

SYSTEM AND CHART REVIEW PLAN OF CORRECTION
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SECTION B: ACCESS

Protocol question B2b8:

FINDINGS

The MHP did not furnish evidence the provider directory indicates whether the provider has completed cultural competence training.
The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it indicates whether the provider has completed cultural competence training.

LAKE COUNTY POC

(1) Description of corrective actions (including milestones): The provider directory has been updated to indicate whether the provider has completed cultural competence training.

(2) Timeline for implementation and/or completion of corrective actions: The corrective action has been implemented at this time.

(3) Proposed or actual evidence of correction that will be submitted to DHCS: The MHP is providing the provider directory for June 2018 with cultural competence training indicator added.

(4) Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should purpose an alternative corrective action plan to DHCS: The provider directory is updated on a monthly basis and this information will be added/updated as applicable.

(5) Description of corrective actions required of the MHP's contracted providers to address findings: N/A

Protocol question B9a2 and B9a3:

FINDINGS

Test Call #4 was deemed out of compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

The MHP will submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides 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.

LAKE COUNTY POC

(1) Description of corrective actions (including milestones): The MHP will provide a training to staff members as well contracted providers on how to 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.

(2) Timeline for implementation and/or completion of corrective actions: The timeline for implementation will be six months, or February 16, 2019.

(3) Proposed or actual evidence of correction that will be submitted to DHCS: The MHP will submit the training and list of providers who receive the training.

(4) Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should purpose an

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alternative corrective action plan to DHCS: The MHP's quality assurance staff will review all test calls and provide training as indicated.

(5) Description of corrective actions required of the MHP's contracted providers to address findings: The MHP will provide training to contracted providers on how to 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.

Protocol question B9c:

FINDINGS

The MHP did not furnish evidence it provides training for all staff and contractors with Responsibilities related to providing a statewide (24/7) toll-free telephone line. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Email dated 12/15/17 regarding coordination of training for the Access Log.

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides training for all staff and contractors with responsibilities related to providing a statewide (24/7) toll-free telephone line.

LAKE COUNTY POC

(1) Description of corrective actions (including milestones): The corrective action plan will be to provide evidence the MHP provides training for all staff and contractors with responsibilities related to providing a statewide (24/7) toll-free telephone line.

(2) Timeline for implementation and/or completion of corrective actions: The MHP will begin to furnish evidence of the trainings to DHCS in a variety of forms including sign-in sheets, outlook invites, etc.

(3) Proposed or actual evidence of correction that will be submitted to DHCS: The evidence will include sign-in sheets and/or outlook invites.

(4) Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should propose an alternative corrective action plan to DHCS: The MHP will keep a record of trainings and monitor.

(5) Description of corrective actions required of the MHP's contracted providers to address findings: The MHP will request sign-in sheets for trainings related to this section from the contract providers.

Protocol question B10a:

FINDINGS

The MHP did not furnish evidence its written log(s) of initial requests for SMHS includes requests made by phone, in person, or in writing. Specifically, two (2) of the five (5) relevant test calls were not present on the log and as such the beneficiary name, date of request, and initial disposition were not documented.

The MHP will submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that its written log of initial requests for SMHS (including requests made via telephone, in person or in writing) complies with all regulatory requirements.

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(1) Description of corrective actions (including milestones): The MHP will provide training to access staff on how to use the written log of initial requests for SMHS (including requests made via telephone, in person or in writing) complies with all regulatory requirements. The MHP provides a log that includes all the regulatory requirements.

(2) Timeline for implementation and/or completion of corrective actions: The timeframe for completion will be six months, or February 16, 2019.

(3) Proposed or actual evidence of correction that will be submitted to DHCS: The MHP will provide a sign-in sheet from the training that addresses this section.

(4) Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should purpose an alternative corrective action plan to DHCS: The MHP will review the log quarterly to ensure all the regulatory requirements are being met and provide further training if indicated.

(5) Description of corrective actions required of the MHP's contracted providers to address findings: N/A

SECTION C: AUTHORIZATION

Protocol question C1b:

FINDINGS

DHCS inspected a sample of 87 TARs to verify compliance with regulatory requirements. One TAR was OOC for approval or denial within 14 calendar days. The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it complies with regulatory requirements regarding Treatment Authorization Requests (TARs) for hospital services.

LAKE COUNTY POC

(1) Description of corrective actions (including milestones): The correction action plan will include adding a checklist to the TAR tracking sheet to ensure all steps are completed, including the dates. Staff completing TARS will check the dates on the TARS for dates to be recorded and that they fall within policy standards.

(2) Timeline for implementation and/or completion of corrective actions: This corrective action plan will be completed within one month, or September 16, 2018.

(3) Proposed or actual evidence of correction that will be submitted to DHCS: The MHP will submit the checklist to DHCS.

(4) Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should purpose an alternative corrective action plan to DHCS: LCBH will review the checklist on every TAR completed to ensure it has been completed. If the checklist has been completed the steps to complete a TAR, including the recording of dates, will be complete.

(5) Description of corrective actions required of the MHP's contracted providers to address findings: N/A

Protocol question C3a1:

FINDINGS

The MHP did not furnish evidence it requires providers to request advance payment

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Authorization for Day Treatment Authorization (DTI) and Day Rehabilitation (DR). DHCS reviewed the MHP's authorization policy and procedure: P&P 104- Day Treatment Intensive (effective 9/18/17). However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the policy did not state that providers are required to request advance payment authorization for DTI and DR in advance of service delivery when services will be provided for more than 5 days per week. The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it requires providers to request advance payment authorization for DTI and DR in advance of service delivery when services will be provided for more than 5 days per week.

LAKE COUNTY POC

(1) Description of corrective actions (including milestones): The corrective action plan will include providing P&P 106 to DHCS. This P&P was not originally submitted during the audit. However, the language to our P&P 106 will be updated as well to say "that providers are required to request advance payment authorization for DTI and DR in advance of service delivery when services will be provided for more than 5 days per week."

(2) Timeline for implementation and/or completion of corrective actions: The timelines to make this correction will be one month from this date, or September 16, 2018.

(3) Proposed or actual evidence of correction that will be submitted to DHCS: The MHP will submit the updated P&P 106 to DHCS.

(4) Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should propose an alternative corrective action plan to DHCS: The MHP will utilize IDEA consulting to review the updated P&P 106.

(5) Description of corrective actions required of the MHP's contracted providers to address findings: N/A

SECTION E: FUNDING, REPORTING AND CONTRACTING REQUIREMENTS

Protocol question E1:

FINDINGS

The MHP did not furnish evidence it comply with timely submission of its annual cost reports. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy 139 - Cost Report Preparation (effective 12/15/17) and sample of cost reports for fiscal years 2011-12 and 2012-13. The MHP did not submit its most recent annual cost report timely.

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it complies with timely submission of its annual cost reports.

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- (1) Description of corrective actions (including milestones):** The MHP has contracted with Kingsview to complete the annual cost reports for fiscal years 2014/15, 2015/16, 2016/17 starting July 1, 2018.
- (2) Timeline for implementation and/or completion of corrective actions:** The completion date will be 12/31/2018.
- (3) Proposed or actual evidence of correction that will be submitted to DHCS:** The cost reports will be submitted to DHCS as evidence.
- (4) Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should purpose an alternative corrective action plan to DHCS:** The MHP will continue to work with Kingsview to ensure the process is completed.
- (5) Description of corrective actions required of the MHP's contracted providers to address findings:** N/A

SECTION G: PROVIDER RELATIONS

Protocol question G3a3 and G3a7:

FINDINGS

The MHP did not furnish evidence that all contracts or written agreements between the MHP and any subcontractor specify: Remedies in instances where the State or the MHP determine the subcontractor has not performed satisfactorily and right to audit will exist through 10 years from the final data of the contract period or from the date of completion of any audit, whichever is later. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Agreement between County of Lake and Remi Vista Inc for fiscal year 2017-18. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the agreement did not include the following verbiage: Remedies in instances where the State or the MHP determine the subcontractor has not performed satisfactorily and right to audit will exist through 10 years from the final data of the contract period or from the date of completion of any audit, whichever is later.

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that that all contracts or written agreements between the MHP and any subcontractor specify: Remedies in instances where the State or the MHP determine the subcontractor has not performed satisfactorily and right to audit will exist through 10 years from the final data of the contract period or from the date of completion of any audit, whichever is later.

LAKE COUNTY POC

(1) Description of corrective actions (including milestones): The verbiage “Remedies in instances where the State or the MHP determine the subcontractor has not performed satisfactorily and right to audit will exist through 10 years from the final data of the contract period or from the date of completion of any audit, whichever is later” has been added to all of the MHP’s fiscal year 2018/2019 contracts.

(2) Timeline for implementation and/or completion of corrective actions: This plan of correction has been completed.

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(3) Proposed or actual evidence of correction that will be submitted to DHCS:

The MHP will send a copy of an updated contract to DHCS for evidence.

(4) Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should purpose an alternative corrective action plan to DHCS: The fiscal year 2018/2019 contracts will be reviewed in the third quarter of the fiscal year.

(5) Description of corrective actions required of the MHP's contracted providers to address findings: N/A

SECTION I: QUALITY IMPROVEMENT

Protocol question I10a:

FINDINGS

The MHP did not furnish evidence it has practice guidelines, which meet the requirements of the MHP contract. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P 158- Practice Guidelines (effective 12/1 0/17).

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has practice guidelines, which meet the requirements of the MHP contract.

LAKE COUNTY POC

(1) Description of corrective actions (including milestones): The MHP will update P&P 158 to demonstrate the practice guidelines meet the requirements of the MHP contract.

(2) Timeline for implementation and/or completion of corrective actions: The timeframe for completion will be November 16, 2018.

(3) Proposed or actual evidence of correction that will be submitted to DHCS: P&P 158 will be submitted to DHCS.

(4) Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should purpose an alternative corrective action plan to DHCS: The MHP will monitor until a corrected P&P 158 is in place.

(5) Description of corrective actions required of the MHP's contracted providers to address findings: N/A

SECTION K: CHART REVIEW – NON-HOSPITAL SERVICES

Medical Necessity

FINDING 1c-1:

The medical record associated with the following Line number(s) did not meet medical necessity criteria since the focus of the actual intervention(s) did not address the mental health condition, as specified in the CCR, title 9, chapter 11, section 1830.205(b)(3)(A):

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• **Line number(s) ¹. RR13b refer to Recoupment Summary for details.**

The MHP shall submit a POC that describes how the MHP will ensure that interventions are focused on a significant functional impairment that is directly related to the mental health condition, as specified in CCR, title 9, chapter 11, section 1830.205(b)(3)(A).

LAKE COUNTY POC

(1) Description of corrective actions (including milestones): The corrective action plan will include developing and administering training for clinical staff to ensure interventions are focused on a significant impairment that is directly related to a mental health condition. This training will be part of a series of trainings given to clinical staff on mental health documentation.

(2) Timeline for implementation and/or completion of corrective actions: The timeline to develop and incorporate this training will be six months, or February 16, 2019.

(3) Proposed or actual evidence of correction that will be submitted to DHCS: The MHP will submit the sign-in sheet to DHCS as well as the portion of the training that covers this section.

(4) Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should purpose an alternative corrective action plan to DHCS: The MHP will monitor clinical documentation by conducting regular chart reviews and address areas identified as needing improvement.

(5) Description of corrective actions required of the MHP's contracted providers to address findings: Verbiage in each contracted provider agency's contracts will include the responsibility of the contractor to train their clinical providers to produce clinical documentation in accordance to the MHP's plan with DHCS. The MHP will request a sign-in sheet from all trainings provided.

FINDING 1c-2:

The medical record associated with the following Line number(s) did not meet medical necessity criteria since there was no expectation that the actual intervention would meet the intervention criteria, as specified in the CCR, title 9, chapter 11, section 1830.205(b)(3)(8)(1-4):

• **Line number(s) ². RR3a-d, refer to Recoupment Summary for details.**

The MHP shall submit a POC that describes how the MHP will ensure that the interventions provided meet the intervention criteria specified in CCR, title 9, chapter 11, section 1830.205(b)(3)(8)(1-4).

LAKE COUNTY POC

(1) Description of corrective actions (including milestones): The corrective action plan will include developing and administering a training to qualified mental health staff to ensure that the interventions provided meet the intervention criteria specified in CCR, title 9, chapter 11, section 1830.205(b)(3)(8)(1-4). This training will be a part of a series of trainings created for the entire section K to address clinical documentation.

¹ Line number(s) removed for confidentiality

² Line number(s) removed for confidentiality

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(2) Timeline for implementation and/or completion of corrective actions: The timeline for implementation will be six months, or February 16, 2019.

(3) Proposed or actual evidence of correction that will be submitted to DHCS: LCBH will submit the sign-in sheet from the training to DHCS as well as the portion of the training that covers this section.

(4) Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should purpose an alternative corrective action plan to DHCS: The MHP will monitor clinical documentation by conducting regular chart reviews and address areas identified as needing improvement.

(5) Description of corrective actions required of the MHP's contracted providers to address findings: Verbiage in each contracted provider agency's contracts will include the responsibility of the contractor to train their clinical providers to produce clinical documentation in accordance to the MHP's plan with DHCS. The MHP will request a sign-in sheet from all trainings providing.

Assessment

FINDING 2b:

One or more of the assessments reviewed did not include all of the elements specified in the MHP Contract with the Department. The following required elements were incomplete or missing: (use "and" if only two line numbers)

- **Mental Health History: Line number(s) ³.**
- **Medical History: Line number(s) ⁴.**
- **Medications: Line number(s) ⁵.**
- **Risks: Line number ⁶.**

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

LAKE COUNTY POC

(1) Description of corrective actions (including milestones): The plan of correction will include developing and administering training to qualified mental health staff to ensure clinical staff includes all of the elements specified in the MHP contract with DHCS into their assessments. This training will be a part of a series of trainings for clinical staff members to address the findings in section K.

(2) Timeline for implementation and/or completion of corrective actions: The timeline for implementation will be six months, or February 16, 2019.

(3) Proposed or actual evidence of correction that will be submitted to DHCS: The MHP will submit the sign-in sheet from the training to DHCS as well as the portion of the training that covers this section.

(4) Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should purpose an alternative corrective action plan to DHCS: The MHP will monitor clinical

³ Line number(s) removed for confidentiality

⁴ Line number(s) removed for confidentiality

⁵ Line number(s) removed for confidentiality

⁶ Line number(s) removed for confidentiality

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documentation by conducting regular chart reviews and address areas identified as needing improvement.

(5) Description of corrective actions required of the MHP's contracted providers to address findings: Verbiage in each contracted provider agency's contracts will include the responsibility of the contractor to train their clinical providers to produce clinical documentation in accordance to the MHP's plan with DHCS. The MHP will request a sign-in sheet from all trainings providing.

FINDING 2c:

The Assessment(s) did not include:

Signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, or job title:

• **Line number(s)** ⁷.

The MHP shall submit a POC that describes how the MHP will ensure that all documentation includes the signature (or electronic equivalent) with the professional degree, licensure or title of the person providing the service.

LAKE COUNTY POC

(1) Description of corrective actions (including milestones): The corrective action plan is to work with Kingsview on the MHP's electronic health record to ensure each signature line includes the person providing the clinical service's professional degree, licensure or job title will be included on each assessment signature line.

(2) Timeline for implementation and/or completion of corrective actions: The timeline for implementation will be one month, or September 16, 2018.

(3) Proposed or actual evidence of correction that will be submitted to DHCS:

The MHP will submit evidence of a signature line that has been completed as well as written documentation of completion of change in the electronic health record to DHCS.

(4) Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should purpose an alternative corrective action plan to DHCS:

(5) Description of corrective actions required of the MHP's contracted providers to address findings: Our contract providers utilize the MHP's electronic health record and they will utilize the changes outlined above.

Medication Consent

FINDING 3a:

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

• **Line number(s)** ⁸: ***There was no written medication consent form found in the medical record. During the review, MHP staff was given the opportunity to locate the missing medication consent forms but was unable to locate them in the medical record.***

⁷ Line number(s) removed for confidentiality

⁸ Line number(s) removed for confidentiality

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- **Line number(s) ⁹:** The written medication consent form was not signed by the beneficiary.
- **Line number ¹⁰:** Although there was a written medication consent form in the medical record, there was no medication consent for each of the medications prescribed. *During the review, MHP staff was given the opportunity to locate the medication consent in question but was unable to locate it in the medical record.*

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

- 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.

LAKE COUNTY POC

(1) Description of corrective actions (including milestones): In the April 2018 medication monitoring meeting the issue of the lack of medication consent forms was addressed.

(2) Timeline for implementation and/or completion of corrective actions: This corrective action plan was completed.

(3) Proposed or actual evidence of correction that will be submitted to DHCS: Medication monitoring meeting reports from April and July 2018 meetings that show the medication consent forms are being completed.

(4) Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should propose an alternative corrective action plan to DHCS: The MHP will monitor clinical documentation by conducting regular chart reviews and address areas identified as needing improvement as well as continue to review medication consent forms in the medication monitoring meeting.

(5) Description of corrective actions required of the MHP's contracted providers to address findings: N/A

FINDING 3c:

The medication consent(s) did not include:

Signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, or job title:

- **Line number ¹¹.**

The MHP shall submit a POC that describes how the MHP will ensure that all documentation includes the signature (or electronic equivalent) of the qualified person providing the service with the professional degree, licensure or title.

LAKE COUNTY POC

(1) Description of corrective actions (including milestones): In the April 2018 medication monitoring meeting the issue of the lack of medication consent forms was addressed.

(2) Timeline for implementation and/or completion of corrective actions: This corrective action plan was completed.

⁹ Line number(s) removed for confidentiality

¹⁰ Line number(s) removed for confidentiality

¹¹ Line number(s) removed for confidentiality

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(3) Proposed or actual evidence of correction that will be submitted to DHCS: Medication monitoring meeting reports from April and July 2018 meetings that show the medication consent forms are being completed.

(4) Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should purpose an alternative corrective action plan to DHCS: The MHP will monitor clinical documentation by conducting regular chart reviews and address areas identified as needing improvement. The MHP will also continue to monitor the medication consent forms in the medication monitoring meeting.

(5) Description of corrective actions required of the MHP's contracted providers to address findings: N/A

Client Plans

FINDING 4a:

The Client Plan was not completed prior to planned services being provided and not updated at least annually or reviewed and updated when there was a significant change in the beneficiary's condition (as required in the MHP Contract with the Department and/or as specified in the MHP's documentation standards):

- **Line number ¹²:** There was a lapse between the prior and current client plans. However, this occurred outside of the audit review period. Specifically, the prior plan dated 9/9/16 was not signed by the provider.
- **Line number ¹³:** The client plan was late per the MHP's written documentation standards. However, this occurred outside the audit review period.

The MHP shall submit a POC that describes how the MHP will:

- 1) Ensure that client plans are completed prior to planned services being provided.
- 2) Ensure that client plans are updated at least on an annual basis as required in the MHP Contract with the Department, and within the timelines and frequency specified in the MHP's written documentation standards.

LAKE COUNTY POC

(1) Description of corrective actions (including milestones): The plan of correction will include developing and administering training to qualified mental health staff to ensure client plans are completed within the MHP's written documentation timeframe standards to include that client plans are completed prior to planned services being provided and client plans are updated at least on an annual basis as required in the MHP contract with DHCS . This training will be a part of a series of trainings for clinical staff members to address the findings in section K.

(2) Timeline for implementation and/or completion of corrective actions: The timeframe for completion will be six months, or February 16, 2018.

(3) Proposed or actual evidence of correction that will be submitted to DHCS: The MHP will submit the sign-in sheet from the training to DHCS as well as the part of the training that covers this section.

(4) Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should purpose an alternative corrective action plan to DHCS: The MHP will monitor clinical

¹² Line number(s) removed for confidentiality

¹³ Line number(s) removed for confidentiality

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documentation by conducting regular chart reviews and address areas identified as needing improvement.

(5) Description of corrective actions required of the MHP's contracted providers to address findings: Verbiage in each contracted provider agency's contracts will include the responsibility of the contractor to train their clinical providers to produce clinical documentation in accordance to the MHP's plan with DHCS. The MHP will request a sign-in sheet from all trainings providing.

FINDING 4b:

The following Line number(s) had client plan(s) that did not include all of the items specified in the MHP Contract with the Department:

4b-2) One or more of the proposed interventions did not include a detailed description. Instead, only a "type" or "category" of intervention was recorded on the client plan (e.g. "Medication Support Services," "Targeted Case Management," "Mental Health Services," etc.). **Line number(s)** ¹⁴.

4b-3) One or more of the proposed interventions did not indicate an expected frequency. **Line number(s)** ¹⁵.

4b-4) One or more of the proposed interventions did not indicate an expected duration. **Line number(s)** ¹⁶.

4b-5ii) The client plan did not adequately address the mental health needs and functional impairments identified as a result of the mental disorder. Specifically, the sole intervention of Case Management was not sufficient to address the mental health needs identified in the Assessment (i.e. "recently hospitalized for suicidal ideation and grave disability ... isolated ... in chronic pain ...").

Line number ¹⁷.

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

- 1) (4b-2.) All mental health interventions/modalities proposed on client plans include a detailed description of the interventions to be provided and do not just identify a type or modality of service (e.g. "therapy", "medication", "case management", etc:).
- 2) (4b-3, 4b-4.) All mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.
- 3) (4b-5.) All mental health interventions/modalities proposed on client plans adequately address the mental health needs and identified functional impairments of the beneficiary as a result of the mental disorder.

LAKE COUNTY POC

(1) Description of corrective actions (including milestones): The plan of correction will include the developing and implementation of a training that will address #1, #2, and #3 as outlined above. This will be a part of a series of trainings that will address the issues identified in section K.

(2) Timeline for implementation and/or completion of corrective actions: The timeline for implementation and completion will be six months, or February 16, 2019.

¹⁴ Line number(s) removed for confidentiality

¹⁵ Line number(s) removed for confidentiality

¹⁶ Line number(s) removed for confidentiality

¹⁷ Line number(s) removed for confidentiality

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(3) Proposed or actual evidence of correction that will be submitted to DHCS:

The MHP will submit the sign-in sheet from the training to DHCS as well as the portion of the training that addresses this section.

(4) Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should purpose an alternative corrective action plan to DHCS:

The MHP will monitor clinical documentation by conducting regular chart reviews and address areas identified as needing improvement.

(5) Description of corrective actions required of the MHP's contracted providers to address findings:

Verbiage in each contracted provider agency's contracts will include the responsibility of the contractor to train their clinical providers to produce clinical documentation in accordance to the MHP's plan with DHCS. The MHP will request a sign-in sheet from all trainings providing.

FINDING 4e:

There was no documentation that the beneficiary or legal guardian was offered a copy of the client plan for the following: **Line number(s)** ¹⁸.

The MHP shall submit a POC that describes how the MHP will:

- 1) Ensure that there is documentation substantiating that the beneficiary was offered a copy of the client plan.
- 2) Submit evidence that the MHP has an established process to ensure that the beneficiary is offered a copy of the client plan.

LAKE COUNTY POC

(1) Description of corrective actions (including milestones): The plan of correction will include adding a button in the electronic health record on the treatment plan signature line that prompts and must be signed by the clinician writing the plan.

By checking the button and signing the clinician is demonstrating a client plan was offered to the client or guardian of the client. This has been implemented as a required field.

(2) Timeline for implementation and/or completion of corrective actions: This corrective action has already taken place.

(3) Proposed or actual evidence of correction that will be submitted to DHCS:

The MHP will submit a copy of a signed client plan as evidence.

(4) Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should purpose an alternative corrective action plan to DHCS:

The MHP will monitor clinical documentation by conducting regular chart reviews and address areas identified as needing improvement.

(5) Description of corrective actions required of the MHP's contracted providers to address findings: N/A

Progress Notes

FINDING 5a:

Progress notes were not completed in accordance with regulatory and contractual requirements and/or with the MHP's written documentation standards:

¹⁸ Line number(s) removed for confidentiality

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- The MHP was not following its own written documentation standards for timeliness of staff signatures on progress notes.

- Progress notes did not document the following:

5a-1) Line number(s) ¹⁹: Timely documentation of relevant aspects of beneficiary care, as specified by the MHP's documentation standards (i.e., progress notes completed late based on the MHP's written documentation standards in effect during the audit period).

- **Line number** ²⁰: **Three late progress notes.**

- **Line number** ²¹: **Eight late progress notes.**

- **Line number** ²²: **Seven late progress notes.**

- **Line number** ²³: **Three late progress notes.**

- **Line number** ²⁴: **Twenty-six late progress notes.**

- **Line number** ²⁵: **Thirty-one late progress notes.**

- **Line number** ²⁶: **Thirteen late progress notes.**

- **Line number** ²⁷: **Thirteen late progress notes.**

- **Line number** ²⁸: **Eleven late progress notes.**

5a-7i) Line number(s) ²⁹: The amount of time taken to provide services. There was a progress note in the medical record for the date of service claimed.

However, the amount of time documented on the progress note to provide the service was less than the time claimed, or was missing on the progress note.

RR6b3, refer to Recoupment Summary for details.

5a-8ii) Line number(s) ³⁰: The provider's professional degree, licensure or job title.

- **Line numbers** ³¹: Appointment was missed or cancelled. **RR13a, refer to Recoupment Summary for details.**

PLEASE NOTE: The exact same verbiage was recorded on multiple progress notes, and therefore those progress notes were not individualized, did not accurately document the beneficiary's response and the specific interventions applied, as specified in the MHP Contract with the Department for: **Line number** ³². **RR 6, refer to Recoupment Summary for details.**

1) The MHP shall submit a POC that describes how the MHP will ensure that progress notes document:

5a-1) Timely completion by the person providing the service and relevant aspects of

¹⁹ Line number(s) removed for confidentiality

²⁰ Line number(s) removed for confidentiality

²¹ Line number(s) removed for confidentiality

²² Line number(s) removed for confidentiality

²³ Line number(s) removed for confidentiality

²⁴ Line number(s) removed for confidentiality

²⁵ Line number(s) removed for confidentiality

²⁶ Line number(s) removed for confidentiality

²⁷ Line number(s) removed for confidentiality

²⁸ Line number(s) removed for confidentiality

²⁹ Line number(s) removed for confidentiality

³⁰ Line number(s) removed for confidentiality

³¹ Line number(s) removed for confidentiality

³² Line number(s) removed for confidentiality

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client care, as specified in the MHP Contract with the Department and by the MHP's written documentation standards.

5a-7) The claim must accurately reflect the amount of time taken to provide services.

5a-8) The provider's/providers' professional degree, licensure or job title.

2) Documentation is individualized for each service provided.

3) Each progress note describes how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning.

4) All services claimed are appropriate, relate to the qualifying diagnosis and identified functional impairments and are medically necessary as delineated in the CCR, title 9, chapter 11, sections 1830.205(a)(b).

5) Specialty Mental Health Services claimed are actually provided to the beneficiary.

LAKE COUNTY POC

(1) Description of corrective actions (including milestones): The plan of correction will include the creation and implementation of a training that will address #1, #2, #3, #4, and #5 as outline above. This training will be a part of a series of trainings that are being created to address all issues outline in section "K". Specific to #1 5a-1 the MHP has changed the timeframe in which progress notes are to be completed to 5 business days with an additional 5 business days in the event a co-signer is necessary. Specific to #1 5a-8 the MHP will work with Kingsview to change the electronic health record's signature line to include the provider's/providers' professional, degree, licensure or job title.

(2) Timeline for implementation and/or completion of corrective actions: The timeline for this training is six months, or February 16, 2019. For #1 5a-1 the correction has been completed. The timeline for #1 5a-8 will be one month, or September 16, 2018.

(3) Proposed or actual evidence of correction that will be submitted to DHCS: The MHP will submit the sign-in sheet from the training to DHCS as well as the portion of the training that covers this section's issues. For section #1 5a-1 the MH will submit P&P **For section #1 5a-8 the MHP will submit a copy of the signature line from an example progress note.

(4) Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should purpose an alternative corrective action plan to DHCS: The MHP will monitor clinical documentation by conducting regular chart reviews and address areas identified as needing improvement.

(5) Description of corrective actions required of the MHP's contracted providers to address findings: Verbiage in each contracted provider agency's contracts will include the responsibility of the contractor to train their clinical providers to produce clinical documentation in accordance to the MHP's plan with DHCS. The MHP will request a sign-in sheet from all trainings providing.

FINDING 5b:

Documentation of services being provided to, or on behalf of, a beneficiary by two or more persons at one point in time did not include all required components.

Specifically:

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• **Line number(s)** ³³: Progress note(s) did not document the specific involvement of each provider in the context of the mental health needs of the beneficiary. **RR11a, refer to Recoupment Summary for details.**
The MHP shall submit a POC that describes how the MHP will ensure that progress notes clearly document the contribution, involvement or participation of each staff member as it relates to the identified functional impairment and mental health needs of the beneficiary.

LAKE COUNTY POC

(1) Description of corrective actions (including milestones): The corrective action plan will include the creating and implementation of training that will train staff to ensure progress notes clearly document the contribution, involvement or participation of each staff member as it relates to the identified functional impairment and mental health needs of the beneficiary.

(2) Timeline for implementation and/or completion of corrective actions: The timeline for implantation and completion will be six months, or February 16, 2019.

(3) Proposed or actual evidence of correction that will be submitted to DHCS: The MHP will submit the sign-in sheet from the training to DHCS as well as the portion of training that covers the issues in this section.

(4) Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should purpose an alternative corrective action plan to DHCS: The MHP will monitor clinical documentation by conducting regular chart reviews and address areas identified as needing improvement.

(5) Description of corrective actions required of the MHP's contracted providers to address findings: Verbiage in each contracted provider agency's contracts will include the responsibility of the contractor to train their clinical providers to produce clinical documentation in accordance to the MHP's plan with DHCS. The MHP will request a sign-in sheet from all trainings providing.

FINDING 5c:

Documentation in the medical record did not meet the following requirements:

• **Line number** ³⁴: The type of specialty mental health service (i.e., Targeted Case Management) documented on the progress note was not the same type of SMHS claimed (i.e. MH Collateral). **Refer to RR6b-1 exception letter for details.**

• **Line number(s)** ³⁵: For Mental Health Services claimed, the service. activity (e.g., Assessment, Plan Development, Rehab) identified on the progress note was not consistent with the specific service activity actually documented in the body of the progress note.

• **Line number** ³⁶: One progress note for Plan Development service, claimed as Collateral.

• **Line number** ³⁷: Five progress notes for Family Therapy service claimed as Collateral.

³³ Line number(s) removed for confidentiality

³⁴ Line number(s) removed for confidentiality

³⁵ Line number(s) removed for confidentiality

³⁶ Line number(s) removed for confidentiality

³⁷ Line number(s) removed for confidentiality

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The MHP shall submit a POC that describes how the MHP will:

- 1) Ensure that all SMHS claimed are claimed for the correct service modality billing code, and units of time.
- 2) Ensure that all progress notes describe the type of service or service activity, the date the service was provided and the amount of time taken to provide the service, as specified in the MHP Contract with the Department.

LAKE COUNTY POC

(1) Description of corrective actions (including milestones): The corrective action plan will include creating and administering a training that will address #1, and #2 as outline above. This training will be a part of a series of trainings that will address the issues outline in section K.

(2) Timeline for implementation and/or completion of corrective actions: The timeline for implementation and completion of this section will be six months, or February 16, 2019.

(3) Proposed or actual evidence of correction that will be submitted to DHCS: The MHP will submit the sign-in sheet from the training to DHCS as well as the portion of the trainings that covers the issues from this section.

(4) Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should purpose an alternative corrective action plan to DHCS: The MHP will monitor clinical documentation by conducting regular chart reviews and address areas identified as needing improvement.

(5) Description of corrective actions required of the MHP's contracted providers to address findings: Verbiage in each contracted provider agency's contracts will include the responsibility of the contractor to train their clinical providers to produce clinical documentation in accordance to the MHP's plan with DHCS. The MHP will request a sign-in sheet from all trainings providing.

FINDING 5e:

The following Line number(s) had documentation indicating a Specialty Mental Health Service (SMHS) was provided while the beneficiary resided in a setting that was ineligible for Federal Financial Participation or resided in a setting subject to lockouts:

- Service was provided while the beneficiary resided in jail. **Line number ³⁸. RR7, refer to Recoupment Summary for details.**

The progress note(s) for the following Line number indicate that the service provided was solely:

- Clerical: **Line number ³⁹. RR9f, refer to Recoupment Summary for details.**

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

- 1) Each progress note describes how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning, as outlined in the client plan.
- 2) Services provided and claimed are not solely clerical.
- 3) All services claimed are appropriate, relate to the qualifying diagnosis and identified functional impairments and are medically necessary as delineated in the CCR, title 9, chapter 11, sections 1830.205(a)(b).

³⁸ Line number(s) removed for confidentiality

³⁹ Line number(s) removed for confidentiality

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4) Services claimed were provided in a setting where the beneficiary was eligible for FFP or not subject to lockouts.

LAKE COUNTY POC

(1) Description of corrective actions (including milestones): The corrective action plan will include developing and administering training to qualified mental health clinicians that will train staff to ensure that #1, #2, #3, and #4 outlined above. This training will be a part of a series of trainings created to address all the issues in section "K".

(2) Timeline for implementation and/or completion of corrective actions: The corrective action plan will be implemented and completed in six months, or February 16, 2019.

(3) Proposed or actual evidence of correction that will be submitted to DHCS: LCBH will submit a sign-in sheet that training was given as well as the portion of the training that addresses this section.

(4) Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should purpose an alternative corrective action plan to DHCS: The MHP will monitor clinical documentation by conducting regular chart reviews and address areas identified as needing improvement.

(5) Description of corrective actions required of the MHP's contracted providers to address findings: N/A