

Plan of Correction

For Triennial Review Conducted January 8, 2018 through January 11, 2018

Colusa County Department of Behavioral Health (CCDBH)

Section/Finding	Requirement	Plan of Correction	Evidence	Timeline
System Review				
Section B: ACCESS				
<p>Test Call #1</p> <p>The operator asked the caller what type of services are needed and if the caller lived in the County. The operator asked the caller what type of insurance they had. The operator asked for the MediCal insurance number to make an appointment. No additional information about specialty mental health services was provided.</p>	<p>The MHP will submit a POC addressing the out of compliance findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides a statewide, toll-free telephone number 24 hours a day, 7 days per week, with language capability in all languages spoken by beneficiaries of the county that will provide information to</p>	<p>Updated Colusa County Behavioral Health Initial Access, Urgent Services, Grievances and Appeals Script. The Script was updated to easily provide the necessary information while meeting consumer needs. Provide training on the updated script.</p>	<ol style="list-style-type: none"> 1. Training Sign In sheets training front office staff and after hours staff on the script by 7/3/18. 2. QIC Meetings Minutes will capture at least two test calls (1 per month) to determine additional training needs. 	<ol style="list-style-type: none"> 1. Training date: 7/3/18 2. QIC meetings are held every other month. Next QIC meeting is August 28, 2018 at 1:00 pm.
<p>Test Call #3</p> <p>The operator asked the caller to provide their name and contact information and</p>				

<p>advised the caller they were not in the county system. The operator referred the caller to contact the Health and Human Services Welfare Department at 530-458-0250 to determine Medi-Cal eligibility. The operator also advised the caller to call back to schedule an appointment for intake and informed the caller that this is a 24/7 crisis line and to call back if needed, but did not ask the caller if they were in crisis, nor did the operator provide any additional information. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, nor was the caller provided information about services needed to treat beneficiary's urgent condition.</p>	<p>beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, services needed to treat a beneficiary's urgent condition, and how to file a grievance and how to receive the grievance forms, i.e., location, mail, or internet.</p>			<ol style="list-style-type: none"> 1. Training date: 7/2/18 2. QIC meetings are held every other month. Next QIC meeting is August 28, 2018 at 1:00 pm.
<p>Test Call #5</p>	<p>The MHP will submit a POC addressing the out of compliance findings</p>	<p>Updated Colusa County Behavioral Health Initial Access, Urgent Services, Grievances and Appeals</p>	<ol style="list-style-type: none"> 1. Training Sign In sheets training front 	<ol style="list-style-type: none"> 1. Training date: 7/3/18
<p>The caller requested information about filing a</p>				

<p>grievance in the county. The operator instructed the caller that the grievance forms are in the lobby for pickup. No additional information about SMHS was provided to the caller.</p>	<p>for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides a statewide, toll-free telephone number 24 hours a day, 7 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, services needed to treat a beneficiary's urgent condition, and how to file a grievance and how to receive the grievance forms, i.e., location, mail, or internet.</p>	<p>Script. The Script was updated to easily provide the necessary information while meeting consumer needs. Provide training on the updated script.</p>	<p>office staff and after hours staff on the script by 7/3/18.</p> <p>2. QIC Meetings Minutes will capture at least two test calls (1 per month) to determine additional training needs.</p>	<p>2. QIC meetings are held every other month. Next QIC meeting is August 28, 2018 at 1:00 pm.</p>
<p>Test Call #6</p>				

<p>The call was transferred to a messaging system where the caller could leave a message by answering the following questions: whom is the caller trying to reach, name of caller, number for call back, nature of call, and leave any additional information necessary? The message was then ended by stating: Thank you and I will make sure the message is delivered. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, nor was the caller provided information about services needed to treat a beneficiaries urgent condition.</p>	<p>The MHP will submit a POC addressing the out of compliance findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides a statewide, toll-free telephone number 24 hours a day, 7 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, services needed to treat a beneficiary's urgent condition, and how to file a grievance and how to receive the grievance forms, i.e.,</p>	<p>Updated Colusa County Behavioral Health Initial Access, Urgent Services, Grievances and Appeals Script. The Script was updated to easily provide the necessary information while meeting consumer needs. Provide training on the updated script.</p>	<ol style="list-style-type: none"> 1. Training Sign In sheets training front office staff and after hours staff on the script by 7/3/18. 2. QIC Meetings Minutes will capture at least two test calls (1 per month) to determine additional training needs. 	<ol style="list-style-type: none"> 1. Training date: 7/3/18 2. QIC meetings are held every other month. Next QIC meeting is August 28, 2018 at 1:00 pm.
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	location, mail, or internet.			
B10. Service Request Log missing information on 1. Name of the beneficiary? 2. Date of the request? 3. Initial disposition of the request?	Service Request Log must include: 1. Name of the beneficiary? 2. Date of the request? 3. Initial disposition of the request?	The MHP will complete at least 2 test calls to review in each QIC meeting (every other month) to ensure that service request logs are being completed with the name of the beneficiary, date of the request, and initial disposition of the request.	<ol style="list-style-type: none"> 1. Test Call Sheets will include documentation whether calls are logged or not. 2. Call Logs will be verified to ensure test calls are logged prior to the QIC meeting every other month. 	<ol style="list-style-type: none"> 1. Next QIC meeting is August 28, 2018 at 1:00 pm.
Section G: Provider Relations				
G2. The report indicates the MHP has a provider overdue for certification and/or re-certification. Of the 3 providers, 1 was identified as overdue.	<ol style="list-style-type: none"> 1. The MHP shall have an ongoing system in place that ensures contracted organizational providers and county owned and operated providers are 	<ol style="list-style-type: none"> 1. The Compliance Officer is responsible for certifying and re-certifying all organizational providers and county owned and operated providers. 2. The Compliance Officer will review DHCS "Overdue Provider" list to ensure compliance with certification/recertification 	<ol style="list-style-type: none"> 1. Completed certifications/recertifications. 	<ol style="list-style-type: none"> 1. Current and on-going (when the compliance position is filled).

	certified and/or re-certified as per Title 9 regulations.	processes and add any upcoming overdue providers to his/her outlook calendar as a way to schedule the completion of upcoming certifications/recertifications.		
Section K: Chart Review				
Medical Necessity: 1c-1: Interventions provided did not address significant functional impairment that is directly related to the mental health condition.	Interventions provided must address significant functional impairment that is directly related to the mental health condition.	1. Clinical Supervisors will provide staff training on medical necessity including functional impairments.	1. Sign in Sheets from the training.	1. Training Date: July 11, 2018.
Medical Necessity: 1c-2: Interventions provided did not meet the intervention criteria specified in CCR, title 9, chapter 11, section 1830.205(b)(3)(B)(1-4).	Interventions provided will meet the intervention criteria specified in CCR, title 9, chapter 11, section 1830.205(b)(3)(B)(1-4).	1. Clinical Supervisors will provide staff training on medical necessity criteria.	1. Sign in Sheets from the training.	1. Training Date: July 11, 2018.
Assessment: 2a: An annual assessment was completed late.	An assessment must be completed in a timely manner.	1. Clinical Supervisors will review the updated "Assessment and	1. Assessment and Reassessment	1. Policy updated 4/12/18.

		<p>Reassessments” policy related to the timeliness of assessments.</p> <p>2. Clinical Supervisors will provide staff training on timelines on assessment due dates.</p>	<p>Policy on timeliness of assessments.</p> <p>2. Sign in Sheets from the training.</p>	<p>2. Training Date: July 11, 2018.</p>
<p>Assessments: 2b: One or more of the assessment reviewed did not include all of the elements specified in the MHP Contract with the Department.</p>	<p>Every assessment must contain all of the required elements specified in the MHP Contract with the Department.</p>	<p>1. Clinical Supervisors will review the updated “Assessment and Reassessments” policy related to the timeliness of assessments.</p>	<p>1. Assessment and Reassessment Policy on timeliness of assessments.</p> <p>2. Sign in Sheets from the training.</p>	<p>1. Policy updated 4/12/18.</p> <p>2. Training Date: July 11, 2018.</p>
<p>Medication Consent: 3a: The provider did not obtain and retain one current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication.</p>	<p>The MHP will ensure that a written medication consent is obtained and retained for each medication prescribed and administered under the direction of the MHP.</p>			
<p>Client Plans: 4a: A client plan did not include services being provided and the client plan was not updated when there was significant impairment.</p>	<p>The MHP will have clinicians complete client plans to include all services that will be provided to the client and the clinician will</p>	<p>1. Clinical supervisors will provide training on the requirement to complete client plans prior to services covered by a client plan to be provided.</p>	<p>1. Sign in Sheets from the training</p>	<p>Date: July 11, 2018</p>

	update the client plan when there is significant impairments.	2. Clinical supervisors will provide training on updating the client plan when there is significant impairments.		
Client Plans: 4b: A client plan did not include goals/treatment objectives that were specific, observable, and/or quantifiable and related to the beneficiaries mental health needs. The interventions on a treatment plan did indicate an expected duration or frequency. One or more client plans did not address the mental health needs and functional impairments identified as a result of the mental disorder.	The MHP will ensure that all client plan goals/treatment objectives are specific, observable, and/or quantifiable and related to the beneficiary's documented mental health needs and functional impairments as a result of the mental health disorder. All mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention. All mental health interventions/modalities proposed on client plans address the mental health needs and identified functional impairments	<ol style="list-style-type: none"> 1. Clinical supervisors will provide training on client plans having specific, observable, and/or quantifiable and related to the beneficiary's documented mental health needs and functional impairments as a result of the mental health disorder, interventions having expected frequency and duration, and having interventions on the client plans that address functional impairments as a result of the mental disorder. 2. Clinical supervisors will provide training on updating the client plan when there is significant impairments. 	1. Sign In Sheets	Date: July 11, 2018

	of the beneficiary as a result of the mental disorder.			
Client Plans: 4e: There was no documentation that the beneficiary or legal guardian was offered a copy of the client plan.	Our treatment plans state that by the client signing it that is means they got a copy of the client plan. Is it too late to challenge this?			
Progress Notes: 5a: Report findings included progress notes that are not completed timely, response and plan for services is not included in the progress notes, some notes were not individualized to the service provided, some progress notes had missing documentation on how the service helped with functional impairments resulting because of the mental health diagnosis, and some progress notes included services that did not relate to the diagnosis or medical necessity.	The MHP will ensure progress notes are completed timely, response and plan for services are included in the progress notes, progress notes will be individualized to the service provided, documentation on how the services helped with functional impairments resulting because of the mental health diagnosis, and services that relate to the diagnosis or medical necessity.	1. Clinical Supervisors will provide training on progress notes being completed timely, progress notes including response and plan for services, progress notes being individualized, progress notes stating how services helped decrease functional impairments resulting because of the mental health diagnosis, and progress notes relating to the diagnosis and medical necessity.	1. Sign in Sheet for the training.	Date: July 11, 2018