Ventura County Behavioral Health

Fiscal Year (FY) 19-20 Specialty Mental Health Triennial Review

Corrective Action Plan

System Review

Requirement

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 [A.III.A]

The MHP did not furnish evidence to demonstrate compliance with the Medi-Cal Manual for Intensive Care Coordination, Intensive Home-Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must provide Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS) to all children and youth who meet medical necessity criteria for those services. Membership in the Katie A. subclass is not a prerequisite to receiving ICC and IHBS. While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides ICC and IHBS to all children and youth who meet medical necessity criteria for those services and that membership in the Katie A. subclass is not a prerequisite to receiving these services. Furthermore, the MHP stated during the review that it has recently started to implement non Katie A. membership requirements for these services

Corrective Action Description

Currently, ICC services are being provided by our TBS, IHBS and Wraparound contract providers. Additionally, ICC is also being provided to clients internally. Provide Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS) to all children and youth who meet medical necessity criteria for those services. Target Audience- All Medi-Cal eligible beneficiaries receiving services from VCBH and Contract Providers. VCBH will update CA 52 policy on ICC, IHBS and TBS and CA 47 Initial Assessment and Assessment Update to provide guidance on screening and providing ICC services for all eligible youth. VCBH will also add ICC and IHBS screening criteria “check box” to Assessment and Assessment Update in our Electronic Health Record. VCBH Y&F Division and Contract Providers will receive and review updates to CA 52 ICC, TBS, IHBS and CA 47 Assessment and Assessment Update polices.

Proposed Evidence/Documentation of Correction

Finalized CA 52 policy on ICC, IHBS and TBS. Finalized CA 47 policy Initial Assessment and Assessment Update. Both policies with updates are currently in draft. The addition of ICC and IHBS screening questions to the Assessment and Assessment Update screens in the VCBH Electronic Health Record (EHR

Ongoing Monitoring

VCBH will develop reports to assist with monitoring and oversight of ICC screening on assessment/assessment updates and treatment plans. Reports to be reviewed by Administrators on a monthly basis.

Person Responsible

BH Manager, Policy and Procedure, Program Administrator, Technical Projects, Program Administrator

Implementation Timeline:

June 30, 2021

Requirement

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 [A.III.B]

The MHP did not furnish evidence to demonstrate compliance with the Medi-Cal Manual for Intensive Care Coordination, Intensive Home-Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must have an affirmative responsibility to determine if children and youth meet medical necessity criteria need ICC and IHBS. While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP is assessing if children and youth who meet medical necessity criteria need ICC and IHBS.

Corrective Action Description

Goal (optional)

Determine if children and youth meet medical necessity criteria for ICC and IHBS.

Target Audience (if applicable):

All Medi-Cal eligible beneficiaries receiving services from VCBH and Contract Providers.

Change:

To ensure that VCBH has in place a system to screen Youth who meet Medical Necessity criteria for ICC/IHBS. VCBH will update CA 52 policy on ICC, IHBS and TBS and CA 47 Initial Assessment and Assessment Update to provide guidance on screening and providing ICC services for all eligible youth. VCBH will add ICC and IHBS screening criteria "check box" to Assessment and Assessment Update in our Electronic Health Record.

Steps to Implement:

VCBH updating CA 52 policy on ICC, IHBS and TBS and CA 47 Initial Assessment and Assessment Update to include screening and provision of ICC services for all eligible youth. VCBH is also adding ICC/IHBS screening questions to our Electronic Health Record forms. Reports will develop to identify missing /incomplete information in assessments.

Plan for Subcontractors:

VCBH Y&F Division and Contract Providers will receive and review updates to CA 52 ICC, TBS, IHBS and CA 47 Assessment and Assessment Update polices.

Proposed Evidence/Documentation of Correction

Finalized CA 52 policy on ICC, IHBS and TBS. Finalized CA 47 policy Initial Assessment and Assessment Update. Both policies with updates are currently in draft. The addition of ICC and IHBS screening questions to the Assessment and Assessment Update screens in the VCBH Electronic Health Record (EHR). Completed policy Training report. Monitoring reports

Ongoing Monitoring

Measure(s) of Effectiveness:

VCBH will develop reports to assist with monitoring and oversight of ICC screening on assessment/assessment updates and treatment plans.

Frequency:

Reports to be reviewed monthly by Clinic Administrators

Person Responsible

BH Manager, Policy and Procedure Program Administrator, Training and Development Manager, Technical Projects, Program Administrator

Implementation Timeline:

June 30, 2021

Requirement

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 A.III.F

The MHP did not furnish evidence to demonstrate compliance with the Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must provide TFC services to all children and youth who meet medical necessity criteria for TFC. While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP is providing TFC services for Medi-Cal Beneficiaries. Furthermore, the MHP stated during the review that it has been difficult locating TFC providers.

Corrective Action Description

Goal (optional):

Provide TFC services to all children and youth who meet medical necessity criteria for TFC.

Target Audience (if applicable):

All eligible children and youth that meet TFC criteria.

Change:

VCBH has made prior attempts to establish TFC service without any interest from Foster Family Agency (FFA's). However VCBH will continue to approach facilities like Aspiranet FFA regarding providing TFC services in our County.

Steps to Implement

1. Identify potential TFC homes

2. Reach out to explore interest with identified homes.

3. Schedule meeting with these FFA providing ISFC services to explore possibility of TFC services.

Plan for Subcontractors:

To identify FFA homes with resource parents interested in becoming a TFC home.

Proposed Evidence/Documentation of Correction

List of identified TFC homes. Scheduled meetings and meeting minutes including outcomes

Ongoing Monitoring

Measure(s) of Effectiveness:

To implement TFC services in our County (at least 1 TFC home)

Frequency: Quarterly

Person Responsible

BH Manager

Implementation Timeline:

December 31, 2021

Requirement

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 A.III.G

The MHP did not furnish evidence to demonstrate compliance with the Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018. The MHP must have an affirmative responsibility to determine if children and youth who meet medical necessity criteria need TFC. While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a process to determining the need for Therapeutic Foster Care

Corrective Action Description

Goal (optional):

Determine if children and youth who meet medical necessity criteria need TFC.

Target Audience (if applicable):

All eligible Medi-Cal beneficiaries who meet TFC criteria.

Change:

Determine if children and youth who meet medical necessity criteria need TFC.

Steps to Implement:

1. Utilize Level of Care guidelines to assess TFC.

2. During weekly ISFC meeting review the assessment for recommendations to TFC.

Plan for Subcontractors:

Review and explore resource parent interest in providing TFC services. FFA's have not expressed any interest in offering Therapeutic Foster Care in our County. A meeting has been scheduled with prospective provider

Proposed Evidence/Documentation of Correction

Level of Care Guidelines. Example Assessment or Staff Recommendation

Ongoing Monitoring

Measure(s) of Effectiveness:

To implement TFC services in our County (at least 1 home)

Frequency:

Quarterly

Person Responsible

BH Manager

Implementation Timeline:

April 30, 2021

Requirement

Requirement:

The MHP must have mechanisms to detect both underutilization and overutilization of services.

Citation(s):

MHP contract, exhibit A, attachment 5, and Federal Code of Regulations, title 42, section 438, subdivision 330(b) (3).

DHCS Finding C.I.D

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5, and Federal Code of Regulations, title 42, section 438, subdivision 330(b) (3). The MHP must have mechanisms to detect both underutilization and overutilization of services. While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has a mechanism to detect underutilization of services. Furthermore, the MHP stated during the review that it does not have a mechanism for underutilization and it is currently under development.

Corrective Action Description

Goal (optional):

Develop system for monitoring overutilization and underutilization of services.

Target Audience (if applicable):

VCBH Administration and Operations

Change:

By December 31, 2021, new reports will be built into the Electronic Health Record, Avatar, to allow for regular, ongoing monitoring of over- and underutilization of services.

Steps to Implement:

Quality Improvement and Utilization Review, in consultation with representatives of VCBH Administration and Operations, will assess the current state and ways over- and underutilization is reviewed. Based on findings and in accordance with the regulations, reports will be built into the Electronic Health Record, Avatar, to allow for regular, ongoing monitoring of over- and underutilization of services.

Plan for Subcontractors:

The reports will allow for identification of the program in which over- or underutilization is detected. During ongoing subcontractor meetings findings, if applicable, will be shared.

Proposed Evidence/Documentation of Correction

Avatar reports will be available on-demand.

Quarterly meetings notes describing the review and discussion of over- and underutilization

Ongoing Monitoring

Measure(s) of Effectiveness:

Once available through Avatar, accuracy and use of the reports will be reviewed Quality Improvement and Utilization Review

Frequency:

Quarterly review will occur in the first year of implementation. Then bi-annually thereafter to ensure accuracy and effectiveness of the reports

Person Responsible

Quality Improvement Manager

Implementation Timeline:

December 31, 2021

Requirement

Requirement:

MHP informs providers of the beneficiary/family satisfaction activities.

Citation(s):

MHP contract, exhibit A, attachment

DHCS Finding C.I.E3

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 5. The MHP must have mechanisms to assess beneficiary/family satisfaction by surveying beneficiary/family satisfaction at least annually, have mechanisms to assess beneficiary/family satisfaction by evaluating beneficiary grievance, appeals and fair hearings at least annually, and inform providers of the beneficiary/family satisfaction activities. While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP informs providers of the beneficiary/family satisfaction activities. Furthermore, the MHP stated during the review, that the results are currently shared with executive staff but not providers.

Corrective Action Description

Goal (optional):

Develop system for reporting beneficiary/family satisfaction to providers annually.

Target Audience (if applicable):

MHP providers (VCBH and Subcontractors)

Change:

By December 31, 2021, VCBH will develop systems for assessing and reporting beneficiary/family satisfaction to providers related to: annual satisfaction surveys, and grievance, appeal and fair hearings. This information is currently collected but not regularly reported to providers in a systematic way.

Steps to Implement:

Create project plan for developing report structures and timeframes for providing the results annually. Quality Improvement and Quality Assurance, in collaboration with representatives of Administration and Operations will analyze current beneficiary/family satisfaction information and develop a system to regularly inform providers of the findings. When reports are shared, there will opportunities for feedback and the development of continuous quality improvement plans

Plan for Subcontractors:

Reports, and the plans for disseminating them, will be designed to reference, where relevant and possible, the program(s) to which they apply. This way subcontractors can receive finding specific to their program(s).

Quarterly CBO meetings will include Beneficiary satisfaction results

Proposed Evidence/Documentation of Correction

Copies of written beneficiary/family satisfaction reports and emails demonstrating how they were disseminated.

List of meetings in which reports were shared. Meeting notes to highlight discussion about reports and planned next steps.

Ongoing Monitoring (if included)

Measure(s) of Effectiveness:

Following the annual distribution of the beneficiary/family satisfaction reports and receipt of feedback, a continuous quality improvement process will occur. This will allow for identification of areas for improvement and then set plans to make changes, as applicable

Frequency:

Beneficiary/family satisfaction reports will be widely shared with VCBH providers and subcontractors annually.

Person Responsible

Quality Improvement Manager

Implementation Timeline:

December 31, 31, 2021

Requirement

Each MHP must provide a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county, that will provide information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met and services needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearing processes. Citation(s): California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

DHCS Finding [D.VI.B1-4]

DHCS' review team made seven calls to test the MHP's statewide 24/7 toll-free number. The seven test calls must demonstrate compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1). Each MHP must provide a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county, that will provide information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met and services needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearing processes. DHCS' review team made seven calls to test the MHP's statewide 24/7 toll-free number. The seven test calls must demonstrate compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1). Each MHP must provide a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county, that will provide information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met and services needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearing processes. 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): To ensure the Grievance Line voicemail has the required problem resolution and state fair hearing information per State and Federal regulations.

Target Audience (if applicable): Beneficiaries and community members

Change: The Grievance Line voicemail was updated to include information about the problem resolution and state fair hearing processes.

Steps to Implement:

-Created a voicemail script to ensure pertinent information would be recorded

-Recorded the voicemail message in English and Spanish.

Plan for Subcontractors: N/A

Proposed Evidence/Documentation of Correction

Call the Grievance Line at 1-888-567-2122

Ongoing Monitoring (if included)

Measure(s) of Effectiveness:

N/A

Frequency: N/A

Person Responsible

BH Quality Assurance Manager

Implementation Timeline:

January 31, 2021

Requirement

The MHP must provide beneficiaries with a Notice of Adverse Beneficiary Determination under the circumstances listed above. Citation(s): Federal Code of Regulations, title 42, section 438, subdivision 400

DHCS Finding [E.IV.A4]

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 400. The MHP must provide beneficiaries with a Notice of Adverse Beneficiary Determination under the circumstances listed above. While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP is monitoring and tracking NOABD issuance for failure to provide services in a timely manner. Furthermore, the MHP stated during the review that it currently does not have a mechanism to track NOABDs.

Corrective Action Description

Goal (optional): To improve monitoring and tracking of timely issuance of all NOABDs types.

Target Audience (if applicable): Clinic Administrators

Change: Update the County's Electronic Health Record (Avatar) that tracks if NOABDs are sent as required.

Steps to Implement:

1. Quality Assurance (QA) and Quality Improvement (QI) staff collaborated to identify monitoring and reporting gaps, and possible improvements

2. QA queried a subset of Clinic Administrators to identify existing tracking systems

3. Based on recommended improvements, QA staff will work with the Electronic Health Record (EHR) staff to add fields to track when NOABD and required enclosures are sent.

4. QA will work with EHR staff to determine how to link key indicators (admission date, scheduled appointment, missed appointment, etc.) to system alerts/notification to ensure NOABD are sent as required.

5. QA will attend various Clinic Administrator and Manager meetings to discuss NOABD requirements and EHR updates. The same information will be distributed to Contracted providers

6. QA will provide ongoing technical assistance and training as needed.

Plan for Subcontractors:

1. On January 21, 2021, VCBH provided a presentation on NOABDs to contracted providers.

2. Completed CBO EHR Avatar training on NOABD tracking to support monitoring efforts on January 28 and 29, 2021. Contractors will be provided ongoing technical assistance and training.

Proposed Evidence/Documentation of Correction

Participant list from various meetings.

Screenshot of added EHR (Avatar) fields to improve tracking capabilities

Ongoing Monitoring (if included)

Measure(s) of Effectiveness:

QA will run EHR (Avatar) reports to identify if NOABDs were sent as required and/or sent in a timely manner.

Frequency:

Quarterly review and reporting

Person Responsible (job title)

BH Quality Manager

Implementation Timeline:

December 31, 2021

Requirement

The MHP must acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing meeting above listed standards. MHP contract, exhibit A, attachment 12, Federal Code of Regulations, title 42, section 438, subdivision 406(b)(1), and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-010E.

DHCS Finding [F.I.E3]

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 12, Federal Code of Regulations, title 42, section 438, subdivision 406(b)(1), and Mental Health and Substance Use Disorder Services, Information Notice, No. 18-010E. The MHP must acknowledge receipt of each grievance, appeal, and request for expedited appeal of adverse benefit determinations to the beneficiary in writing meeting above listed standards. While the MHP submitted evidence to demonstrate compliance with this requirement, the MHP sample verification identified inconsistency in providing acknowledgment letters postmarked within five (5) calendar days of receipt of the grievances.

Corrective Action Description

Goal (optional): To ensure acknowledgment letters are sent within required time frames, and if not, appropriate NOABDs are issued.

Target Audience (if applicable): Grievance and Appeal staff

Change:

Initiated weekly Grievance and Appeal staff meetings to review active Grievance/Appeal cases, data entry, and compliance timelines.

Steps to Implement:

1. Grievance/Appeal staff were provided instruction about documentation requirements, including timelines, for acknowledgment and resolution letters.

2. A Grievance and Appeal procedural guide was created September 10, 2019 for staff to capture documentation requirements, timelines, and any procedural instruction given by Quality Assurance managers. The guide is a living manual and is updated as needed.

3. Grievance/Appeal staff were provided instruction on how to address clients who wish to remain anonymous, withdraw their grievances, and/or prove unreachable (these clients were previously being logged and held to required timelines in error). Information was added to the Grievance and Appeal procedural guide.

4. Grievance/Appeal staff were provided instruction on how to determine differences between a grievance and a change of provider and/or second opinion request (change of provider and second opinion cases, that were not also grievances, were previously being logged and held to required timelines in error). Information was added to the Grievance and Appeal procedural guide.

Plan for Subcontractors: N/A

Proposed Evidence/Documentation of Correction

Grievance and Appeal Log (1/1/20 - present)

Ongoing Monitoring (if included)

Measure(s) of Effectiveness: The Quality Assurance manager will review the Grievance and Appeal log at least monthly and document cases that do not meet timeline standards.

Results will be reviewed quarterly and provided to leadership, managers, Clinic Administrators, and/or other key stakeholders.

Frequency: Quarterly review and reporting

Person Responsible

BH Quality Manager

Implementation Timeline:

January 1, 2020

Requirement

The MHP must adhere to the record keeping, monitoring, and review requirements as listed above. Citation(s): Federal Code of Regulations, title 42, section 438, subdivision 416 and California Code of Regulations, title 9, section 1850, subdivision 205.

DHCS Finding [F.I.E3]

The MHP did not furnish evidence to demonstrate compliance with Federal Code of Regulations, title 42, section 438, subdivision 416 and California Code of Regulations, title 9, section 1850, subdivision 205. The MHP must adhere to the record keeping, monitoring, and review requirements as listed above. While the MHP submitted evidence to demonstrate compliance with this requirement, sample verification identified inconsistency in logging of grievances within one (1) working day of the date of receipt of the grievance and providing notice in writing to any provider identified by the beneficiary

Corrective Action Description

Goal (optional): To ensure grievances are logged within 1 day of receipt.

Target Audience (if applicable): Grievance and Appeal staff

Change:

Initiated weekly Grievance and Appeal staff meetings to review active Grievance/Appeal cases, data entry, and compliance timelines.

Steps to Implement:

1. Grievance/Appeal staff were provided instruction about documentation requirements, including logging within 1 day.

2. A Grievance and Appeal procedural guide was created September 10, 2019 for staff to capture documentation requirements, timelines, and any procedural instruction given by Quality Assurance managers. The guide is a living manual and is updated as needed.

Plan for Subcontractors: N/A

Proposed Evidence/Documentation of Correction

January 1, 2020

Ongoing Monitoring (if included)

Measure(s) of Effectiveness: The Quality Assurance manager will review the Grievance and Appeal log at least monthly and document cases that do not meet timeline standards. Results will be reviewed quarterly and provided to leadership, managers, Clinic Administrators, and/or other key stakeholders.

Frequency: Quarterly review and reporting

Person Responsible

BH Quality Manager

Implementation Timeline:

January 1, 2020

Requirement

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. Federal Code of Regulations, title 42, section 438, subdivision 408(a)-(b)(1).

DHCS Finding F.III.B

The MHP did not furnish evidence to demonstrate compliance 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. While the MHP submitted evidence to demonstrate compliance with this requirement, the grievance sample verification indicated one (1) grievance sample did exceeded 90 day timeline

Corrective Action Description

Goal (optional): To ensure grievances are resolved within 90 days, and if not, appropriate NOABDs are issued.

Target Audience (if applicable): Grievance and Appeal staff

Change:

Initiated weekly Grievance and Appeal staff meetings to review active Grievance/Appeal cases, data entry, and compliance timelines.

Steps to Implement:

1. Grievance/Appeal staff were provided instruction about documentation requirements, including timelines, for acknowledgment and resolution letters.

2. A Grievance and Appeal procedural guide was created September 10, 2019 for staff to capture documentation requirements, timelines, and any procedural instruction given by Quality Assurance managers. The guide is a living manual and is updated as needed.

3.Grievance/Appeal staff were provided instruction on how to address clients who wish to remain anonymous, withdraw their grievances, and/or prove unreachable (these clients were previously being logged and held to required timelines in error). Information was added to the Grievance and Appeal procedural guide.

4.Grievance/Appeal staff were provided instruction on how to determine differences between a grievance and a change of provider and/or second opinion request (change of provider and second opinion cases, that were not also grievances, were previously being logged and held to required timelines in error). Information was added to the Grievance and Appeal procedural guide.

Plan for Subcontractors: N/A

Proposed Evidence/Documentation of Correction

Grievance and Appeal Log (1/1/20 - present)

Ongoing Monitoring (if included)

Measure(s) of Effectiveness: The Quality Assurance manager will review the Grievance and Appeal log and document cases that do not meet timeline standards. Results will be reviewed quarterly and presented to leadership, managers, Clinic Administrators, and/or other key stakeholders.

Frequency: Weekly review, quarterly reporting

Person Responsible

BH Quality Manager

Implementation Timeline:

January 1, 2020

Chart Review

Requirement

Medical Necessity

DHCS Finding 1A-3b

The MHP shall submit a CAP that describes how the MHP will ensure that all SMHS interventions are reasonably likely 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

Corrections to be Made:

Goal (optional): To ensure that all claimed SMHS interventions meet medical necessity criteria

Target Audience (if applicable): All providers of SMHS

Change: Provide additional trainings to providers on how to demonstrate that all claimed SMHS interventions address functional impairment as it relates to medical necessity for billable services. Clarify use of never/non-billable codes to account for activities that do not demonstrate medical necessity. Ongoing monthly MH Clinical Documentation – Medical Necessity (I) training (rev. 7/29/20) to new providers and providers identified as needing refresher training.

Steps to Implement:

Corrective Action Taken

1. Ongoing monthly MH Clinical Documentation – Medical Necessity (I) training (rev. 7/29/20) to new providers and providers identified as needing refresher training
   a. Focus on Medical Necessity criteria definition
   b. Focus on "Clinical Triad" for Medical Necessity (MN)
2. Conducted MH Service Code (II) training to all providers (rev. 6/12/20)
   a. Focus on billable codes for interventions documenting medical necessity
   b. Identification of how to code for never-billable activities, such as no shows
3. Updated EHR Non/Never-Billable codes with "NB" suffixes to ensure appropriate documentation of never-billable activities, such as no-shows.

Corrective Action to be Taken

1. Developing a VCBH Clinical Documentation Manual and VCBH Annual Clinical Documentation Booster training for all providers.
   a. To include medical necessity criteria and guidelines required for claimed services

2. Review and revise the Utilization Review (UR) compliance audit tool and applicable EHR reports to ensure that MN elements are documented in all services claimed. Track compliance. Demonstrate medical necessity. Track and monitor compliance**.**

Proposed Evidence/Documentation of Correction

1. MH Clinical Documentation – Medical Necessity (I) training

a. PPT

b. Training attendance records

c. Claiming process (slide 4)

d. MN explained (slides 6-12)

e. Documentation of MN (slides 40, 47-56)

f. Reasons for Disallowances (slides 59-60)

2. MH Service Code (II) training

a. PPT

b. Training attendance records

c. VCBH Specialty Mental Health Service Codes

d. Claiming process for medically necessary services (slides 5-8)

e. Coding for Never-Billable activities (slides 38, 39)

3. VCBH Clinical Documentation Manual and VCBH Annual Clinical Documentation Booster

a. Training attendance records

b. Clinical Documentation Manual (applicable page #'s)

c. Booster training PPT (slide #'s)

4. Updated EHR Non/Never-Billable codes with "NB" suffixes - Screenshot

5. UR audit tool – Screenshot

6. UR Remediation Report

7. EHR Compliance Review Report

Ongoing Monitoring

Measure(s) of Effectiveness:

UR Audit Tool and EHR reports: Decrease in identified claimed services not meeting MN criteria

Frequency: Quarterly

Person Responsible

QA Compliance Sr. Manager, QA Manager, QA Manager, Utilization Review Clinical Nurse Manager,Training and Workforce Development Manager

Implementation Timeline:

December 31, 2021

Requirement

Assessment

DHCS Finding 2A

The MHP shall submit a CAP that:

1) Describes how the MHP will ensure that assessments are completed in accordance with the initial timeliness and update frequency requirements specified in the MHP's written documentation standards;

2) Ensures that Planned Specialty Mental Health Services are not claimed in the absence of an assessment that substantiates those services.

Corrective Action Description

Corrections to be Made:

Goal (optional): To ensure that assessments/assessment updates are completed in a timely manner

Target Audience (if applicable): Assessing clinicians

Change: Provide additional trainings to assessing clinicians to ensure completion of timely assessments/assessment updates. Track and monitor compliance.

Steps to Implement:

Corrective Action Taken

1. Ongoing monthly MH Clinical Documentation – Medical Necessity (I) training (rev. 7/29/20) to new providers and providers identified as needing refresher training

a. Focus on "Clinical Triad" clarifying the role of the MH assessment as required in order to develop the Client Plan and document SMHS on Progress Notes

2. Conducted MH Service Code training (II) to all providers (rev. 6/12/20)

a. Identification of 5 allowable unplanned services which can be billed prior to establishment of Client Plan

3. Revised CA 47: Initial Assessment, Assessment Update policy to require assessment update be completed every two years and as clinically indicated (changed from previous requirement of annually)

Corrective Actions to be Taken

1.Revise monthly MH Clinical Documentation – Medical Necessity (I) training to add a slide specifically reinforcing timelines of 60-day due date for completion of initial assessment and at a minimum of every two years for completion of assessment updates.

2. Developing a VCBH Clinical Documentation Manual and VCBH Annual Clinical Documentation Booster training for all providers.

a. To include assessment/assessment update timeliness requirements, and to

b. Highlight the role of the assessment/assessment update required for billing of planned services listed on established Client Plan

3. Review and revise the Utilization Review (UR) compliance audit tool to ensure that deficiencies in completion of timely assessment/assessment updates are included and tracked.

Proposed Evidence/Documentation of Correction

1. MH Clinical Documentation – Medical Necessity (I) training

a. PPT

b. Training attendance records

c. Role of MH Assessment in documenting SMHS (slides 8 – 14)

d. Billable services allowed during assessment period (slide 58)

e. New PPT slide clarifying Assessment/Assessment Update timeline requirements

2. MH Service Code (II) training

a. PPT

b. Training attendance records

c. VCBH Specialty Mental Health Service Codes

d. Allowable unplanned services which can be billed prior to establishment of Client Plan (slides 16, 17)

3. VCBH Clinical Documentation Manual and VCBH Annual Clinical Documentation Booster

a. Training attendance records

b. Clinical Documentation Manual (applicable page #'s)

c. Booster training PPT (slide #'s)

4. UR audit tool – Screenshot

5. UR Remediation Report

6. EHR Compliance Review Report

Ongoing Monitoring (if included)

Measure(s) of Effectiveness: UR Audit Tool, EHR reports, MTP Error Reports (name?), Lock Out report (name?): Increase in timely assessment/assessment updates

Frequency: Quarterly

Person Responsible

QA Compliance Sr. Manager, QA Manager, QA Manager, Utilization Review Clinical Nurse Manager, Training and Workforce Development Manager

Implementation Timeline:

December 31, 2021

Requirement

Assessment

DHCS Finding 2B

The MHP shall submit a CAP that describes how the MHP will ensure that every assessment addresses all of the required elements specified in the MHP Contract with the Department.

Corrective Action Description

Corrections to be Made:

Goal (optional): To ensure that assessments/assessment updates include all required elements

Target Audience (if applicable): Assessing clinicians

Change: Revise Assessment/Assessment Update forms to include all required elements. Train, track and monitor compliance.

Steps to Implement:

Corrective Action Taken

1. Ongoing monthly MH Clinical Documentation – Medical Necessity (I) training (rev. 7/29/20) to new providers and providers identified as needing refresher training.

a. Identified all requirement elements in completing the assessment/assessment update

Corrective Actions to be Taken

1. Update Policy CA 47 Initial Assessment, Assessment Update to clearly delineate all required elements

2. Revise assessment/assessment update forms to clearly include all of the required elements, specifically trauma history.

3. Revise monthly MH Clinical Documentation – Medical Necessity (I) training to add a slide specifically reinforcing all required elements for completing assessment/assessment updates.

4. Developing a VCBH Clinical Documentation Manual and VCBH Annual Clinical Documentation Booster training for all providers.

5. To include and reinforce all required elements for completing assessment/assessment updates

6. Review and revise the Utilization Review (UR) compliance audit tool to ensure completion of all required elements in the assessment/assessment updates.

Plan for Subcontractors: Same as for assessing clinicians listed above

Proposed Evidence/Documentation of Correction

1. Updated Policy CA 47 Initial Assessment, Assessment Update

2. Revised assessment/assessment update forms - screenshots

3. MH Clinical Documentation – Medical Necessity (I) training

a. PPT

b. Training attendance records

c. Required elements for assessment/assessment update (slide 13)

d. New PPT slide clarifying Assessment/Assessment Update required elements (slide #)

1. VCBH Clinical Documentation Manual and VCBH Annual Clinical Documentation Booster

a. Training attendance records

b. Clinical Documentation Manual (applicable page #'s)

c. Booster training PPT (slide #'s)

2. UR audit tool – Screenshot

3. UR Remediation Report

4. EHR Compliance Review Report

Ongoing Monitoring (if included)

Measure(s) of Effectiveness: UR Audit Tool and EHR reports: Increase in complete/compliant assessment/assessment updates

Frequency: Quarterly

Person Responsible (job title)

QA Compliance Sr. Manager, QA Manager, QA Manager, Utilization Review Clinical Nurse Manager, Training and Workforce Development Manager

Implementation Timeline:

12/31/2021

Requirement

Medication Consent

DHCS Finding 3A

The MHP shall submit a CAP 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.

Corrective Action Description

Corrections to be Made:

Goal (optional): To ensure that medication consent forms are completed for newly prescribed and administered medications

Target Audience (if applicable): Prescribing psychiatrists and nurse practitioners

Change: Provide additional trainings to prescribing MDs/NPs to ensure compliance with requirement to complete consents for all newly prescribed and administered medications. Create EHR consent form and compliance tracking tools.

Steps to Implement:

Corrective Action Taken

1.Revised PH 10: Consent for Psychotropic Medication (rev. 3/8/18) removing the requirement to complete the form annually and clarifying that it must be completed every time a new drug is added to the treatment regimen, and to include all currently prescribed medications.

2. Med Consent form was made fillable with capacity for prescriber electronic signature option

3. Sr. Compliance Manager attended monthly Adult and YF monthly MD meetings to reinforce requirements and to train MDs/MPs on completion of fillable form.

4. Sr. Compliance Manager attended 2/2/21 Meeting with CBO (Casa Pacifica) MDs/NPs & QA team to review consent and billing requirements

5. Instructional video completed to inform on creating electronic signature

6. UR completed targeted review to identify missing med consents

Corrective Action to be Taken

1. Revise monthly MH Clinical Documentation – Medical Necessity (I) training to add a slide specifically identifying requirement for med consent form for all newly prescribed and administered medications.

2. Developing a VCBH Clinical Documentation Manual and VCBH Annual Clinical Documentation Booster training for all providers.

a. To include and reinforce required elements completing med consent for all newly prescribed and administered medications

3. Med Consent form is being integrated into the EHR with an option for the client/LAR to sign electronically

4. Continued monitoring by attending ongoing monthly MD meetings.

5. Review report in Med Monitoring Workgroup

6. Train CAs on pulling client order sheet (form 5668) to monitor med consent compliance

7. Create report to track all newly prescribed meds and co-existing new medication consent in Avatar.

Plan for Subcontractors: Same as for prescribing psychiatrists and nurse practitioners above

Proposed Evidence/Documentation of Correction

1. MH Clinical Documentation – Medical Necessity (I) training

a. PPT

b. Training attendance records

c. New PPT slide clarifying requirement for med consent form for all newly prescribed and administered medications (slide #)

2. VCBH Clinical Documentation Manual and VCBH Annual Clinical Documentation Booster

a. Training attendance records

b. Clinical Documentation Manual (applicable page #'s)

c. Booster training PPT (slide #'s)

3. PH 10: Consent for Psychotropic Medication (rev. 3/8/18)

4. MD/NP Meeting & MMW agendas

5. 2/2/21 Meeting with CBO (Casa Pacifica) MDs/NPs & QA team agenda

6. Fillable Med Consent form with electronic signature option

7. Instructional video on creating electronic signature

8. EHR Med Consent form screenshots

9. UR audit tool – Screenshot

10. UR Remediation Report

11. UR Targeted Review findings

12. Example Client Order Sheet 5668 Report

13. EHR Newly Prescribed Meds and Co-existing New Medication Consent Report

Ongoing Monitoring

Measure(s) of Effectiveness: UR Audit Tool and EHR reports: Decrease in missing med consents for newly prescribed and administered medications

Frequency: Quarterly

Person Responsible

QA Compliance Sr. Manager, Utilization Review Clinical Nurse Manager, QA Manager, QA Manager, Training and Workforce Development Manager, Medical Director, Pharmacist

Implementation Timeline:

December 31, 2021

Requirement

Client Plans

DHCS Finding 4A2a

The MHP shall submit a CAP that describes how the MHP will ensure that services are provided in the amount, duration, and scope as specified in the Individualized Client Plan for each beneficiary.

Corrective Action Description

Corrections to be Made:

Goal (optional): To ensure that services claimed and documented are consistent with those documented on current Client Plan.

Target Audience (if applicable): All providers of SMHS

Change: Provide additional training to providers on how to ensure that services claimed and documented are consistent in amount, duration or scope with those documented on current Client Plan. Track and monitor compliance.

Steps to Implement:

Corrective Action Taken

1. Ongoing monthly MH Clinical Documentation – Medical Necessity (I) training (rev. 7/29/20) to new providers and providers identified as needing refresher training.

a. Identifies that interventions should be individualized, directly related to goals, and should not be added to the plan unless they can be provided.

Corrective Action to be Taken

1. Revise monthly MH Clinical Documentation – Medical Necessity training (I) Intervention slide to instruct on appropriate determination of interventions, and to emphasize that services claimed and documented must be consistent in amount, duration or scope with those documented on current Client Plan

2. Review and revise the Utilization Review (UR) compliance audit tool to identify Client Plan interventions that have not been provided per Client Plan

3. Developing a VCBH Clinical Documentation Manual and VCBH Annual Clinical Documentation Booster training for all providers.

a. To include guidance on determining appropriate Client Plan interventions that can and will be provided.

Plan for Subcontractors: Same as for all providers of SMHS noted above

Proposed Evidence/Documentation of Correction

1. MH Clinical Documentation – Medical Necessity training

a. PPT

b. Training attendance records

c. Determining Appropriate Interventions (slide 30, edited slide #)

2. VCBH Clinical Documentation Manual and VCBH Annual Clinical Documentation Booster

a. Training attendance records

b. Clinical Documentation Manual (applicable page #'s)

c. Booster training PPT (slide #'s)

3. UR audit tool – Screenshot

4. UR Remediation Report

5. EHR Compliance Review Report

6. Updated UR Tool

Ongoing Monitoring (if included)

Measure(s) of Effectiveness: UR Audit Tool and EHR reports: Increased congruence between interventions listed on client plan and those that are actually claimed and documented

Frequency: Quarterly

Person Responsible

QA Compliance Sr. Manager, QA Manager, QA Manager, Utilization Review Clinical Nurse Manager, Training and Workforce Development Manager

Implementation Timeline:

Requirement

Client Plans

DHCS Finding 4B1

The MHP shall submit a CAP that describes how the MHP will ensure that:

1) Client plans are completed prior to the provision of planned services.

2) Planned services are not claimed when the service provided is not included on a current Client Plan.

Corrective Action Description

Corrections to be Made:

Goal (optional): To ensure that all claimed planned SMHS services are supported by a current Client Plan

Target Audience (if applicable): All providers of SMHS

Change: Provide additional trainings to providers to ensure that all claimed planned SMHS services are supported by a current Client Plan. Track and monitor compliance.

Steps to Implement:

Corrective Action Taken

1. Conducted MH Service Code training (II) to all providers (rev. 6/12/20)

a. Identification of 5 allowable unplanned services which can be billed prior to establishment of Client Plan

2. EHR reports designating clients missing current effective Client Plan

3. Billing error reports identifying services billed during Client Plan lock out period

Corrective Action to be Taken

1. Revise monthly MH Clinical Documentation – Medical Necessity (I) training to add slides specifically clarifying billable planned vs unplanned services and requirement to claim for planned services only when supported by a current Client Plan.

2. Developing a VCBH Clinical Documentation Manual and VCBH Annual Clinical Documentation Booster training for all providers.

a. To include requirements to claim for planned services only when supported by a current Client Plan

3. Review and revise the Utilization Review (UR) compliance audit tool to identify claimed planned services not supported by a current Client Plan

Plan for Subcontractors: Same as for all providers of SMHS noted above

Proposed Evidence/Documentation of Correction

1. MH Clinical Documentation – Medical Necessity training

a. PPT

b. Training attendance records

c. Billing Planned/Unplanned services (slide #)

d. Requirement to claim for planned services only when supported by a current Client Plan (slide #)

2. MH Service Code (II) training

a. PPT

b. Training attendance records

c. VCBH Specialty Mental Health Service Codes

d. Allowable unplanned services which can be billed prior to establishment of Client Plan (slides 16, 17)

3. VCBH Clinical Documentation Manual and VCBH Annual Clinical Documentation Booster

a. Training attendance records

b. Clinical Documentation Manual (applicable page #'s)

c. Booster training PPT (slide #'s)

4. UR audit tool – Screenshot

5. UR Remediation Report

6. EHR Compliance Review Report

7. EHR reports – Locked out, DRAFT, Missing Client Plans

8. Billing error reports - services billed during Client Plan lock out period

Ongoing Monitoring

Measure(s) of Effectiveness: UR Audit Tool and EHR reports: Decrease in claimed planned services with missing Client Plan

Frequency: Quarterly

Person Responsible

QA Compliance Sr. Manager, QA Manager, QA Manager, Utilization Review Clinical Nurse Manager, Training and Workforce Development Manager

Implementation Timeline:

December 31, 2021

Requirement

Client Plans

DHCS Finding 4B2

The MHP shall submit a CAP that describes how the MHP will ensure that:

1) Client plans are completed prior to the provision of planned services.

2) Client plans are updated at least on an annual basis, as required by the MHP Contract with the Department, and within the timelines and frequency specified in the MHP's written documentation standards. 3) Planned services are not claimed when the service provided is not included on the current Client Plan.

Corrective Action Description

Corrections to be Made:

Goal (optional): To ensure that all claimed planned SMHS services are supported by a current Client Plan

Target Audience (if applicable): All providers of SMHS

Change: Provide additional trainings to providers to ensure that all claimed planned SMHS services are supported by a Client Plan completed per department timeline standards. Track and monitor compliance.

Steps to Implement:

Corrective Action Taken

1. Ongoing monthly MH Clinical Documentation – Medical Necessity (I) training (rev. 7/29/20) to new providers and providers identified as needing refresher training.

a. Clarifies requirement to complete Client Plan within 60 days of first client contact and annually thereafter.

2. Conducted MH Service Code training (II) to all providers (rev. 6/12/20)

a. Identification of 5 allowable unplanned services which can be billed prior to establishment of Client Plan

3. EHR reports designating clients missing current effective Client Plan

4. Billing error reports identifying services billed during Client Plan lock out period

Corrective Action to be Taken

1. Revise monthly MH Clinical Documentation – Medical Necessity (I) training to add slides specifically clarifying Client Plan timelines, billable planned vs unplanned services, and requirement to claim for planned services only when supported by a current Client Plan.

2. Developing a VCBH Clinical Documentation Manual and VCBH Annual Clinical Documentation Booster training for all providers.

a. To include requirements to claim for planned services only when supported by a current Client Plan

b. To reinforce Client Plan timelines necessary to claim for billable planned services

3. Review and revise the Utilization Review (UR) compliance audit tool to identify claimed planned services not supported by a current Client Plan

Plan for Subcontractors: Same as for all providers of SMHS noted above

Proposed Evidence/Documentation of Correction

1. MH Clinical Documentation – Medical Necessity training

a. PPT

b. Training attendance records

c. Billing Planned/Unplanned services (slide #)

d. Requirement to claim for planned services only when supported by a current Client Plan (slide #)

2. MH Service Code (II) training

a. PPT

b. Training attendance records

c. VCBH Specialty Mental Health Service Codes

d. Allowable unplanned services which can be billed prior to establishment of Client Plan (slides 16, 17)

3. VCBH Clinical Documentation Manual and VCBH Annual Clinical Documentation Booster

a. Training attendance records

b. Clinical Documentation Manual (applicable page #'s)

c. Booster training PPT (slide #'s)

4. UR audit tool – Screenshot

5. UR Remediation Report

6. EHR Compliance Review Report

7. EHR reports – Locked out, DRAFT, Missing Client Plans

8. Billing error reports - services billed during Client Plan lock out period

Ongoing Monitoring

Measure(s) of Effectiveness: UR Audit Tool and EHR reports: Decrease in claimed planned services with missing Client Plan

Frequency: Quarterly

Person Responsible

QA Compliance Sr. Manager, QA Manager, QA Manager, Utilization Review Clinical Nurse Manager, Training and Workforce Development Manager

Implementation Timeline:

December 31, 2021

Requirement

Client Plans

DHCS Finding 4C

The MHP shall submit a CAP that describes how the MHP will ensure that:

1) Client plan goals/treatment objectives are specific, observable and/or quantifiable and relate to the beneficiary's documented mental health needs and functional impairments as a result of the mental health diagnosis.

2) Mental health interventions proposed on client plans indicate both an expected frequency / frequency range, and a specific duration for each intervention.

Corrective Action Description

Corrections to be Made:

Goal (optional): To ensure inclusion of Client Plan "SMART" goals/objectives that address client's identified medical necessity and specified intervention frequency/duration

Target Audience (if applicable): All providers of SMHS

Change: Provide additional trainings to providers to ensure inclusion of Client Plan "SMART" goals/objectives that address client's identified medical necessity and specified intervention frequency/duration. Track and monitor compliance.

Steps to Implement:

Corrective Action Taken

1. Ongoing monthly MH Clinical Documentation – Medical Necessity (I) training (rev. 7/29/20) to new providers and providers identified as needing refresher training.

a. Clarifies requirement to establish "SMART" goals/objectives and include intervention frequency/duration.

Corrective Action to be Taken

1. Developing a VCBH Clinical Documentation Manual and VCBH Annual Clinical Documentation Booster training for all providers.

a. To include requirements to establish SMART Goals and Objectives on Client Plan

b. To include requirements to include frequency/duration of all Interventions on Client Plan

2. Review and revise the Utilization Review (UR) compliance audit tool to identify Goals/Objectives not following SMART guidelines.

3. Review and revise the Utilization Review (UR) compliance audit tool to identify Client Plan interventions missing frequency/duration.

Plan for Subcontractors: Same as for all providers of SMHS noted above

Proposed Evidence/Documentation of Correction

1. MH Clinical Documentation – Medical Necessity training

a. PPT

b. Training attendance records

c. Client Plan Barriers/Problems, Goals, Objectives, SMART (slides 17, 22 – 29)

d. Client Plan Interventions (slide 30)

2. VCBH Clinical Documentation Manual and VCBH Annual Clinical Documentation Booster

a. Training attendance records

b. Clinical Documentation Manual (applicable page #'s)

c. Booster training PPT (slide #'s)

3. UR audit tool – Screenshot

4. UR Remediation Report

5. EHR Compliance Review Report

Ongoing Monitoring

Measure(s) of Effectiveness: UR Audit Tool and EHR reports: Decrease in Client Plans without SMART Goals/Objectives, Intervention Frequency/Duration

Frequency: Quarterly

Person Responsible

QA Compliance Sr. Manager, QA Manager, QA Manager, Utilization Review Clinical Nurse Manager, Training and Workforce Development Manager

Implementation Timeline:

December 31, 2021

Requirement

Progress Notes

DHCS Finding 5B

1) The MHP shall submit a CAP that describes how the MHP will ensure that progress notes document timely completion and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP's written documentation standards.

2) The MHP shall submit a CAP that describes how the MHP will ensure that both service dates and times recorded on progress notes match their corresponding claims.
3) The MHP shall submit a CAP that describes how the MHP will ensure that Specialty Mental Health Services claimed are accurate and are actually provided to the beneficiary.

Corrective Action Description

Corrections to be Made:

Goal (optional): To ensure that all progress notes are submitted in a timely manner and accurately capture actual services claimed

Target Audience (if applicable): All providers of SMHS

Change: Provide additional trainings to providers on PN timeliness standards and requirements to accurately capture actual services claimed. Track and monitor compliance.

Steps to Implement:

Corrective Action Taken

1. Updated Policies MR-22 Documentation Standards (12/30/19) and CA-43 Progress Note (2/12/30) to ensure progress note submission timeliness requirement of 3 days is consistently stated

2. Ongoing monthly MH Clinical Documentation – Medical Necessity (I) training (rev. 7/29/20) to new providers and providers identified as needing refresher training

a. Focus on required timeline requiring data entry within 3 days of provided service

b. Focus on requirement that time claimed must not be greater than time documented

3. EHR Timely Billing report reviewed by Clinic Administrators on a monthly basis

Corrective Action to be Taken

1. Revise monthly MH Clinical Documentation – Medical Necessity training (I) Intervention slide to further emphasize PN timeliness standards and requirements to accurately capture actual services claimed

2. Developing a VCBH Clinical Documentation Manual and VCBH Annual Clinical Documentation Booster training for all providers.

a. To reinforce PN timeliness standards and requirements to accurately capture actual services claimed

3. Review and revise the Utilization Review (UR) compliance audit tool to identify PNs not meeting timeliness standards and PNs not documenting actual services claimed.

Plan for Subcontractors: Same as for all providers of SMHS noted above

Proposed Evidence/Documentation of Correction

1. MR 22 Documentation Standards (12/30/19)

2. CA 43 Progress Note (2/12/30)

3. MH Clinical Documentation – Medical Necessity (I) training

a. PPT/Video

b. Training attendance records

c. PN due within 3 days of service (slide 57) (new slide #s)

d. Time claimed must not be greater than time documented

(slide 59,new slide #s)

4. VCBH Clinical Documentation Manual and VCBH Annual Clinical Documentation Booster

a. Training attendance records

b. Clinical Documentation Manual (applicable page #'s)

c. Booster training PPT (slide #'s)

5. UR audit tool – Screenshot

6. UR Remediation Report

7. EHR Compliance Review Report

8. EHR Timely Billing Report

Ongoing Monitoring (if included)

Measure(s) of Effectiveness: UR Audit Tool and EHR reports: Decrease in late and disproportionate billing

Frequency: Quarterly

Person Responsible

QA Compliance Sr. Manager, QA Manager, QA Manager, Utilization Review Clinical Nurse Manager, Training and Workforce Development Manager

Implementation Timeline:

December 31, 2021

Requirement

Progress Notes

DHCS Finding 5C

The MHP shall submit a CAP that describes how the MHP will ensure that progress notes: 1) Document the actual number of clients participating in a group activity, the units of direct service, travel and documentation times for each provider/facilitator whenever a claim represents services rendered by more than one (1) provider within the same activity or session, including groups, "team meetings" and "case consultations".

2) Contain accurate and complete documentation of claimed service activities that the documentation is consistent with services claimed, and that services are not claimed when billing criteria are not met.

Corrective Action Description

Corrections to be Made:

Goal (optional): To ensure that all claimed group and meeting/consultation services are apportioned per billing requirements

Target Audience (if applicable): All providers of SMHS

Change: Provide additional trainings to providers on how to ensure that all claimed group and meeting/consultation services are apportioned per billing requirements. Track and monitor compliance.

Steps to Implement

Corrective Action Taken

1. Ongoing monthly MH Clinical Documentation – Medical Necessity training (I) (rev. 7/29/20) to new providers and providers identified as needing refresher training.

a. Identification of requirement for group activities to be properly apportioned

2. Conducted MH Service Code training (II) to all providers (rev. 6/12/20).

a. Focus on requirement and instructions of utilizing group formula when claiming for services to multiple clients

b. Instruction on how to bill for participation in case conferences and team meetings

Corrective Action to be Taken

1. Developing a VCBH Clinical Documentation Manual and VCBH Annual Clinical Documentation Booster training for all providers.

a. To reinforce requirement for group activities to be properly apportioned

2. Review and revise the Utilization Review (UR) compliance audit tool to clearly identify deficiencies in correctly documenting services to multiple clients.

Plan for Subcontractors:

Same as for all providers of SMHS noted above

Proposed Evidence/Documentation of Correction

1. MH Clinical Documentation – Medical Necessity training

a. PPT

b. Training attendance records

c. Time claimed for group activity must be properly apportioned (slide 59)

2. MH Service Code training

a. PPT

b. VCBH Specialty Mental Health Service Codes

c. Training attendance records

d. Requirement to utilize group formula (slide 22)

e. Group formula breakdown/example (slide 23)

f. Requirement for Coll group to use group formula (slide 25)

g. Requirement for Rehab group to use group formula (slide 27)

h. Instruction on how to bill for participation in case conferences and team meetings (slide 65)

3. VCBH Clinical Documentation Manual and VCBH Annual Clinical Documentation Booster

a. Training attendance records

b. Clinical Documentation Manual (applicable page #'s)

c. Booster training PPT (slide #'s)

4. UR audit tool – Screenshot

5. UR Remediation Report

6. EHR Compliance Review Report

Ongoing Monitoring

Measure(s) of Effectiveness: UR Audit Tool and EHR reports: Decrease in billing that is not properly apportioned

Frequency: Quarterly

Person Responsible

QA Compliance Sr. Manager, QA Manager, QA Manager, Utilization Review Clinical Nurse Manager, Training and Workforce Development Manager

Implementation Timeline:

December 31, 2021

Requirement

Progress Note

DHCS Finding 5D

The MHP shall submit a CAP that describes how the MHP will ensure that services described on all progress notes are claimed for the correct service modality billing code, and units.

Corrective Action Description

Corrections to be Made:

Goal (optional): To ensure that all claimed services are claimed for the correct service billing code

Target Audience (if applicable): All providers of SMHS

Change: Provide additional trainings to providers on how to ensure that all claimed services are claimed for the correct service billing code. Track and monitor compliance.

Steps to Implement:

Corrective Action Taken

1. Conducted MH Service Code training (ll) to all providers (rev. 6/12/20).

a. Task-force completed review, revision and update of VCBH billing service codes and activity definitions. Removed misused, obsolete and irrelevant codes. Added codes for allowable services that hadn't existed (Coll group; Fam Tx).

b. Overview of all SMHS billing service code categories, specific activity definitions, specific claiming parameters, requirements in provider scope, client plan requirements, non/never billable activity clarification, and ineligible setting limitations.

c. Provided training in person and via Zoom to ALL VCBH/CBO providers. Made part of required training for all new providers.

Corrective Action to be Taken

1. Developing a VCBH Clinical Documentation Manual and VCBH Annual Clinical Documentation Booster training for all providers.

a. To reinforce requirement for all claimed services are claimed for the correct service billing code

2. Review and revise the Utilization Review (UR) compliance audit tool to identify deficiencies in claiming for correct service billing codes

Plan for Subcontractors: Same as for all providers of SMHS noted above

Proposed Evidence/Documentation of Correction

1. MH Service Code training

a. PPT

b. VCBH Specialty Mental Health Service Codes

c. Training attendance records

d. All slides in PPT address provider training on use of accurate billing codes

2. VCBH Clinical Documentation Manual and VCBH Annual Clinical Documentation Booster

a. Training attendance records

b. Clinical Documentation Manual (applicable page #'s)

c. Booster training PPT (slide #'s)

3. UR audit tool – Screenshot

4. UR Remediation Report

5. EHR Compliance Review Report

Ongoing Monitoring

Measure(s) of Effectiveness: UR Audit Tool and EHR reports: Decrease in claimed services utilizing inaccurate service billing codes

Frequency: Quarterly

Person Responsible

QA Compliance Sr. Manager, QA Manager, QA Manager, Utilization Review Clinical Nurse Manager, Training and Workforce Development Manager

Implementation Timeline:

December 31, 2021

Requirement

Provision of ICC Services and IHBS for Children and Youth

DHCS Finding 6A

The MHP shall submit a CAP that describes how it will ensure that: 1) Written documentation is in place describing the process for determining and documenting eligibility and need for ICC Services and IHBS. 2) Training is provided to all staff and contract providers who have the responsibility for determining eligibility and need for ICC and IBHS. 3) Each beneficiary under age 22 who is authorized to receive Specialty Mental Health Services also receives an individualized determination of eligibility and

need for ICC Service and IHBS prior to or during the development of the beneficiary's Initial Client Plan.

Corrective Action Description

Corrections to be Made:

Goal (optional): To ensure that all eligible clients under age 21 are screened for and provided ICC and IHBS services if criteria is met

Target Audience (if applicable): All providers of SMHS for clients under age 21

Change: Revise policies and procedures and EHR forms and provide additional trainings to providers to ensure that all eligible clients under age 21 are screened for and provided ICC and IHBS services if criteria are met. Track and monitor compliance.

Steps to Implement:

Corrective Action Taken

1. Created combined/updated policy CA-42 Authorization of TBS, IHBS and ICC with current definitions, eligibility criteria, referral and service provision guidelines

2. Added IHBS in Client Plan intervention menu

3. Conducted MH Service Code training (II) to all providers (rev. 6/12/20).

a. Guidelines and definition of ICC and IHBS services and corresponding billing codes

b. Inclusion of ICC and IHBS in VCBH SMHS Code list

Corrective Action to be Taken

1. Revising policies CA-47 Initial Assessment, Assessment Update (including Operational Guideline), and CA-52 Authorization of TBS, ICC and ICC, to require screening of all eligible clients under age 21 for ICC and IHBS services.

2. Revising assessment/assessment forms in EHR (and fillable forms) to require provider confirm IHBS/ICC screening and disposition for all eligible clients under age 21.

3. Add ICC to Client Plan intervention menu

4. Developing a VCBH Clinical Documentation Manual and VCBH Annual Clinical Documentation Booster training for all providers.

a. To include guidelines to ensure that all eligible clients under age 21 are screened for and provided ICC and IHBS services if criteria is met

5. Review and revise the Utilization Review (UR) compliance audit tool to track assessment/assessment update screening of all eligible clients underage 21

Plan for Subcontractors: Same as for all providers of SMHS noted above. Provision of updated fillable assessment/assessment update forms for CBOs not utilizing the MHP EHR system.

Proposed Evidence/Documentation of Correction

1. Updated CA 47 Initial Assessment, Assessment Update (including Operational Guideline)

2. Updated CA 52 Authorization of TBS, IHBS and ICC

3. Updated assessment/assessment update - screenshots

4. Client Plan Intervention Screenshot

5. MH Service Code training

a. PPT

b. VCBH Specialty Mental Health Service Codes (pages 2, 3)

c. Training attendance records

d. Inclusion of ICC in TCM codes (slides #12, 17, 30)

e. Description and guidelines for provision of IHBS (slide #28)

f. Description and guidelines for provision of ICC (slide #30)

6. VCBH Clinical Documentation Manual and VCBH Annual Clinical Documentation Booster

a. Training attendance records

b. Clinical Documentation Manual (applicable page #'s)

c. Booster training PPT (slide #'s)

7. UR audit tool – Screenshot

8. UR Remediation Report

9. EHR Compliance Review Report

Ongoing Monitoring (if included)

Measure(s) of Effectiveness: UR Audit Tool and EHR reports: Confirmation that all eligible clients under age 21 are screened for and provided ICC and IHBS services if criteria is met

Frequency: Quarterly

Person Responsible

QA Compliance Sr. Manager, QA Manager, QA Manager, Utilization Review Clinical Nurse Manager, Training and Workforce Development Manager

Implementation Timeline:

December 31, 2021