

DHCS Triennial Onsite Review of Humboldt County's  
Implementation of Medi-Cal Specialty Mental Health Services  
during week of March 6th, 2017

**PLAN OF CORRECTION**

<b>MHP Name:</b> <b>Humboldt County</b> <b>DHHS-Mental Health</b> <b>Address: 720 Wood Street,</b> <b>Eureka CA 95501</b>	<b>Date of receipt of notification from DHCS Program Oversight and Compliance Branch regarding POC in QI Department: September 15, 2017; originally issued June 20, 2017. DHCS extended POC due date to October 27, 2017. Initially submitted on that date. Revised 1-31-18 and re-submitted on that date.</b>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"> <b>Signature:</b> _____  Emi Botzler-Rodgers, Mental Health Director </td> <td style="width: 40%; border: none;"> <b>Date:</b> _____ </td> </tr> </table>		<b>Signature:</b> _____ Emi Botzler-Rodgers, Mental Health Director	<b>Date:</b> _____
<b>Signature:</b> _____ Emi Botzler-Rodgers, Mental Health Director	<b>Date:</b> _____		

**Statement of Deficiencies**

**Plan of Correction**

**Responsible Staff (Title)**

**Timeline for Implementation / Completion**

**Section B Access 6d**

The MHP did not furnish evidence it has policies, procedures, and practices, in compliance with title VI of the Civil Rights Act of 1964, ensuring minor children are not used as interpreters.

**Immediate corrective actions and evidence of corrections**

1. DHHS Mental Health (MH) increased education by distributing the online training "Working with Interpreters" in June 2017. All MH Staff received this training; which included a post-test and was tracked via SurveyMonkey. The training emphasized on page 3 (see attachment 1):

Quality Improvement Coordinator (QIC)

6/30/17

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SurveyMonkey post-test included the statement “Minor children should not be used as interpreters” and 97% of participating MH staff accurately identified this as being “True”.

2. DHHS MH updated policy 0100.604 Access to Interpreters and Culturally and Linguistically Competent Providers and form 1157 Use of Interpretation Services Documentation to reflect that minor children should not be used as interpreters (see attachment 2).

**Preventative actions**

DHHS MH will provide staff training for all staff, annually to Admin policy 0100.604 Access to Interpreters and Culturally and Linguistically Competent Providers via Relias E-Learning Management System.

Cultural Competence (CC) resources including policies and trainings are made available on the DHHS Bulletinboard, our internal webpage; a short cut to CC resources has been installed on all MH staff’s desktop for easy access.

**Ongoing monitoring**

QI annually, will review a sample of clinical records for Limited English Proficiency (LEP) clients, to ensure the proper use of interpreters. QI Analyst will report on form 1157 Use of Interpretation Services Documentation Monitoring annually to Outpatient Continuous Quality Improvement Committee (OP CQI); see attachment 3, OP Agenda Item Tracking tool #16.

Any issues requiring improvement or immediate attention from the reporting in OP CQI committee are noted in the meeting minutes as identified by the Quality Improvement Coordinator (QIC) in collaboration with the OP CQI committee. Additionally, the QI Tracking process is the QI mechanism employed to clearly define the issues and steps of resolution, and to ensure identified staff sees issues

QIC

10/23/17

QIC

Ongoing

QIC

10/27/17

Statement of Deficiencies	Plan of Correction	Responsible Staff (Title)	Timeline for Implementation / Completion
	through to resolution; see policy 0704.940 QI Tracking Process, attachment 4.	QI Analyst	Annually
<b>9a</b> Protocol questions B9a2, B9a3 and B9a4 are deemed in partial compliance.	<b>Immediate corrective actions and evidence of correction</b> Test call structure was instituted in May 2016. DHHS MH continues to follow policy 0704.271 Test Calls to the Toll-Free Access Number (see attachment 5), which includes providing feed-back after each call, and addressing any training needs that may arise with the staff handling the call and their supervisor through email, phone calls or via the QI Tracking process as indicated (see attachment 4). Issues with New Connections, the contracted answering services, are addressed via email communications or conference calls with the vendor's representative. QI re-emphasizes to use the Call Handling Scripts in our feed-back to staff, as outlined in in policy 0704.874 Toll-Free Managed Care Line, see attachments 6, 7.	QIC	Ongoing
		QIC	Ongoing
	<b>Preventative actions</b> DHHS MH will create additional training to address 9a2 (how to access Specialty Mental Health Services), 9a3 (information to treat urgent conditions), and 9a4 (us of beneficiary problem resolution	QI Training Clinician	11/30/17

Statement of Deficiencies	Plan of Correction	Responsible Staff (Title)	Timeline for Implementation / Completion
	<p>process) highlighting DHCS' expectations and reinforcing the use of our existing call handling scripts, and begin scheduling refresher trainings to key Access staff and receptionists.</p> <p>Ongoing issues with New Connections performance on test call metrics is being addressed with the contract lead.</p>	QIC	Ongoing
	<p><b>Ongoing monitoring</b></p> <p>QI Analyst tracks and monitors test calls monthly, and reports quarterly to OP CQI; see attachment 3, OP Agenda Item Tracking tool #6.</p> <p>Any issues requiring improvement or immediate attention from the reporting in OP CQI committee are noted in the meeting minutes as identified by the QIC in collaboration with the OP CQI committee. Additionally, the QI Tracking process is the QI mechanism employed to clearly define the issues and steps of resolution, and to ensure identified staff sees issues through to resolution; see policy 0704.940 QI Tracking Process, attachment 4.</p>	QI Analyst	Ongoing
<p><b>10a</b></p> <p>Protocol question 10a is deemed in partial compliance, one call did not get logged.</p>	<p><b>Immediate corrective actions and evidence of correction</b></p> <p>DHHS MH continues to follow policy 0100.600 Request for Access to Mental Health Services, which includes parameters for logging access calls.</p> <p>Test call structure was instituted in May 2016. DHHS MH continues to follow policy 0704.271 Test Calls to the Toll-Free Access Number (see attachment 5).</p> <p>Medical Office staff, Access staff, Same Day Services, Crisis Stabilization Unit (CSU) and Sempervirens Psychiatric Health Facility (SV PHF) staff are trained on how to use the RAS log upon hire and as indicated based on results of Test calls.</p> <p>The QI unit provides feed-back after each call, and addressing any training needs that may arise with the staff handling the call and their supervisor through email, phone calls or via the QI Tracking process as indicated (see attachment 4).</p>	Program Managers	Ongoing
		QIC	Ongoing

Statement of Deficiencies	Plan of Correction	Responsible Staff (Title)	Timeline for Implementation / Completion
	<p><b>Preventative actions</b>            DHHS MH will continue to address issues immediately and increase its training activities associated with RAS logging. One RAS training was completed in October with 5 Medical Records staff participating, see attachment 8.</p> <p><b>Ongoing monitoring</b>            QI Training Clinician tracks training attendance and reports quarterly to OP CQI; see attachment 3, OP Agenda Item Tracking tool #30. Any issues requiring improvement or immediate attention from the reporting in OP CQI committee are noted in the meeting minutes as identified by the QIC in collaboration with the OP CQI committee. Additionally, the QI Tracking process is the QI mechanism employed to clearly define the issues and steps of resolution, and to ensure identified staff sees issues through to resolution; see policy 0704.940 QI Tracking Process, attachment 4.</p>	QI Training Clinician	Ongoing 10/13/17
<p><b>Section D Beneficiary Protection</b>  <b>6</b>            MHP did not furnish evidence it is notifying those providers cited by the beneficiary (or otherwise involved in the grievance, appeal, or expedited appeal) of the final disposition of the beneficiary's grievance, appeal or expedited appeal.</p>	<p><b>Immediate corrective actions and preventative actions</b>            DHHS MH updated Policy 0704.460 Client Problem Resolution Process to include notification of those providers cited by the beneficiary in writing. We created the new form # QI-105 Letter to Provider template, see attachment 9.</p> <p><i>Note: DHCS cited policy 0704.540 <u>Provider</u> Problem Resolution Process in their report of findings in error. DHHS MH provided policy 0704.460 <u>Client</u> Problem Resolution Process during the onsite review, which is the policy that applies here.</i></p>	QIC	10/23/17
		IT Manager	7/1/17

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Specifically, documentation does not demonstrate that providers are notified in writing when cited by a beneficiary in a grievance, appeal or expedited appeal.

DHHS MH went live with a new access database for collecting client concern data. This database includes a data field for the date provider was notified of the disposition, see screenshot below of new database, required element.

**Ongoing monitoring**

QI Analyst tracks client concerns data and reports quarterly to OP CQI; see attachment 3, OP Agenda Item Tracking tool #5. Any issues requiring improvement or immediate attention from the reporting in OP CQI committee are noted in the meeting minutes as identified by the QIC in collaboration with the OP CQI committee. Additionally, the QI Tracking process is the QI mechanism employed to clearly define the issues and steps of resolution, and to ensure identified staff sees issues through to resolution; see policy 0704.940 QI Tracking Process, attachment 4.

**Statement of Deficiencies**

**Plan of Correction**

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**Section G Provider Relations**

**3b**

The MHP must submit a POC addressing the DOC findings for these requirements. The MHP is required to provide evidence to DHCS to

**Immediate corrective actions and evidence of corrections**

The Mental Health Quality Improvement unit missed the timely re-certification of Provider 12AZ due to an entry error on the QI Site Certification Due Date tracking sheet. The QI unit added an Excel formula to the existing QI site certification tracking spreadsheet to calculate due dates and 6 month prior alerts, to minimize human error in the future (see screen shot below).

QI Analyst

Ongoing

QIC

Ongoing

QI Analyst

2/24/17

Statement of Deficiencies	Plan of Correction	Responsible Staff (Title)	Timeline for Implementation / Completion
<p>substantiate its POC and to demonstrate that it has an ongoing and effective monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified per title 9 regulations. There was 1 overdue provider out of 27.</p>	<p>DHHS MH was aware of the overdue re-certification at the time of the systems review, and had already submitted a Plan of Correction to DHCS prior to the onsite systems review. Provider 12AZ's re-certification has since been completed, see attachment 10.</p>	QIC	2/28/17
			3/15/17
	<p><b>Preventative actions</b></p>	QI RN; QI Analyst	Ongoing
	<p>DHHS MH will reinforce its business practice of two QI staff reviewing the tracking spreadsheet for accuracy of all certified programs at the beginning of each month. The QI unit contacts programs six months prior to the due date of their re-certification, provides assistance to prepare for the re-certification including a mock site visit prior to the actual site re-certification visit.</p>		
	<p><b>Ongoing monitoring</b></p>	QI Analyst	Ongoing
	<p>QI Analyst tracks site certification data and reports quarterly to OP CQI; see attachment 3, OP Agenda Item Tracking tool #14.</p>		



Statement of Deficiencies	Plan of Correction	Responsible Staff (Title)	Timeline for Implementation / Completion
	<p>Any issues requiring improvement or immediate attention from the reporting in OP CQI committee are noted in the meeting minutes as identified by the QIC in collaboration with the OP CQI committee. Additionally, the QI Tracking process is the QI mechanism employed to clearly define the issues and steps of resolution, and to ensure identified staff sees issues through to resolution; see policy 0704.940 QI Tracking Process, attachment 4.</p>	QIC	Ongoing
<p><b>Section C Authorization</b></p>	<p>Policy 0704.873 Authorization of Out of Plan Services For Foster Care Children needs to be replaced. Children’s Mental Health, Probation Department and Child Welfare Services are collaborating on creating the new policy 1001.102 Behavioral Health Services for Children and Youth in Foster Care Placed out of County, that includes all AB 1299 requirements and guidance from Information Notice No.17-032 Implementation of Presumptive Transfer for Foster Children placed out of county; see policy draft in attachment 11.</p>	<p>Sr. Program Manager (SR PM) Children’s Mental Health (CMH) Deputy Director CMH</p>	11/27/17
<p><b>4d</b> (Survey only) Does the MHP ensure timely transfer within 48 hours of the authorization and provision of SMHS for a child who will be placed "out of county"? DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: MHP needs to update P&amp;P#: 0704.873 Authorization of Out of Plan Services For Foster Care Children to reflect timely transfer within 48 hours of authorization and provision of SMHS for a child who will be</p>			

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placed "out of county".

**Section K "Chart Review**

**1c-2**

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

**Immediate Corrective Actions and preventative actions**

DHHS MH created QI Bulletin 17-Q007 Clinical Documentation Training and distributed to all MH staff, see attachment 12. The current monthly clinical documentation training will emphasize the importance of correct coding of a billable service as well as the importance of documenting the justification of the intervention to address the functional impairment as evidenced by slides 37-46 and 51-68 on the Clinical Documentation PowerPoint, see attachment 13. This information is also included in the Clinical Documentation Manual available to all staff, as reference material, specifically pages 5 and 17, see attachment 14.

QIC

10/25/17

**Ongoing monitoring**

Monthly, Quality Improvement randomly pulls 30 chart records for clinical review as outlined in policy 0704.370 Quality Management Chart Review. QI trained clinicians utilize form QI-76 Chart Review Sheet as a checklist to identify and communicate charting deficiencies; this form also acts as the tracking mechanism for QI. Resolutions to identified deficiencies are tracked and monitored in QI. QI-76 Chart Review Sheet elements <sup>1</sup> cover medical necessity charting elements, see attachment 15.

QIC

Ongoing

QI Analyst tracks chart audit data, produces a chart review dashboard (see attachment 16) and reports quarterly to OP CQI; see attachment 3, OP Agenda Item Tracking tool #11.

QI Analyst

Ongoing

<sup>1</sup> Element number(s) removed for confidentiality

Statement of Deficiencies	Plan of Correction	Responsible Staff (Title)	Timeline for Implementation / Completion
<p><b>2a</b> 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>Any issues requiring improvement or immediate attention from the reporting in OP CQI committee are noted in the meeting minutes as identified by the QIC in collaboration with the OP CQI committee.</p> <p><b>Immediate corrective actions and evidence of corrections</b> DHHS MH Director has emphasized monitoring the timely completion of initial and annual assessment updates with all management staff, see attachment 17 MH Managers meeting Agenda 10/20/2017.</p> <p><b>Preventative action</b> Medical Records produces the Adult and Children's Team (A &amp; C Team) report to all clinical MH staff monthly. This report identifies key charting documentation due dates and is meant to be used as a tool for clinical staff to update needed clinical charting documentation. Clinical staff are responsible for updating clinical documentation and ensure it is current as outlined in QI Bulletin 15-Q003 Admitting and Attending Practitioners and EHR Avatar policy 0702.03 Avatar Admitting and Attending Practitioner Definitions. The Clinical Documentation Manual clarifies coordination of care on page 79, and describes the important role of the clinical coordinator of care who is responsible for ensuring all clinical documentation is current. See attachment 18.</p> <p><b>Ongoing monitoring</b> QI produces a Compliance Report that goes out weekly to any clinical staff that is documenting billable services in a chart with expired assessments and client plans, and to their supervisors and managers. This report alerts staff to take corrective action measures to bring charting documentation into compliance. The billable service is flagged for non-billable coding. The QI department is working with the IS department to implement ScriptLinks to automate this alerting process to be active in real time providing the practitioner with</p>	<p>Medical Records Manager</p> <p>QIC; IT Manager</p>	<p>Ongoing</p> <p>11/30/17</p>

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immediate notification of expired clinical documentation. The following ScriptLinks have been instituted:

- Admitting Diagnosis Reminder (notifies practitioner if services were provided without a diagnosis)
- Annual Assessment Bundle Reminder (notifies practitioner of expiration date of assessment and client plan)
- Service Out of Date Range (notifies practitioner of services outside of initial 60 day assessment window)

**2b**

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.

**Immediate corrective actions and evidence of corrections**

All clinical staff are required to participate in the clinical documentation training upon hire and annually thereafter. Clinical staff are trained to thoroughly complete form 1096 Assessment along with form 1173 Mental Status Exam which contains risk assessment and diagnosis page in the electronic health record. These core documents make up the assessment bundle are standard clinical documents to be completed for all clients receiving services.

The Outpatient Clinical Documentation Manual and My Avatar User Manual outline the key elements of the MH assessment and the expectation of completing them thoroughly, see attachment 19:

- Substance Exposure / Substance Use (Clinical Documentation pages 28-31; My Avatar Manual pages 259-260)
- Client Strengths (Clinical Documentation page 28; My Avatar Assessment 1096 screen shot of strengths as a required field)
- Risks (My Avatar Manual pages 277-278)
- A mental status examination (Clinical Documentation page 31; My Avatar Manual pages 277-278)
- A full DSM diagnosis or current ICD code (Clinical Documentation page 28-30; QI Bulletin 17-Q003 - DSM 5 Conversion Update)

Clinical Supervisor

Ongoing

**Preventative action**

Statement of Deficiencies	Plan of Correction	Responsible Staff (Title)	Timeline for Implementation / Completion
	<p>We have an ongoing chart review process in place. In addition we are running ScriptLinks specifically for diagnostic errors to automatically notify the provider when a diagnosis has not been completed in the electronic health record.</p> <p>A request to mark these data fields as required fields in the forms in our electronic health record will be submitted to our information systems department for modification.</p>	QIC	10/31/17
	<p><b>Ongoing monitoring</b></p> <p>Element <sup>2</sup> in the chart review tool addresses the completeness of all required elements in the assessment, see attachment 15.</p> <p>We have ScriptLinks to warn the practitioner that admission diagnosis is needed. Any missing diagnoses are checked weekly as part of the Medical Records Error (NO DSM 5, Missing Admission Diagnosis, Services before Admit Diagnosis date or late diagnosis) Correction reports, and disseminated to appropriate practitioners, see attachment 20 . The A &amp; C Team Reports are run monthly and Compliance reports are run weekly to catch any missing diagnoses.</p>	IS Manager	12/31/17
	<p>Monthly, Quality Improvement randomly pulls 30 chart records for clinical review as outlined in policy 0704.370 Quality Management Chart Review. QI trained clinicians utilize form QI-76 Chart Review Sheet as a checklist to identify and communicate charting deficiencies; this form also acts as the tracking mechanism for QI. Resolutions to identified deficiencies are tracked and monitored in QI. QI-76 Chart Review Sheet elements <sup>3</sup> cover the assessment bundle (assessment, mental status and diagnosis), see attachment 15.</p>	QIC	Ongoing
	<p>QI Analyst tracks chart audit data, produces a chart review dashboard (see attachment 16) and reports quarterly to OP CQI; see attachment 3, OP Agenda Item Tracking tool #11.</p>	QI Analyst	Ongoing
		QIC	Ongoing

<sup>2</sup> Element number(s) removed for confidentiality

<sup>3</sup> Element number(s) removed for confidentiality

Statement of Deficiencies	Plan of Correction	Responsible Staff (Title)	Timeline for Implementation / Completion
<p><b>2c</b> 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.</p>	<p>Any issues requiring improvement or immediate attention from the reporting in OP CQI committee are noted in the meeting minutes as identified by the QIC in collaboration with the OP CQI committee.</p>		
	<p><b>Immediate corrective actions and evidence of corrections</b> Every document produced in the EHR has the practitioner's name printed on the document. Due to our EHR limitations in the software, we are only able to display the practitioner and licensure or job title in printed reports of the specific form in the clinical record. These reports are being modified to include the ability to print the form with practitioner's name, licensure and job title. DHHS MH follows policy 0704.980 Staff Worksheet. As part of this process, QI verifies practitioners to their scope of practice, associated licensure and job title. See flow chart of Practitioner Enrollment Process for details, in attachment 21. Once QI verifies the practitioner license and scope, name and licensure, the IS department links this information to the individual specific Avatar User Profile. We maintain records of the licensure of direct service providers in Employee Services and QI department. We have created policy 0100.615 Electronic Signatures, see attachment 22.</p>	IS Manager	12/31/17
	<p><b>Preventative action</b> DHHS MH continues to work on ways of listing practitioner name, licensure and job title on all clinical records submitted. This project began back in 2015, see attachment 23 (form QI-91 Integrated Clinical and Administrative Information System (ICAIS) Stakeholder Request Form).</p>	IS Manager	12/31/17
	<p><b>Ongoing monitoring</b> Once this project is fully complete, there will be no need for ongoing monitoring as it will be built into the EHR and done automatically. We will continue to check on any Org Providers that do not have EHRs</p>	QIC	Ongoing

Statement of Deficiencies	Plan of Correction	Responsible Staff (Title)	Timeline for Implementation / Completion
<p><b>4a-1</b> The MHP shall submit a POC that describes how the MHP will:</p> <p>1) Ensure that initial client plans are completed in accordance with the MHP's written documentation standards.</p> <p>2) Ensure that the interventions/modalities on the client plans are clear, specific, complete, and address the beneficiary's identified functional impairments as a result of the mental disorder.</p>	<p>through the monthly chart review audits, see #6 on QI-76 Chart Review sheet in attachment 15.</p>	<p>Medical Records Analyst; QIC; IS Manager</p>	<p>October 2016</p>
	<p><b>Immediate corrective actions and preventative actions</b></p> <p>DHHS MH has created a compliance report that identifies services that are provided in gap periods as outlined in MHP contract and policy.</p> <p>We are developing ScriptLinks to automatically warn the practitioner that the client plan is missing or in need of completion.</p> <p>Any missing client plans are checked monthly as part of the Medical Records Error A &amp; C Team reports. Additionally, Compliance reports are run weekly by QI to catch any missing or incomplete client plans. Both reports are disseminated to appropriate practitioners and their supervisors for resolution. All services provided in a gap are flagged as no-bill to prevent submission of claims that could be disallowed or recouped.</p>	<p>QI Analyst</p>	<p>Ongoing</p>
	<p><b>Ongoing monitoring</b></p> <p>QI Analyst tracks audit results data, and reports disallowances monthly to OP CQI; see attachment 3, OP Agenda Item Tracking tool #4.</p> <p>Monthly, Quality Improvement randomly pulls 30 chart records for clinical review as outlined in policy 0704.370 Quality Management Chart Review. QI trained clinicians utilize form QI-76 Chart Review Sheet as a checklist to identify and communicate charting deficiencies; this form also acts as the tracking mechanism for QI. Resolutions to identified deficiencies are tracked and monitored in QI. QI-76 Chart Review Sheet elements <sup>4</sup> cover the client plan with items <sup>5</sup> looking for timeliness according to MHP contract and policy, see attachment 15.</p>	<p>QIC</p>	<p>Ongoing</p>

<sup>4</sup> Element number(s) removed for confidentiality

<sup>5</sup> Item number(s) removed for confidentiality

Statement of Deficiencies	Plan of Correction	Responsible Staff (Title)	Timeline for Implementation / Completion
	<p>Any issues requiring improvement or immediate attention from the reporting in OP CQI committee are noted in the meeting minutes as identified by the QIC in collaboration with the OP CQI committee. Additionally, the QI Tracking process is the QI mechanism employed to clearly define the issues and steps of resolution, and to ensure identified staff sees issues through to resolution; see policy 0704.940 QI Tracking Process, attachment 4.</p>	QIC	Ongoing
<p><b>4b</b> The MHP shall submit a POC that describes how the MHP will ensure that:</p> <p>1) 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.).</p> <p>2) All mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.</p>	<p><b>Immediate corrective actions and preventative actions</b> DHHS MH created QI Bulletin 17-Q007 Clinical Documentation Training and distributed to all MH staff, see attachment 12. The current monthly clinical documentation training emphasizes the importance of timelines of the client plan and the importance of client plan development; slides 21-36 address all aspects of client plan in detail on the Clinical Documentation PowerPoint. This information is also included in the Clinical Documentation Manual available to all staff, as reference material, specifically pages 34- 40; page 39 specifically talks about frequency of intervention and details of interventions, see attachment 24.</p> <p><b>Ongoing monitoring</b> Monthly, Quality Improvement randomly pulls 30 chart records for clinical review as outlined in policy 0704.370 Quality Management Chart Review. QI trained clinicians utilize form QI-76 Chart Review Sheet as a checklist to identify and communicate charting deficiencies; this form also acts as the tracking mechanism for QI. Resolutions to identified deficiencies are tracked and monitored in QI. QI-76 Chart Review Sheet elements <sup>6</sup>, address the key elements of the written plan, including specific observable behavior and impairment language, and frequency of the specific interventions, see attachment 15.</p>	QIC	10/25/17
		QI Training Clinician	Ongoing
		QIC	Ongoing

<sup>6</sup> Element number(s) removed for confidentiality



Statement of Deficiencies	Plan of Correction	Responsible Staff (Title)	Timeline for Implementation / Completion
<p><b>4f</b> 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.</p>	<p>QI Analyst tracks chart audit data, produces a chart review dashboard (see attachment 16) and reports quarterly to OP CQI; see attachment 3, OP Agenda Item Tracking tool #11. Any issues requiring improvement or immediate attention from the reporting in OP CQI committee are noted in the meeting minutes as identified by the QIC in collaboration with the OP CQI committee.</p>	QI Analyst	Ongoing
	<p><b>Immediate corrective actions and evidence of corrections</b> Every document produced in the EHR has the practitioner's name printed on the document. Due to our EHR limitations in the software, we are only able to display the practitioner and licensure or job title in printed reports of the specific form in the clinical record. These reports are being modified to include the ability to print the form with practitioner's name, licensure and job title. DHHS MH follows policy 0704.980 Staff Worksheet. As part of this process, QI staff verifies practitioners to their scope of practice, associated licensure and job title. See flow chart of Practitioner Enrollment Process for details, in attachment 21. Once QI staff has verified the practitioner license and scope, name and job title, the IS department links this information to the individual specific Avatar User Profile. We maintain records of the licensure of direct service providers in Employee Services and QI department. We have created policy 0100.615 Electronic Signatures, see attachment 22.</p>	IS Manager	12/31/17
	<p><b>Preventative action</b> DHHS MH continues to work on ways of listing practitioner name, licensure and job title on all clinical records submitted. This project began back in 2015, see attachment 23 (form QI-91 Integrated Clinical and Administrative Information System (ICAIS) Stakeholder Request Form).</p>	QI RN	Ongoing
	<p><b>Ongoing monitoring</b></p>	IS Manager	Ongoing

Statement of Deficiencies	Plan of Correction	Responsible Staff (Title)	Timeline for Implementation / Completion
<p><b>5a</b> The MHP shall submit a POC that describes how the MHP will ensure that progress notes document:</p>	<p>Once this project is fully complete, there will be no need for ongoing monitoring as it will be built into the EHR and done automatically. We will continue to check on any Org Providers that do not have EHRs through the monthly chart review audits, see #11 on QI-76 Chart Review sheet in attachment 15.</p>	QIC	Ongoing
<p><b>5a-1)</b> 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><b>Immediate corrective actions and preventative actions</b> QI submitted a report request to IS to develop an automated report that tracks the timely completion of progress notes by practitioner and by program, see attachment 25 Avatar Report Request. Once created, this report will be added to the suite of compliance related reports (compliance, disallowance, draft forms, late notes) run by QI, and disseminated to appropriate practitioners, their supervisors and managers on a weekly basis. All supervisors and managers will be trained on each of these reports so they may follow up with their staff as needed to address any compliance related issues described in the reports.</p>	IS Manager	3/29/17
<p><b>5a-8)</b> The provider's professional degree, licensure or job title.</p>	<p><b>Ongoing monitoring</b> QI Analyst tracks compliance report monthly and reports to OP CQI; see attachment 3, OP Agenda Item Tracking tool #4. Any issues requiring improvement or immediate attention from the reporting in OP CQI committee are noted in the meeting minutes as identified by the QIC in collaboration with the OP CQI committee. Additionally, the QI Tracking process is the QI mechanism employed to clearly define the issues and steps of resolution, and to ensure identified staff sees issues through to resolution; see policy 0704.940 QI Tracking Process, attachment 4.</p>	QIC	12/31/17
<p><b>5a-8)</b> The provider's professional degree, licensure or job title.</p>	<p><b>Immediate corrective actions and evidence of corrections</b> Every document produced in the EHR has the practitioner's name printed on the document.</p>	QI Analyst	Ongoing
<p><b>5a-8)</b> The provider's professional degree, licensure or job title.</p>	<p><b>Immediate corrective actions and evidence of corrections</b> Every document produced in the EHR has the practitioner's name printed on the document.</p>	QIC	Ongoing
<p><b>5a-8)</b> The provider's professional degree, licensure or job title.</p>	<p><b>Immediate corrective actions and evidence of corrections</b> Every document produced in the EHR has the practitioner's name printed on the document.</p>	IS Manager	12/31/17

Statement of Deficiencies	Plan of Correction	Responsible Staff (Title)	Timeline for Implementation / Completion
<p><b>5b</b> The MHP shall submit a POC that describes how the MHP will ensure that:</p>	<p>Due to our EHR limitations in the software, we are only able to display the practitioner and licensure or job title in printed reports of the specific form in the clinical record. These reports are being modified to include the ability to print the form with practitioner's name, licensure and job title.</p> <p>DHHS MH follows policy 0704.980 Staff Worksheet. As part of this process, QI verifies practitioners to their scope of practice, associated licensure and job title. See flow chart of Practitioner Enrollment Process for details, in attachment 21.</p> <p>Once QI verifies the practitioner license and scope, name and licensure, the IS department links this information to the individual specific Avatar User Profile. We maintain records of the licensure of direct service providers in Employee Services and QI department. We have created policy 0100.615 Electronic Signatures, see attachment 22.</p>		
	<p><b>Preventative action</b></p> <p>DHHS MH continues to work on ways of listing practitioner name, licensure and job title on all clinical records submitted. This project began back in 2015, see attachment 23 (form QI-91 ICAIS Stakeholder Request Form).</p>	IS Manager	12/31/17
	<p><b>Ongoing monitoring</b></p> <p>Once this project is fully complete, there will be no need for ongoing monitoring as it will be built into the EHR and done automatically. We will continue to check on any Org Providers that do not have EHRs through the monthly chart review audits, see #17 on QI-76 Chart Review sheet in attachment 15.</p>	QIC	Ongoing
<p><b>Immediate corrective actions and evidence of corrections</b></p> <p>All clinical staff are required to participate in the clinical documentation training upon hire and annually thereafter.</p> <p>The Clinical Documentation Manual outlines on page 43 the requirements for multiple staff providing the same service to a client as</p>	QI Training Clinician	Ongoing	

Statement of Deficiencies	Plan of Correction	Responsible Staff (Title)	Timeline for Implementation / Completion
<p>1) Group progress notes clearly document the contribution, involvement or participation of each staff member claimed as it relates to the identified functional impairment and mental health needs of the beneficiary.</p>	<p>well as group services, and addresses the medical necessity for more than one staff providing services at the same time.</p>	<p>QI Training Clinician</p>	<p>10/26/17</p>
<p>2) There is medical necessity for the use of multiple staff in the group setting.</p>	<p><b>Preventative action</b> We added slide 43 to the Clinical Documentation training PowerPoint emphasizing the key elements to group notes, or multiple practitioners providing services at the same time, see attachment 26.</p>	<p>QIC</p>	<p>10/26/17</p>
<p>2) There is medical necessity for the use of multiple staff in the group setting.</p>	<p><b>Ongoing monitoring</b> We added element <sup>7</sup> “Group / Multiple Practitioner services demonstrate Medical Necessity and contributions of each staff” to QI-76 Chart Review tool, see attachment 15.</p>	<p>QIC</p>	<p>Ongoing</p>
<p>2) There is medical necessity for the use of multiple staff in the group setting.</p>	<p>Monthly, Quality Improvement randomly pulls 30 chart records for clinical review as outlined in policy 0704.370 Quality Management Chart Review. QI trained clinicians utilize form QI-76 Chart Review Sheet as a checklist to identify and communicate charting deficiencies; this form also acts as the tracking mechanism for QI. Resolutions to identified deficiencies are tracked and monitored in QI. QI-76 Chart Review Sheet element <sup>8</sup> covers group and multiple practitioner service notes, see attachment 15.</p>	<p>QI Analyst</p>	<p>Ongoing</p>
<p>2) There is medical necessity for the use of multiple staff in the group setting.</p>	<p>QI Analyst tracks chart audit data, produces a chart review dashboard (see attachment 16) and reports quarterly to OP CQI; see attachment 3, OP Agenda Item Tracking tool #11.</p>	<p>QI Analyst</p>	<p>Ongoing</p>
<p>2) There is medical necessity for the use of multiple staff in the group setting.</p>	<p>Any issues requiring improvement or immediate attention from the reporting in OP CQI committee are noted in the meeting minutes as identified by the QIC in collaboration with the OP CQI committee.</p>	<p>QI Analyst</p>	<p>Ongoing</p>
<p><b>5c</b> The MHP shall submit a POC that describes how the MHP will:</p>	<p><b>Immediate Corrective Actions and Preventative Actions</b> DHHS MH created QI Bulletin 17-Q007 Clinical Documentation Training and distributed to all MH staff, see attachment 12.</p>	<p>QIC</p>	<p>10/25/17</p>

<sup>7</sup> Element number(s) removed for confidentiality

<sup>8</sup> Element number(s) removed for confidentiality

Statement of Deficiencies	Plan of Correction	Responsible Staff (Title)	Timeline for Implementation / Completion
1) Ensure that all SMHS claimed are claimed for the correct service modality and billing code.	The current monthly clinical documentation training emphasizes the importance of correct coding of a billable service, see slides 50-70 on the Clinical Documentation PowerPoint. This information is also included in the Clinical Documentation Manual available to all staff as reference material, specifically pages 52 through 73, see attachment 27.		
2) Ensure that all progress notes are accurate and meet the documentation requirements described in the MHP Contract with the Department.	<p><b>Ongoing monitoring</b></p> <p>Monthly, Quality Improvement randomly pulls 30 chart records for clinical review as outlined in policy 0704.370 Quality Management Chart Review. QI trained clinicians utilize form QI-76 Chart Review Sheet as a checklist to identify and communicate charting deficiencies; this form also acts as the tracking mechanism for QI. Resolutions to identified deficiencies are tracked and monitored in QI. QI-76 Chart Review Sheet elements <sup>9</sup> address specialty mental health services described in the note corresponds to the correct mental health service activity code, see attachment 15.</p> <p>QI Analyst tracks chart audit data, produces a chart review dashboard (see attachment 16) and reports quarterly to OP CQI; see attachment 3, OP Agenda Item Tracking tool #11.</p> <p>Any issues requiring improvement or immediate attention from the reporting in OP CQI committee are noted in the meeting minutes as identified by the QIC in collaboration with the OP CQI committee.</p>	QIC	Ongoing
<p><b>7b</b></p> <p>The MHP shall submit a POC that describes how the MHP will ensure that, when the</p>	<p><b>Immediate corrective actions and preventative actions</b></p> <p>DHHS MH currently has one contracted provider for Day Treatment Services (out-of-county). Their services was part of the audit chart samples. The other Day Treatment chart sample was for an in-county contract provider that was terminated in December 2015 (within the audit sampling period). We notified the out-of-county Organizational Provider of the audit results, specifically outlining the reasons for</p>	QI Analyst	Ongoing
		QIC	10/27/17

<sup>9</sup> Element number(s) removed for confidentiality

Statement of Deficiencies	Plan of Correction	Responsible Staff (Title)	Timeline for Implementation / Completion
<p>beneficiary is unavoidably absent, the total time (number of minutes and hours) the beneficiary actually attended the program that day is documented, that the beneficiary was present for at least 50 percent of the scheduled hours of operation for that day, and that there is a separate entry in the medical record documenting the reason for the unavoidable absence in order to claim for that day.</p>	<p>recoupment. DHHS MH updated policy 0704.370 Quality Management Chart Review to include Day Treatment auditing for any providers. Our Organizational Provider Manual states on page 69 in Section 16, Attachment 1: State Regulations for Day Treatment “Beneficiaries are expected to be present for all scheduled hours of operation for each day. When a beneficiary is unavoidably absent for some part of the hours of operation, day treatment intensive and day rehabilitation for an individual beneficiary will only be eligible for Medi-Cal reimbursement if the beneficiary is present for at least 50 percent of the scheduled hours of operation that day”, see attachment 28. We are initiating a plan of correction with our out-of-county provider.</p> <p><b>Ongoing monitoring</b>  Day Treatment chart auditing will coincide with the re-authorization requests from providers, as outlined in policy 0704.880 Out Of County Provider Documentation Monitoring and policy 0704.370 Quality Management Chart Review. Additionally we created the QI-106 Chart Review Tool for Day Treatment Services, see attachment 29. In accordance with policy 0704.370 Quality Management Chart Review, the authorizing clinician of Day Treatment Services will utilize form QI-106 for each day treatment authorization request as a checklist to identify and communicate charting deficiencies. Specifically item <sup>10</sup> addresses the unavoidably absent criterion; this form also acts as the tracking mechanism for QI, see attachment 29. Resolutions to identified deficiencies are tracked and monitored in QI.</p> <p>QI Analyst tracks chart audit data, produces a chart review dashboard (see attachment 16) and reports quarterly to OP CQI; see attachment 3, OP Agenda Item Tracking tool #11.  Any issues requiring improvement or immediate attention from the reporting in OP CQI committee are noted in the meeting minutes as identified by the QIC in collaboration with the OP CQI committee.</p>	<p>Authorizing Clinician</p> <p>QIC</p> <p>QI Analyst</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

<sup>10</sup> Item number(s) removed for confidentiality

Statement of Deficiencies	Plan of Correction	Responsible Staff (Title)	Timeline for Implementation / Completion
<p><b>7e</b> The MHP shall submit a POC that describes how the MHP will ensure that its Day Program providers consistently document the occurrence of at least one (1) monthly contact with a family member, caregiver, significant other or legally responsible person, and that the documentation includes evidence that the monthly contact(s) occurred outside of the Day Program's normal hours of operation.</p>	<p><b>Immediate corrective actions and preventative actions</b> DHHS MH currently has one contracted provider for Day Treatment Services (out-of-county). Their services was part of the audit chart samples. The other Day Treatment chart sample was for an in-county contract provider that was terminated in December 2015 (within the audit sampling period). We notified the out-of-county Organizational Provider of the audit results, specifically outlining the reasons for recoupment. DHHS MH updated policy 0704.370 Quality Management Chart Review to include Day Treatment auditing for any providers. Our Organizational Provider Manual states on page 71 in Section 16, Attachment 1: State Regulations for Day Treatment “Contact with Significant Support Persons - Both day rehabilitation and day treatment intensive must allow for at least one contact (face-to- face or by an alternative method (e.g., e-mail, telephone, etc.) per month with a family member, caregiver or other significant support person identified by an adult client, or one contact per month with the legally responsible adult for a client who is a minor. Adult clients may choose whether or not this service component is done for them. The contacts and involvement should focus on the role of the significant support person in supporting the client's community reintegration”, see attachment 30. We are initiating a plan of correction with our out-of-county provider.</p> <p><b>Ongoing monitoring</b> Day Treatment chart auditing will coincide with the re-authorization requests from providers, as outlined in policy 0704.880 Out Of County Provider Documentation Monitoring and policy 0704.370 Quality Management Chart Review. Additionally we created</p>	QIC	10/27/17

**Statement of Deficiencies**

**Plan of Correction**

**Responsible Staff (Title)**

**Timeline for Implementation / Completion**

the QI-106 Chart Review Tool for Day Treatment services, see attachment 29.

In accordance with policy 0704.370 Quality Management Chart Review, the authorizing clinician of Day Treatment Services will utilize form QI-106 for each day treatment authorization request as a checklist to identify and communicate charting deficiencies. Specifically item <sup>11</sup>.a.i addresses the documenting of monthly contact with Significant Support Persons criterion; this form also acts as the tracking mechanism for QI, see attachment 29. Resolutions to identified deficiencies are tracked and monitored in QI.

Authorizing Clinician

Ongoing

QIC

Ongoing

QI Analyst tracks chart audit data, produces a chart review dashboard (see attachment 16) and reports quarterly to OP CQI; see attachment 3, OP Agenda Item Tracking tool #11.

QI Analyst

Ongoing

Any issues requiring improvement or immediate attention from the reporting in OP CQI committee are noted in the meeting minutes as identified by the QIC in collaboration with the OP CQI committee.

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<sup>11</sup> Item number(s) removed for confidentiality