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 Test Call #1 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. Test Call #3	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	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.	 Training Sign In sheets training front office staff and after hours staff on the script by 7/3/18. QIC Meetings Minutes will capture at least two test calls (1 per month) to determine 	 Training date: 7/3/18 QIC meetings are held every other month. Next QIC meeting is August 28, 2018 at 1:00 pm.
The operator asked the caller to provide their name	beneficiaries of the county that will provide		additional training	
and contact information and	information to		needs.	

advised the caller they were	beneficiaries about			1.	Training
not in the county system.	how to access SMHS,				date: 7/2/18
The operator referred the	including SMHS			2.	QIC meetings
called to contact the Health	required to assess				are held
and Human Services	whether medical				every other
Welfare Department at 530-	necessity criteria are				month. Next
458-0250 to determine	met, services needed				QIC meeting
Medi-Cal eligibility. The	to treat a beneficiary's				is August 28,
operator also advised the	urgent condition, and				2018 at 1:00
caller to call back to	how to file a grievance				pm.
schedule an appointment	and how to receive the				
for intake and informed the	grievance forms, i.e.,				
caller that this is a 24/7	location, mail, or				
crisis line and to call back if	internet.				
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.					
Test Call #5	The MHP will submit a	Updated Colusa County Behavioral	1. Training Sign	1. Tra	aining date:
The caller requested	POC addressing the out	Health Initial Access, Urgent	In sheets	7/3	3/18
information about filing a	of compliance findings	Services, Grievances and Appeals	training front		

grievance in the county. The	for these requirements.	Script. The Script was updated to	office staff	2.	QIC meetings
operator instructed the	The MHP is required to	easily provide the necessary	and after		are held every
caller that the grievance	provide evidence to	information while meeting	hours staff on		other month.
forms are in the lobby for	DHCS to substantiate	consumer needs.	the script		Next QIC
pickup. No additional	its POC and to	Provide training on the updated	by7/3/18.		meeting is
information about SMHS	demonstrate that it	script.	2. QIC Meetings		August 28, 2018
was provided to the caller.	provides a statewide,		Minutes will		at 1:00 pm.
	toll-free telephone		capture at		
	number 24 hours a day,		least two test		
	7 days per week, with		calls (1 per		
	language capability in		month) to		
	all languages spoken by		determine		
	beneficiaries of the		additional		
	county that will provide		training		
	information to		needs.		
	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.				
Test Call #6					

The call was transferred to a	The MHP will submit a	Updated Colusa County Behavioral	1.	Training Sign	1.	Training date:
messaging system where	POC addressing the out	Health Initial Access, Urgent	<u></u> .		т.	-
the caller could leave a	of compliance findings	Services, Grievances and Appeals		In sheets	-	7/3/18
message by answering the	for these requirements.	Script. The Script was updated to		training front	2.	QIC meetings
following questions: whom	The MHP is required to	easily provide the necessary		office staff		are held every
is the caller trying to reach,	provide evidence to	information while meeting		and after		other month.
name of caller, number for	DHCS to substantiate	consumer needs.		hours staff on		Next QIC
call back, nature of call, and	its POC and to	Provide training on the updated		the script		meeting is
		e ,		•		August 28, 2018
leave any additional	demonstrate that it	script.		by7/3/18.		at 1:00 pm.
information necessary? The	provides a statewide,		2.	0-		
message was then ended by	toll-free telephone			Minutes will		
stating: Thank you and I will	number 24 hours a day,			capture at		
make sure the message is	7 days per week, with			least two test		
delivered. The caller was not	language capability in			calls (1 per		
provided information about	all languages spoken by			month) to		
how to access SMHS,	beneficiaries of the			determine		
including SMHS required to	county that will provide			additional		
assess whether medical	information to			training		
necessity criteria are met,	beneficiaries about			needs.		
nor was the caller provided	how to access SMHS,					
information about services	including SMHS					
needed to treat a	required to assess					
beneficiaries urgent	whether medical					
condition.	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.,					

B10. Service Request Log missing information on 1. Name of the beneficiary? 2. Date of the request? 3. Initial disposition of the request?	location, mail, or internet. 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.	 Test Call Sheets will include documentatio n whether calls are logged or not. Call Logs will be verified to ensure test calls are logged prior to the QIC meeting every other month. 	 Next QIC meeting is August 28, 2018 at 1:00 pm.
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.	 The MHP shall have an ongoing system in place that ensures contracted organizational providers and county owned and operated providers are 	 The Compliance Officer is responsible for certifying and re-certifying all organizational providers and county owned and operated providers. The Compliance Officer will review DHCS "Overdue Provider" list to ensure compliance with certification/recertification 	 Completed certifications/ recertification s. 	 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/recertificatio ns.		
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.	 Clinical Supervisors will provide staff training on medical necessity including functional impairments. 	 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).	 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.	 Clinical Supervisors will review the updated "Assessment and 	 Assessment and Reassessment 	 Policy updated 4/12/18.

			Reassessments" policy		Policy on	2.	Training Date:
			related to the timeliness of		timeliness of		July 11, 2018.
			assessments.		assessments.		,, _010.
		2	Clinical Supervisors will	2	Sign in Sheets		
		۷.	provide staff training on	2.	from the		
			timelines on assessment		training.		
			due dates.		training.		
Assessments: 2b: One or	Every assessment must	1.		1.	Assessment	1	Policy updated
more of the assessment	contain all of the	<u> </u>	review the updated		and	1.	4/12/18.
reviewed did not include all	required elements		"Assessment and		Reassessment	2.	Training Date:
of the elements specified in	specified in the MHP		Reassessments" policy		Policy on		July 11, 2018.
the MHP Contract with the	Contract with the		related to the timeliness of		timeliness of		,,
Department.	Department.		assessments.		assessments.		
				2.	Sign in Sheets		
					from the		
					training.		
Medication Consent: 3a: The	The MHP will ensure				U		
provider did not obtain and	that a written						
retain one current written	medication consent is						
medication consent form	obtained and retained						
signed by the beneficiary	for each medication						
agreeing to the	prescribed and						
administration of each	administered under the						
prescribed psychiatric	direction of the MHP.						
medication.							
Client Plans: 4a: A client	The MHP will have	1.	Clinical supervisors will	1.	Sign in Sheets	Date: J	luly 11, 2018
plan did not include services	clinicians complete		provide training on the		from the		
being provided and the	client plans to include		requirement to complete		training		
client plan was not updated	all services that will be		client plans prior to				
when there was significant	provided to the client		services covered by a client				
impairment.	and the clinician will		plan to be provided.				

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 All	nen there is mificant pairments. e MHP will ensure at all client plan als/treatment jectives are specific, servable, and/or antifiable and lated to the neficiary's cumented mental alth needs and nctional impairments a result of the ental health disorder.	Clinical supervisors will provide training on updating the client plan when there is significant impairments. 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	1. Sign In Sheets	Date: July 11, 2018
interventions on a door treatment plan did indicate hea an expected duration or fun frequency. One or more as a client plans did not address me the mental health needs and All functional impairments inter identified as a result of the on mental disorder. both free for All inter s pu pla me	cumented mental alth needs and nctional impairments a result of the ental health disorder. mental health cerventions proposed client plans indicate th an expected equency and duration	impairments as a result of the mental health disorder, interventions having expected frequency and duration, and having		

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