

**Medi-Cal Consolidated Specialty Mental Health Services
Fiscal Year 2017-2018 Review
MODOC COUNTY MHP – PLAN OF CORRECTION**

REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section B, Access, Question 2b:

FINDING

The MHP did not furnish evidence the MHP's provider directory contain whether the provider has completed cultural competence training. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Provider Directory. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the provider directory did not indicate whether the provider completed cultural competence training. Protocol question B2b8 is deemed OOC.

PLAN OF CORRECTION

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 the MHP's provider directory must contain whether the provider has completed cultural competence training.

POC for #B2b:

Modoc County Behavioral Health (MCBH) has developed the following action items to address this requirement:

- Provider Directory
 - MCBH updated its Provider Directory to include the cultural competence training status of each provider.
 - The Provider Directory was also updated to comply with MHSUDS Information Notice #18-020.
 - The updated document is currently being translated into Spanish, the county threshold language.
- Related Policy
 - MCBH updated policy #001 to fully outline the requirements of the Provider Directory.
 - This draft policy will be reviewed by the QIC during the next scheduled QIC meeting in October 2018.
- Ongoing Monitoring
 - The Provider Directory will be updated at least monthly to ensure compliance with standards and regulations.
 - The related policy will be reviewed at least annually to ensure compliance with standards and regulations.
- Evidence Submitted with POC
 - The updated Provider Directory (English) and the draft policy are attached as evidence (Attachment B2b). The relevant additions to the policy are noted in [blue](#).

Responsible Persons: QI staff

Projected Completion: October 31, 2018

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MHP RESPONSE

Section B, Access, Question 5e:

FINDING

The MHP did not furnish evidence it ensures its written materials comply with easily understood language and format (i.e., 6th grade reading level). DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy 001-Availability of Written Materials in English and Spanish, Policy 074-Information for Visual or Hearing Impaired. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, IDEA Consulting rated its informing materials at a 9th grade level. Protocol question B5e1 is deemed OOC.

PLAN OF CORRECTION

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 ensures its written materials comply with easily understood language and format (i.e., 6th grade reading level).

POC for #B5e:

MCBH has developed the following action items to address this requirement:

- Brochures
 - MCBH is currently updating its brochures to read at a 6th grade level.
 - Once finalized, the documents will be translated into Spanish.
 - Due to the number of brochures that need to be updated, the anticipated implementation date is December 31, 2018.
- Related Policy
 - MCBH updated policy #001 to fully outline these reading-level requirements.
 - This draft policy will be reviewed by the QIC during the next scheduled QIC meeting in October 2018.
- Ongoing Monitoring
 - The brochures and policies will be reviewed at least annually to ensure compliance with standards and regulations.
- Evidence Submitted with POC
 - The draft policy is attached as evidence (Attachment B5e). The relevant additions to the policy are noted in [blue](#).
 - The updated brochures will be forwarded to DHCS upon completion.

Responsible Persons: QI staff

Projected Completion: December 31, 2018

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REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section B, Access, Question 9a:

FINDING

In addition to conducting seven (7) test calls, DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy 163-Access Line and Log and Beneficiary Booklet. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, three of the five calls did not provide information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met and three of the five calls did not provide information about services needed to treat an urgent condition. Protocol question(s) B9a2 and B9a3 are deemed in partial compliance.

PLAN OF CORRECTION

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.

POC for #B9a:

MCBH has developed the following action items to address this requirement:

- Training
 - MCBH will provide quarterly training to staff and the contract provider that responds to the 24/7 line.
 - Training will target responding to requests for services; identifying and managing urgent conditions; providing information regarding the role of medical necessity in accessing SMHS; and correctly and consistently logging required call information.
 - Training will be logged and maintained by designated QI staff.
 - The initial quarterly training will be conducted by September 30, 2018.
 - Upon completion, the sign-in sheet and training log from the initial training will be submitted to DHCS as evidence.
- Ongoing Monitoring
 - MCBH contracts with an evaluator to conduct a number of random test calls monthly.
 - MCBH will continue this test call practice, with an added emphasis on addressing access, medical necessity, and crisis conditions.
 - The results of the test calls will continue to be immediately reviewed by designated QI staff. Feedback regarding areas of concern, and additional training, will be given to staff and the after-hours provider, as necessary.
 - Quarterly, the QIC reviews test call logs for continuous quality improvement.

Responsible Persons: QI staff

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MHP RESPONSE

Projected Implementation: September 30,
2018

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Section B, Access, Question 10a:

FINDING

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. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy 163-Access Line and Log the MHP written log. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, there is insufficient evidence the MHP logs requests made as two of the five test calls were not logged. In addition, the logs made available by the MHP did not include all required elements for calls. Protocol question B10a is deemed in partial compliance.

PLAN OF CORRECTION

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.

POC for #B10a:

MCBH has developed the following action items to address this requirement:

- Training
 - MCBH will provide quarterly training to staff and the contract provider that responds to the 24/7 line.
 - Training will target responding to requests for services; identifying and managing urgent conditions; providing information regarding the role of medical necessity in accessing SMHS; and correctly and consistently logging required call information.
 - Training will be logged and maintained by designated QI staff.
 - The initial quarterly training will be conducted by September 30, 2018.
 - Upon completion, the sign-in sheet and training log from the initial training will be submitted to DHCS as evidence.

- Ongoing Monitoring
 - MCBH contracts with an evaluator to conduct a number of random test calls monthly.
 - MCBH will continue this test call practice, with an added emphasis on addressing access, medical necessity, and crisis conditions.
 - The results of the test calls – including whether the calls were properly documented in the Access Log – will be immediately reviewed by designated QI staff.
 - Feedback regarding areas of concern, and additional training, will be given to staff and the after-hours provider, as necessary.
 - Quarterly, the QIC reviews test call logs for continuous quality improvement.

Responsible Persons: QI staff

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REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section C, Authorization, Question 1a & 1b: POC for #C1a & C1b:

MCBH has developed the following action items to address this requirement:

FINDING

The MHP did not furnish evidence it complies with regulatory requirements regarding Treatment Authorization Requests (TARs) for hospital services. DHCS inspected a sample of 33 TARs to verify compliance with regulatory requirements. Protocol question(s) c1a and C1b are deemed in partial compliance.

PLAN OF CORRECTION

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.

- Training
 - MCBH will provide semi-annual training to staff who are responsible for reviewing TARs.
 - Training will target the regulations around TAR review, including timeframes and authorized review staff.
 - Training will be logged and maintained by designated QI staff.
 - The initial training will be conducted by September 30, 2018.
 - Upon completion, the sign-in sheet and training log from the initial training will be submitted to DHCS as evidence.
- Ongoing Monitoring
 - Quarterly, the QIC reviews TARs to ensure that timeliness and review standards are met.
 - Feedback regarding areas of concern is immediately given to staff, as necessary.
 - Additional training will be provided as needed.

Responsible Persons: QI staff
Projected Implementation: September 30, 2018

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MHP RESPONSE

Section C, Authorization, Question 2:

FINDING

The MHP did not furnish evidence it complies with regulatory requirements regarding standard authorization requests SARs for non-hospital SMHS services. DHCS reviewed the MHP's authorization policy and procedure: Policy 110-Therapeutic Behavioral Services (TBS). However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the policy did not document expedited authorization decisions are to be made within 72 hours following receipt of the SAR or, when applicable within 14 calendar days of an extension. In addition, DHCS inspected a sample of 20 SARs to verify compliance with regulatory requirements. Protocol question C2c is deemed in partial compliance and C2d is deemed OOC.

PLAN OF CORRECTION

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 SARs for non-hospital SMHS services.

POC for #C2:

MCBH has developed the following action items to address this requirement:

- Related Policies
 - MCBH updated policies #110 and #167 to clearly outline the required timeframes for SAR review.
 - These draft policies will be reviewed by the QIC during the next scheduled QIC meeting in October 2018.
- Training
 - MCBH will provide semi-annual training to staff who are responsible for reviewing SARs.
 - Training will target the regulations around SAR review, including timeframes for approval/denial and possible extensions.
 - Training will be logged and maintained by designated QI staff.
 - The initial training will be conducted by September 30, 2018.
 - Upon completion, the sign-in sheet and training log from the initial training will be submitted to DHCS as evidence.
- Ongoing Monitoring
 - Policies will be reviewed at least annually to ensure compliance with regulations.
 - Quarterly, the QIC reviews SARs to ensure that timeliness and review standards are met.
 - Feedback regarding areas of concern is immediately given to staff, as necessary.
 - Additional training will be provided as needed.
- Evidence Submitted with POC
 - The draft policies are attached as evidence (Attachment C2). The relevant

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MHP RESPONSE

additions to the policies are noted in
[blue](#).

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MHP RESPONSE

Section C, Authorization, Question 3a:

POC for #C3a:

FINDING

The MHP did not furnish evidence it requires providers to request advance payment authorization for Day Treatment Authorization (DTI) and Day Rehabilitation (DR). DHCS reviewed the MHP's authorization policy and procedure: Policy 144-Mental Health Day Treatment Intensive and Policy-145 Mental Health Day Rehabilitation. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the policy did not document, "In advance of service delivery when services will be provided for more than 5 days per week." Protocol question C3a1 is deemed in partial compliance.

PLAN OF CORRECTION

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. Specifically, in advance of service delivery when services will be provided for more than 5 days per week.

MCBH has developed the following action items to address this requirement:

- Related Policies
 - MCBH updated policies #144 and #145 to clearly outline the requirements around advance payment authorization.
 - These draft policies will be reviewed by the QIC during the next scheduled QIC meeting in October 2018.
- Ongoing Monitoring
 - Policies will be reviewed at least annually to ensure compliance with regulations.
- Evidence Submitted with POC
 - The draft policies are attached as evidence (Attachment C3a). The relevant additions to the policies are noted in [blue](#).

Responsible Persons: QI staff
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MHP RESPONSE

Section C, Authorization, Question 6b:

POC for #C6b:

FINDING

The MHP did not furnish evidence it provides a written NOABD (NOABD-7) to the beneficiary when failure to provide services in a timely manner. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy 106-Notice of Adverse Benefit Determination (NOABD) and 33 TAR samples. The MHP could not provide a NOABD (NOABD-7) for the one sample TAR that services was not provided in a timely manner. Protocol question C6b4 is deemed in partial compliance.

MCBH has developed the following action items to address this requirement:

PLAN OF CORRECTION

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 provides a written NOABD to the beneficiary when services are not provided in a timely manner.

- Training
 - MCBH will provide semi-annual training to staff who are responsible for issuing NOABDs.
 - Training will target the regulations around NOABDs, including all of the circumstances in which a NOABD is required.
 - Training will be logged and maintained by designated QI staff.
 - The initial training will be conducted by September 30, 2018.
 - Upon completion, the sign-in sheet and training log from the initial training will be submitted to DHCS as evidence.
- Ongoing Monitoring
 - Quarterly, the QIC reviews NOABDs to ensure that standards are met.
 - Feedback regarding areas of concern is immediately given to staff, as necessary.
 - Additional training will be provided as needed.

Responsible Persons: QI staff

Projected Implementation: September 30, 2018

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MHP RESPONSE

Section K, Chart Review, Question 2a:

POC for #K2a:

FINDING

Assessments were not completed in accordance with regulatory and contractual requirements, specifically:

One or more assessments were not completed within the timeliness and/or frequency requirements specified in the MHP's written documentation standards.

MCBH has developed the following action items to address this requirement:

PLAN OF CORRECTION

The MHP shall submit a POC that describes how the MHP will ensure that assessments are completed in accordance with the timeliness and frequency requirements specified in the MHP's written documentation standards.

- Training
 - MCBH will provide semi-annual training to clinical staff who conduct assessments.
 - Training will target the requirements around assessments, including timeliness and frequency.
 - Training will be logged and maintained by designated QI staff.
 - The initial training will be conducted by October 31, 2018.
 - Upon completion, the sign-in sheet and training log from the initial training will be submitted to DHCS as evidence.

- Ongoing Monitoring
 - Weekly, the Treatment Team reviews assessments and reassessments as part of the authorization process.
 - Quarterly, designated QI staff conduct random chart reviews to ensure that assessment and reassessments are completed as required.
 - Feedback regarding areas of concern is immediately given to clinical staff, as necessary. Additional training will be provided as needed.

Responsible Persons: QI staff

Projected Implementation: October 31, 2018

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MHP RESPONSE

Section K, Chart Review, Question 3a:

POC for #K3a:

FINDING

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.

MCBH has developed the following action items:

PLAN OF CORRECTION

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.

- Related Policy
 - MCBH updated policy #93 to more clearly outline the medication consent requirements.
 - This draft policy will be reviewed by the QIC during the meeting in October 2018.
- Consent Form
 - MCBH updated the Consent for Treatment with Medications form to meet the standards.
 - The document is available in English and Spanish.
- Training
 - MCBH will provide semi-annual training to medication support staff who work with clients to complete the medication consent form.
 - Training will be logged and maintained by designated QI staff.
 - The initial training will be conducted by October 31, 2018.
 - Upon completion, the sign-in sheet and training log from the initial training will be submitted to DHCS as evidence.
- Ongoing Monitoring
 - Forms will be reviewed at least annually.
 - Weekly, the Treatment Team reviews consents as part of the authorization process.
 - Quarterly, designated QI staff conduct random chart reviews to ensure compliance.
 - Feedback regarding areas of concern is immediately given to medication support staff, as necessary.

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MHP RESPONSE

Additional training will be provided as needed.

- Evidence Submitted with POC
 - The updated policy and consent are attached as evidence (Attachment K3a). The relevant additions to the policy are noted in [blue](#).

Responsible Persons: QI staff

Projected Completion: October 31, 2018

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MHP RESPONSE

Section K, Chart Review, Question 3b:

POC for #K3b:

FINDING

Written medication consents did not contain all of the required elements specified in the MHP Contract with the Department. The following required elements were not documented on the medication consent form, and/or documented to have been reviewed with the beneficiary, and/or provided in accompanying written materials to the beneficiary:

- 1) Reasonable alternative treatments available, if any
- 2) Type of medication
- 3) Range of Frequency
- 4) Dosage
- 5) Method of administration (oral or injection)
- 6) Duration of taking each medication
- 7) Probable side effects
- 8) Possible side effects if taken longer than 3 months
- 9) Consent once given may be withdrawn at any time

PLAN OF CORRECTION

The MHP shall submit a POC that describes how the MHP will ensure that every medication consent process addresses all of the required elements specified in the MHP Contract with the Department.

MCBH has developed the following action items to address this requirement:

- Consent Form
 - MCBH updated the Consent for Treatment with Medications form to meet the standards.
 - The document is available in English and Spanish.
- Training
 - MCBH will provide semi-annual training to medication support staff who work with clients to complete the medication consent form.
 - Training will be logged and maintained by designated QI staff.
 - The initial training will be conducted by October 31, 2018.
 - Upon completion, the sign-in sheet and training log from the initial training will be submitted to DHCS as evidence.
- Ongoing Monitoring
 - Forms will be reviewed at least annually to ensure compliance with standards.
- Evidence Submitted with POC
 - The updated consent is attached as evidence (Attachment K3b).

Responsible Persons: QI staff

Projected Completion: October 31, 2018

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MHP RESPONSE

Section K, Chart Review, Question 3c:

POC for #K3c:

FINDING

The medication consents did not include:

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

MCBH has developed the following action items to address this requirement:

- Consent Form
 - MCBH updated the Consent for Treatment with Medications form to meet the standards.
 - The document is available in English and Spanish.
- Training
 - MCBH will provide semi-annual training to medication support staff who work with clients to complete the medication consent form.
 - Training will be logged and maintained by designated QI staff.
 - The initial training will be conducted by October 31, 2018.
 - Upon completion, the sign-in sheet and training log from the initial training will be submitted to DHCS as evidence.
- Ongoing Monitoring
 - Forms will be reviewed at least annually to ensure compliance with standards.
- Evidence Submitted with POC
 - The updated consent is attached as evidence (Attachment K3c).

PLAN OF CORRECTION

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

- 1) Signature (or electronic equivalent) of the qualified person providing the service with the professional degree, licensure or title.
- 2) The provider's signature date / the date the signature as completed and entered into the medical record.

Responsible Persons: QI staff

Projected Completion: October 31, 2018

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MHP RESPONSE

Section K, Chart Review, Question 4a:

POC for #K4a:

FINDING

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).

MCBH has developed the following action items to address this requirement:

PLAN OF CORRECTION

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

- Training
 - MCBH will provide semi-annual training to staff who develop client treatment plans.
 - Training will target the requirements around treatment plans, including timeliness, frequency, and content.
 - Training will be logged and maintained by designated QI staff.
 - The initial training will be conducted by October 31, 2018.
 - Upon completion, the sign-in sheet and training log from the initial training will be submitted to DHCS as evidence.

- Ongoing Monitoring
 - Weekly, the Treatment Team reviews treatment plans as part of the authorization process.
 - Quarterly, designated QI staff conduct random chart reviews to ensure that treatment plans are completed as required.
 - Feedback regarding areas of concern is immediately given to staff, as necessary. Additional training will be provided as needed.

Responsible Persons: QI staff

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MHP RESPONSE

Section K, Chart Review, Question 4b:

POC for #K4b:

FINDING

[Noted] client plans [did not] include all of the items specified in the MHP Contract with the Department: One or more of the goals/treatment objectives were not specific, observable, and/or quantifiable and related to the beneficiary's mental health needs and identified functional impairments as a result of the mental health diagnosis.

MCBH has developed the following action items to address this requirement:

- 1) One or more of the proposed interventions did not include a detailed description.
- 2) One or more of the proposed interventions did not indicate an expected frequency.
- 3) One or more of the proposed interventions did not indicate an expected duration.
- 4) One or more client plans did not address the mental health needs and functional impairments identified as a result of the mental disorder.
- 5) One or more of the proposed interventions were not consistent with client plan goals/treatment objectives.

- Training
 - MCBH will provide semi-annual training to staff who develop client treatment plans.
 - Training will target the requirements around treatment plans, including timeliness, frequency, and content.
 - Training will be logged and maintained by designated QI staff.
 - The initial training will be conducted by October 31, 2018.
 - Upon completion, the sign-in sheet and training log from the initial training will be submitted to DHCS as evidence.
- Ongoing Monitoring
 - Weekly, the Treatment Team reviews treatment plans as part of the authorization process.
 - Quarterly, designated QI staff conduct random chart reviews to ensure that treatment plans are completed as required.
 - Feedback regarding areas of concern is immediately given to staff, as necessary. Additional training will be provided as needed.

PLAN OF CORRECTION

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

(4b-1.) All 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.

(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.

(4b-3, 4b-4.) All mental health interventions proposed on client plans

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indicate both an expected frequency and duration for each intervention.

(4b-5.) All mental health interventions/modalities proposed on client plans address the mental health needs and identified functional impairments of the beneficiary as a result of the mental disorder.

(4b-6.) All mental health interventions proposed on client plans are consistent with client plan goals/treatment objectives.

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Section K, Chart Review, Question 5a:

POC for #K5a:

FINDING

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

- One or more progress note was not completed within the timeliness and frequency standards in accordance with regulatory and contractual requirements.
- The MHP was not allowing its own written documentation standards for timeliness of staff signatures on progress notes.
- Progress notes did not document the following:
 - 1) 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).

PLAN OF CORRECTION

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

- 1) Timely completion by the person providing the service and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP's written documentation standards.

MCBH has developed the following action items to address this requirement:

- Training
 - MCBH will provide semi-annual training to staff who write progress notes.
 - Training will target the requirements around progress, including timeliness, frequency, and content.
 - Training will be logged and maintained by designated QI staff.
 - The initial training will be conducted by October 31, 2018.
 - Upon completion, the sign-in sheet and training log from the initial training will be submitted to DHCS as evidence.
- Ongoing Monitoring
 - At least quarterly, designated QI staff conduct random chart reviews to ensure that progress notes are completed as required.
 - Feedback regarding areas of concern is immediately given to staff, as necessary. Additional training will be provided as needed.

Responsible Persons: QI staff

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Section K, Chart Review, Question 5b:

FINDING

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:

- Progress notes did not document the specific involvement of each provider in the context of the mental health needs of the beneficiary.

PLAN OF CORRECTION

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

- 1) Group 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) A clinical rationale for the use of more than one staff in the group setting is documented.

MHP RESPONSE

POC for #K5b:

MCBH has developed the following action items to address this requirement:

- Training
 - MCBH will provide semi-annual training to staff who write progress notes.
 - Training will target the requirements around progress, including timeliness, frequency, and content.
 - Training will be logged and maintained by designated QI staff.
 - The initial training will be conducted by October 31, 2018.
 - Upon completion, the sign-in sheet and training log from the initial training will be submitted to DHCS as evidence.
- Ongoing Monitoring
 - At least quarterly, designated QI staff conduct random chart reviews to ensure that progress notes are completed as required.
 - Feedback regarding areas of concern is immediately given to staff, as necessary. Additional training will be provided as needed.

Responsible Persons: QI staff

Projected Implementation: October 31, 2018

**Medi-Cal Consolidated Specialty Mental Health Services
Fiscal Year 2017-2018 Review
MODOC COUNTY MHP – PLAN OF CORRECTION**

REVIEW FINDINGS & REQUIRED POC

MHP RESPONSE

Section K, Chart Review, Question 5c:

POC for #K5c:

FINDING

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

- The type of specialty mental health services (SMHS) (e.g., Medication Support, Targeted Case Management) documented on the progress note was not the same type of SMHS claimed.
- 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.

MCBH has developed the following action items to address this requirement:

- Training
 - MCBH will provide semi-annual training to staff who write progress notes.
 - Training will target the requirements around progress, including timeliness, frequency, and content.
 - Training will be logged and maintained by designated QI staff.
 - The initial training will be conducted by October 31, 2018.
 - Upon completion, the sign-in sheet and training log from the initial training will be submitted to DHCS as evidence.

PLAN OF CORRECTION

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

- 1) Ensure that all SMHS claimed are:
 - a) Claimed for the correct service modality billing code, and units of time.
- 2) Ensure that all progress notes:
 - a) Are accurate, complete and meet the documentation requirements described in the MHP Contract with the Department.
 - b) Accurately 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.

- Ongoing Monitoring
 - At least quarterly, designated QI staff conduct random chart reviews to ensure that progress notes are completed as required.
 - Feedback regarding areas of concern is immediately given to staff, as necessary. Additional training will be provided as needed.

Responsible Persons: QI staff

Projected Implementation: October 31, 2018