

County of Yolo Health and Human Services Agency
Yolo County FY17-18 Triennial Chart Audit– Plan of Correction

OUT OF COMPLIANCE FINDINGS	DHCS' REQUIRED PLAN OF CORRECTION	YOLO COUNTY'S RESPONSE
Section K-1, "Medical Necessity"		
1	<p><u>Section K, "Medical Necessity" 1c - 1:</u> The medical record associated with the following Line number did not meet medical necessity criteria since the focus of the actual intervention did not address the mental health condition, as specified in the CCR, title 9, chapter 11, section 1830.205(b)(3){A}: Line number ¹</p>	<p>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}.</p> <p>.</p> <p>After the audited period of 7/1/2017 - 9/30/2017 and prior to the FY 17/18 Triennial Review, Yolo County implemented the following activities and documents to enhance monitoring and compliance with this requirement:</p> <ul style="list-style-type: none"> • Provided intensive staff training in Fall 2017, targeting Functional Impairment and Medical Necessity • Development of Treatment Plan Instructional Guide • Increased monitoring of chart documentation to ensure compliance with regulations <p>Please refer to the following supporting documentation that addresses this finding (Attachment 1):</p> <ul style="list-style-type: none"> • Sign in sheets for client plan November 2017 trainings • Clinical Documentation Guide, 2016 • P&P #5-4-10 Behavioral Health Auditing and Monitoring Activities Policy and Procedure • Treatment Plan Instructional Guide <p><u>POC Status:</u> Completed <u>MHP Responsible Party:</u> Katherine Barrett <u>Completion Date:</u> July 1, 2018</p>

¹ Line number(s) removed for confidentiality

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Section K-2, “Assessment”			
2	<p>Section K, “Assessment,” 2a: Assessments were not completed in accordance with regulatory and contractual requirements, specifically:</p> <p>One or more Assessments were not completed within the timeliness and/or frequency requirements specified in the MHP's written documentation standards. The following are specific findings from the chart sample: Line number ²: The initial Assessment was completed late. The Assessment was started on ³and not completed until ⁴.</p>	<p>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.</p>	<p>After the audited period of 7/1/2017 - 9/30/2017 and prior to the FY 17/18 Triennial Review, Yolo County implemented the following activities and documents to enhance monitoring and compliance with Assessment requirements:</p> <ul style="list-style-type: none"> • Developed P&P #5-7-001, Clinical Assessments, which was finalized 2/1/18. This policy defines MHP timeliness and frequency requirements. • Developed a new Access Log that will assist staff in reliably monitoring the timeliness and frequency of assessments is met. The Access Log is in use effective July 1, 2018. <p>Please refer to the following supporting documentation that addresses this finding (Attachment 2):</p> <ul style="list-style-type: none"> • P&P #5-7-001 Clinical Assessments • Access Log • Access Log Desk Reference <p>Yolo County will complete the following remaining Plan of Correction activities by the following dates:</p> <ul style="list-style-type: none"> • Assessment Instructional Guide; <u>June 30, 2019</u> • Staff training to P&P 5-7-001 by <u>December 31, 2018</u> • Update Yolo County Documentation Manual by <u>June 30, 2019</u>

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			<p><u>POC Status:</u> Begin July 2018 <u>MHP Responsible Party:</u> Samantha Fusselman <u>Completion Dates:</u> stated above</p>
3	<p><u>Section K, “Assessment,” 2b:</u> 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:</p> <ul style="list-style-type: none"> • Medical History: Line number ⁵. Beneficiary is noted to have (within the past year) experienced "delirium like symptoms;" however, no further discussion on this and no further medical history noted (e.g. discussion of etiology of symptoms). • Client Strengths: Line numbers ⁶. 	<p>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.</p>	<p>After the audited period of 7/1/2017 - 9/30/2017 and prior to the FY 17/18 Triennial Review, Yolo County implemented the following activities and documents to enhance monitoring and compliance with Assessment requirements, in addition to the activities identified in Line 2, above:</p> <ul style="list-style-type: none"> • Ongoing Monitoring – Authorization and Access (AAC) subcommittee meets weekly and monitors Clinical Assessments for compliance with content requirements, utilizing P&P #5-7-001, Clinical Assessments, P&P #5-4-10, Behavioral Health Auditing and Monitoring Activities, and the HHS Access & Authorization Request Form. <p>Please refer to the following supporting documentation that addresses this finding (Attachment 2):</p> <ul style="list-style-type: none"> • P&P #5-4-10, Behavioral Health Auditing and Monitoring Activities • P&P #5-7-001, Clinical Assessments • HHS Access & Authorization Request Form <p>Yolo County will complete the following remaining Plan of Correction activities by the following dates:</p> <ul style="list-style-type: none"> • Assessment Instructional Guide; <u>June 30, 2019</u>

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			<ul style="list-style-type: none"> • Update Yolo County Documentation Manual by <u>June 30, 2019</u> • Staff training to P&P 5-7-001 by <u>December 31, 2018</u> <p><u>POC Status:</u> Begin July 2018 <u>MHP Responsible Party:</u> Samantha Fusselman <u>Completion Date:</u> stated above</p>
4	<p><u>Section K, “Assessment,” 2c:</u> The Assessment 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 ⁷</p>	<p>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 job title.</p>	<p>After the audited period of 7/1/2017 - 9/30/2017 and prior to the FY 17/18 Triennial Review, Yolo County implemented the following activities and documents to enhance monitoring and compliance with Assessment requirements, in addition to the activities identified in Lines 2 and 3, above:</p> <ul style="list-style-type: none"> • Electronic Health Record (EHR) – Yolo County modified its EHR to ensure every assessment contains the signature (or electronic equivalent) of the qualified person providing the service, with the professional degree, licensure or job title. <p>Please refer to the following supporting documentation that addresses this finding (Attachment 2):</p> <ul style="list-style-type: none"> • Example of documentation that contains the required elements, (PHI redacted) <p><u>POC Status:</u> Completed <u>MHP Responsible Party:</u> Rita Samartino <u>Target Completion Date:</u> July 1, 2018</p>

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Section K-3, “Medication Consent”			
5	<p><u>Section K, “Medication Consent,” 3a:</u> 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:</p> <ul style="list-style-type: none"> • Line number ⁸: There was no written medication consent form found in the medical record. <i>During the review, MHP staff was given the opportunity to locate the missing medication consent form but was unable to locate it in the medical record.</i> • Line numbers ⁹: Although there was a written medication consent form in the medical record, there was no medication consent for each of the medications prescribed. <i>During</i> 	<p>The MHP shall submit a POC that describes how the MHP will ensure that:</p> <ol style="list-style-type: none"> 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. 	<p>After the audited period of 7/1/2017 - 9/30/2017 and prior to the 17/18 Triennial Review, Yolo County implemented the following procedures to ensure every written medication consent form is obtained and retained for each medication prescribed, administered under the direction of the MHP, and that Written medication consent forms are completed in accordance with the MHP's written documentation standards.</p> <ul style="list-style-type: none"> • Updated the paper version of the Medication Consent form • Developed the electronic version of the Medication Consent form and installed in the Electronic Health Record (EHR) • Developed a widget within the EHR that displays a list of current medications to which a client has consented, and when consent was obtained. The electronic medication consent form that is now used in the EHR ensures that all required items are mandatory fields and the form cannot be submitted as final unless all required information is completed • Implemented functionality within the EHR for nursing and/or ancillary staff to initiate medication consent for any new medications, or changes in route of a current medication, and then reviewed, signed, and completed by the prescriber and client. • Drafted P&P #5-11-003, Medication Consent, which contains the required consent elements (per DHCS), and

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	<p><i>the review, MHP staff was given the opportunity to locate the medication consent(s) in question but was unable to locate it/them in the medical record.</i></p>		<p>documentation in progress notes of consent being completed or reviewed.</p> <p>Please refer to the following supporting documentation that addresses this finding (Attachment 3):</p> <ul style="list-style-type: none"> • Medication Consent Form • Draft of P&P #5-11-003, Medication Consent • Example of electronic Medication Consent Form, (PHI redacted) <p>Yolo County will complete the following remaining Plan of Correction activity:</p> <ul style="list-style-type: none"> • Finalize P&P #5-11-003, Medication Consent <p><u>POC Status:</u> Complete <u>MHP Responsible Party:</u> Ashley Atta-Mensah <u>Target Completion Date:</u> September 30, 2018</p>
6	<p><u>Section K, “Medication Consent,” 3b:</u> 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</p>		<p>Please refer to response in Line Item 5, above.</p> <p>Yolo County will complete the following remaining Plan of Correction activity:</p> <ul style="list-style-type: none"> • Finalize P&P #5-11-003, Medication Consent <p><u>POC Status:</u> Complete <u>MHP Responsible Party:</u> Ashley Atta-Mensah <u>Target Completion Date:</u> September 30, 2018</p>

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	<p>accompanying written materials to the beneficiary:</p> <ul style="list-style-type: none"> • The reason for taking each medication: Line number ¹⁰. • Range of Frequency: Line number ¹¹. • Dosage: Line number ¹². • Method of administration (oral or injection): Line number ¹³. • Duration of taking each medication: Line number(s) ¹⁴. • Probable side effects: Line number ¹⁵. • Possible side effects if taken longer than 3 months: Line number(s) ¹⁶. 		
7	<p><u>Section K, “Medication Consent,” 3c:</u> The medication consent(s) did not include: Signature of the person providing the service (or electronic equivalent) that</p>	<p>The MHP shall submit a POC that describes how the MHP will ensure that all documentation includes signature (or electronic equivalent) of the <u>qualified</u></p>	<p>Please refer to response in Line Item 5, above.</p> <p>The electronic version of the medication consent form within the EHR captures electronic signatures of the qualified person providing the service with his/her licensure and/or title displayed</p>

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	<p>includes the person's professional degree, licensure, or job title: Line number(s) ¹⁷.</p>	<p>person providing the service with the professional degree, licensure or title.</p>	<p>after the name. The medication consent form requires signatures before it can be submitted as final and completed, or a reason box must be filled out as to why signature is unobtainable at the time, and a paper version may instead be printed and signed.</p> <p>Yolo County will complete the following remaining Plan of Correction activity:</p> <ul style="list-style-type: none"> Finalize P&P #5-11-003, Medication Consent <p><u>POC Status:</u> Complete <u>MHP Responsible Party:</u> Ashley Atta-Mensah <u>Target Completion Date:</u> September 30, 2018</p>
Section K-4, "Client Plans"			
8	<p>Section K, "Client Plans" 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):</p>	<p>The MHP shall submit a POC that describes how the MHP will:</p> <ol style="list-style-type: none"> 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 	<p>After the audited period of 7/1/2017 - 9/30/2017 and prior to the FY17-18 Triennial Review, Yolo County implemented the following activities and documents to improve compliance with Client Plan requirements and enhance monitoring.</p> <ul style="list-style-type: none"> Drafted P&P # 5-7-002, Client Treatment Plans Provided intensive staff training on Client Plan requirements in November 2017, which addressed Items 1) through 4) of this Finding Developed a Client Treatment Plan Instructional Guide and provided intensive staff training on Client Plan requirements in November 2017. The Instructional Guide provides

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	<ul style="list-style-type: none"> • Line number(s) ¹⁸: The initial client plan was not completed until after treatment services were claimed. RR5a, refer to Recoupment Summary for details. • Line number ¹⁹: There was a lapse between the prior and current client plans and therefore, there was no client plan in effect during a portion or all of the audit review period. RR5b, refer to Recoupment Summary for details. • Line number(s) ²⁰: There was a lapse between the prior and current client plans. However, this occurred outside of the audit review period. • Line number ²¹: The medical record indicated an acute change in the beneficiary's mental health status (e.g. hospitalized). 	<p>MHP's written documentation standards.</p> <ol style="list-style-type: none"> 3) Ensure that planned services are not claimed when the service provided is not included in the current client plan. 4) Ensure that client plans are reviewed and updated whenever there is a significant change in the beneficiary's condition. 	<p>detailed guidance to ensure compliance with all required Client Plan areas and is now used as a training tool for staff hired after 11/2/17.</p> <ul style="list-style-type: none"> • The Yolo County AAC weekly committee uses procedure identified in P&P #5-4-10, Behavioral Health Auditing and Monitoring Activities and P&P #5-7-002, Client Treatment Plans to monitor that client plans meet requirements. <p>Please refer to the following supporting documentation that addresses this finding (Attachment 4):</p> <ul style="list-style-type: none"> • Sign-in sheets for November 2017 Client Plan trainings • Treatment Plan Instructional Guide • P&P #5-4-10, Behavioral Health Auditing and Monitoring Activities • Finalized P&P #5-7-002, Client Treatment Plans <p>Yolo County will complete the following remaining Plan of Correction activity:</p> <ul style="list-style-type: none"> • Update Yolo County Documentation Manual – <u>Completion Date</u>: June 30, 2019 • Update internal peer review / chart review process to include: <ul style="list-style-type: none"> ○ Audit charts for content such as significant change in the beneficiary condition, to ensure an updated plan
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	<p>However, no evidence was found in the medical record that the client plan was reviewed and/or updated in response to the change.</p> <ul style="list-style-type: none"> • Line number ²²: The initial client plan was not signed by the provider, or was not signed /co-signed by a licensed provider if licensure is required by MHP policy. RR5c, refer to Recoupment Summary for details. • Line number ²³: The updated client plan was not signed by the provider, or was not signed/co-signed by a licensed provider if required by MHP policy. Therefore, there was no updated client plan completed during the audit review period. RR5c, refer to Recoupment Summary for details. • Line numbers ²⁴: There client plans for one or more type of service being claimed. During 		<p>was developed to address the mental health needs for that beneficiary. The MHP will ensure any updates to client plans are then signed by both the client/legal representative and the provider (this must occur prior to the updates going into effect) – <u>Completion Date</u>: June 30, 2019.</p> <ul style="list-style-type: none"> ○ The MHP will review their approach for entering in the start date of a plan prior to finalizing the plan to ensure there are no gaps in planned services going forward. - <u>Completion Date</u>: June 30, 2019. ○ The MHP will ensure timeliness of signatures and co-signatures for client plans - <u>Completion Date</u>: June 30, 2019. <p><u>POC Status</u>: Begin July 2018 <u>MHP Responsible Party</u>: Samantha Fusselman</p>
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	<p>the review, MHP staff was given the opportunity to locate the service(s) in question on a client plan but could not find written evidence of it. RR5c, refer</p>		
<p>9</p>	<p>Section K, “Client Plans” 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-1) 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. Line number(s) ²⁵. 4b-2) One or more of the proposed interventions did not include a detailed description. Line number ²⁶. 4b-3) One or more of the proposed interventions did not indicate an expected frequency. Line number(s) ²⁷. 4b-4) One or more of the proposed interventions did not indicate an expected duration. Line number(s) ²⁸.</p>	<p>The MHP shall submit a POC that describes how the MHP will ensure that: 1) (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. 2) (4b-2.) All mental health interventions/modalities proposed on client plans include a detailed description of the interventions to be provided. For example, do not simply identify a type or modality of service such as,</p>	<p>After the audited period of 7/1/2017 - 9/30/2017 and prior to the FY 17/18 Triennial Review, Yolo County implemented the following activities and documents to enhance monitoring and compliance with Client Plan requirements, in addition to the activities identified in Line 8, above:</p> <ul style="list-style-type: none"> • Implemented updated client plan format within the EHR to ensure compliance with documentation requirements • Developed an accompanying Treatment Plan Desk Reference <p>Please refer to the following supporting documentation that addresses this finding (Attachment 4):</p> <ul style="list-style-type: none"> • Treatment Plan Desk Reference <p>Yolo County will complete the following remaining Plan of Correction activity:</p> <ul style="list-style-type: none"> • Update Yolo County Documentation Manual <p>POC Status: Begin July 2018</p>

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		<p>"therapy", "medication", "case management", etc.</p> <p>3) (4b-3, 4-4.) All mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.</p>	<p><u>MHP Responsible Party:</u> Samantha Fusselman <u>Completion Date:</u> June 30, 2019</p>
10	<p>Section K, “Client Plans” 4c: The client plan was not signed (or electronic equivalent) by the appropriate staff, as specified in the MHP Contract and CCR, title 9, chapter 11, section 1810.440(c)(1)(A-C):</p> <ul style="list-style-type: none"> • Line number ²⁹: The initial client plan was not signed /co-signed (or electronic equivalent) by an approved category of staff: i.e., MD/DO, RN, licensed/registered/waivered LCSW, MFT, LPCC, or licensed /waivered psychologist}. RR5c, refer to Recoupment Summary for details. • Line number(s) ³⁰: Services were claimed when the client plan was not signed /co-signed 	<p>The MHP shall submit a POC that describes how the MHP will ensure that:</p> <ol style="list-style-type: none"> 1) The appropriate staff signs the client plan. 2) The co-signature of an approved category of staff is obtained when required, as specified in the MHP Contract and per the MHPs own policy, as applicable. 3) The signature/co-signature of the 	<p>After the audited period of 7/1/2017 - 9/30/2017 and prior to the FY17-FY 17/18 Triennial Review, Yolo County implemented the following activities and documents to enhance monitoring and compliance with Client Plan requirements, in addition to the activities identified in Lines 8 and 9, above:</p> <ul style="list-style-type: none"> • The newly launched EHR client plan was structured so staff are required to enter their name, professional category type and if a co-signature is required, the name license type of the co-signing staff. <p>Please refer to the following supporting documentation that addresses this finding (Attachment 4):</p> <ul style="list-style-type: none"> • Example of electronic Client Plan, (PHI redacted) <p>Yolo County will complete the following remaining Plan of Correction activity:</p> <ul style="list-style-type: none"> • Update Yolo County Documentation Manual

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	(or electronic equivalent) by an approved category of staff until after the claimed service date(s) RR5c, refer to Recoupment Summary for details.	appropriate staff is timely.	<p><u>POC Status:</u> Begin July 2018 <u>MHP Responsible Party:</u> Samantha Fusselman <u>Completion Date:</u> June 30, 2019</p>
11	<p><u>Section K, “Client Plans” 4e:</u> There was no documentation that the beneficiary or legal guardian was offered a copy of the client plan for the following: Line number ³¹.</p>	<p>The MHP shall submit a POC that describes how the MHP will:</p> <ol style="list-style-type: none"> 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. 	<p>Please refer to response in Line Items 8 and 9, above.</p> <p>Yolo County will complete the following remaining Plan of Correction activity:</p> <ul style="list-style-type: none"> • Update Yolo County Documentation Manual <p><u>POC Status:</u> Begin July 2018 <u>MHP Responsible Party:</u> Amy Leino <u>Completion Date:</u> June 30, 2019</p>
Section K-5, “Progress Notes”			
12	<p><u>Section K, “Progress Notes” 5a:</u> Progress notes were not completed in accordance with regulatory and contractual requirements and/or with the MHP's written documentation standards:</p>	<ol style="list-style-type: none"> 1) The MHP shall submit a POC that describes how the MHP will ensure that progress notes document: <ol style="list-style-type: none"> a. Timely completion by the person providing 	<p>Yolo County has implemented the following procedures and monitoring tools to ensure progress note meet requirements.</p> <ul style="list-style-type: none"> • Peer Review subcommittee follows the procedures defined in the P&P #5-4-10, Behavioral Health Auditing and

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<p>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:</p> <p>Line number(s)³²: 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).</p> <p>Line number³³: Five late progress notes Line number³⁴: One late progress note Line number³⁵: Nine late progress notes Line number³⁶: Two late progress notes Line number³⁷: One late progress note Line number³⁸: One late progress note</p>	<p>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.</p> <p>b. Interventions applied, the beneficiary's response to the interventions and the location of the interventions, as specified in the MHP Contract with the Department.</p> <p>c. The claim must accurately reflect the amount of time taken to provide services.</p>	<p>Monitoring Activities and PP 210, Progress Notes Documentation Standards</p> <ul style="list-style-type: none"> Peer Review subcommittee uses the Peer Review Form to closely review progress notes to ensure they meet all content requirements <p>Please refer to the following supporting documentation that addresses this finding (Attachment 5):</p> <ul style="list-style-type: none"> P&P 5-4-10 Behavioral Health Auditing and Monitoring Activities HHSA Access & Authorization Request Form Peer Review Tool SG V1 PP 210, Progress Notes Documentation Standards <p>Yolo County will complete the following remaining Plan of Correction activity:</p> <ul style="list-style-type: none"> Update Yolo County Documentation Manual <p><u>POC Status:</u> Begin July 2018 <u>MHP Responsible Party:</u> Samantha Fusselman <u>Completion Date:</u> June 30, 2019</p>
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	<p>Line number ³⁹: Eight late progress notes Line number ⁴⁰: Five late progress notes Line number ⁴¹: One late progress note Line number ⁴²: One late progress note</p> <p>5a – 3) Line number ⁴³: The interventions applied, beneficiary's response to the interventions and the location of the interventions.</p> <p>5a-7ii) Line number(s) ⁴⁴: The amount of time taken to provide the service was documented on a progress note with the date and type of service claimed. However, the time documented on the progress note was greater than the time claimed.</p>	<p>d. The providers/providers' professional degree, licensure or job title.</p> <p>2) Documentation is individualized for each service provided.</p> <p>3) Each progress note describes how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning.</p> <p>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,</p>	
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	5a-8ii) Line number ⁴⁵ : The provider's professional degree, licensure or job title.	sections 1830.205(a)(b). 5) Specialty Mental Health Services claimed are actually provided to the beneficiary	
13	<p><u>Section K, "Progress Notes" 5b:</u> 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: Line number ⁴⁶: The progress note 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.</p>	The MHP shall submit a POC that describes how the POC 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.	<p>In response to MHSUDS Information Notice 18-002, Yolo County no longer uses the co-practitioner function in Avatar, since a separate claim for each rendering provider, using each rendering provider's NPI#, is required.</p> <p><u>POC Status:</u> Completed <u>MHP Responsible Party:</u> Katherine Barrett <u>Completion Date:</u> July 1, 2018</p>
14	<p><u>Section K, "Progress Notes" 5c:</u> Documentation in the medical record did not meet the following requirements: Line number(s) ⁴⁷: The type of specialty mental health service (SMHS) (e.g., Medication Support, Targeted Case Management) documented on the progress note was not the same type of</p>	The MHP shall submit a POC that describes how the MHP will ensure that all SMHS claimed are claimed for the correct service modality billing code, and units of time.	<p>The MHP will update the Clinical Documentation Manual by June 30, 2019, including clear directives on ensuring that all SMHS claimed are claimed for the correct service modality billing code, and units of time. The MHP will also develop new documentation training curriculum and provide monthly clinical documentation workshops by March 30, 2019.</p> <p><u>POC Status:</u> Begin July 2018</p>

⁴⁵ Line number(s) removed for confidentiality

⁴⁶ Line number(s) removed for confidentiality

⁴⁷ Line number(s) removed for confidentiality

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	SMHS claimed. Refer to RR6b-1 exception letter for details		<u>MHP Responsible Party:</u> Samantha Fusselman <u>Completion Date:</u> Documentation Manual – June 30, 2019 Monthly clinical documentation workshops – March 30, 2019
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