

SACRAMENTO COUNTY DIVISION OF BEHAVIORAL HEALTH
 PLAN OF CORRECTION
 SACRAMENTO COUNTY MENTAL HEALTH PLAN REVIEW FISCAL YEAR 2017-2018

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| <u>Section A, "Network Adequacy and Array of Services", A1</u> | | |
| <i>DHCS Finding - A1</i> | | <i>DHCS POC</i> |
| <p>The MHP did not furnish evidence it has a current Implementation Plan which meets title 9 requirements. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Sacramento County Phase II Consolidation Implementation Plan (dated September 1, 2007). The MHP's Implementation Plan does not reflect its current operational structure and procedures. Protocol question A1 is deemed OOC.</p> | | <p>The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a current Implementation Plan which meets title 9 requirements.</p> |
| <i>County Response - A1</i> | | |
| <p>The MHP will review the 2007 Implementation Plan and update to reflect the current operational structure and procedures. The implementation plan shall be updated annually.</p> | | |
| Descriptions of corrective actions – A1 | Timeline | Proposed (or actual) evidence of correction that will be submitted to DHCS |
| Update Current Implementation Plan | 02/30/2019 | Updated Implementation Plan |
| Establish Annual Review/Update Process | 12/30/2018 | Implementation Plan P&P |
| <u>Section A, "Network Adequacy and Array of Services", A4a, A4d (1), and A4d (3)</u> | | |
| <i>DHCS Finding - A4a, A4d (1), and A4d (3)</i> | | <i>DHCS POC</i> |
| <p>The MHP did not furnish evidence it meets and requires its network providers to meet State standards for timely access to care and services, taking into account the urgency for the need of services. DHCS reviewed the following documentation presented by the MHP as evidence of compliance:</p> <ul style="list-style-type: none"> • Service Request Report (service request dates: 9/18/17-10/6/17) • FY 16/17 Annual Beneficiary Grievance and Appeal Report • Annual External Quality Review Organization Report (August 8-19, 2017) • Sampling of grievances <p>During the onsite interview, the MHP acknowledged that timeliness of services, for both access to an initial Assessment and for psychiatry services, is an issue in Sacramento County. This is reflected in both the MHP's EQRO report and in the number (50) of timeliness related beneficiary grievances received by the MHP during FY16/17.</p> | | <p>The MHP must submit a POC addressing the OOC findings for this requirement. The MHP require its network providers to meet State standards for timely access to care and services, taking into account the urgency for the need of services.</p> |

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In addition, DHCS reviewed a report querying beneficiary service requests made during a three- week period. The report included four hundred and fifty two (452) requests for services. Of these, one-hundred and forty (140) of the beneficiaries authorized for services did not receive timely access to assessment. The MHP does have a mechanism (i.e., monthly monitoring) for monitoring its network providers for timeliness of services. However, timeliness appears to be an issue throughout the MHP's network. In addition, the MHP indicated it is in the process of developing, but does not currently have, a mechanism to take corrective action of there is a failure to comply by a network provider.

Of note, at the time of the onsite review, the MHP had recently entered into a new contract with UC Davis for tele-psychiatry services in an effort to improve timeliness of psychiatry appointments.

Protocol Questions A4a, A4d (1) and A4d (3) are deemed OOC.

County Response - A4a, A4d (1), and A4d (3)

The MHP utilizes an Access Team to provide beneficiaries with a central method to access services. Beneficiaries received telephone triage, screening assessment, and authorization to appropriated mental health services. Assessment and follow up appointments are scheduled at the provider level. The MHP has taken action in the form of Performance Improvement Projects over the last 4 years to increase engagement and reduce time to first appointment. Further action will be taken to address the methods of tracking and measuring time of first request, first offered appointment, and first appointment for identifying areas of improvement. The MHP will also implement additional oversight and monitoring of timeliness in the form of grievance review and timeliness review with Providers during monthly Contract Review Meetings.

| Descriptions of corrective actions – | Timeline | Proposed (or actual) evidence of correction that will be submitted to DHCS |
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| Develop a mechanism to track initial Medication Services Requests that are not identified during the initial request at Access. | TBD | <ul style="list-style-type: none"> • Updates to this item will be provided to DHCS quarterly until completion via scheduled County Liaison calls |
| Utilize the EHR to track first offered, first accepted, and assessment for outpatient services. | January 2019 | <ul style="list-style-type: none"> • Avatar Form • CSI Report |
| Contract Monitors will use the EHR Report “Authorization Check Report” to track timeliness to services. Corrective Action Plan | Ongoing Monitoring | <ul style="list-style-type: none"> • Contract Language • Monitoring Tool/Quarterly Report • Avatar Report |

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| will be required for Providers that fall outside of the State timeliness standards. | | <ul style="list-style-type: none"> • Corrective Action Plan Template |
| QM will review Grievances related to timeliness on a monthly basis and provide report to Contract Monitors. Findings will be included in the POC if found to be out of compliance. | | <ul style="list-style-type: none"> • Corrective Action Plan Template |
| Use the Network Adequacy Certification Tool (NACT) to track network adequacy and identify vacancies and capacity issues at the Provider level. | Ongoing Monitoring | <ul style="list-style-type: none"> • NACT Submission Document |

Section A, "Network Adequacy and Array of Services", A5a (2) and A5b

| <i>DHCS Finding -</i> | <i>DHCS POC</i> |
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| <p>The MHP did not furnish evidence it maintains and monitors an appropriate network of providers to meet the anticipated need of children/youth eligible for Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) services. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: the MHP's FY 16/17 Performance Outcomes System Report, provider contracts, and the MHP's Katie A. Quarterly Progress Report. It was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, per the FY 16/17 Performance Outcomes System Report, Sacramento MHP served 8,710 children/youth who received 5 or more SMHS during Fy15/16. However, only 4% of children/youth served received ICC services and 2.7% of children/youth received IHBS services. ICC and IHBS must be made available to all children/youth eligible for full-scope Medi-Cal who meet criteria for SMHS. The MHP's screening process for ICC and IHBS services does not adequately identify children/youth eligible for the services.</p> <p>The MHP's lack of provision of ICC and IHBS services to children/youth indicates the MHP's network of ICC and IHBS providers is insufficient to meet the needs of its beneficiaries. However, DHCS notes that the MHP released a Request for Proposal seeking to add children/youth services providers to the MHP's network. The outcome of the RFP process is not available to DHCS for this report.</p> | <p>The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a mechanism to identify children and youth eligible to receive ICC and IHBS services and that the MHP maintains and monitors an appropriate network of providers to meet the anticipated need of children/youth eligible for ICC and IHBS.</p> |

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Protocol questions A5a (2) and A5b are deemed OOC.

County Response

The MHP authorizes all children/youth for the full array of mental health services at Access. The identification of need for ICC and IHBS services are done at the provider level during the initial assessment and plan development sessions or during the course of treatment in collaboration with the child/youth and their caregivers. Consideration criteria for ICC and IHBS is reviewed during Documentation Training to ensure awareness and understanding of the identification and use of these services. To provide additional guidance the MHP will update the Documentation Training to include a checklist handout to act as guidance for clinical staff and create a brochure for beneficiaries and caregivers outlining the services that is consistent with the Medi-Cal Manual for ICC, IHBS and TFC (Third Edition). The MHP will redistribute the Memorandums sent to Providers originally sent March 30, 2017 and September 15, 2017 outlining direction for implementing ICC and IHBS services for all EPSDT children/youth who meet the medical necessity criteria. The MHP will also review service use data during Monthly Contract Monitor meetings to identify areas of opportunity for identifying and providing ICC and IHBS services.

| Descriptions of corrective actions – | Timeline | Proposed (or actual) evidence of correction that will be submitted to DHCS |
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| Create a brochure for clients/caregivers | 1/30/2019 | <ul style="list-style-type: none"> • Brochure |
| Update Documentation Training materials – Consideration Criteria Checklist Handout | 12/30/2018 | <ul style="list-style-type: none"> • Consideration Criteria Checklist • Training PPT slides |
| Contract Monitors will collect service report data monthly to review with Providers at the Monthly Contract Monitor Meetings. | Ongoing Monitoring | <ul style="list-style-type: none"> • Contract Monitoring Tool |
| Re-distribute Memorandums “Implementation of Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) for all Eligible EPSDT Beneficiaries under 21 years of age” and “UPDATE – Implementation of Intensive Care Coordination (ICC) for all eligible EPSDT beneficiaries under 21 years of age” | 11/30/2018 | <ul style="list-style-type: none"> • Memos dated March 30, 2017 and September 15, 2017 |

Section B, “Access” – B2b(8)

| DHCS Finding - | DHCS POC |
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| DHCS reviewed the MHP’s current Provider Directory. It does not contain all required elements. Specifically, it does not indicate whether the providers have completed cultural competence training. Protocol question B2b (8) is deemed OOC. | 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 whether |

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| | | the provider has completed cultural competence training. |
| County Response | | |
| The MHP will update the Provider Directory format and include information regarding cultural competence training status. | | |
| Descriptions of corrective actions – | Timeline | Proposed (or actual) evidence of correction that will be submitted to DHCS |
| Update County Provider Directory format | 12/30/2018 | <ul style="list-style-type: none"> • Updated Provider Directory • Link to Sacramento County Webpage |
| Develop a process to update the County Provider Directory on a quarterly basis to meet the requirement outlined in IN 18-020 | 01/30/2019 | <ul style="list-style-type: none"> • Provider Directory and Licensed Provider Directory P&P |
| Provide direction to Providers regarding listing individual licensed providers on the Providers’ Webpages. | 01/30/2019 | <ul style="list-style-type: none"> • Letter to Providers regarding expectations for Licensed Provider Directories to be posted on the Provider’s Webpage. • Standard format sent to Providers for consistency across the MHP. |
| <u>Section A, “Access” - 9a2, 9a3, 9a4</u> | | |
| DHCS Finding - | | DHCS POC |
| 24/7 Toll Free Access Line Results: DHCS conducted seven (7) test calls. Specifically protocol questions below were in partial compliance: 9a2- Does the toll-free telephone number provide information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met? 9a3 – Does the toll-free telephone number provide information to beneficiaries about services needed to treat a beneficiary’s urgent condition? 9a4 - Does the toll-free telephone number provide information to beneficiaries about how to use the beneficiary problem resolution and fair hearing processes? | | 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 is provides a statewide, toll-free telephone number 24 hours a day, 7 days per week, that will provide information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, services needed to treat a beneficiary’s urgent condition, and how to use the beneficiary problem resolution and fair hearing process. |
| County Response | | |

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| <p>The MHP maintains a 24/7 statewide toll free telephone number with language capability in all of Sacramento County's threshold languages. Monday through Friday from 8am to 5pm the phone is answered by staff at the County's Access team. After 5pm, on weekends and holidays the phone is answered by staff at the County's 24hr Intake Stabilization Unit. The County has put additional processes in place to ensure compliance with the requirements regarding the statewide 24 hours day, 7 days a week (24/7) toll-free number.</p> | | |
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| Descriptions of corrective actions – | Timeline | Proposed (or actual) evidence of correction that will be submitted to DHCS |
| Training: The MHP trains all 24/7 coverage staff | | |
| All new staff will receive initial training. | 1/30/2019 Ongoing Training | <ul style="list-style-type: none"> • Updated Training Calendar for 2019 • Sign-in Sheets for New Hire Training |
| All staff that are responsible for answering the 24/7 line will receive semi-annual refresher training. | 01/30/2019 Ongoing Training | <ul style="list-style-type: none"> • Updated Training Calendar for 2019 • Sign-in Sheets for Refresher Training |
| Training material has been revised as part of QI process to improve process and to meet compliance standards. Training material will provide scripts for use by staff. | 12/30/2018 | <ul style="list-style-type: none"> • Updated Training Materials: <ul style="list-style-type: none"> ○ Scripts ○ PPTs |
| Test Calls: The MHP will perform routine test calls of the system | | |
| Test calls will be conducted a minimum of 8 times each month in both English and non-English languages. | 12/30/2018 | <ul style="list-style-type: none"> • Test Call Schedule for 2019 |
| Training has been revised to ensure all requirements are covered and will be provided to staff that perform test calls. | 12/30/2018 | <ul style="list-style-type: none"> • Test Call Technical Support Training |
| Immediate verbal and/or written feedback will be provided to managers and supervisors for test calls that are not in compliance. | 12/30/2018 Ongoing Feedback | <ul style="list-style-type: none"> • Feedback Report Template |
| Monthly compliance test call summary reports have been created and will be provided to managers for review and follow up. | 12/30/2018 | <ul style="list-style-type: none"> • Sample 24/7 Monthly Report |
| Establish QI process | | |
| Quarterly test call reports have been created and will be completed to look at trends, identify areas of improvement and are shared with managers, upper management, QIC. | 01/01/2019 Ongoing Monitoring | <ul style="list-style-type: none"> • Sample 24/7 County Mental Health Line Report |

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| Tracking and monitoring of 24/7 access line has been incorporated into the QI Work Plan and will be monitored quarterly at QIC. | 01/01/2019 Ongoing Monitoring | <ul style="list-style-type: none"> • QIC Meeting Minutes – Quarterly Review of 24/7 Access Line Data |
| New Process for Beneficiary Protection Phone Line | | |
| Create a Call Center for Beneficiary Protection Phone Line to provide information about the Grievance and Appeal process in the six (6) threshold languages. | TBD | <ul style="list-style-type: none"> • Notice to DHCS when Call Center has been created • Scripts for Call Center messages in English and translations for threshold languages. |
| <u>Section B, “Access”, B10b (1-3)</u> | | |
| <i>DHCS Finding -</i> | | <i>DHCS POC</i> |
| <p>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: P&P Mental Health Plan’s After-Hours Response Service Request screen shot, Access Team Call search detail sheet, blank Access Rollover log, and the MHP call logs. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, one of the calls made by the DHCS team was not documented on the MHP call log. Protocol questions B10a(1), B10a(2) and B10a(3) are deemed in partial compliance.</p> | | <p>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 request for SMHS (including requests made via telephone, in person or in writing) complies with all regulatory requirements.</p> |
| <i>County Response</i> | | |
| <p>The MHP maintains a written log with all Title 9 requirements that is used to document all initial requests for Mental Health Services. The County has put additional processes in place to ensure compliance with Title 9 requirements.</p> | | |
| Descriptions of corrective actions – | Timeline | Proposed (or actual) evidence of correction that will be submitted to DHCS |
| Implement a call log for the After Hours line | 02/30/2019 | Sample of Call Log Database |
| Update P&P – 02-01 Mental Health Plan’s After-Hours Response | 01/30/2019 | Updated P&P Access 02-01 Mental Health Plan’s After Hours Response |
| <u>Section B, “Access”, B13 (b)</u> | | |
| <i>DHCS Finding -</i> | | <i>DHCS POC</i> |
| <p>The MHP did not furnish evidence it has a plan for annual cultural competence training necessary to ensure the provision of culturally competent services. DHCS reviewed the following document presented by the MHP as evidence of compliance:</p> | | <p>The MHP will submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to</p> |

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| <p>Health Equity and Multicultural Diversity Foundation CBMCS Training (FY2016/2017) materials and a list of training events with the number of attendees and presenters. However, the MHP does not have a mechanism for tracking the provision of cultural competence training to ensure that everyone who is required to take the mandatory training receives the training. The Protocol question B13(b) is deemed OOC.</p> | <p>substantiate its POC and to demonstrate that it has a plan for annual cultural competence training necessary to ensure the provision of culturally competent services. Specifically, the MHP must develop a plan for, and provide evidence of implementation of, cultural competency training for administrative and management staff as well as persons providing SMHS employed by or contracting with the MHP.</p> |
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County Response

The MHP provides County sponsored Health Equity and Multicultural Diversity Foundation CBMCS Training four times per year as part of the Sacramento County Cultural Competence Plan. The MHP keeps a copy of all sign in sheets to track attendance at this training. The MHP has also maintained a log of all of the staff who have attended the foundational training utilizing the CBMCS. The MHP also requires providers to submit a list of cultural competence training and maintain sign-in sheets identifying attendees. To improve oversight and to ensure that all staff who are required to complete annual cultural competence training fulfill this training requirement, the MHP will require a list of staff from each agency who have not yet taken this foundational cultural competence training. They will be expected to sign up for one of the trainings during that year.

| Descriptions of corrective actions – | Timeline | Proposed (or actual) evidence of correction that will be submitted to DHCS |
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| Incorporate the identification of cultural competence training status into existing documents submitted to MHP | 2/01/2019 | <ul style="list-style-type: none"> • Sample staff roster |

Section C, “Coverage and Authorization”, C1b and C1c

| DHCS Finding - | DHCS POC |
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| <p>DHCS inspected a sample of 81 TARs to verify compliance with regulatory requirements. The review found that 100% of the TARs were approved or denied by licensed mental health or waived/registered professionals and that 58% of TARs approved or denied with 14 calendar days.</p> <p>Please note: For 27 TARs in the review sample, DHCS was not able to determine whether the TAR was adjudicated by the MHP in a timely manner because the receipt date was not documented on the TAR. The receipt data was also not documented on an additional 36 TARs; however, for these 36 TARs, the MHP made the authorization decision within 14 calendar days of the beneficiary’s discharge from the hospital. Protocol question C1b was deemed in partial compliance.</p> | <p>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 complies with regulatory requirements regarding Treatment Authorization Requests (TARs) for hospital services.</p> |

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The TAR sample included 16 TARs, which were denied based on criteria for medical necessity or emergency admission.

These TARs did not include evidence that adverse decisions based on criteria for medical necessity or emergency admission were reviewed and approved by a physician (or by a psychologist, per regulation). Protocol question C1c is deemed in partial compliance.

County Response

The MHP employs licensed mental health providers to conduct the review and approves State Treatment Authorization Requests (TARs). To bring the timelines for adjudication into compliance all TARs will be date stamped on receipt. The MHP will update the procedure regarding review of adverse decisions based on criteria for medical necessity to include those TARs that had an adverse decision due to missing documentation, which would preclude the reviewing staff from making an informed decision about medical necessity.

| Descriptions of corrective actions – | Timeline | Proposed (or actual) evidence of correction that will be submitted to DHCS |
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| Update procedure for TAR receipt process to include mandatory date stamp. Sample reviews for compliance will be done bi-monthly. | 11/30/2018 Ongoing Monitoring | <ul style="list-style-type: none"> • Sample of date stamped TARs and sample Quarterly Report of compliance review report |

Section C, “Coverage and Authorization”, C2c and C2d

| DHCS Finding - | DHCS POC |
|---|--|
| <p>DHCS inspected a sample of 67 SARs to verify compliance with regulatory requirements. The SAR sample review found 100% of SARs were approved or denied by licensed mental health professionals or waived/registered professional; 83% of authorizations decisions and provides notice within 14 calendar days; and 48% of expedited authorization decisions and provide notice within 72 hours following receipt of the request for service or, when applicable within 14 calendar days of an extension.</p> <p>In addition, the MHP’s policy and procedure does not address the requirement regarding the 14-day extension.</p> <p>Protocol questions C2c and C2d are deemed in partial compliance.</p> | <p>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 complies with regulatory requirements regarding SARs for non-hospital SMHS services.</p> |

County Response

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| <p>The MHP will update Policy & Procedure BHS MH Access 02-03 “Urgent Service Requests”, BHS Access 02-04 “Authorization Requests”, BHS Access 02-05 “Out of County Service Requests” and QM 10-23 “Out of County Authorization, Documentation, and Billing Procedures” regarding timelines for service request completion. Random checks will be conducted quarterly to ensure compliance with regulations.</p> | | |
| Descriptions of corrective actions – | Timeline | Proposed (or actual) evidence of correction that will be submitted to DHCS |
| <p>Update the following P&Ps:</p> <ol style="list-style-type: none"> 1. BHS MH Access 02-03 “Urgent Service Requests” 2. BHS Access 02-04 “Authorization Requests” 3. BHS Access 02-05 “Out of County Service Requests” 4. QM 10-23 “Out of County Authorization, Documentation, and Billing Procedures” | <p>12/30/2018 Ongoing Monitoring</p> | <ul style="list-style-type: none"> • P&Ps will be submitted upon final MHP approval |
| <u>Section C, “Coverage and Authorization”</u> | | |
| <i>DHCS Finding -</i> | | <i>DHCS POC</i> |
| <p>DHCS inspected a sample of 25 authorization for DTI to verify compliance with regulatory requirements. The DTI/DR authorization sample review found that 96% were approved at least every 3 months for continuation of Day Treatment Intensive. In addition, all 25 DTI authorizations were marked for expedited review; however, for 7 of the 25 requests for expedited authorization, the MHP did not meet the required timeline not to exceed 72 hours from receipt of the request. Protocol question C3a(2) are deemed in partial compliance.</p> | | <p>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 requires providers to request advance payment authorization for DTI and DR.</p> |
| <i>County Response</i> | | |
| <p>The MHP will update Policy & Procedure BHS MH Access 02-03 “Urgent Service Requests”, BHS Access 02-04 “Authorization Requests”, BHS Access 02-05 “Out of County Service Requests” and QM 10-23 “Out of County Authorization, Documentation, and Billing Procedures” regarding timelines for service request completion. Random checks will be conducted quarterly to ensure compliance with regulations.</p> | | |
| Descriptions of corrective actions – | Timeline | Proposed (or actual) evidence of correction that will be submitted to DHCS |
| <p>Update the following P&Ps:</p> <ol style="list-style-type: none"> 1. BHS MH Access 02-03 “Urgent Service Requests” 2. BHS Access 02-04 “Authorization Requests” 3. BHS Access 02-05 “Out of County Service Requests” 4. QM 10-23 “Out of County Authorization, Documentation, and Billing Procedures” | <p>12/30/2018 Ongoing Monitoring</p> | <ul style="list-style-type: none"> • P&Ps will be submitted upon final MHP approval |

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| <u>Section C, "Coverage and Authorization", C4e</u> | | |
| <i>DHCS Finding -</i> | | <i>DHCS POC</i> |
| The MHP did not furnish evidence it ensure access for foster care children outside its county of adjudication when an exception to presumptive transfer exists. The MHP did not submit a policy and procedure addressing this requirement. Protocol questions C4e is deemed OOC. | | 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 ensure access for foster care children outside its county of adjudication. |
| <i>County Response</i> | | |
| The MHP complies with DHCS and CDSS expectations that foster care children and youth placed outside Sacramento County will receive access to services. If a waiver of presumptive transfer is completed by the placing agency, the MHP will work with the provider in the county of residence to provide services to the child/youth. The Out-of-County P&P will be updated to reflect the process when receiving the 1299 Presumptive Transfer Waiver. | | |
| Descriptions of corrective actions – | Timeline | Proposed (or actual) evidence of correction that will be submitted to DHCS |
| Update Out-of-County P&P to include 1299 Waiver Information | 12/30/2018 | <ul style="list-style-type: none"> • CPS Documents regarding notification of 1299/Waiver • MHP Out-of-County P&P |
| <u>Section C, "Coverage and Authorization", C6a (1) and C6a (4)</u> | | |
| <i>DHCS Finding -</i> | | <i>DHCS POC</i> |
| The MHP did not furnish evidence it provides a written NOABD to the beneficiary when a denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting or effectiveness of a covered benefit or failure to provide services in a timely manner. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Report of beneficiary referrals from MCP to MHP from 9/15/17 to 11/28/17. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, MHP indicated that have not been sending NOABDs related to timeliness to their beneficiaries. Additionally, the MHP did not furnish evidence it issues NOABDs to beneficiaries when it makes referrals to the MCP/GMC. Protocol questions C6a (1) and (4) are deemed OOC. | | 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 a denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit, or failure to provide services in a timely manner. |

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The MHP is committed to providing beneficiaries with NOABDs as outlined in the DHCS IN 18-010E. The MHP will finalize the P&P QM 02-01 “Notice Of Adverse Benefit Determination” and post to the MHP website. The MHP will also provide training to the Access Team and Providers for identifying when and how to send the NOABDs to beneficiaries specifically when timeliness to services is an issue or a referral to the MCP/GMC is made.

| Descriptions of corrective actions – | Timeline | Proposed (or actual) evidence of correction that will be submitted to DHCS |
|---|-----------------|---|
| Finalize P&P QM 02-01 “Notice of Adverse Benefit Determination”, distribute and post to MHP website | 12/01/2018 | <ul style="list-style-type: none"> • P&P QM 02-01 • Link to MHP website Policy and Procedure page |
| Update NOABD training and schedule sessions for Access Team and both County Operated and Contracted Providers | 01/01/2019 | <ul style="list-style-type: none"> • NOABD Training Materials • Training Schedule |

Section C, “Coverage and Authorization”, C6c

DHCS Finding -

The MHP did not furnish evidence it provides a second opinion from a qualified health care professional within the MHP network or arrange for the beneficiary to obtain a second opinion outside the MHP network, at no cost to the beneficiary. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Second Opinions policy and procedure. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP's policy and procedure does not identify that the request for a second opinion will be provided at no cost to the beneficiary. Protocol question C6c is deemed OOC.

DHCS POC

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides a second opinion from a qualified health care professional within the MHP network or arrange for the beneficiary to obtain a second opinion outside the MHP network, at no cost to the beneficiary.

County Response

The MHP does provide second opinions at no cost to the beneficiary. The current P&P MH ACCESS 02-07 “Provision of Second Opinions” will be updated to include this verbiage.

| Descriptions of corrective actions – | Timeline | Proposed (or actual) evidence of correction that will be submitted to DHCS |
|---|-----------------|---|
| Update Second Opinion P&P, distribute and post to MHP website | 12/30/2018 | <ul style="list-style-type: none"> • P&P MH ACCESS 02-07 |

Section D, “Beneficiary Protection”, D4a (1) and D4a (2)

DHCS Finding -

DHCS POC

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| <p>The MHP did not furnish evidence it provides written acknowledgement and notifications of dispositions to beneficiaries for all grievances, appeals, and expedited appeals. DHCS reviewed a sample of 59 grievances. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP does not maintain a record of the acknowledgement letters sent to beneficiaries. In addition, 4 out of 59 grievances were missing the required disposition letter. Protocol question D4a (1) is deemed OOC and D4a (2) is deemed in partial compliance.</p> | <p>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 written acknowledgement and notifications of dispositions to beneficiaries for all grievances, appeals, and expedited appeals.</p> |
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County Response

The MHP does send written acknowledgements and notification of dispositions to beneficiaries and will update the procedure to ensure a record is documented in the grievance file.

| Descriptions of corrective actions – | Timeline | Proposed (or actual) evidence of correction that will be submitted to DHCS |
|---|------------|--|
| Update the Grievance Database to include fields to be completed when the acknowledgement notification and disposition letters are sent. | 12/30/2018 | <ul style="list-style-type: none"> • Sample of Grievance Database data entry fields |
| Update the Grievance procedure to include placing a copy of the acknowledgment notification in the beneficiary’s grievance file. | 12/30/2018 | <ul style="list-style-type: none"> • Desk procedure document |

Section H, “Program Integrity”, H2d and H2e

| DHCS Finding - | DHCS POC |
|---|--|
| <p>The MHP did not furnish evidence of effective training and education for the compliance officer and for the MHP’s employees and contract providers. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Specifically, the MHP did not provide evidence that its compliance officer participated in the mandatory compliance trainings. In addition, the MHP did not provide evidence to demonstrate that they are tracking compliance trainings for their contract providers. Protocol questions H2d and H2e are deemed OOC.</p> | <p>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 for effective training and education for the compliance officer and for the MHP’s employees and contract providers.</p> |

County Response

Compliance training is included in the MHP’s Compliance Program P&P QM 41-01 “Division of Behavioral Health Services Compliance Plan.” The MHP will include the tracking of compliance training by County Operated and Contracted Providers on documents submitted to the MHP as part of the contract monitoring and quality review process. In addition, a training plan will be developed for the MHP’s Compliance Officer and delegated compliance staff.

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| Descriptions of corrective actions – | Timeline | Proposed (or actual) evidence of correction that will be submitted to DHCS |
|---|------------|--|
| Incorporate the identification of compliance training status into existing documents submitted to MHP | 02/01/2019 | <ul style="list-style-type: none"> • Sample staff roster |
| Develop a training plan for the MHP Compliance Officer and delegated compliance staff. | 1/01/2019 | <ul style="list-style-type: none"> • Compliance Officer training plan |
| <u>Section H, “Program Integrity”, H4a</u> | | |
| <i>DHCS Finding -</i> | | <i>DHCS POC</i> |
| The MHP did not furnish evidence it collects the disclosure of ownership, control, and relationship information from its providers, managing employees, including agents and managing agents as required in regulations and the MHP Contract. Specifically, the MHP did not provide evidence that it collects disclosure of ownership information and did not demonstrate it has a mechanism to track this required information is received from providers. Protocol question H4a is deemed OOC. | | The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it collects the disclosure of ownership, control, and relationship information from its providers, managing employees, including agents and managing agents as required in regulations and the MHP Contract. |
| <i>County Response</i> | | |
| The MHP does require the disclosure of ownership, control, and relationship information from providers as part of the contracting process. A process for tracking that this information is received from all providers will be developed. | | |
| Descriptions of corrective actions – | Timeline | Proposed (or actual) evidence of correction that will be submitted to DHCS |
| Create a tracking log for all documents required as part of the contracting process, which will include documentation of ownership, control and relationship disclosures. | 11/30/2018 | <ul style="list-style-type: none"> • Sample tracking log |
| <u>Section H, “Program Integrity”, H5a (3)</u> | | |
| <i>DHCS Finding -</i> | | <i>DHCS POC</i> |
| The MHP did not furnish evidence it monitors and verifies provider eligibility (prior to contracting and monthly) to ensure providers, including contractors, are not on the OIG LEIE, Medi-Cal List of Suspended or Ineligible Providers, the NPPES, and the EPLS/SAM database. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: MHP did not provide evidence it is checking its employees and contracted providers against the Social Security Administrations Death | | 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 monitors and verifies provider eligibility (prior to contracting and monthly) to ensure providers, |

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| Master File. In addition, the MHP's policy and procedure does not address this requirement. Protocol question H5a (3) is deemed OOC | including contractors, are not on the EPLS/SAM database. |
|---|--|

County Response

The MHP monitors all staff of County Operated and Contracted Providers upon hire and during monthly reviews. The MHP will update the P&P QM 05-02 "Credentialing Policy for Organizational Providers and County Mental Health Programs" to include EPLS/SAM checks. The MHP is currently working with County Human Resources to develop a process to include EPLS/SAM verification as part of the hiring process for County Operated Programs. The monitoring and verification for Contracted Providers will be conducted by the Provider via contracting with an Exclusion Verification Service.

| Descriptions of corrective actions – | Timeline | Proposed (or actual) evidence of correction that will be submitted to DHCS |
|--|------------|---|
| Update P&P QM 05-02 "Credentialing Policy for Organizational Providers and County Mental Health Programs" | 12/30/2018 | <ul style="list-style-type: none"> P&P QM 05-02 |
| The MHP will develop a procedure to include EPLS/SAM exclusion verification as part of the hiring process for Sacramento County employees. | 01/30/2019 | <ul style="list-style-type: none"> TBD |
| The MHP will add the EPLS/SAM verification to the Service Verification and Exclusions Check Report that is submitted by Contracted Providers to the MHP. | 02/30/2019 | <ul style="list-style-type: none"> Service Verification and Exclusions Check Report Form |

Section J, "Mental Health Services Act (MHSA)", J4a, J4b(1), J4b(2) and J4b(3)

| DHCS Finding - | DHCS POC |
|---|---|
| The County did not furnish evidence it has conduct an assessment of its capacity to implement the proposed programs/services which includes strengths and limitations of the County and service providers that impact their ability to meet the needs of racially and ethnically diverse populations, bilingual proficiency in threshold languages, and percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to the percentage of the total population needing services and the total population being served. Protocol question(s) J4a, J4b(1), J4b(2), and J4b(3) are deemed OOC. | The County must submit a POC addressing the OOC findings for these requirements. The County is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has conduct an assessment of its capacity to implement the proposed programs/services which includes strengths and limitations of the County and service providers that impact their ability to meet the needs of racially and ethnically diverse populations, bilingual proficiency in threshold languages, and percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service |

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| | | providers, as compared to the percentage of the total population needing services and the total population being served. |
| County Response | | |
| The MHP has conducted a Human Resources Survey from June – October, 2018 to inform the assessment of capacity to implement the programs and services. This assessment will include strengths and limitations of the County and service providers in the manner described above. The Human Resources Survey will be conducted annually and results will be included in the MHSA Three-Year Plan Report and/or Annual Update. The Network Adequacy Certification Tool and other tools may also be used in determining capacity needs. | | |
| Descriptions of corrective actions – | Timeline | Proposed (or actual) evidence of correction that will be submitted to DHCS |
| The MHP will conduct a Human Resources (HR) Survey annually | 01/30/2019 | <ul style="list-style-type: none"> Annual HR Survey Report |
| The MHP will include the HR Survey results in the MHSA Three-Year Report and/or Annual Update | Dependent on State Defined Timelines for Annual Update and Three-Year Plan | <ul style="list-style-type: none"> MHSA Three-Year Plan/Annual Update |
| The MHP will include the HR Survey results in any MHSA Program planning | Dependent on Program Planning | <ul style="list-style-type: none"> Program planning documents |
| <u>Section K – Medical Necessity 1c-1</u> | | |
| DHCS Finding - 1c-1 | | DHCS POC |
| The medical record associated with the following Line number(s) did not meet medical necessity criteria since the focus of the proposed and actual intervention(s) did not address the mental health condition, as specified in the CCR, title 9, chapter 11, section 1830.205(b)(3)(A) <ul style="list-style-type: none"> Line number(s) ¹ | | 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) |
| County Response - | | |

¹ Line number(s) removed for confidentiality

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| Sacramento County MHP is committed to providing quality mental health services and complying with all regulatory and contractual requirements. The MHP has policies and procedures in place that inform providers of the MHP’s expectations and requirements regarding documentation and the elements that must be contained within specific clinical documentation. The MHP has a rigorous training protocol and utilization review process to ensure that regulatory and contractual requirements are met to the full extent possible. | | |
|--|-----------------|---|
| Descriptions of corrective actions – | Timeline | Proposed (or actual) evidence of correction that will be submitted to DHCS |
| Redistribute and spend additional time reviewing current Documentation Training that includes the requirement that interventions must be focused on a significant functional impairment. Current Children Documentation Training Slide: 56 - 58 Current Adult Documentation Training Slide: 56 and 57 | 11/30/2018 | <ul style="list-style-type: none"> • E1 Current Children Documentation Training Slide: 56 - 58 • E2 Current Adult Documentation Training Slide: 55 - 57 |
| Redistribute the QM 01-07 Determination for Medical Necessity and Target Population P&P dated 03/28/2017 (Adult Target Population Criteria A-D, Pages 4-6 and Children’s Target Population Criteria A AND B, Page 8, Criteria A-C, Page 9). | 11/30/2018 | <ul style="list-style-type: none"> • E3 QM 01-07 Determination for Medical Necessity and Target Population P&P dated 03/28/2017 (Adult Target Population Criteria A-D, Pages 4-6 and Children’s Target Population Criteria A and B, Page 8, Criteria A-C, Page 9) |
| Include Triennial Findings in the UR Committee Agenda, discuss DHCS Reasons for Recoupment, remind providers to contact QMinformation@sacounty.net if they have any questions. | 12/30/2018 | <ul style="list-style-type: none"> • UR Committee Agenda and Minutes for November 2018 |
| <u>Section – Medical Necessity 1c-2</u> | | |
| <i>DHCS Finding – 1c-2</i> | | <i>DHCS POC</i> |
| The medical record associated with the following Line number(s) did not meet medical necessity criteria since there was no expectation that the claimed intervention would meet the intervention criteria, as specified in the CCR, title 9, chapter 11, section 1830.205(b)(3)(B)(1-4) <ul style="list-style-type: none"> • Line number(s) ² | | The MHP shall submit a POC that describes how the MHP will ensure that interventions provided meet the intervention criteria specified in CCR, title 9, chapter 11, section 1830.205 (b)(3)(B)(1-4) |
| <i>County Response -</i> | | |
| Sacramento County MHP is committed to providing quality mental health services and complying with all regulatory and contractual requirements. The MHP has policies and procedures in place that inform providers of the MHP’s expectations and requirements regarding | | |

² Line number(s) removed for confidentiality

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| documentation and the elements that must be contained within specific clinical documentation. The MHP has a rigorous training protocol and utilization review process to ensure that regulatory and contractual requirements are met to the full extent possible. | | |
|---|---|--|
| Descriptions of corrective actions – | Timeline | Proposed (or actual) evidence of correction that will be submitted to DHCS |
| <p>Redistribute and spend additional time reviewing current Documentation Training Slide to ensure that interventions provided meet the intervention criteria: Current Children Documentation Training Slide: 58 Current Adult Documentation Training Slide: 57</p> <p>Implement updated Client Plan Practice Session to teach the concept that interventions provided must meet the intervention criteria.</p> | <p>11/30/2018</p> <p>1/30/2019</p> | <ul style="list-style-type: none"> • E1 Current Children Documentation Training Slide: 58 • E2 Current Adult Documentation Training Slide: 57 • Mock Client Plan with answer key identifying errors |
| <p>Redistribute the QM 01-07 Determination for Medical Necessity and Target Population P&P to reflect that interventions provided meet the intervention criteria</p> <p>Redistribute the QM 10-27 Client Plan P&P that interventions provided meet the intervention criteria.</p> | <p>11/30/2018</p> | <ul style="list-style-type: none"> • E3 QM 01-07 Determination for Medical Necessity and Target Population P&P dated 03/28/2017 (Adult Target Population, C, Page 6 and Children’s Target Population, C, Page 9) • E4 QM 10-27 Client Plan P&P dated 01/01/2018 (Procedure, 5a.i.-iv., Page 4) |
| <p>Adding this item within the UR Committee Agenda, discuss DHCS Reasons for Recoupment, providers will participate in a Client Plan practice session of identifying the above identified error in mock Client Plans, remind providers to contact QMinformation@sacounty.net if they have any questions.</p> | <p>12/30/2018</p> | <ul style="list-style-type: none"> • UR Committee Agenda and Minutes for November 2018 • Mock Client Plan with answer key identifying errors |
| Section K – Assessment – 2a | | |
| DHCS Finding – 2a | | DHCS POC |

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

One or more assessments were not complete 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(s) ³: The initial assessment was completed late
- Line number(s) ⁴: The updated assessment was completed late

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

County Response

Sacramento County MHP is committed to providing quality mental health services and complying with all regulatory and contractual requirements. The MHP has policies and procedures in place that inform providers of the MHP's expectations and requirements regarding documentation and the elements that must be contained within specific clinical documentation. The MHP has a rigorous training protocol and utilization review process to ensure that regulatory and contractual requirements are met to the full extent possible.

| Descriptions of corrective actions – | Timeline | Proposed (or actual) evidence of correction that will be submitted to DHCS |
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| <p>Redistribute and spend additional time reviewing current Documentation Training materials that clarify assessment timeliness and frequency requirements:</p> <p>Current Children Documentation Training Slide: 36 Current Adult Documentation Training Slide: 39 CWS Documentation Requirements Mental Health Plan (MHP) Clinician and Medical Staff Handout</p> | 11/30/2018 | <ul style="list-style-type: none"> • E5 Current Children Documentation Training Slide: 36 • E6 Current Adult Documentation Training Slide: 39 • E7 CWS Documentation Requirements Mental Health Plan (MHP) Clinician and Medical Staff Handout |
| <p>Update Documentation Training to include new CSI measures for assessment timeliness.</p> <p>Update CWS Documentation Requirements Mental Health Plan (MHP) Clinician and Medical Staff Handout to reflect the update in measures for assessment timeliness.</p> | 1/01/2019 | <ul style="list-style-type: none"> • Updated Documentation Slides • CWS Documentation Requirements Mental Health Plan (MHP) Clinician and Medical Staff Handout |
| <p>Update the QM 10-26 Core Assessment P&P to include updated assessment timeline requirements.</p> | 1/01/2019 | <ul style="list-style-type: none"> • Updated Core Assessment P&P |

³ Line number(s) removed for confidentiality

⁴ Line number(s) removed for confidentiality

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| Adding this to our UR Committee Agenda, remind providers to use the List of Helpful QI Avatar Reports which can help them monitor timeliness of assessment documentation, remind providers to contact QMinformation@saccounty.net if they have any questions. | 12/30/2018 | <ul style="list-style-type: none"> UR Committee Agenda and Minutes for November 2018 List of Helpful QI Avatar Reports |
| Update EUR General Tool to reflect updated assessment timeliness requirements. | 1/30/2019 | <ul style="list-style-type: none"> Updated EUR General Tool |
| Redistribute and continue to utilize the utilization review forms: P16 Supplemental Worksheet and Multiuse Complete Feedback Loop (McFloop) to monitor and disallow impacted claims in circumstances where assessments are not completed within the timeliness and frequency requirements. | 11/30/2018 | <ul style="list-style-type: none"> E8 - P16 Supplemental Worksheet E9 - Multiuse Complete Feedback Loop (McFloop) |

Section K – Assessment - 2b

| <i>DHCS Finding – 2b</i> | <i>DHCS POC</i> |
|---|---|
| <p>One or more of the assessments 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"> Medications: Line number(s) ⁵ Substance Exposure/Substance Use: Line number 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> |

County Response

Sacramento County MHP is committed to providing quality mental health services and complying with all regulatory and contractual requirements. The MHP has policies and procedures in place that inform providers of the MHP’s expectations and requirements regarding documentation and the elements that must be contained within specific clinical documentation. The MHP has a rigorous training protocol and utilization review process to ensure that regulatory and contractual requirements are met to the full extent possible.

| Descriptions of corrective actions – | Timeline | Proposed (or actual) evidence of correction that will be submitted to DHCS |
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⁵ Line number(s) removed for confidentiality

⁶ Line number(s) removed for confidentiality

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| <p>Redistribute and spend additional time reviewing the requirement to include assessment of medications which can be found in the Initial Psychiatric Assessment (IPA) and Medication Service Plan (MSP). The requirement for the psychiatric bundle is outlined within the CWS Documentation Requirements Mental Health Plan (MHP) Clinician and Medical Staff Handout and within the Documentation Training. Current Children Documentation Training Slide: 153-155 Current Adult Documentation Training Slide: 139-141</p> | <p>11/30/2018</p> | <ul style="list-style-type: none"> • E10 - Current Children Documentation Training Slide: 153-155 • E11 - Current Adult Documentation Training Slide: 139-141 • E7 - CWS Documentation Requirements Mental Health Plan (MHP) Clinician and Medical Staff Handout |
| <p>Redistribute and spend additional time reviewing current Documentation Training Slides that reflect the requirements for SUD Assessment: Co-Occurring Disorders Assessment (CODA) Current Children Documentation Training Slide: 41-54 Current Adult Documentation Training Slide: 43-53</p> | <p>11/30/2018</p> | <ul style="list-style-type: none"> • E12 - Current Children Documentation Training Slide: 41-54 • E13 - Current Adult Documentation Training Slide: 43-53 |
| <p>Update Co-Occurring Disorders Assessment (CODA) in the Clinical Work Station (CWS) Avatar to reflect DSM 5 criteria and more accurately reflect substance exposure/substance use.</p> | <p>02/30/2019</p> | <ul style="list-style-type: none"> • Updated Co-Occurring Disorders Assessment (CODA) from the Clinical Work Station (CWS) Avatar |
| <p>Include CODA discussion to UR Committee Agenda, remind providers to complete the Co-Occurring Disorders Assessment (CODA) if there are any substance use indicators, remind providers to contact QMinformation@saccounty.net if they have any questions.</p> | <p>12/30/2018</p> | <ul style="list-style-type: none"> • UR Committee Agenda and Minutes for November 2018 |
| <p><u>Section K – Assessment – 2c</u></p> | | |
| <p><i>DHCS Finding – 2c</i></p> | | <p><i>DHCS POC</i></p> |
| <p>The Assessment(s) did not include: Signature of the person providing the service (or electronic equivalent) that includes the person’s professional degree, licensure, or job title: • Line number(s)⁷</p> | | <p>The MHP shall submit a POC that describes how the MHP will ensure that all documentation includes:</p> |

⁷ Line number(s) removed for confidentiality

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| | <ol style="list-style-type: none"> 1.) The signature (or electronic equivalent) with the professional degree, licensure or title of the person providing the service. 2.) The signature of the qualified person (or electronic equivalent) with the professional degree, licensure or title of the person providing the service. | |
| County Response | | |
| <p>Sacramento County MHP is committed to providing quality mental health services and complying with all regulatory and contractual requirements. The MHP has policies and procedures in place that inform providers of the MHP's expectations and requirements regarding documentation and the elements that must be contained within specific clinical documentation. The MHP has a rigorous training protocol and utilization review process to ensure that regulatory and contractual requirements are met to the full extent possible.</p> | | |
| Descriptions of corrective actions – | Timeline | Proposed (or actual) evidence of correction that will be submitted to DHCS |
| <p>The MHP has updated the report view of all assessment documentation to include: The signature (or electronic equivalent) of the person who provided the service and co-signer information including both individual's professional degree, licensure or title, and the date and time stamp of completion.</p> | 07/01/2018 | <ul style="list-style-type: none"> • E14 - Core Assessment from the DHCS Triennial Review that includes this update in report view |
| <p>Update Documentation Training. Added this requirement to the following slides:</p> <p>Draft Children Documentation Training Slide: 35</p> <p>Draft Adult Documentation Training Slide: 38</p> | 11/30/2018 | <ul style="list-style-type: none"> • E15 - Draft Children Documentation Training Slide: 35 • E16 - Draft Adult Documentation Training Slide: 38 |
| <p>Clinical Workstation Station (CWS) Training (Avatar) trains the MHP to submit and finalize all assessment documentation including the Core Assessment.</p> <p>CWS Training is conducted weekly on Wednesdays. Please see the schedule for November 2018.</p> | <p>11/30/2018</p> <p>Ongoing Training</p> | <ul style="list-style-type: none"> • E17 - Clinical Workstation Station (CWS) Training Slide #:44 • E18 - Schedule for CWS training schedule for November 2018 |

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| Section K – Medication Consent - 3b | | |
|---|-----------------|--|
| DHCS Finding – 3b | | DHCS POC |
| Written medication consent(s) did not include: Signature of the person providing the service (or electronic equivalent) that includes the person’s professional degree, licensure, or job title. <ul style="list-style-type: none"> Line number(s)⁸ | | The MHP shall submit a POC that describes how the MHP will ensure that all documentation includes the signature (or electronic equivalent) of the qualified person providing the service with the professional degree, licensure or title. |
| County Response | | |
| Sacramento County MHP is committed to providing quality mental health services and complying with all regulatory and contractual requirements. The MHP has policies and procedures in place that inform providers of the MHP’s expectations and requirements regarding documentation and the elements that must be contained within specific clinical documentation. The MHP has a rigorous training protocol and utilization review process to ensure that regulatory and contractual requirements are met to the full extent possible. | | |
| Descriptions of corrective actions – | Timeline | Proposed (or actual) evidence of correction that will be submitted to DHCS |
| Redistribute the QM 10-32 Informed Consent for Psychotropic Medications P&P dated 04-22-2016 and form with a reminder that the signature (or electronic equivalent) of the qualified person providing the service with the professional degree, licensure or title must be included. Page 6 has a signature line for the Physician, Nurse Practitioner or Physician Assistant and Discipline. | 11/30/2018 | <ul style="list-style-type: none"> E19 - QM 10-32 Informed Consent for Psychotropic Medications P&P dated 04-22-2016 (Bottom of Page 6) |
| Section K – Client Plans – 4a | | |
| DHCS Finding – 4a | | DHCS POC |
| 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): <ul style="list-style-type: none"> Line number⁹: There was a <u>lapse</u> 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. | | The MHP shall submit a POC that describes how the MHP will: <ol style="list-style-type: none"> Ensure that client plans are completed prior to planned services being provided. Ensure that planned services are not being claimed when the service provided is not included in the current client plan. |

⁸ Line number(s) removed for confidentiality

⁹ Line number(s) removed for confidentiality

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- Line number(s) ¹⁰: There was a lapse between the prior and current client plans. However, this occurred outside the audit review period.
- Line number(s) ¹¹: There was a lapse between the prior and current client plans. However, no services were claimed.
- Line number(s) ¹²: There was no client plan for one or more type of services being claimed. During the review, MHP staff was given the opportunity to locate the service in question on a client plan but could not find written evidence of it. RR5c, refer to Recoupment Summary for details.



County Response

Sacramento County MHP is committed to providing quality mental health services and complying with all regulatory and contractual requirements. The MHP has policies and procedures in place that inform providers of the MHP’s expectations and requirements regarding documentation and the elements that must be contained within specific clinical documentation. The MHP has a rigorous training protocol and utilization review process to ensure that regulatory and contractual requirements are met to the full extent possible.

Descriptions of corrective actions –

Timeline

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

Redistribute and spend additional time reviewing current Documentation Training that reflect the identified requirements:

Current Children’s Documentation: 28 reflects the requirement that client plans must be completed prior to planned services being provided.

Current Children’s Documentation: 58, 62 and 64 reflect that client plans must be completed prior to planned services being provided, services provided during a “gap” between active Client Plans are subject to recoupment and that planned services are not able to be claimed when the service provided is not included in the current client plan.

11/30/2018

- **E20** - Current Children Documentation Training Slide #'s: 28, 58, 62 and 64
- **E21** - Current Adult Documentation Training Slide #'s: 31, 57, 61 and 63

¹⁰ Line number(s) removed for confidentiality

¹¹ Line number(s) removed for confidentiality

¹² Line number(s) removed for confidentiality

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| <p>Current Adult Documentation Training Slides: 31 reflects the requirement that client plans are completed prior to planned services being provided.</p> <p>Current Adult Documentation Training Slides: 57, 61 and 63 reflect that client plans are completed prior to planned services being provided, services provided during a “gap” between active Client Plans are subject to recoupment and that planned services are not able to be claimed when the service provided is not included in the current client plan.</p> | | |
| <p>Include item in UR Committee Agenda, discuss DHCS Reasons for Recoupment, remind providers to use the List of Helpful QI Avatar Reports to monitor timeliness and completion of required documents, remind providers to contact QMinformation@sacounty.net if there are any questions.</p> | <p>12/30/2018</p> | <ul style="list-style-type: none"> • Submit the UR Committee Agenda and Minutes for November 2018 • E22 - List of Helpful QI Avatar Reports |
| <p>Section K –</p> | | |
| <p><i>DHCS Finding –</i></p> | | <p><i>DHCS POC</i></p> |
| <p>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:</p> <p>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.</p> <p>Line number(s) ¹³.</p> <p>4b-2) One or more of the proposed interventions did not include a detailed description.</p> <p>Instead, only a "type" or "category" of intervention was recorded on the client</p> | | <p>The MHP shall submit a POC that describes how the MHP. will ensure that:</p> <ol style="list-style-type: none"> 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 and do not just identify a type or modality of |

¹³ Line number(s) removed for confidentiality

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| <p>plan (e.g. "Medication Support Services," "Targeted Case Management," "Mental Health Services," etc.). Line number(s) ¹⁴.</p> <p>4b-3) One or more of the proposed interventions did not indicate an expected frequency. Line number(s) ¹⁵.</p> <p>4b-4) One or more of the proposed interventions did not indicate an expected duration. Line number(s) ¹⁶.</p> | <p>service (e.g. "therapy", "medication", "case management", etc.).</p> <p>3) (4b-3, 4b-4.) All mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.</p> | |
| <p>County Response</p> | | |
| <p>Sacramento County MHP is committed to providing quality mental health services and complying with all regulatory and contractual requirements. The MHP has policies and procedures in place that inform providers of the MHP's expectations and requirements regarding documentation and the elements that must be contained within specific clinical documentation. The MHP has a rigorous training protocol and utilization review process to ensure that regulatory and contractual requirements are met to the full extent possible.</p> | | |
| <p>Descriptions of corrective actions –</p> | <p>Timeline</p> | <p>Proposed (or actual) evidence of correction that will be submitted to DHCS</p> |
| <p>Redistribute and spend additional time continuing to train current the following requirements in the Documentation Training:</p> <ul style="list-style-type: none"> • 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. (Children's Documentation Training Slide: 56, Adult Documentation Training Slide 55) • 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.). (Children's Documentation Training Slide: 57, Adult Documentation Training Slide 56). | <p>11/30/2018</p> | <ul style="list-style-type: none"> • E1 - Current Children Documentation Training Slide #'s: 56-58 • E2 - Current Adult Documentation Training Slide #'s: 55-57 |

¹⁴ Line number(s) removed for confidentiality

¹⁵ Line number(s) removed for confidentiality

¹⁶ Line number(s) removed for confidentiality

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| <ul style="list-style-type: none"> All mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention. (Children’s Documentation Training Slide: 57, Adult Documentation Training Slide 56). Implement updated Client Plan Practice Session to teach the above identified Client Plan requirements. | <p>1/30/2019</p> | <ul style="list-style-type: none"> Mock Client Plan with answer key identifying errors |
| <p>Redistribute the QM 10-27 Client Plan P&P that includes the identified requirements.</p> | <p>11/30/2018</p> | <p>E4 - QM 10-27 Client Plan P&P revision date 1-1-2018</p> <ol style="list-style-type: none"> (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. (Procedure, 4, Page 3) (4b-2.) All mental health interventions/modalities proposed on client plans include a detailed description of the interventions to be provided and do not just identify a type or modality of service (e.g. "therapy", "medication", "case management", etc.). (Procedure, 5, Page 4) (4b-3, 4b-4.) All mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention. (Procedure, 5c and d, Page 4) |
| <p>Include in UR Committee Agenda, remind providers to review the Client Plan to ensure that these requirements are met, providers will participate in a Client Plan practice session of identifying the above identified errors in mock Client Plans, remind providers to contact QMinformation@saccounty.net if there are any questions.</p> | <p>12/30/2018</p> | <ul style="list-style-type: none"> Submit the UR Committee Agenda and Minutes for November 2018 Mock Client Plan with answer key identifying errors |

Section K – Client Plan – 4e

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| <i>DHCS Finding – 4e</i> | | <i>DHCS POC</i> |
| There was no documentation that the beneficiary or legal guardian was offered a copy of the client plan (at the time of completion) for the following: <ul style="list-style-type: none"> Line number(s)¹⁷. The notes addressing offering a copy of the client plan to the beneficiary were documented after the sample was faxed to the MHP on¹⁸. | | The MHP shall submit a POC that describes how the MHP will: <ol style="list-style-type: none"> Ensure that there is documentation substantiating that the beneficiary was offered a copy of the client plan. Submit evidence that the MHP has an established process to ensure that the beneficiary is offered a copy of the client plan. |
| <i>County Response</i> | | |
| Sacramento County MHP is committed to providing quality mental health services and complying with all regulatory and contractual requirements. The MHP has policies and procedures in place that inform providers of the MHP’s expectations and requirements regarding documentation and the elements that must be contained within specific clinical documentation. The MHP has a rigorous training protocol and utilization review process to ensure that regulatory and contractual requirements are met to the full extent possible. | | |
| Descriptions of corrective actions – | Timeline | Proposed (or actual) evidence of correction that will be submitted to DHCS |
| Redistribute and spend additional time continuing to train that there must be documentation substantiating that the beneficiary was offered a copy of the client plan and reflecting the MHPs established process to ensure that the beneficiary is offered a copy of the client plan. Current Children and Adult Documentation Training Slides: 60. | 11/30/2018 | <ul style="list-style-type: none"> E23 - Current Children/Adult Documentation Training Slide #'s: 60 |
| Implement updated Client Plan Practice Session to teach the concept that providers must document that the beneficiary was offered a copy of the Client Plan. | 01/30/2019 | <ul style="list-style-type: none"> Mock Client Plan with answer key identifying errors and mock Plan Development Progress Note |

¹⁷ Line number(s) removed for confidentiality

¹⁸ Date removed for confidentiality

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| <p>Redistribute the QM 10-27 Client Plan P&P that ensures that there is documentation substantiating that the beneficiary was offered a copy of the client plan and describing the process to ensure that the beneficiary is offered a copy of the client plan.</p> | <p>11/30/2018</p> | <ul style="list-style-type: none"> • E4 - Client Plan P&P revision date 1-1-2018 (Details, 13 and 14, Page 2) |
| <p>Include in UR Committee Agenda, remind providers to review the Client Plan to ensure that this requirement is met, providers will participate in Client Plan practice session of identifying the above identified error in mock Client Plan and Plan Development Progress Note, remind providers to contact QMinformation@sacounty.net if they have any questions.</p> | <p>12/30/2018</p> | <ul style="list-style-type: none"> • Submit the UR Committee Agenda and Minutes for November 2018 • Mock Client Plan with answer key identifying errors and mock Plan Development Progress Note |
| <p>MHP will update the Client Plan Template in Avatar. This will include the following check boxes:</p> <ul style="list-style-type: none"> • The client/ family was offered and accepted a copy of the Client Plan. • The client/ family was offered and declined a copy of the Client Plan. • Other: | <p>2/30/2019</p> | <ul style="list-style-type: none"> • Submit the updated Client Plan Template to reflect the new required item. |
| <p><u>Section K – Progress Notes – 5a</u></p> | | |
| <p><i>DHCS Finding – 5a</i></p> | | <p><i>DHCS POC</i></p> |
| <p>Progress notes were not completed in accordance with regulatory and contractual requirements and/or with the MHP's written documentation standards:</p> <ul style="list-style-type: none"> • One or more progress note was not complete within the timeliness and frequency standards in accordance with regulatory and contractual requirements. • Progress notes did not document the following: 5a-1) Line number(s) ¹⁹: Timely documentation | | <p>The MHP shall submit a POC that describes how the MHP will ensure that the MHP has written documentation standards for progress notes, including timeliness and frequency, as required by the MHP Contract with the Department</p> |

¹⁹ Line number(s) removed for confidentiality

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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).

5a-7i) Line number ²⁰: The amount of time taken to provide services. There was a progress note in the medical record for the date of service claimed. However, the amount of time documented on the progress note to provide the services was less than the time claimed. RR6b3, refer to Recoupment Summary for details.

Line number ²¹: Appointment was missed or cancelled. RR13a, refer to Recoupment Summary for details.

PLEASE NOTE: The exact same verbiage was recorded on multiple progress notes, and therefore those progress notes were not individualized, did not accurately document the beneficiary's response and the specific interventions applied, as specified in the MHP

Contract with the Department for: Line number ²².

- Line number ²³: Two progress notes dated ²⁴ with exact verbiage.

- 1) The MHP shall submit a POC that describes how the MHP will ensure that progress notes document:
5a-1) Timely completion by the person providing the service and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP's written documentation standards.
5a-7) The accurate amount of time taken to provide services.
- 2) Documentation is individualized for each service provided.

County Response

Sacramento County MHP is committed to providing quality mental health services and complying with all regulatory and contractual requirements. The MHP has policies and procedures in place that inform providers of the MHP's expectations and requirements regarding

²⁰ Line number(s) removed for confidentiality

²¹ Line number(s) removed for confidentiality

²² Line number(s) removed for confidentiality

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²⁴ Date removed for confidentiality

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documentation and the elements that must be contained within specific clinical documentation. The MHP has a rigorous training protocol and utilization review process to ensure that regulatory and contractual requirements are met to the full extent possible.

| Descriptions of corrective actions – | Timeline | Proposed (or actual) evidence of correction that will be submitted to DHCS |
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| <p>Redistribute and spend additional time continuing to train current the following requirements:</p> <ul style="list-style-type: none"> There must be timely completion of progress notes by the person providing the service and relevant aspects of client care and providers must accurately document the amount of time taken to provide services. <p>Current Children and Adult Documentation Training Slides: 76 for timeliness standards.</p> <p>Updating Documentation Training to add the requirement that documentation must be individualized for each service provided. This can be found in the following slides: Draft Children’s Documentation Training Slide: 77 to include the requirement for progress notes to be individualized. Draft Adult’s Documentation Training Slide: 74 to include the requirement for progress notes to be individualized.</p> | <p>11/30/2018</p> | <ul style="list-style-type: none"> E24 - Current Children/Adult Documentation Training Slide #'s: 76 E25 - Draft Children Documentation Training Slide #'s: 77 And Draft Adult Documentation Training Slide #'s: 74 |
| <p>Redistribute the QM 10-30 Progress Notes P&P, and QM 00-04 Use of Avatar Billable and Non-Billable Codes that address timeliness and frequency and timely completion by the person providing the service and relevant aspects of client care, and that there is accurate documentation of the amount of time taken to provide services.</p> | <p>11/30/2018</p> | <ul style="list-style-type: none"> E26 - Progress Notes P&P revision date 1-1-2018 (Details, 8 a-c, Page 2) E27 - Use of Avatar Billable and Non-Billable Codes revision date 2-15-2018 (Purposes and Details Sections, Page 2) |
| <p>Include in UR Committee Agenda, remind providers to review the Client Plan to ensure that this requirement is met, remind providers that the EUR General Tool (Item # P17 reflects the Progress Note Timeliness requirement), remind providers to</p> | <p>12/30/2018</p> | <ul style="list-style-type: none"> UR Committee Agenda and Minutes for November 2018 EUR General Tool with Item P17 highlighted |

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| contact QMinformation@sacounty.net if they have any questions. | | |
| Build new Progress Note Timeliness by Individual Client Report in the Clinical Work Station (CWS) Avatar in order to improve monitoring of progress note timeliness. | 2/30/2019 | <ul style="list-style-type: none"> • Submit the Progress Note Timeliness by Individual Client Report |
| Section K – Progress Notes – 5b | | |
| DHCS Finding – 5b | | DHCS POC |
| <p>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:</p> <ul style="list-style-type: none"> • Line number(s) ²⁵: Progress notes 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 • Line number ²⁶: Progress notes did not document the specific amount of time of the involvement of each provider, including travel and documentation time, if appropriate. RR11b, refer to Recoupment Summary for details. | | <p>The MHP shall submit a POC that describes how the MHP will ensure that:</p> <ol style="list-style-type: none"> 1) All group progress notes document the number of clients in the group, number of staff, units of time, type of service and dates of service (DOS)'. 2) 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. 3) A clinical rationale for the use of more than one staff in the group setting is documented. |
| County Response | | |
| <p>Sacramento County MHP is committed to providing quality mental health services and complying with all regulatory and contractual requirements. The MHP has policies and procedures in place that inform providers of the MHP's expectations and requirements regarding documentation and the elements that must be contained within specific clinical documentation. The MHP has a rigorous training protocol and utilization review process to ensure that regulatory and contractual requirements are met to the full extent possible.</p> | | |

²⁵ Line number(s) removed for confidentiality

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| Descriptions of corrective actions – | Timeline | Proposed (or actual) evidence of correction that will be submitted to DHCS |
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| <p>Redistribute and spend additional time continuing to train the following requirements within the Documentation Training:</p> <ul style="list-style-type: none"> • Group progress notes document the number of clients in the group, number of staff, units of time, type of service and dates of service (DOS)'. • 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. • A clinical rationale for the use of more than one staff in the group setting is documented. <p>Current Children Documentation Training Slides: 92 Current Adult Documentation Training Slides: 91</p> | 11/30/2018 | <ul style="list-style-type: none"> • E28 - Current Documentation Training Children’s Slide #'s: 92 and Adult Slide #'s: 91 |
| <p>Redistribute the QM 10-30 Progress Notes P&P that reflect the above requirement.</p> | 11/30/2018 | <ul style="list-style-type: none"> • E26 - QM 10-30 Progress Notes P&P revision date 1-1-2018 (Details, 9a, Page 2) |
| <p>Adding this to our UR Committee Agenda, remind providers of EUR General Tool (Item # P10 reflects that if group services are co-facilitated then each staff member’s role must be distinct/ unique and justified), work on updating the EUR General Tool to reflect the requirement that if more than one staff is providing a specialty mental health service at the same time to the same client then they must document the specific involvement of each provider in the context of the mental health needs of the beneficiary, remind providers to contact QMinformation@saccounty.net if they have any questions.</p> | 12/30/2018 | <ul style="list-style-type: none"> • Submit the UR Committee Agenda and Minutes for November 2018 • EUR General Tool with Item P17 highlighted • Draft of the EUR General Tool with the proposed change highlighted |

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| <p>Redistribute Clinical Work Station (CWS) Training Slide # 32. The demo and discussion in training cover a step by step process for how to bill for groups including the following requirements: All group progress notes document the number of clients in the group, number of staff, units of time, type of service and dates of service (DOS)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. A clinical rationale for the use of more than one staff in the group setting is documented.</p> | <p style="text-align: center;">November 2018</p> | <ul style="list-style-type: none"> • E29 - Clinical Work Station (CWS) Training Slide # 32 |
| <p>Section K – Progress Notes – 5c</p> | | |
| <p><i>DHCS Finding – 5c</i></p> | | <p><i>DHCS POC</i></p> |
| <p>Documentation in the medical record did not meet the following requirements:</p> <ol style="list-style-type: none"> 1. Line number ²⁷: There was no progress note in the medical record for the service(s) claimed. RR6a, refer to Recoupment Summary for details. 2. a. Line number(s) ²⁸: 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. Refer to RR6b-1 exception letter for details. b. Line number(s) ²⁹: 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 services activity actually documented in the body of the progress note. <ul style="list-style-type: none"> • Line number ³⁰: Progress notes dated ³¹ identified the service activity as Rehabilitation but the documentation referred to Assessment or Collateral. | | <p>The MHP shall submit a POC that describes how the MHP will:</p> <ol style="list-style-type: none"> 1) Ensure that all SMHS claimed are: <ol style="list-style-type: none"> a) Documented in the medical record. b) Claimed for the correct service modality billing code, and units of time. 2) Ensure that all progress notes: <ol style="list-style-type: none"> a) 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. |

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| <ul style="list-style-type: none"> Line number ³²: Progress note dated ³³ identified the service activity as Collateral but the documentation referred to Assessment or Plan Development Line number ³⁴: Progress note dated ³⁵ identified the service activity as Assessment but the documentation referred to Plan Development. | <p>b) Are completed within the timeline and frequency specified in the MHP Contract with the Department.</p> |
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County Response

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| Descriptions of corrective actions – | Timeline | Proposed (or actual) evidence of correction that will be submitted to DHCS |
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| <p>Redistribute and spend additional time training that all SMHS are documented in the medical record and are claimed correctly and 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 and are completed within the timeline and frequency requirements.</p> <p>Current Children Documentation Training Slides: 70, 71 and 76 Current Adult Documentation Training Slides: 69, 70 and 75</p> | 11/30/2018 | <ul style="list-style-type: none"> E30 - Current Documentation Training- Child Slides #'s: 70, 71 and 76 and Adult Slides #'s: 69, 70 and 75 |
| <p>Redistribute QM 10-30 Progress Notes P&P to include (Background/Context identifies that all services must be recorded using a progress note), (Procedure #2 reflects the requirement to enter/ select the applicable service code), (Procedure #5 reflects the requirement to enter the total duration of service time in minutes including Direct Service Time,</p> | 11/30/2018 | <ul style="list-style-type: none"> E26 - Progress Notes P&P revision date 1-1-2018 (Background/Context, Page 1), (Procedure, 2, Page 3), (Procedure 5, Page 3), (Details, 8 a-c, Page 2) |

³² Line number(s) removed for confidentiality

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| Documentation Time and Travel Time), (Details 8 a-c reflects the timeline and frequency). | | |
| Include topic on UR Committee Agenda, remind providers of EUR General Tool (Item # P2 reflects that services delivered must support the service code claimed and Item P17 reflects the Progress Note Timeliness requirement), remind providers to contact QMinformation@sacounty.net if they have any questions. | 12/30/2018 | <ul style="list-style-type: none"> • Submit the UR Committee Agenda and Minutes for November 2018 • The EUR General Tool with Items # P2 and P17 highlighted |
| <u>Section K – Progress Notes 5d</u> | | |
| <i>DHCS Finding – 5d</i> | | <i>DHCS POC</i> |
| <p>Documentation in the medical record did not meet the following requirements:</p> <ul style="list-style-type: none"> • Signature of a provider whose scope of practice includes the provision of the service documented on the progress note; i.e., the provider's scope of practice did not include completing an assessment without a co-signature by an LPHA: Line number ³⁶. RR14, refer to Recoupment Summary for details. | | <p>The MHP shall submit a POC that describes how the MHP will ensure that:</p> <ol style="list-style-type: none"> 1) All documentation includes the signature or (electronic equivalent) with the professional degree, licensure or title of the person providing the service. 2) All services claimed are provided by the appropriate and qualified staff within his or her scope of practice, if professional licensure is required for the service. 3) Staff adheres to the MHP’s written documentation standards and policies and procedures for providing services within the staff’s scope of practice. 4) Services are not claimed when they are provided by staff whose scope of practice or qualifications do not include those services. 5) All claims for services delivered by any person who was not qualified to provide are disallowed. |

³⁶ Line number(s) removed for confidentiality

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| County Response | | |
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| Sacramento County MHP is committed to providing quality mental health services and complying with all regulatory and contractual requirements. The MHP has policies and procedures in place that inform providers of the MHP's expectations and requirements regarding documentation and the elements that must be contained within specific clinical documentation. The MHP has a rigorous training protocol and utilization review process to ensure that regulatory and contractual requirements are met to the full extent possible. | | |
| Descriptions of corrective actions – | Timeline | Proposed (or actual) evidence of correction that will be submitted to DHCS |
| MHP will update Documentation Training materials to reflect that the clinical bundle must be completed by staff with the appropriate scope of practice (e.g. the diagnosis, MSE, medication history, and assessment of relevant conditions and psychosocial factors affecting the beneficiary's physical and mental health must be completed by a provider, operating in his/her scope of practice under California State law, who is licensed, waived, and/or under the direction of a LMHP.) | 1/30/2019 | <ul style="list-style-type: none"> • Updated Children Documentation Training Slides: • Updated Adult Documentation Training Slides: |
| Update the P&P QM 10-26 Core Assessment and the P&P QM 10-29 Mental Status Exam to discontinue MHA III's and MHRS being able to have access to assessment documentation that is out of scope. | 1/30/2019 | <ul style="list-style-type: none"> • Updated P&P QM 10-26 Core Assessment • Updated P&P QM 10-29 Mental Status Exam |
| Plan to distribute an Information Letter to outline the change in practice for assessment documentation. | 1/30/2019 | <ul style="list-style-type: none"> • Information Letter reflecting the update and limitation of completing and documenting assessment for classifications who are not LPHA, LPHA Waived or Graduate Students under the supervision of an LPHA |
| Discuss the Information letter in all applicable MHP meetings and the UR Committee, remind providers to contact QMinformation@sacounty.net if they have any questions. | 2/30/2019 | <ul style="list-style-type: none"> • UR Committee Agenda and Minutes for February 2019. |
| Section K – Progress Notes -5e | | |
| DHCS Finding – 5e | | DHCS POC |
| The progress note for the following Line number indicate that the service provided was solely: | | The MHP shall submit a POC that describes how the MHP will ensure that: |

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- Clerical: Line number ³⁷. RR9f, refer to Recoupment Summary for details.

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

County Response

Sacramento County MHP is committed to providing quality mental health services and complying with all regulatory and contractual requirements. The MHP has policies and procedures in place that inform providers of the MHP's expectations and requirements regarding documentation and the elements that must be contained within specific clinical documentation. The MHP has a rigorous training protocol and utilization review process to ensure that regulatory and contractual requirements are met to the full extent possible.

Descriptions of corrective actions –

Timeline

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

Redistribute and spend additional time continuing to train the following requirements in the Documentation Training:
Progress note must describe how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning, as outlined in the client plan.
Services provided and claimed are not solely transportation, clerical or payee related.
All services claimed are appropriated, relate to the qualifying diagnosis and identified functional impairments and are medically necessary,

11/30/2018

- **E31** - Current Documentation Training – Child Slides #'s: 57, 58 and 139 and Adult Slides #'s: 56, 57 and 125

³⁷ Line number(s) removed for confidentiality

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| | | |
|---|------------------------------------|--|
| <p>Current Children Documentation Training Slides: 58 Current Review Adult Documentation Training Slides: 57</p> | | |
| <p>Redistribute the QM 10-30 Progress Note P&P (Details, 6 reflects the functional impairment requirement.)</p> | <p>11/30/2018</p> | <ul style="list-style-type: none"> • E23 -QM 10-30 Progress Note P&P dated 1/1/18 (Details, 6, Page 2) |
| <p>Update the QM 10-30 Progress Note P&P to include that billable claims must not be solely transportation, clerical or payee related.</p> | <p>1/30/2019</p> | <ul style="list-style-type: none"> • Updated QM 10-30 Progress Note P&P |
| <p>Including item on UR Committee Agenda:</p> <p>Redistribute and discuss the current QM 10-30 Progress Note P&P that reflects that progress note must describe how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning, as outlined in the client plan. All services claimed are appropriated, relate to the qualifying diagnosis and identified functional impairments and are medically necessary (November 2018).</p> <p>Distribute and discuss the updated QM 10-30 Progress Note P&P that will reflect that billable claims must not be solely transportation, clerical or payee related.</p> <p>Remind providers to contact QMinformation@saccounty.net if they have any questions.</p> | <p>12/30/2018</p> <p>1/30/2019</p> | <ul style="list-style-type: none"> • UR Committee Agenda and Minutes for November 2018 • UR Committee Agenda and Minutes for February 2019 |