

Sutter-Yuba Behavioral Health
FY 19-20 Specialty Mental Health Triennial Review
Corrective Action Plan

System Review

Requirement

The MHP shall offer an appropriate range of SMHS that is adequate for the number of beneficiaries in the county (Fed. Code Regs., tit.42, § 438, subd. 207(b)(1)).

DHCS Finding

The MHP did not furnish evidence to demonstrate it complies with the Code of Federal Regulations, title 42, section 438, subdivision 207(b)(1). The MHP must offer an appropriate range of SMHS that is adequate for the number of beneficiaries in the count

Corrective Action Description

Goal (optional): Meet all Network Adequacy Requirements.

Target Audience (if applicable): Quality Assurance Staff.

Change: Completed Network Adequacy Plan of Correction to ensure Sutter-Yuba Behavioral Health is offering an appropriate range of SMHS that are adequate for the number of beneficiaries in Sutter and Yuba County.

Steps to Implement: Expanded current contracts and updated the network adequacy tool to include the additional providers who are available to be used as needed.

Plan for Subcontractors: Subcontracted providers will be utilized as needed to meet the network adequacy needs.

Proposed Evidence/Documentation of Correction

Sutter-Yuba Behavioral Health increased the number of providers serving adults and children as evidenced Sutter-Yuba's NACT Corrective Action Plan submitted on 12/16/19.

Measures of Effectiveness (if included)

Quality Assurance Staff will ensure when submitting Quarterly NACT submissions, that the provider to client ratios are met with children and adult services.

Frequency: Quarterly review of Provider to Staff ratios.

Implementation Timeline: Submitted to 12/16/19 to DHCS MHSD Final Rule at MHSDFinalRule@dhcs.ca.gov

Requirement

The MHP has a Quality Assurance and Performance Improvement (QAPI) work plan covering the current contract cycle with documented annual evaluations and documented revisions as needed. (MHP Contract, Ex.A, Att.5)

DHCS Finding

The MHP did not furnish evidence to demonstrate it complies with the Mental Health Plan (MHP) Contract, Ex.A, Att.5. The MHP must have a QAPI work plan covering the current contract cycle with documented annual evaluations and documented revisions as needed.

Corrective Action Description

Goal (optional): Sutter-Yuba Behavioral Health will have annual evaluations that will guide our QAPI work plans.

Target Audience (if applicable): Quality Assurance Staff Analyst, Quality Assurance Officer.

Change: After a period of time of vacancy in the QA Staff Analyst position, the QA Staff Analyst position was filled in July 2019. QIC Meeting Minutes are including more data. Data analytics dashboards and staff analysts are monitoring this data as well.

Steps to Implement: Quality Assurance Staff Analyst and Quality Assurance Officer will complete the QAPI work plan annual evaluation by August 2020 and review these in the evaluation in the following QIC Meeting to inform and then update the QAPI work plan.

Plan for Subcontractors: N/A

Proposed Evidence/Documentation of Correction

August 2020 QAPI Work Plan Annual Evaluation

Measures of Effectiveness (if included)

Review data in QIC meetings and separately review data analytics dashboards to ensure the data in the QAPI work plan is being monitored.

Frequency: Bimonthly

Implementation Timeline: August 2020 once all data analysis has been completed.

Requirement

Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number (Cal. Code Regs, tit 9, chapter 11, § 1810, subdivision 405(d) and 410(e)(1)).

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.

The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition.

DHCS Finding

Test Call #1: 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).

Corrective Action Description

Goal (optional): Sutter-Yuba Behavioral Health will have 100% compliance with test calls in meeting contractual obligations.

Target Audience (if applicable): QA Staff Analyst.

Change: After a period of time of vacancy in the QA Staff Analyst position, the QA Staff Analyst position was filled in July 2019. Review of the current (24/7) Test Call process and ensure all staff are trained to provide information about accessing specialty mental health services and how to access urgent services appointments as included on the Test Call Script.

Steps to Implement: Training will be provided to all staff who answer the (24/7) toll-free telephone number by June 1, 2020. A copy of the sign-in sheet and a copy of the test call script will be submitted to DHCS.

Plan for Subcontractors: N/A as Subcontractors do not answer the (24/7) toll-free telephone number.

Proposed Evidence/Documentation of Correction

Sign in Sheets for the Test Call Training.

Cultural Competence Meeting Minutes and Quality Improvement Committee Meeting Minutes documenting Test Call Compliance.

Measures of Effectiveness (if included)

QA Staff Analyst will monitor Test Call compliance rates and provide additional training as needed.

Frequency: Bimonthly.

Implementation Timeline: By June 1, 2020

Requirement

The MHP must maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing (Cal Code Regs., tit. 9, chapter 11, § 1810, subd 405(f)). The written log(s) contain the following required elements:

- a. Name of the beneficiary.
- b. Date of the request.
- c. Initial disposition of the request.

(Cal. Code Regs., tit. 9, chapter 11, §1810, subd. 405(f))

DHCS Finding [Finding Number]

The MHP did not furnish evidence to demonstrate it complies with California Code for Regulations, title 9, chapter 11, section 1810, subdivision 405(f). The MHP must maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing. The written log(s) must contain name of the beneficiary, date of the request, and initial disposition of the request. While the MHP submitted evidence to demonstrate compliance with this requirement, one of five required DHCS test calls were not logged on the MHP's written log of initial request. The table below summarizes DHCS' findings pertaining to its test calls:

Corrective Action Description

Goal (optional): Sutter-Yuba Behavioral Health will have 100% compliance with maintaining a written log(s) of initial requests for SMHS.

Target Audience (if applicable): QA Staff Analyst and QA Officer.

Change: After a period of time of vacancy in the QA Staff Analyst position, the QA Staff Analyst position was filled in July 2019. Staff analyst will monitor and provide training to staff on maintenance of the log for initial requests as test call reports are reviewed in the cultural competence meetings and Quality Improvement Committee meetings.

Steps to Implement: Training will be provided to staff who answer the (24/7) Toll-Free telephone number to maintain a written log(s) of initial request for SMHS. This will occur by 06/01/20.

Plan for Subcontractors: N/A. Subcontractors do not answer the (24/7) Toll-free telephone number.

Proposed Evidence/Documentation of Correction

Sign in Sheets for the Test Call Training including training on maintenance of written log of initial requests for calls to the (24/7) Toll-free telephone number.

Cultural Competence Meeting Minutes documenting compliance rate with maintaining a written log(s) of initial requests for calls to the (24/7) Toll-free telephone number.

Measures of Effectiveness (if included)

QA Staff Analyst will monitor the maintenance of a written log of initial requests for calls to the (24/7) Toll-free telephone number and provide additional training as needed.

Frequency: Bimonthly

Implementation Timeline: By June 1, 2020.

Requirement

The MHP shall acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing (MHP Contract, Ex. A, Att. 12; Fed. Code Regs, tit.42, § 438, subd. 406(b)(1)).

The written acknowledgement to the beneficiary must be postmarked within five (5) calendar days of receipt of the grievance. (MHSUDS, IN, No.18-01OE)

DHCS Finding

While the MHP submitted evidence to demonstrate compliance with this requirement, the MHP sample verification identified inconsistency in providing acknowledgement letters postmarked within five (5) calendar days of receipt of the grievance, appeals, and expedited appeals.

Corrective Action Description

Goal (optional): Sutter-Yuba Behavioral Health will send written acknowledgement letters within five (5) calendar days of receipt of the grievance, appeals, and expedited appeal.

Target Audience (if applicable): QA Staff Analyst.

Change: After a period of time of vacancy in the QA Staff Analyst position, the QA Staff Analyst position was filled in July 2019. The QA Staff Analyst is checking to see if grievances, appeals, and expedited grievances are received each day to ensure acknowledgement letters are sent timely.

Steps to Implement: QA Staff Analyst is checking to see if grievances, appeals, and expedited grievances are received each day. Once the grievance is logged, then the acknowledgement letter is being sent to the beneficiary by the QA Staff Analyst. QA Staff Analyst will arrange for another staff to complete this if she is out of the office to ensure compliance with acknowledgement letters being sent out within five (5) calendar days.

Plan for Subcontractors: N/A - Staff analyst sends all acknowledgement forms for grievances, appeals, and expedited appeals for Sutter-Yuba Medi-Cal beneficiaries

Proposed Evidence/Documentation of Correction

Grievance and Appeals Log from July 10, 2019-current.

Measures of Effectiveness (if included)

QA Staff Analyst will regularly review the grievance, appeals, and expedited appeals process and will further analyze this process to see if changes are necessary when quarterly ABGAR reports are submitted.

Frequency: Quarterly Review at the time of submitting the ABGAR report.

Implementation Timeline: July 10 2019 start date for QA Staff Analyst

Requirement

The MHP shall adhere to the following record keeping, monitoring, and review requirements: Maintain a grievance and appeal log and record grievances, appeals, and expedited appeals in the log within one working day of the date of receipt of the grievance, appeal, or expedited appeal (Fed. Code Regs, tit.42, § 438, subd. 416(a); Cal. Code Regs., tit. 9, § 1850, subd. 205(d)(1)).

Each record shall include, but not be limited to: a general description of the reason for the appeal or grievance the date received, the date of each review or review meeting, resolution information for each level of the appeal or grievance, if applicable, and the date of resolution at each level, if applicable, and the name of the covered person for whom the appeal or grievance was filed (Fed. Code Regs. Tit. 42, § 438, subd. 416(b)(1)-(6)).

Record in the grievance and appeal log or another central location determined by the MHP, the final dispositions of grievances, appeals, and expedited appeals, including the date the decision is sent to the beneficiary. If there has not been final disposition of the grievance, appeal, or expedited appeal, the reason(s) shall be included in the log (Cal. Code Regs., tit. 9, § 1850, subdivision 205(d)(2)).

DHCS Finding

While the MHP submitted evidence to demonstrate compliance with this requirement, FY 2017- 2018 and FY 2018-2019 log did not have mechanisms to track compliance for recording grievances, appeals, and expedited appeals in the log within one (1) working day of the date of receipt of the grievance, appeal, or expedited appeal. Both the FY 2017-2018 and FY 2018-2019 logs lacked the date of each review or review meeting, resolution information for each level of the appeal or grievance if applicable, and the final disposition or reason for not having final disposition.

During the review, the MHP shared that a dedicated grievance coordinator was recently hired, and the log was updated to include the missing information. The MHP submitted the log for FY 2019-2020 to demonstrate improvement made to address deficiencies.

Corrective Action Description

Goal (optional): Sutter-Yuba Behavioral Health will maintain a grievance and appeal log that includes all required elements by DHCS.

Target Audience (if applicable): QA Staff Analyst

Change: After a period of time of vacancy in the QA Staff Analyst position, the QA Staff Analyst position was filled in July 2019. The QA Staff Analyst has made significant improvements to maintain and ensure the grievance and appeal log contain all required elements.

Steps to Implement: QA Staff Analyst is maintaining the grievance and appeals log and reviews this regularly to ensure all required elements are included in the log.

Plan for Subcontractors: N/A - Staff analyst sends all acknowledgement forms for grievances, appeals, and expedited appeals for Sutter-Yuba Medi-Cal beneficiaries.

Proposed Evidence/Documentation of Correction

Grievance and Appeals Log from July 10, 2019-current.

Measures of Effectiveness (if included)

QA Staff Analyst will regularly review the grievance, appeals, and expedited appeals process and will further analyze this process to see if changes are necessary when quarterly ABGAR reports are submitted.

Frequency: Quarterly Review at the time of submitting the ABGAR report.

Implementation Timeline: July 10 2019 start date for QA Staff Analyst

Requirement

Resolve each grievance as expeditiously as the beneficiary's health condition requires not to exceed 90 calendar days from the day the Contractor receives the grievance (Fed. Code Regs., tit. 42, § 438, subd. 408(a)-(b)(1)).

DHCS Finding

The MHP did not furnish evidence to demonstrate it complies with Federal Code of Regulations, title 42, section 438, subdivision 408(a)-(b)(1). The MHP must resolve

each grievance as expeditiously as the beneficiary's health condition requires not to exceed 90 calendar days from the day the Contractor receives the grievance.

Corrective Action Description

Goal (optional): Sutter-Yuba Behavioral Health will resolve all Sutter-Yuba Medi-Cal beneficiary grievances, appeals, and expedited appeals timely with 100% compliance rate for timely resolution per DHCS requirements.

Target Audience (if applicable): QA Staff Analyst

Change: After a period of time of vacancy in the QA Staff Analyst position, the QA Staff Analyst position was filled in July 2019. The QA Staff Analyst has made significant improvements to monitor that grievances, appeals, and expedited appeals are completed timely per DHCS requirements.

Steps to Implement: QA Staff Analyst is maintaining the grievance and appeals log and reviews this regularly to ensure all required elements are included in the log including monitoring the resolution due dates for grievances, appeals, and expedited appeals to ensure compliance with timely resolutions per DHCS requirements.

Plan for Subcontractors: N/A - Staff analyst sends all acknowledgement forms for grievances, appeals, and expedited appeals for Sutter-Yuba Medi-Cal beneficiaries.

Proposed Evidence/Documentation of Correction

Grievance and Appeals Log from July 10, 2019-current.

Measures of Effectiveness (if included)

QA Staff Analyst will regularly review the grievance, appeals, and expedited appeals process and will further analyze this process to see if changes are necessary when quarterly ABGAR reports are submitted.

Frequency: Quarterly Review at the time of submitting the ABGAR report.

Implementation Timeline: July 10 2019 start date for QA Staff Analyst

Requirement

Provide written notification to the beneficiary or the appropriate representative of the resolution of a grievance and documentation of the notification or efforts to notify the beneficiary, if he or she could not be contacted (Cal. Code Regs., tit. 9, § 1850, 206 subd.(c)).

DHCS Finding

The MHP did not furnish evidence to demonstrate it complies with California Code of Regulations, title 9, section 1850, subdivision 206(c). The MHP must provide written

notification to the beneficiary or the appropriate representative of the resolution of a grievance and documentation of the notification or efforts to notify the beneficiary, if he or she could not be contacted.

Corrective Action Description

Goal (optional): Sutter-Yuba Behavioral Health will have 100% compliance rate in sending out resolution letters to Sutter-Yuba Medi-Cal beneficiaries for grievances, appeals, and expedited appeals.

Target Audience (if applicable): QA Staff Analyst

Change: After a period of time of vacancy in the QA Staff Analyst position, the QA Staff Analyst position was filled in July 2019. The QA Staff Analyst has made significant improvements in the grievance and appeal monitoring to ensure resolution letters are sent to Sutter-Yuba Medi-Cal beneficiaries timely per DHCS requirements.

Steps to Implement: Once the assigned staff complete the resolution letter for the grievance or appeal, then the letter is provided to the QA Staff Analyst. The QA Staff Analyst then send the letter to the beneficiary ensuring it is mailed out within the timeframes established by DHCS.

Plan for Subcontractors: N/A - Staff analyst sends all acknowledgement forms for grievances, appeals, and expedited appeals for Sutter-Yuba Medi-Cal beneficiaries.

Proposed Evidence/Documentation of Correction

Grievance and Appeals Log from July 10, 2019-current.

Measures of Effectiveness (if included)

QA Staff Analyst will regularly review the grievance, appeals, and expedited appeals process and will further analyze this process to see if changes are necessary when quarterly ABGAR reports are submitted.

Frequency: Quarterly Review at the time of submitting the ABGAR report.

Implementation Timeline: July 10 2019 start date for QA Staff Analyst

Requirement

Resolve each appeal and provide notice, as expeditiously as the beneficiary's health condition requires, within 30 calendar days from the day the MHP receives the appeal (Fed. Code Regs., tit. 42, § 438, subd. 408(a),(b)(2)).

DHCS Finding [Finding Number]

The MHP did not furnish evidence to demonstrate it complies with Federal Code of Regulations, title 42, section 438, subdivision 408(a) and (b)(2). The MHP must resolve

each appeal and provide notice, as expeditiously as the beneficiary's health condition requires, within 30 calendar days from the day the MHP receives the appeal.

Corrective Action Description

Goal (optional): Sutter-Yuba Behavioral Health will resolve all Sutter-Yuba Medi-Cal beneficiary grievances, appeals, and expedited appeals timely with 100% compliance rate for timely resolution per DHCS requirements.

Target Audience (if applicable): QA Staff Analyst

Change: After a period of time of vacancy in the QA Staff Analyst position, the QA Staff Analyst position was filled in July 2019. The QA Staff Analyst has made significant improvements to monitor that grievances, appeals, and expedited appeals are completed timely per DHCS requirements.

Steps to Implement: QA Staff Analyst is maintaining the grievance and appeals log and reviews this regularly to ensure all required elements are included in the log including monitoring the resolution due dates for grievances, appeals, and expedited appeals to ensure compliance with timely resolutions per DHCS requirements.

Plan for Subcontractors: N/A - Staff analyst sends all acknowledgement forms for grievances, appeals, and expedited appeals for Sutter-Yuba Medi-Cal beneficiaries [Corrective Action Description text]

Proposed Evidence/Documentation of Correction

Grievance and Appeals Log from July 10, 2019-current.

Measures of Effectiveness (if included)

QA Staff Analyst will regularly review the grievance, appeals, and expedited appeals process and will further analyze this process to see if changes are necessary when quarterly ABGAR reports are submitted.

Frequency: Quarterly Review at the time of submitting the ABGAR report.

Implementation Timeline: July 10 2019 start date for QA Staff Analyst

Requirement

Resolve an expedited appeal and notify the affected parties in writing, as expeditiously as the beneficiary's health condition requires and no later than 72 hours after the Contractor receives the appeal (Fed. Code Regs, tit. 42, § 438, subd 408()(3)).

DHCS Finding

The MHP did not furnish evidence to demonstrate it complies with Code of Federal Regulations, title 42, section 438, subdivision 408(b)(3). The MHP must resolve an

expedited appeal and notify the affected parties in writing, as expeditiously as the beneficiary's health condition requires and no later than 72 hours after the Contractor receives the appeal.

Corrective Action Description

Goal (optional): Sutter-Yuba Behavioral Health will resolve all Sutter-Yuba Medi-Cal beneficiary grievances, appeals, and expedited appeals timely with 100% compliance rate for timely resolution per DHCS requirements.

Target Audience (if applicable): QA Staff Analyst

Change: After a period of time of vacancy in the QA Staff Analyst position, the QA Staff Analyst position was filled in July 2019. The QA Staff Analyst has made significant improvements in made significant improvements to monitor that grievances, appeals, and expedited appeals are completed timely per DHCS requirements.

Steps to Implement: Once the assigned staff complete the resolution letter for the grievance or appeal, then the letter is provided to the QA Staff Analyst. The QA Staff Analyst then send the letter to the beneficiary ensuring it is mailed out within the timeframes

Plan for Subcontractors: N/A-Staff analyst sends all acknowledgement forms for grievances, appeals, and expedited appeals for Sutter-Yuba Medi-Cal beneficiaries

Proposed Evidence/Documentation of Correction

Grievance and Appeals Log from July 10, 2019-current.

Measures of Effectiveness (if included)

QA Staff Analyst will regularly review the grievance, appeals, and expedited appeals process and will further analyze this process to see if changes are necessary when quarterly ABGAR reports are submitted.

Frequency: Quarterly Review at the time of submitting the ABGAR report.

Implementation Timeline: July 10 2019 start date for QA Staff Analyst

Requirement

The MHP must comply with the requirements of California Welfare and Institution Code Sections 14705(c) and 14712(e) regarding timely submission of its annual cost reports.

DHCS Finding

The MHP did not furnish evidence to demonstrate it complies with California Welfare and Institution Code, section 14705(c) and 14712(e). The MHP must comply with the

requirements of California Welfare and Institution Code Sections 14705(c) and 14712(e) regarding timely submission of its annual cost reports.

Corrective Action Description

Goal (optional): Sutter-Yuba Behavioral Health will submit timely submission of its annual cost reports.

Target Audience (if applicable): Administrative Services Officer

Change: Cost Report will be submitted timely. If an extension is needed, will receive approval of DHCS for the extension.

Steps to Implement: Administrative Services Officer will monitor the timely submission of the cost report for Sutter-Yuba Behavioral Health. If an extension is needed, will receive approval of DHCS for the extension.

Plan for Subcontractors: N/A

Proposed Evidence/Documentation of Correction

18/19 Cost Report Submission evidence

Measures of Effectiveness (if included)

Administrative Services Officer will monitor the annual submission of Sutter-Yuba Behavioral Health's cost report to ensure it is submitted timely and to ensure an extension is approved by DHCS is necessary.

Frequency: Annually

Implementation Timeline: 12/31/2019

Chart Review

Requirement

The beneficiary must meet medical necessity criteria outlined in subsections (1-3) to be eligible for services. (CCR, title 9, § 1830.205(b).)

- 1) The beneficiary meets DSM criteria for an included ICD diagnosis for outpatient SMHS in accordance with the MHP contract. (MHSUDS IN Nos., 15-030, 16-016, 16-051, and 17-004E)
- 2) The beneficiary must have at least one of the following impairments as a result of the mental disorder or emotional disturbance (listed above in A1):
 1. A significant impairment in an important area of functioning.
 2. A probability of significant deterioration in an important area of life functioning.

3. A probability that the child will not progress developmentally as individually appropriate

4. For full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that SMHS can correct or ameliorate.

(CCR, title 9, § 1830.205 (b)(2)(A-C).)

3) The proposed and actual intervention(s) meet the intervention criteria listed below:

a) The focus of the proposed and actual intervention(s) addresses the condition identified in No. 1b (1-3)above, or for full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that the SMHS can correct or ameliorate per No. 1 (b)(4).

(CCR, title 9, § 1830.205(b) (3)(A).)

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.

(CCR, title 9, § 1830.205 (b)(3)(B)(1-4).)

The condition would not be responsive to physical health care based treatment. (CCR, title_§)_!_§ 1830.205(b)(3)(C).)

DHCS Finding 1A-3b

The actual interventions documented in the progress note(s) for the following Line number(s) 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 number 4: The progress note indicated a "no-show" or cancelled appointment and the documentation failed to provide evidence of another valid service. RR15a, refer to Recoupment Summary for details.

Specifically, the progress notes on 10/15/18 and 10/16/18 were identified as identical in content for medication management service. The MHP was able to determine that the

client had missed the appointment on 10/15/18 and instead presented for 10/16/18 appointment. The progress note on 10/15/18 had been entered in error.

Corrective Action Description

Goal (optional): Sutter-Yuba Behavioral Health will have all specialty mental health services document medical necessity for the services being provided.

Target Audience (if applicable): QA Staff

Change: Quality Assurance staff will train provider.

Steps to Implement: QA staff will provide a documentation training on medical necessity to the provider noted in the report.

Proposed Evidence/Documentation of Correction

Sign in sheet and training materials for documentation training with provider identified in the findings.

Measures of Effectiveness (if included)

Medication progress note chart reviews continue monthly to monitor medical necessity of services. Quality Assurance staff and Clinical staff also complete peer chart audits to monitor medical necessity of services.

Frequency: Monthly

Implementation Timeline: May 15, 2020

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 2A

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

1) One or more assessments were not completed within the initial timeliness and/or update frequency requirements specified in the MHP's written documentation standards.

The following are specific findings from the chart sample:

- Line number 7: Based on the MHP's documentation standards of completing children's reassessments annually, an updated reassessment would have been due on 6/29/18. An updated diagnosis form was completed 7/12/18, however the MHP indicated that a

full reassessment was not performed until 2/6/19. The MHP confirmed that the reassessment is considered late, per their documentation standards.

- Line 9: The beneficiary's Episode Opening Date was 3/5/18, however the initial assessment was not completed until 6/22/18. The MHP confirmed that this assessment is considered late per their documentation standards that the assessment be completed "within 60 days of the first billed service".

Corrective Action Description

Goal (optional): Sutter-Yuba Behavioral Health will ensure all Sutter-Yuba Medi-Cal beneficiaries have a completed assessment within 60 days of beginning the intake and will be updated at least every 3 years per updated policy and procedures.

Target Audience (if applicable): Quality Assurance Staff

Change: Documentation training will be provided to staff identified in the findings. The policy and procedure regarding the frequency of intakes was reviewed and updated to reflect the need of clients. All intakes will be done no later than 3 years, but can be done sooner if necessary.

Steps to Implement:

1. Reviewed and updated the policy and procedure to meet client needs.
2. Provide documentation training regarding assessment completion timeframes and frequency of assessments for staff identified in the findings.

Plan for Subcontractors: Subcontractors will receive training as needed.

Proposed Evidence/Documentation of Correction

Sign in sheet and training materials for documentation training with provider identified in the findings.

Updated policy and procedure regarding the frequency of completion of intakes.

Measures of Effectiveness (if included)

Quality Assurance staff and Clinical staff also complete peer chart audits to monitor medical necessity of services.

Frequency: Quarterly

Implementation Timeline: May 15, 2020

Requirement

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

a) 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;

b) Relevant conditions and psychosocial factors affecting the beneficiary's physical health and mental health; including, as applicable, living situation, daily activities, social support, cultural and linguistic factors and history of trauma or exposure to trauma;

c) History of trauma or exposure to trauma;

d) Mental Health History. Previous treatment, including providers, therapeutic modality (e.g., medications, psychosocial treatments) and response, and inpatient admissions;

e) Medical History, including: Relevant physical health conditions reported by the beneficiary or a significant support person; Name and address of current source of medical treatment; for children and adolescents, the history must include prenatal and perinatal events and relevant/significant developmental history;

f) Medications, including: Information about medications the beneficiary has received, or is receiving, to treat mental health and medical conditions, including duration of medical treatment; Documentation of the absence or presence of allergies or adverse reactions to medications; Documentation of informed consent for medications;

Substance Exposure/Substance Use. Past and present use of tobacco, alcohol, caffeine, CAM (complementary and alternative medications) and over-the-counter drugs, and illicit drugs;

Client Strengths. Documentation of the beneficiary's strengths in achieving client plan goals related to their mental health needs and functional impairment(s);

Risks. Situations that present a risk to the beneficiary and others, including past or current trauma; Mental Status Examination; A Complete Diagnosis. A diagnosis from the current ICD-code that is consistent with the presenting problems, history, mental status exam and/or other clinical data; including any current medical diagnosis

(MHP Contract, Ex. A, Att. 9; CCR, title 9, §§ 1810.204 and 1840.112)

DHCS Finding 2B

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

c) History of trauma or exposure to trauma:

Line number 4: The beneficiary's listed diagnoses include schizophrenia and PTSD. Although the MHP's Reassessment Form includes appropriate categories that cover mental health history and factors contributing to the beneficiary's mental health, there is insufficient information in the provided Reassessments (3/14/17 and 10/11/18) to adequately explain the diagnostic determination of PTSD.

j) A mental status examination: Line number(s) 4, and 10.

Line number 4: In the Adult Reassessment completed on 10/11/18, the clinician writes, "no MSE needed as client was not present". There is no additional documentation to confirm if a MSE was done as part of the reassessment.

The MHP's policy standard as stated in their "SYBH Documentation Manual" states, "Initial Assessments/Reassessments must include at least some face-to-face time with the client".

Line number 10: In the "Adult Intake"/Adult Assessment completed as signed on 2/15/18, the clinician noted under the Mental Status Exam section, "unable to assess as client is currently hospitalized". As noted above, the clinician failed to follow the MHP's documentation standards.

Corrective Action Description

Goal (optional): Sutter-Yuba Behavioral Health will have a 100% compliance rate with all assessments including requirement elements in the treatment plan and therefore reducing any risk of disallowances.

Target Audience (if applicable): Quality Assurance Staff

Change: Provide documentation training regarding assessment elements needed in an intake to the staff identified in the finding.

Steps to Implement: Quality Assurance staff will provide training to the staff identified in the findings to ensure staff's understanding of the expectation of required elements in an assessment.

Plan for Subcontractors: Training for Subcontractors will be provided as needed.

Proposed Evidence/Documentation of Correction

Sign in sheet and training materials for documentation training with provider identified in the findings.

Measures of Effectiveness (if included)

Quality Assurance staff and Clinical staff also complete peer chart audits to monitor medical necessity of services.

Frequency: Quarterly

Implementation Timeline: May 15, 2020

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 3A

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

Line number 1: Although there was a written medication consent form in the medical record, there was no medication consent for each of the medications prescribed. Per progress notes, a prescription for Mirtazapine was started on 10/5/18, but Mirtazapine was not added to the medication consent form and signed by beneficiary until 11/2/18.

Corrective Action Description

Goal (optional): Sutter-Yuba Behavioral Health will require all providers obtain a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed medication.

Target Audience (if applicable): Quality Assurance Staff and Contracted staff who completes medication services chart reviews.

Change: Quality Assurance Staff will train the provider identified in the finding to ensure medication consents are being completed and signed by the beneficiary agreeing to the administration of each prescribed medication

Steps to Implement: Quality Assurance Staff will provide training to the staff identified in the findings by May 15, 2020.

Plan for Subcontractors: Trainings for subcontractors will be provided as needed.

Proposed Evidence/Documentation of Correction

Sign in sheet and training materials for documentation training with provider identified in the findings.

Measures of Effectiveness (if included)

Medication progress note chart reviews continue monthly to monitor for medication consents being completed and signed by the beneficiary agreeing to the administration of each prescribed medication. Quality Assurance staff and Clinical staff also complete peer chart audits to monitor medical necessity of services.

Frequency: Monthly

Implementation Timeline: May 15 2020

Requirement

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)

DHCS Finding 4B-2

One or more client plan(s) was not updated at least annually. Specifically:

Line number 10: There was a lapse between the prior and current Client Plans. However, this occurred outside of the audit review period.

The Prior Client Plan expired on 1/4/18; however, the current Client Plan was not completed until 2/27/18.

Corrective Action Description

Goal (optional): Sutter-Yuba Behavioral Health will have all Sutter-Yuba Medi-Cal beneficiary treatment plans updated at least annually and/or when there are significant changes in the beneficiary's condition.

Target Audience (if applicable): Quality Assurance Staff

Change: Quality Assurance Staff will provide training to the staff identified in the findings regarding completing treatment plans at least annually and/or when there is significant changes in the beneficiary's condition.

Steps to Implement: Quality Assurance Staff will provide training to the staff identified in the findings by May 15, 2020.

Plan for Subcontractors: Training for subcontractors will be provided as needed.

Proposed Evidence/Documentation of Correction

Sign in sheet and training materials for documentation training with provider identified in the findings.

Measures of Effectiveness (if included)

Quality Assurance staff and Clinical staff also complete peer chart audits to monitor medical necessity of services.

Frequency: Quarterly

Implementation Timeline: May 15, 2020

Requirement

C. The MHP shall ensure that Client Plans:

Have specific observable and/or specific quantifiable goals/treatment objectives related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis.

1. Identify the proposed type(s) of intervention/modality including a detailed description of the intervention to be provided. Have a proposed frequency of the intervention(s).
2. Have a proposed duration of intervention(s).
3. Have interventions that focus and address the identified functional impairments as a result of the mental disorder or emotional disturbance (CCR, title. 9, § 1830.205(b).
4. Have interventions that are consistent with client plan goal(s)/treatment objective(s).
5. Have interventions consistent with the qualifying diagnosis.

MHP Contract, Ex. A, Att. 9)

DHCS Finding 4C

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

One or more proposed intervention(s) did not include an expected duration. Line numbers 3, 4, 5, 8, and 10.

There is a mixed pattern in this finding, in that some client plans had a combination of interventions with specified durations, while others did not. Other line numbers had client plans that did not specify duration at all for their interventions.

As evidenced by the other line numbers not cited, the MHP showed significant improvement in this area compared to their prior Triennial Review, in ensuring that client plans had expected durations for each intervention.

One or more client plan(s) did not address the mental health needs and functional impairments identified as a result of the mental disorder.

Line number 1: Client Plan documented "decreased ability to cope... increased stressors... passive SI" which reflected a possible increase in symptom severity compared to prior Client Plan. It is unclear if client was offered new or increased number or frequency of services to address this increase in symptom severity.

Corrective Action Description

Goal (optional): Sutter-Yuba Behavioral Health will ensure all client treatment plans include all of the elements required by DHCS.

Target Audience (if applicable): Quality Assurance Staff

Change: Quality Assurance Staff will provide documentation training to staff identified in the finding to ensure the staff understand the elements required in a treatment plan.

Steps to Implement: Quality Assurance Staff will provide documentation training to staff identified in the finding to ensure the staff understand the elements required in a treatment plan by May 15, 2020.

Plan for Subcontractors: Training for subcontractors will be provided as needed.

Proposed Evidence/Documentation of Correction

Sign in sheet and training materials for documentation training with provider identified in the findings.

Measures of Effectiveness (if included)

Quality Assurance staff and Clinical staff also complete peer chart audits to monitor medical necessity of services.

Frequency: Quarterly

Implementation Timeline: May 15, 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;

Documentation of referrals to community resources and other agencies, when appropriate;

- e) Documentation of follow-up care, or as appropriate, a discharge summary; and
- f) The amount of time taken to provide services; and

The signature of the person providing the service (or electronic equivalent) with the person's type of professional degree, licensure, or job title.

(MHP Contra_g_,_Ex. A, Att. 9)

DHCS Finding 5B

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 numbers 1, 4, 5, 6, 7, 8, and 9. One or more progress note was not completed within the MHP's written timeliness standard of 1 day after the provision of service. Approximately 15 percent of all progress notes reviewed were completed late, according to the MHP's timeliness standard.

Corrective Action Description

Goal (optional): Sutter-Yuba Behavioral Health staff will complete all progress notes within 1 day of the service as per the documentation policy and procedure.

Target Audience (if applicable): Quality Assurance Staff

Change: Quality Assurance Staff will provide training to each staff identified in the findings to ensure they are aware they need to complete progress notes within a day of the service provided to the client.

Steps to Implement: Quality Assurance Staff will provide training to each staff identified in the findings to ensure they are aware they need to complete progress notes within a day of the service provided to the client by May 15, 2020.

Plan for Subcontractors: Training will be provided to subcontractors as needed.

Proposed Evidence/Documentation of Correction

Sign in sheet and training materials for documentation training with provider identified in the findings.

Measures of Effectiveness (if included)

Quality Assurance staff and Clinical staff also complete peer chart audits to monitor medical necessity of services.

Frequency: Quarterly

Implementation Timeline: May 15, 2020

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 5C

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 numbers 1, 3, 4, 5, and 6. While the progress note(s) themselves did not accurately document the number of group participants on one or more group progress notes, the MHP was able to provide separate documentation listing the number of participants in each group.

Corrective Action Description

Goal (optional): Sutter-Yuba Behavioral Health providers will provide documentation of services provided to, or on behalf of, a beneficiary by one or more persons at one point in time will include all required components.

Target Audience (if applicable): Quality Assurance Staff

Change: Quality Assurance Staff will provide documentation training on services provided to, or on behalf of, a beneficiary by one or more persons at one point in time will include all required components.

Steps to Implement: Quality Assurance Staff will provide documentation training on services provided to, or on behalf of, a beneficiary by one or more persons at one point in time will include all required components by May 15, 2020.

Plan for Subcontractors: Training will be provided to subcontractors as needed.

Proposed Evidence/Documentation of Correction

Sign in sheet and training materials for documentation training with provider identified in the findings.

Measures of Effectiveness (if included)

Quality Assurance staff and Clinical staff also complete peer chart audits to monitor medical necessity of services.

Frequency: Quarterly

Implementation Timeline: May 15, 2020

Requirement

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

Every service contact for:

Mental health services; education support services; Crisis intervention; Targeted Case Management;

b) Daily for: Crisis residential; Crisis stabilization (one per 23/hour period); Day Treatment Intensive; Therapeutic Foster Care

c) Weekly: Day Treatment Intensive: (clinical summary); Day Rehabilitation; 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 5D

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

Line number 9: The type of Specialty Mental Health Service (SMHS) (e.g., Medication Support, Targeted Case Management) documented on the progress note was not the same type of SMHS claimed. RR8b1, refer to Recoupment Summary for details.

The service provided on 10/17/18 was claimed as Rehab Individual, but the progress note describes a Case Management Service.

At the on-site review, MHP staff explained that the provider documented 2 progress notes with identical narrative content for 2 different services (Case Management; Rehab Individual). The MHP's interpretation is that the provider intended to change the content of the note claiming Rehab Individual to reflect this service, but made an error in duplicating the note content from the Case Management note.

Corrective Action Description

Sutter-Yuba Behavioral Health will ensure that all specialty mental health services are claimed for the correct service modality billing code and units of time.

Target Audience (if applicable): Quality Assurance Staff.

Change: Quality Assurance staff will provide documentation training on documenting to the correct service code that was provided.

Steps to Implement: Quality Assurance staff will provide documentation training to the staff identified in the findings on documenting to the correct service code that was provided by May 15, 2020.

Plan for Subcontractors: Subcontractors will receive this training as needed.

Proposed Evidence/Documentation of Correction

Sign in sheet and training materials for documentation training with provider identified in the findings.

Measures of Effectiveness (if included)

Quality Assurance staff and Clinical staff also complete peer chart audits to monitor medical necessity of services.

Frequency: Quarterly

Implementation Timeline: May 15, 2020

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 6A

The medical record 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 number(s) 7 and 8.

Line number 7. Progress notes documented that the beneficiary had involvement with multiple child serving systems, including consideration for a behavioral aid at school. Notes indicate that MHP staff had participated in a "SST" (Student Support Team) meeting, which the MHP describes as county public school's precursor to a possible IEP. Based on the similarity between these activities and ICC/CFT meetings, consideration could have been given to ICC services for this beneficiary. However, no determination of the beneficiary's eligibility was made, and ICC and IHBS were not included in the Client Plan that applies to the review period.

Line number 8. Initial assessment materials for this beneficiary indicate that the child previously receiving services from Yuba County Victim Witness program, having been a beneficiary that suffered a history of abuse. Other notations were found within the initial assessment that the beneficiary could be eligible for consideration of ICC and/or IHBS services, including a recommendation in the initial triage appointment that the client might benefit from "intensive community based behavioral health services". However, no conclusive determination of the beneficiary's eligibility was made, and ICC and IHBS were not included in the Client Plan that applies to the review period.

Corrective Action Description

Sutter-Yuba Behavioral Health staff providing services to beneficiaries under the age of 22 will determine eligibility and need for ICC and IHBS services.

Target Audience (if applicable): Quality Assurance Staff.

Change: Quality Assurance Staff will provide training to all staff and contract providers who have the responsibility for determining eligibility and need for ICC and IBHS for beneficiaries under the age of 22.

Steps to Implement: Quality Assurance Staff will provide training to all staff and contract providers who have the responsibility for determining eligibility and need for ICC and IBHS for beneficiaries under the age of 22 by May 15, 2020.

Plan for Subcontractors: Quality Assurance Staff will provide training to all staff and contract providers who have the responsibility for determining eligibility and need for ICC and IBHS for beneficiaries under the age of 22 by May 15, 2020.

Proposed Evidence/Documentation of Correction

Sign in sheet and training materials for documentation training with provider identified in the findings.

Measures of Effectiveness (if included)

Quality Assurance staff and Clinical staff also complete peer chart audits to monitor medical necessity of services.

Frequency: Quarterly

Implementation Timeline: May 15, 2020