69 for these services. As a result, the BHRS Business Office is correcting the issue. Reports will be run to ensure accuracy.

Proposed Evidence/Documentation of Correction

N/A

Implementation Timeline:

BHRS Business Office is correcting the issue and additional reports will be run to ensure accuracy. The timeline for completion is October 2020.

Requirement

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)

DHCS Finding #3

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.

Corrective Action Description

On July 28th, 2020, the Psychotropic Medication Consent form was presented to the Clinical Assessments Committee to include a required element noted during the 2020 Triennial. The medication consent was then updated to include language which states "consent once given may be withdrawn at any time." The updated version of the form is now available in the Electronic Health Record for use to BHRS staff and Contractors.

Proposed Evidence/Documentation of Correction

- Psychotropic Medication Consent form

Implementation Timeline:

Completed 08/2020

Requirement

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:a) Timely documentation of relevant aspects of client care, including documentation of medical necessity;b)

Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions;c) Interventions applied, beneficiary's response to the interventions and the location of the interventions;d) The date the services were provided;e) Documentation of referrals to community resources and other agencies, when appropriate;f) Documentation of follow-up care, or as appropriate, a discharge summary; andg) The amount of time taken to provide services; andh) The signature of the person providing the service (or electronic equivalent) with the person's type of professional degree, licensure, or job title.(MHP Contract, Ex. A, Att. 9)

DHCS Finding #4

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.

Corrective Action Description

In an effort to ensure that progress notes include all required elements specified in the MHP Contract (timely completion of progress notes, matching service dates and times on progress notes, accuracy of services claimed), Stanislaus County Behavioral Health & Recovery Services (BHRS) has developed a Service Code Definition training. The training is mandatory for all new hires. The training covers DHCS regulations as well as department standards related to progress note documentation. Materials and resources from this training are available to staff on demand in an electronic printable format. This training is also available for viewing at any time. In addition to this training, the Progress Note training materials are available to staff at any time. Staff progress notes are reviewed and audited during monthly Mental Health Peer Reviews. When documentation deficiencies are found, program coordinators and staff are notified and are provided with a comprehensive report and compliance score reflecting overall documentation performance. Programs are placed on a Corrective Action Plan (CAP) when their overall compliance score falls below the BHRS standard of 90%.

Proposed Evidence/Documentation of Correction

- Progress Note Training
- Service Code Definition Training
- Mental Health Peer Review Worksheet

Implementation Timeline:

- Mental Health Peer Reviews are facilitated monthly and will continue to be held 1x per month to help assure progress notes are completed timely.
- Audits to ensure that progress notes are completed to regulation and BHRS standards are ongoing and will continue as a Quality Services activity.
- A Compliance Newsletter as well as an email

from Quality Services and Compliance will be circulated to all BHRS staff including Contractors in October 2020 which will inform staff of progress notes requirements. •The Service Code Definitions training.

Requirement

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

DHCS Finding #5

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.

Corrective Action Description

In an effort to ensure that progress notes include all required elements specified in the MHP Contract, Stanislaus County Behavioral Health & Recovery Services (BHRS) has developed a Service Code Definition training. The training is mandatory for all new hires. The training covers DHCS regulations as well as department standards related to progress note documentation. Materials and resources from this training are available to staff on demand in an electronic printable format. This training is also available for viewing at any time. In addition to this training, the Progress Note training materials are available to staff at any time which includes how to properly document group notes. Staff progress notes (group notes included) are reviewed and audited during monthly Mental Health Peer Reviews. When documentation deficiencies are found, program coordinators and staff are notified and are provided with a comprehensive report and compliance score reflecting overall documentation performance. Programs are placed on a Corrective Action Plan (CAP) when their overall compliance score falls below the BHRS standard of 90%.

Proposed Evidence/Documentation of Correction

- Progress Note Training
- Service Code Definition Training
- Mental Health Peer Review Worksheet

Implementation Timeline:

•Mental Health Peer Reviews are facilitated monthly and will continue to be held 1x per month to help assure progress notes are completed timely. •A Compliance Newsletter as well as an email from Quality Services and Compliance will be circulated to all BHRS

staff including Contractors in October 2020 which will inform staff of department standards related to timeliness, frequency and proper documentation of progress notes including group notes. •The Service Code Definitions training which includes the progress note timeliness and frequency requirements is available via video and PowerPoint.

Requirement

Progress notes shall be documented at the frequency by types of service indicated below:a) Every service contact for:i. Mental health services;ii. Medication support services;iii. Crisis intervention;iv. Targeted Case Management;b) Daily for:i. Crisis residential;ii. Crisis stabilization (one per 23/hour period);iii. Day Treatment Intensive;iv. Therapeutic Foster Carec) Weekly:i. Day Treatment Intensive: (clinical summary);ii. Day Rehabilitation;iii. Adult Residential.(MHP Contract, Ex.A, Att. 9); (CCR, title 9, §§ 1840.316(a-b);1840.318(a-b), 840.320(a-b),)

DHCS Finding #6

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

Corrective Action Description

In an effort to ensure that progress notes include all required elements specified in the MHP Contract (timely completion of progress notes, matching service dates and times on progress notes, accuracy of services claimed), Stanislaus County Behavioral Health & Recovery Services (BHRS) has developed a Service Code Definition training. The training is mandatory for all new hires. The training covers DHCS regulations as well as department standards related to progress note documentation including the differences between service code meaning and accurate and complete documentation. Materials and resources from this training are available to staff on demand in an electronic printable format. This training is also available for viewing at any time. In addition to this training, the Progress Note training materials are available to staff at any time. Staff progress notes are reviewed and audited during monthly Mental Health Peer Reviews. When documentation deficiencies are found, program coordinators and staff are notified and are provided with a comprehensive report and compliance score reflecting overall documentation performance. Programs are placed on a Corrective Action Plan (CAP) when their overall compliance score falls below the BHRS standard of 90%.

Proposed Evidence/Documentation of Correction

- Progress Note Training
- Service Code Definition Training
- Mental Health Peer Review Worksheet

Implementation Timeline:

The Progress Note Training video training and the Service Code Definition video training has been created and will be live effective 10/2020. These trainings will be viewable at any time. Audits to ensure that progress notes are completed to regulation and BHRS standards are ongoing and will continue as a quality assurance activity.

Requirement

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

DHCS Finding #7

1) The MHP did not furnish evidence that it has a standard procedure for providing and documenting individualized determinations of eligibility for ICC services and IHBS on behalf of beneficiaries under age 22 that is based on their strengths and needs. □ The MHP submitted DRAFT versions of their policies and procedures related to the provision of ICC and IHBS services. During the onsite discussion, MHP staff clarified that these services had not been fully implemented at the specific time of the claims sample, January to March 2019.2) The medical records associated with the following Line number(s) 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 12, 13, and 14.

Corrective Action Description

Behavioral Health and Recovery Services (BHRS) Children's System of Care/TAY (CSOC/TAY) has the responsibility to determine if children and youth who meet medical necessity criteria need ICC and IHBS services. To date, BHRS CSOC/TAY programs received trainings and re-fresher trainings on how to screen, refer and link children and youth for ICC & IHBS services, a procedure was developed to provide further instructions for screening, re-screening, clarifying referral options, provided a tracking tool for the primary programs to capture the data, staff are required to document screenings, referrals and outcomes in each of the client's chart. For clients who meet criteria and accepted service, ICC & IHBS services are listed on the treatment plan. The Service Code Definitions for ICC & IHBS were updated, the policies and procedures for ICC & IHBS were finalized September 2020.

Proposed Evidence/Documentation of Correction

- CCR Eligibility Screening Tool – August 6, 2019
- Aspira CCR CFT Referral Form – August 6, 2019
- Training Materials: CCR CFT PP – September 5, 2019, updated June 1, 2020
- ICC Policy drafted November 27, 2019, finalized September 2020
- IHBS Policy drafted November 27, 2019, finalized September 2020
- BHRS CCR CFT Program Data (January 1, 2020 to June 30, 2020) – 234 ICC Services, 194 IHBS Services
- CCR CFT Eligibility- Referral Process – May 21, 2020
- CCR Eligibility Screening Tool Referral Tracking – May 21, 2020
- Service Codes Definition – July 31, 2020

Implementation Timeline:

In September 2019 through September 2020 the BHRS CSOC/TAY programs received training on CFT, ICC & IHBS. In November 2019 the ICC & IHBS policies were draft and were finalized September 2020. In January 2020 all BHRS CSOC/TAY programs screened all open and new children and youth open to BHRS CSOC/TAY programs, staff are required to document screening, referral, outcome in the clients' chart. For clients who meet criteria and accepted ICC & IHBS services, the services are listed on the treatment plan. A total of 1,885 referrals were submitted to Aspiranet between January 2020 through June 2020. A total of 594 meet criteria and accepted services, a total of 184 meet criteria and declined services, and total of 1,107 did not meet criteria. A total of 234 ICC services were provided and 194 IHBS services were provided to those children and youth who accepted services between January 2020 through June 2020. In May 2020 a procedure was developed to provide further instructions for screening, re-screening, clarifying referral options and provided a tracking tool for the primary programs to capture the data for screenings, re-screenings and referrals. The primary programs are expected to provide the data quarterly to the BHRS CSOC/TAY Leadership and report out monthly the number of ICC and IHBS for their program in BHRS CSOC/TAY QIC meeting. BHRS CSOC/TAY Leadership is working with the BHRS ASOC to ensure the young adult ages 18-21 in the BHRS ASOC Programs are screened, referred and receive ICC & IHBS services. In addition, BHRS CSOC/TAY worked with the BHRS QS department to update and post the Services Definition Codes on the BHRS Intranet and Extranet for BHRS Programs and Contractors to reference. This process was finalized as of July 2020.