

**Tuolumne County Behavioral Health
FY 19/20 Specialty Mental Health Triennial Review
Corrective Action Plan**

Chart Review

Requirement: Medical Necessity (1A-3B)

DHCS Finding:

TCBH will ensure that all SMHS interventions are reasonably like to correct or reduce the beneficiary's documented mental health condition, prevent the condition's deterioration, or help a beneficiary who is under age 21 to progress developmentally as individually appropriate.

Corrective Action Description:

Responsible: Clinical Supervisors

Launch a documentation training mandated for all clinical staff by end of FY 20/21. The training will have a focus on ensuring medical necessity and all SMHS interventions are reasonably like to correct or reduce mental health conditions. There will be a pre and posttest for all attendees. The documentation training will be recorded and required for all new hires to complete. The training will be updated as necessary and deployed on a yearly basis to all staff.

Proposed Evidence/Documentation of Correction:

Once the training is launched a tracking system will be in place to make sure all staff have received the training. Supervisors will be responsible for ensuring staff who did not attend complete the online recorded version. The Case Administration Team (CAT) will review 100% of all initial and annual assessments for Medical Necessity to ensure ongoing compliance. All assessment reviews will be tracked through CAT documentation.

Requirement: Assessment (2A)

DHCS Finding:

TCBH will describe how the MHP will ensure that assessments are completed in accordance with the initial timeliness requirements in the documentation standards, 2 business days.

Corrective Action Description:

Responsible: CAT

Daily reports are produced that show current timeliness for all assessments. These reports are then brought to CAT each morning for the supervisors to review. If an assessment is reaching its two-day documentation standard, then the Clinicians Supervisor will reach out to the Clinician by the end of the day.

Proposed Evidence/Documentation of Correction:

Ongoing monitoring of timeliness of assessments will be completed daily in CAT. Supervisors will be responsible for reaching out to clinicians daily regarding assessment documentation completion. Monitoring will be tracked in CAT.

Requirement: Medication Consents (3A.1)**DHCS Finding:**

TCBH will ensure a written medication consent form is obtained and retained for each medication prescription and administered under the direction of TCBH.

Corrective Action Description:

Responsible: Clinical Manager

Currently nurses have a questionnaire that is completed prior to every appointment with the doctor. This questionnaire is then associated with a progress note. A question will be added that ensure the nurse will review whether consent has been obtained and retained for each medication prescribed. If not, the nurse will facilitate the needed consents with the doctor.

Proposed Evidence/Documentation of Correction:

Every month the Utilization Review Committee (URC) meets. Within the URC that is completed each month there is a specific question about medication consents for each prescription. Feedback is given to each treating clinician after a chart is reviewed. A report for URC is completed quarterly for Quality Management review.

Requirement: Medication Consent (3A.2)

DHCS Finding:

TCBH will ensure written medication consent forms are completed in accordance with TCBH's written documentation standards

Corrective Action Description:

Responsible: Clinical Manager

Currently nurses have a questionnaire that is completed prior to every appointment with the doctor. This questionnaire is then associated with a progress note. While completing the questionnaire nursing staff will be required to review all documentation for the medication consent. The nurse will facilitate the needed changes to meet standards with the doctor.

Proposed Evidence/Documentation of Correction:

Every month the Utilization Review Committee (URC) meets. Within the URC that is completed each month there is a specific question about medication consents documentation. Feedback is given to each treating clinician after a chart is reviewed. A report for URC is completed quarterly for Quality Management review.

Requirement: Medication Consent (3B)

DHCS Finding: TCBH will ensure that every medication consent process addresses all of the required elements specified in the contract.

Corrective Action Description:

Responsible: Clinical Manager

Currently nurses have a questionnaire that is completed prior to every appointment with the doctor. This questionnaire is then associated with a progress note. A question will be added that ensure that every medication consent process addresses all of the required elements. If not, the nurse will facilitate the needed consents with the doctor.

Proposed Evidence/Documentation of Correction:

Every month the Utilization Review Committee (URC) meets. Within the URC that is completed each month there is a specific question about medication consents for each prescription. Feedback is given to each treating clinician after a chart is reviewed. A report for URC is completed quarterly for Quality Management review

Requirement: Client Plans (4A-2a)

DHCS Finding:

TCBH ensure that services are provided in the amount, duration, and scope as specified in the Individualized Client Plan for each beneficiary

Corrective Action Description:

Responsible: Clinical Supervisors

Launch a documentation training mandated for all clinical staff by end of FY 20/21. The training will have a focus on ensuring that services are provided in the amount, duration, and scope as specified in the Individualized Client Plan for each beneficiary. The documentation training will be recorded and required for all new hires to complete. The training will be updated as necessary and deployed on a yearly basis to all staff.

Proposed Evidence/Documentation of Correction:

Once the training is launched a tracking system will be in place to make sure all staff have received the training. Supervisors will be responsible for ensuring staff who did not attend complete the online recorded version. The Case Administration Team (CAT) will review 100% of all Client Plans and review to ensure services provided in the amount, duration, and scope as specified for each beneficiary. All Client Plan reviews will be tracked through CAT documentation.

Requirement: Client Plans (4B-2)

DHCS Finding:

TCBH will ensure that client plans are updated at least on an annual basis, as required by the MHP Contract with the department and within the timeliness and frequency specified in the TCBH's documentation standards.

Corrective Action Description:

Responsible: Clinical Manager and Clinical Supervisors

Staff are notified of a coming due client plan through the Electronic Health Record launching notifications. If annual client plans are coming due a notification will launch 90 days prior to the due date. To monitor staff completion of annual client plants, supervisors will print all notifications prior to their weekly one on one's with staff. Notifications and client plans coming due will be a standing agenda item on weekly meeting for clinicians.

Proposed Evidence/Documentation of Correction:

Every month the Utilization Review Committee (URC) meets. Within the URC that is completed each month there is a specific question about whether the client plan has been completed on an annual basis. Feedback is given to each treating clinician after a chart is reviewed. A report for URC is completed quarterly for Quality Management review.

Requirement: Client Plans (4C)

DHCS Finding:

TCBH will ensure that mental health interventions that are proposed in the client plan indicate an expected duration for each intervention.

Corrective Action Description:

Responsible: Clinical Manager and Planned Services Supervisor

Launch a documentation training mandated for all clinical staff by end of FY 20/21. The training will have a focus on ensuring that services are proposed in the client plan indicate an expected duration for each intervention. The documentation training will be recorded and required for all new hires. The training will be updated as necessary and deployed on a yearly basis to all staff.

Proposed Evidence/Documentation of Correction:

Once the training is launched a tracking system will be in place to make sure all staff have received the training. Supervisors will be responsible for ensuring staff who did not attend complete the online recorded version. The Case Administration Team (CAT) will review 100% of all Client Plans and review to ensure that services are proposed in the client plan indicate an expected duration for each intervention. All Client Plan reviews will be tracked through CAT documentation.

Requirement: Progress Notes (5B.1)

DHCS Finding:

TCBH will ensure that progress notes document:

- The amount of time it takes to provide a service
- The date the progress note was completed and the date it was entered into the E.H.R.
- Follow-up care and if appropriate, a discharge summary

Corrective Action Description:

Responsible: Administration

All provider contracts will be updated within the next three years with stronger subcontractor language that reflects current documentation standards. In addition, the input claims process will be updated to reflect review prior to payment of:

- The amount of time it took to provide a service,
- The date the progress note was completed and the date it was entered into the E.H.R.
- Follow-up care and if appropriate, a discharge summary.

Proposed Evidence/Documentation of Correction:

Administration will monitor all professional fee claims. The input claims process will include an ongoing monitoring for 100% of professional fees.

Requirement: Progress Notes (5B.2)

DHCS Finding:

TCBH will ensure that both services dates and units of time recorded on progress notes match their corresponding claims.

Corrective Action Description:

Responsible: Administration

TCBH will revisit the system set up associated with processing professional fees in concert with the Electronic Health Record vendor. The input claims process will be updated to reflect process change of reviewing that services dates and units of time recorded on progress notes match their corresponding claims.

Proposed Evidence/Documentation of Correction:

Administration will monitor all professional fee claims. The input claims process will include an ongoing monitoring for 100% of professional fees.

Requirement: Progress Notes (5C)

DHCS Finding:

TCBH will ensure that progress notes contain the actual number of clients participating in a group activity.

Corrective Action Description:

Responsible: Clinical Supervisors

Launch a documentation training mandated for all clinical staff by end of FY 20/21. The training will have a focus on ensuring progress notes contain the number of clients participating in a group activity. The documentation training will be recorded and required for all new hires to complete. The training will be updated as necessary and deployed on a yearly basis to all staff.

Proposed Evidence/Documentation of Correction:

Every month the Utilization Review Committee (URC) meets. The URC tool will be changed by end of year 2021 to have questions that ensure a stronger focus on progress note standards. Feedback is given to each treating clinician after a chart is reviewed. A report for URC is completed quarterly for Quality Management review.

Requirement: Progress Notes (5D)

DHCS Finding:

TCBH will ensure that all SMHS claims are claimed for the correct service modality billing code, and units of time.

Corrective Action Description:

Responsible: Clinical Supervisors

Launch a documentation training mandated for all clinical staff by end of FY 20/21. The training will have a focus on ensuring that progress notes have correct service modality billing code, and units of time. The documentation training will be recorded and required

for all new hires to complete. The training will be updated as necessary and deployed on a yearly basis to all staff.

Proposed Evidence/Documentation of Correction:

Every month the Utilization Review Committee (URC) meets. The URC tool will be changed by end of year 2021 to have questions that ensure a stronger focus on progress note standards. Feedback is given to each treating clinician after a chart is reviewed. A report for URC is completed quarterly for Quality Management review.