MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES ON-SITE REVIEW, Date June 12-15, 2017
NEVADA COUNTY QUARTERLY CORRECTIVE ACTION REPORT TO DHCS

| SECTION/FINDING | REQUIREMENT | PLAN OF CORRECTION | EVIDENCE | TIMELINE |
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| **ATTESTATION**:<br>Section B:<br>ACCESS<br>9a-2<br><br>The test call operator did not provide information to the caller on how to access SMHS, including SMHS required to assess whether medical necessity criteria are met.<br><br>Section B:<br>ACCESS<br>9-4<br>The test call operator did not provide information to the caller on how to use the beneficiary problem | All callers to the toll-free and 24/7 phone number will be provided information on how to access SMHS, including services whether medical necessity criteria are met or not.<br><br>All callers to the toll-free and 24/7 phone number will be provided information on how to use the beneficiary problem resolution and fair hearing process upon request. | 1. The Compliance Committee will look at the Triage script currently used, rewrite the script to include provision of specific information to callers regarding how to contact NCBH either via phone or address during business hours. The script will also include more explicit instructions on providing information on the problem resolution & fair hearing process to callers if requested.<br><br>2. NCBH staff (Access Staff, Health Techs, Mngt staff and Triage staff) will be trained on the script and how to provide the information to clients by QA Manager or designee. Trainings will be conducted at monthly All Staff meetings, weekly team meetings and health tech meetings. New Staff will be trained by their appropriate supervisor.<br><br>3. Scripts will be posted in caller areas once scripts are rewritten.<br><br>4. Test call contractor will provide 3 calls per month. One call will specifically | 1. Triage script will be provided to DHCS upon completion of rewrite- target date for rewrite of script by Dec 1, 2018.<br><br>2. Staff training to be provided to existing staff upon completion of rewrite and all new staff as needed (by supervisor/program manager) - target date for completion of all current staff by June 1, 2018. New staff will be trained as needed upon hire. Training schedule will be submitted to DHCS<br><br>3. Script will be posted in caller areas upon completion of rewrite and by May 1, 2018.<br><br>4. Minutes from a QIC meeting that addresses Test Calls and the Quarterly Test Call Log report to be provided to DHCS. 24/7 Test Call Log reviewed at Quarterly QIC Committee meeting and All Staff Meetings | **Submitted March 21, 2018**<br><br>**Started Dec 2017; completion by June 1, 2018**<br><br>**Posted Dec 2017; Training schedule will be sent by 5/1/18 Send April QIC meeting; and review at May all staff meeting** |

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| resolution and fair hearing process. | | request information on how to access SMHS and a minimum of 1 call every other month will specifically request information on beneficiary problem resolution & fair hearing.<br><br>5. Test calls are reviewed by the QA Manager and given to the supervisor of staff when feedback & training needs to be given. | 5. Training to staff on new script and Test Calls completed at All Staff in May. Agenda for All Staff to be submitted to DHCS upon completion of training at quarterly update report.<br><br>6. Test Call contractor will provide 3 calls per month starting April 1, 2018. The results of these calls will be logged into the Quarterly Call Log report provided to DHCS. | **April, 2018**<br><br>**Begin April 1, 2018**<br><br>**POC for this req. fully completed by November 1, 2018.** |
| **ATTESTATION:**<br><u>Section B: ACCESS B10a</u><br><br>The MHP did not provide evidence of initial requests for SMHS in person, writing or phone in written logs to include name, date and initial disposition of caller. | Initial requests for SMHS that include requests made by phone, in person or in writing shall be maintained in a written log that includes the required elements of beneficiary name, date of the request and initial disposition of the request. | 1. All NCBH staff will be trained on documentation for requests for services to be entered into SharePoint log whether request is via phone, in person or in writing. Training to be provided by QA Manager or designee. Training to be provided to all Access staff by May 1, 2018. New staff will be trained by supervisor or program manager upon hire as part of new hire orientation.<br><br>2. QA Manager or designee will monitor the written log in SharePoint and | 1. Staff will be provided the Policy & Procedure #501.1 by April 1, 2018. New staff will be provided P&P upon hire.<br><br>2. Quarterly Test Call reports will show evidence of 100% compliance with calls logged into SharePoint by December 1, 2018.<br><br>3. New Staff Orientation checklist that includes P&P reviews will be submitted to DHCS. | **Completed March 21, 2018**<br><br>**December 1, 2018**<br><br>**March 21, 2018** |

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| | | document the results in the quarterly Test Call Log report.<br><br>3. QI Manager will follow up with supervisors/program managers regarding staff that do not comply with this requirement as documented in test calls so feedback/correction action if needed can be provided. | 4. Quarterly Test Call reports will be provided until the 100% compliance with this finding is reached; goal of December 1, 2018. | **Fully completed December 1, 2018** |
| **ATTESTATION:**<br><u>Section C: Authorization C1b</u><br>There was no evidence that the denied TARS were reviewed and approved by a physician(or psychologist per regs) | Adverse decisions based on criteria for medical necessity or emergency admission approved by a physician (or psychologist per regs) | 1. This finding will be discussed with the Medical Director (out on leave during the audit) and an appropriate plan will be developed to maintain compliance with this regulation and the NCBH Policy & Procedure.<br><br>2. The QA Manager will send copy of the Policy & Procedure #264 to Medical Director, Adult Program Manager, Children Program Manager and identified TAR liaison staff.<br><br>3. The QA Manager will train the NCBH Hospital liaison staff in the protocol for TARS that are denied. | 1. Documentation of appropriate plan developed by Medical Director and QA Manager by November 1, 2017.<br><br>2. Policy & Procedure #264 will be submitted to DHCS as evidence of current standards.<br><br>3. QIC minutes regarding TAR log (on agenda quarterly) will be submitted no later than May 31, 2018.<br><br>4. This training was provided during a supervision of the TAR staff on | **Completed. Submitted to DHCS March 21, 2018**<br>**March 21, 2018**<br><br>**May 31, 2018**<br><br>**The requirements of this POC will be fully completed by May 31, 2018** |

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| <u>Section C: Authorization C6b</u><br><br>There was no evidence that NOA-B was provided to the beneficiary when the TAR was denied. | A written NOAB-D will be provided to the beneficiary when the MHP denies, modifies or defers a payment authorization request from a provider of SMHS. | 1. Staff will be trained on the procedure and the documentation for any written NOAB-D to be provided to a beneficiary. Training provided by QA Manager or designee.<br><br>2. Staff will report monthly the NOAB-D given to beneficiaries. A report of the NOAB-D provided to clients will be given at the QIC meetings monthly based on the information contained in the NOAB-D logbook.<br><br>3. QA Manager will review NOAB-D logbook monthly. | 1. Staff will be trained at a monthly All Staff meeting on procedure for NOAB-D by May 31, 2018.<br><br>2. Training of documentation of NOAB-D in Notice of Adverse Benefit Logbook will be provided at a monthly All Staff meeting by May 31, 2018.<br><br>3. Sample of monthly QIC minutes (May, June, July) that document report regarding NOAB-D's and NOAB-D logbooks will be submitted to DHCS. | **May 31, 2018**<br><br>**May 31, 2018**<br><br>**July 31, 2018**<br><br>**Fully completed by July 31, 2018** |
| **CHART REVIEW**<br><u>Medical Necessity Finding 1b</u><br>The medical record did not meet the medical necessity criteria by having at least one the functional impairments criteria.<br>1. A significant impairment in | The MHP will ensure that only beneficiaries with a qualifying functional impairment that is directly related to the mental health condition have claims submitted for SMHS in order to meet the medical necessity criteria. | 1. Mandatory annual training will be required of all NCBH staff on documentation of medical necessity. This training will be offered quarterly to all existing staff so staff have the opportunity to sign up for one training per year to fulfill the mandatory annual requirement. Training will be provided quarterly to staff and upon hire to new staff by either QA manager or designee. | 1. Staff (internal and individual contracted providers) will attend mandatory documentation training annually. Training will be provided quarterly beginning May 2018 and offered every quarter (for ex: May, Aug, Oct, Jan).<br><br>2. Training schedule of the quarterly trainings (for the year) will be submitted to DHCS no later than May 31, 2018. | **Quarterly Trainings will begin by May 31, 2018**<br><br>**March 21, 2018** |

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| an important area of life functioning<br>2. A probability of significant deterioration in an important area of life functioning<br>3. A probability that the child will not progress developmentally as individually appropriate<br>4. For full-scope MC beneficiaries under the age of 21, a condition as a result of the mental disorder or emotional disturbance that SMHS can correct or meliorate. | | 2. Individual Contracted Network Providers will be provided training on medical necessity documentation by QA Manager or designee. Attendance 1 x year will be mandatory<br><br>3. Monthly chart audit will be completed at NCBH adult and children sites. Contractor and organizational providers will have chart audits completed yearly or more often as warranted by NCBH QA staff. Organization providers will submit a quarterly report to the QA manager documenting the results of their internal chart audits.<br><br>4. Training will be offered to in person to staff and individual contract providers via a Power Point training that will be provided by either QA manager or designee. Supervisors and program managers will have access to the Power Point training so newly hired staff can be offered training in between the quarterly trainings, if necessary.<br><br>5. A Chart audit correction process that includes the flow from the chart audit to staff notification, supervisor notification | 3. Staff and contract individual providers will be notified of trainings April 2018.<br><br>4. Revised chart audit tool will be submitted to DHCS with items relative to this finding (Medical Necessity) highlighted on tool.<br><br>5. Power Point slides with the slide numbers that correspond to the training for this finding will be submitted to DHCS.<br><br>6. Documentation of the Chart Audit Process will be submitted to DHCS.<br><br>7. UR chart audit report template will be submitted to DHCS.<br><br>8. Utilization Review reports from chart audits (internal and external) will be reviewed at QIC meeting quarterly beginning April 2018.<br><br>9. Utilization Review reports (internal and external) will be | **Notification sent April 2018.**<br>**By May 31, 2018**<br><br>**By May 31, 2018**<br><br>**Submitted April 30, 2018**<br><br>**Submitted March 21, 2018**<br><br>**April and quarterly thereafter starting April 2018.**<br><br>**Beginning May 2018** |

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| | | and completion of chart audit corrections will be developed.<br><br>6. Utilization review process will include reports at monthly Compliance Committee meeting via UR reports from chart audits internally and externally. (Standing item on agenda). | reviewed monthly at Compliance Committee meetings.<br><br>10. Sample of UR reports reviewed at QIC meeting and Compliance Meeting will be submitted 3 x before June 2019 (1 FY 17/18 and 2 FY 18/19). | **Beginning June 2018**<br><br>**Fully Completed by June 2019** |
| **CHART REVIEW**<br><u>Medical Necessity Finding 1c-1</u><br>The medical record did not meet the medical necessity criteria since the focus of the proposed interventions did not address the mental health condition as a result of the mental disorder or emotional disturbance that SMHS can correct or ameliorate. | The MHP will ensure that interventions are focused on a significant functional impairment that is directly related to the mental health condition | 1. Mandatory annual training will be required of all NCBH staff on documentation of functional impairment and interventions that are focused on significant functional impairment. This training will be offered quarterly to all existing staff so staff have the opportunity to sign up for one training per year to fulfill the mandatory annual requirement. Training will be provided quarterly to staff and upon hire to new staff by either QA manager or designee.<br><br>2. Individual Contracted Network Providers will be provided training on documentation of functional impairment and interventions that are focused on significant functional impairment. This training will be provided by the QA | 1. Staff (internal and individual contracted providers) will attend mandatory documentation training annually. Training will be provided quarterly beginning May 2018 and offered every quarter (for ex: May, Aug, Oct, Jan).<br><br>2. Training schedule of the quarterly trainings (for the year) will be submitted to DHCS no later than May 31, 2018.<br><br>3. Staff and contract individual providers will be notified of trainings April 2018.<br><br>4. Revised chart audit tool will be submitted to DHCS with items relative to this finding (functional impairment and interventions that | **Quarterly Trainings will begin by May 31, 2018**<br><br>**Submitted March 21, 2018**<br><br>**Notification sent April 2018. By May 31, 2018** |

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| | | Manager or designee. Attendance 1 x year will be mandatory<br><br>3. Monthly chart audit will be completed at NCBH adult and children sites. Contractor and organizational providers will have chart audits completed yearly or more often as warranted by NCBH QA staff. Organization providers will submit a quarterly report to the QA manager documenting the results of their internal chart audits.<br><br>4. Training will be offered in person to staff and individual contract providers via a Power Point training that will be provided by either QA manager or designee. Supervisors and program managers will have access to the Power Point training so newly hired staff can be offered training in between the quarterly trainings, if necessary.<br><br>5. A Chart audit correction process that includes the flow from the chart audit to staff notification, supervisor notification and completion of chart audit corrections will be developed. | are focused on functional impairment) highlighted on tool.<br><br>5. Power Point slides with the slide numbers that correspond to the training for this finding will be submitted to DHCS.<br><br>6. Documentation of the Chart Audit Process will be submitted to DHCS.<br><br>7. Quarterly chart audit report template will be submitted to DHCS.<br><br>8. Utilization Review reports from chart audits (internal and external) will be reviewed at QIC meeting quarterly beginning April 2018.<br><br>9. Utilization Review reports (internal and external) will be reviewed monthly at Compliance Committee meetings.<br><br>10. UR report template will be submitted to DHCS. | **By May 31, 2018**<br><br>**Submitted April 30, 2018**<br><br>**By May 31, 2018**<br><br>**April and quarterly thereafter starting April 2018. Beginning May 2018**<br><br>**Submitted March 21, 2018**<br><br>**Fully Completed by June 2019** |

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| | | 6. Utilization review process will include reports at monthly Compliance Committee meeting via UR reports from chart audits internally and externally. (Standing item on agenda). | | |
| <u>Assessment Finding 2a</u><br>One or more assessments were not completed within the timeliness and frequency requirements specified in the MHP written documentation standards | The MHP will ensure that all assessments are completed within the timeliness and frequency requirements specified in the Nevada County Policy and Procedure. The MHP will ensure that all assessments include the required elements specified in the contract with DHCS. | 1. Mandatory annual training will be required of all NCBH staff to ensure the assessments meet the timeliness and frequency requirements as well as contain all required elements for an assessment. This training will be offered quarterly to all existing staff so staff has the opportunity to sign up for one training per year to fulfill the mandatory annual requirement. Training will be provided quarterly to staff and upon hire to new staff by either QA manager or designee.<br><br>2. Individual Contracted Network Providers will be provided training to ensure the assessments meet the timeliness and frequency requirements as well as contain all required elements for an assessment. This training will be provided by the QA Manager or | 1. Staff (internal and individual contracted providers) will attend mandatory documentation training annually. Training will be provided quarterly beginning May 2018 and offered every quarter (for ex: May, Aug, Oct, Jan).<br><br>2. Training schedule of the quarterly trainings (for the year) will be submitted to DHCS no later than May 31, 2018.<br><br>3. Staff and contract individual providers will be notified of trainings April 2018.<br><br>4. Revised chart audit tool will be submitted to DHCS with items relative to this finding (ensure the assessments meet the timeliness and frequency requirements as | **Quarterly trainings will begin by May 31, 2018**<br><br>**Submitted March 21, 2018**<br><br>**Notification sent April 2018. By May 31, 2018** |

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| | | designee. Attendance 1 x year will be mandatory.<br><br>3. Monthly chart audits will be completed at NCBH adult and children sites. Contractor and organizational providers will have chart audits completed yearly or more often as warranted by NCBH QA staff. Organization providers will submit a quarterly report to the QA manager documenting the results of their internal chart audits.<br><br>4. Training will be offered in person to staff and individual contract providers via a Power Point training that will be provided by either QA manager or designee. Supervisors and program managers will have access to the Power Point training so newly hired staff can be offered training in between the quarterly trainings, if necessary.<br>5. A Chart audit correction process that includes the flow from the chart audit to staff notification, supervisor notification and completion of chart audit corrections will be developed.<br><br>6. Utilization review process will include reports at monthly Compliance | well as contain all required elements for an assessment)highlighted on tool.<br><br>5. Power Point slides with the slide numbers that correspond to the training for this finding will be submitted to DHCS.<br><br>6. Documentation of the Chart Audit Process will be submitted to DHCS.<br><br>7. Quarterly chart audit report template will be submitted to DHCS.<br><br>8. Utilization Review reports from chart audits (internal and external) will be reviewed at QIC meeting quarterly beginning April 2018.<br>9. Utilization Review reports (internal and external) will be reviewed monthly at Compliance Committee meetings.<br><br>10. UR report template will be submitted to DHCS. | **By May 31, 2018**<br><br>**Submitted April 30, 2018**<br><br>**By May 31, 2018**<br><br>**April and quarterly thereafter starting April 2018. Beginning May 2018**<br><br>**Submitted March 21, 2018** |

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| | | Committee meeting via UR reports from chart audits internally and externally. (Standing item on agenda). | | |
| **And**<br><br><u>Assessment Finding 2b</u><br>One or more assessments did not include all of the elements specified in the MHP contract with DHCS, specifically client strengths. | | 1. NCBH staff will be provided documentation training on required elements of assessments (see #1 above)<br><br>2. Individual Contracted Network Providers will be provided training on required elements of assessments (see #2 above). This training will be provided by the QA Manager or designee. Attendance 1 x year will be mandatory.<br><br>3. Monthly chart audits will be completed at NCBH adult and children sites. Contractor and organizational providers will have chart audits completed yearly or more often as warranted by NCBH QA staff. Organization providers will submit a quarterly report to the QA manager documenting the results of their internal chart audits. | 1. Staff (internal and individual contracted providers) will attend mandatory documentation training annually. Training will be provided quarterly beginning May 2018 and offered every quarter (for ex: May, Aug, Oct, Jan).<br><br>2. Training schedule of the quarterly trainings (for the year) will be submitted to DHCS no later than May 31, 2018.<br><br>3. Staff and contract individual providers will be notified of trainings April 2018.<br><br>4. Revised chart audit tool will be submitted to DHCS with items relative to this finding (assessments document all of the elements specified in the MHP contract) highlighted on tool. | **Quarterly trainings will begin by May 31, 2018**<br><br>**By May 31, 2018**<br><br>**Notification sent April 2018. By May 31, 2018**<br><br>**By May 31, 2018** |

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| | | 4. Training will be offered in person to staff and individual contract providers via a Power Point training that will be provided by either QA manager or designee. Supervisors and program managers will have access to the Power Point training so newly hired staff can be offered training in between the quarterly trainings, if necessary.<br><br>5. A Chart audit correction process that includes the flow from the chart audit to staff notification, supervisor notification and completion of chart audit corrections will be developed.<br><br>6. Utilization review process will include reports at monthly Compliance Committee meeting via UR reports from chart audits internally and externally. (Standing item on agenda).<br><br>7. QA Manager will monitor quarterly reports on assessment timeliness and report findings at Compliance Meeting.<br><br>8. Individual Contracted Network Providers will be given training to include timely completion and appropriate frequency of assessments by QA Manager or designee. | 5. Power Point slides with the slide numbers that correspond to the training for this finding will be submitted to DHCS.<br><br>6. Documentation of the Chart Audit Process will be submitted to DHCS.<br><br>7. Quarterly chart audit report template will be submitted to DHCS.<br><br>8. Utilization Review reports from chart audits (internal and external) will be reviewed at QIC meeting quarterly beginning April 2018.<br><br>9. Utilization Review reports (internal and external) will be reviewed monthly at Compliance Committee meetings.<br><br>10. UR report template will be submitted to DHCS.<br><br>11. Assessment document template will be submitted to DHCS.<br><br>12. Screen shot of notification reports will be sent to DHCS. | **Submitted April 30, 2018**<br><br>**By May 31, 2018**<br><br>**April and quarterly starting April 2018.**<br><br>**Beginning May 2018**<br><br>**Submitted March 21, 2018**<br>**Submitted March 21, 2018**<br>**Submitted May 2018 or sooner.** |

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| | | 9. Adherence to the P&P for assessment timeliness and frequencies will be monitored per the monthly chart audits and report from chart audits will be reported quarterly at the QIC meeting.<br><br>10. A Chart audit correction process that includes the flow from the chart audit to staff notification, supervisor notification and completion of chart audit corrections will be developed.<br><br>11. Utilization review process will include reports at monthly Compliance Committee meeting via UR reports from chart audits internally and externally. (Standing item on agenda).<br><br>12. Staff will be provided the current P&P regarding assessments at the trainings.<br>13. Utilization Review reports (internal and external) will be reviewed monthly at Compliance Committee meetings.<br><br>14. UR report template will be submitted to DHCS.<br><br>15. Current assessment document will be submitted to DHCS. | | |

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| <u>Medication Consent Finding 3b</u><br>The Medication Consent did not contain all of the required elements specified in the MHP contract with DHCS. | The MHP submitted current medication consent at the onsite audit that was updated after the review period. | 1. The POC for this item is limited to the MHP's submission of evidence of any trainings pertaining to the current medication consent (i.e., training dates, example training materials, staff & contracted providers attending), etc. as stated below<br><br>2. The QA Manager and the Medical Director worked together to develop a Medication Consent form that was in alignment with required elements specified in the current contract with DHCS.<br><br>3. Physicians, RN's, Health Techs (admin staff) and other staff were notified of the new Medication Consent form via email. The new Medication Consent form was placed in all the physicians' area where forms are kept. Previous medication consent forms were removed from their offices and form these areas.<br><br>4. RN's will review all Medical Consent forms<br>in clients charts on days of appt. with the physicians. If there is no current new Medication Consent form in the chart, RN's will put new form on chart | 1. QA manager will submit copies of the emails notices that were sent to the physicians, RN's and other staff to DHCS.<br><br>2. Medication consent policy will be submitted to DHCS.<br><br>3. The Medication Consent form will be submitted to DHCS.<br><br>4. Process developed by QA Manager with Medical Director will be submitted to DHCS.<br><br>5. Chart audit tool that contains updated items relative to requirements for medication consent will be highlighted and submitted to DHCS.<br><br>. | **Submitted March 21, 2018**<br><br>**Submitted March 21, 2018**<br><br>**Submitted March 21, 2018**<br><br>**Submitted March 21, 2018**<br><br>**Submitted March 21, 2018**<br><br>**POC Req. will be fully completed by March 21, 2018** |

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| | | to notify the physician when they see the client that new form must be completed, reviewed with and signed by client. | | |
| <u>Client Plans Finding 4a-1</u><br>The initial client plan was not completed within the time period specified in the MHP's documentation standards, or lacking standards, within 60 days of intake with no documentation of need for more time.<br><br>**And**<br><br>Client Plans Finding 4a-2.1&2<br>The client plan was not updated at least annually or when there was a significant change in the beneficiary's condition as | The MHP will ensure that initial client plans are completed in accordance with the MHP's written documentation standards and the MHP will ensure that client plans are updated at least annually or when there is a significant change in the beneficiary's condition. | 1. Mandatory annual training will be required of all NCBH staff on the documentation standard for timeliness of treatment plans to be completed within 60 days from intake, annually and when there is a significant change in the client's condition. This training will be offered quarterly to all existing staff so staff have the opportunity to sign up for one training per year to fulfill the mandatory annual requirement. Training will be provided quarterly to staff and upon hire to new staff by either QA manager or designee.<br><br>2. Individual contract network providers will be provided training on the documentation standard for timeliness of treatment plans to be completed within 60 days from intake, annually and when there is a significant change in the client's condition. This training will be done by QA Manager or designee. Attendance 1 x year will be mandatory | 1. Staff (internal and individual contracted providers) will attend mandatory documentation training annually. Training will be provided quarterly beginning May 2018 and offered every quarter (for ex: May, Aug, Oct, Jan).<br><br>2. Training schedule of the quarterly trainings (for the year) will be submitted to DHCS no later than May 31, 2018.<br><br>3. Staff and contract individual providers will be notified of trainings April 2018.<br><br>4. Revised chart audit tool will be submitted to DHCS with items relative to this finding (standards for timeliness of treatment plans within 60 days from intake) highlighted on tool.<br><br>5. Power Point slides with the slide numbers that correspond to the | **Quarterly trainings will begin by May 31, 2018**<br><br>**May 31, 2018**<br><br>**Notificatio n sent April 2018. By May 31, 2018**<br><br>**By May 31, 2018** |

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| required by the MHP contract with DHCS. | | 3. Monthly chart audits will be completed at NCBH adult and children sites. Contractor and organizational providers will have chart audits completed yearly or more often as warranted by NCBH QA staff. Organization providers will submit a quarterly report to the QA manager documenting the results of their internal chart audits.<br><br>4. Training will be offered to staff and individual contract providers in person via a Power Point training that will be provided by either QA manager or designee. Supervisors and program managers will have access to the Power Point training so newly hired staff can be offered training in between the quarterly trainings, if necessary.<br><br>5. Chart audit correction process that includes the flow from the chart audit to staff notification, supervisor notification and completion of chart audit corrections will be developed.<br><br>6. Utilization review process will include reports at monthly Compliance Committee meeting via UR reports | training for this finding will be submitted to DHCS.<br><br>6. Documentation of the Chart Audit Process will be submitted to DHCS.<br><br>7. Quarterly chart audit report template will be submitted to DHCS.<br><br>8. Utilization Review reports from chart audits (internal and external) will be reviewed at QIC meeting quarterly beginning April 2018.<br><br>9. Utilization Review reports (internal and external) will be reviewed monthly at Compliance Committee meetings.<br><br>10. UR report template will be submitted to DHCS.<br><br>11. A copy of the staff notification that staff receive from the Electronic Health Record will be submitted to DHCS. | **Submitted April 30, 2018**<br><br>**By May 31, 2018**<br><br>**April and quarterly thereafter starting April 2018. Beginning May 2018**<br><br>**Submitted March 21, 2018 By April 30, 2018.**<br><br>**Fully Completed by June 2019** |

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| | | from chart audits internally and externally. (Standing item on agenda). | | |
| Client Plans Finding 4a-2.3<br>All services provided in the lapse between the prior and current tx plan will be disallowed. | The MHP will review all claims identified during the audit that were claimed outside of the audit period for which there was no treatment plan in effect and disallow those claims as required (Line #[1]). | 1. The MHP will review the chart identified in Line #[2] of the Recoupment Summary and identify the claims that were provided outside of a current treatment plan.<br><br>2. The MHP will submit a report to DHCS disallowing those claims. | The MHP will submit a report to DHCS identifying the disallowed claims with the appropriate identifiers. | **Fully completed by May 1, 2018 or before** |
| Client Plans Finding 4b-1 through 4b-6<br>Treatment plan goals were not related to the beneficiary's MH needs and functional impairment; proposed interventions did not include detailed description, expected frequency | The MHP will ensure that all treatment plan goals/objectives are (a) specific, observable and/or quantifiable & relate to the beneficiary's documented MH needs and functional impairments;(b) include a detailed description of the intervention;(c) | 1. Mandatory annual training will be required of all NCBH staff on treatment plan documentation and development to ensure goals are related to client's MH needs, functional impairment and goals are detailed. This training will be offered quarterly to all existing staff so staff have the opportunity to sign up for one training per year to fulfill the mandatory annual requirement. Training will be provided quarterly to staff and upon hire to new staff by either QA manager or designee. | 1. Staff (internal and individual contracted providers) will attend mandatory documentation training annually. Training will be provided quarterly beginning May 2018 and offered every quarter (for ex: May, Aug, Oct, Jan).<br><br>2. Training schedule of the quarterly trainings (for the year) will be submitted **to** DHCS no later than May 31, 2018. | **Quarterly trainings will begin by May 31, 2018**<br><br>**Submitted March 21, 2018**<br><br>**Notification sent April 2018.** |

[1] Line number(s) removed for confidentiality
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| or expected duration. Proposed intervention did not address the MH needs and functional impairments of the client and were not consistent with client plan goals/objectives. | include frequency and duration;(d) include interventions that address the MH needs and functional impairments of the client and (e) interventions are consistent with the client plan goals and treatment objectives. | 2. Individual contract network providers will be provided training on treatment plan documentation and development to ensure goals are related to client's MH needs, functional impairment and detailed by QA Manager or designee. Attendance 1 x year will be mandatory<br><br>3. Monthly chart audits will be completed at NCBH adult and children sites. Contractor and organizational providers will have chart audits completed yearly or more often as warranted by NCBH QA staff. Organization providers will submit a quarterly report to the QA manager documenting the results of their internal chart audits.<br><br>4. Training will be offered to staff and individual contract providers in person via a Power Point training that will be provided by either QA manager or designee. Supervisors and program managers will have access to the Power Point training so newly hired staff can be offered training in between the quarterly trainings, if necessary.<br><br>5. Chart audit correction process that includes the flow from the chart audit to | 3. Staff and contract individual providers will be notified of trainings April 2018.<br><br>4. Revised chart audit tool will be submitted to DHCS with items relative to this finding (treatment plan documentation and development to ensure goals are related to client's MH needs, functional impairment and detailed) highlighted and labeled on tool.<br><br>5. Power Point slides with the slide numbers that correspond to the training for this finding will be submitted to DHCS.<br><br>6. Documentation of the Chart Audit Process will be submitted to DHCS.<br><br>7. Quarterly chart audit report template will be submitted to DHCS.<br><br>8. Utilization Review reports from chart audits (internal and external) will be reviewed at QIC meeting quarterly beginning April 2018. | **By May 31, 2018**<br><br>**By May 31, 2018**<br><br>**Submitted April 30, 2018**<br><br>**By May 31, 2018**<br><br>**April and quarterly thereafter starting April 2018. Beginning May 2018** |

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| | | staff notification, supervisor notification and completion of chart audit corrections will be developed.<br><br>6. Utilization review process will include reports at monthly Compliance Committee meeting via UR reports from chart audits internally and externally. (Standing item on agenda). | 9. Utilization Review reports (internal and external) will be reviewed monthly at Compliance Committee meetings.<br><br>10. UR report template will be submitted to DHCS.<br><br>11. Documentation Update from Info Notice 17-040 provided to staff will be submitted to DHCS with area regarding this finding highlighted and labeled. | **Submitted March 21, 2018**<br>**March 21, 2018**<br><br>**Fully Completed by June 2019** |
| <u>Client Plan Finding 4d-1</u><br>There was no documentation of the client/legal representative degree of participation and agreement with the plan and no written explanation of the client's refusal or unavailability to sign the treatment plan. | The MHP will ensure that treatment plans document client/legal representative participation and agreement to the treatment plan as well as obtaining the client/legal representative signature on the treatment plan or documentation that supports why there is no signature. The | 1. Mandatory annual training will be required of all NCBH staff on documentation of the client/legal representative participation, agreement with the plan and written explanation of the client's refusal or unavailability to sign the treatment plan. This training will be offered quarterly to all existing staff so staff have the opportunity to sign up for one training per year to fulfill the mandatory annual requirement. Training will be provided quarterly to staff and upon hire to new staff by either QA manager or designee. | 1. Staff (internal and individual contracted providers) will attend mandatory documentation training annually. Training will be provided quarterly beginning May 2018 and offered every quarter (for ex: May, Aug, Oct, Jan).<br><br>2. Training schedule of the quarterly trainings (for the year) will be submitted to DHCS no later than May 31, 2018.<br><br>3. Staff and contract individual providers will be notified of trainings April 2018. | **Quarterly trainings will begin by May 31, 2018**<br><br>**Submitted March 21, 2018**<br><br>**Notification sent April 2018. By May 31, 2018** |

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| | MHP will ensure services are not claimed when there is no client participation and agreement with the tx plan. | 2. Individual contract network providers will be provided training on documentation of the client/legal representative participation, agreement with the plan and written explanation of the client's refusal or unavailability to sign the treatment plan by QA Manager or designee. Attendance 1 x year will be mandatory.<br><br>3. Monthly chart audits will be completed at NCBH adult and children sites. Contractor and organizational providers will have chart audits completed yearly or more often as warranted by NCBH QA staff. Organization providers will submit a quarterly report to the QA manager documenting the results of their internal chart audits.<br><br>4. Training will be offered to staff and individual contract providers in person via a Power Point training that will be provided by either QA manager or designee. Supervisors and program managers will have access to the Power Point training so newly hired staff can be offered training in between the quarterly trainings, if necessary. | 4. Revised chart audit tool will be submitted to DHCS with items relative to this finding (documentation of client/leg rep degree of participation and/or refusal) highlighted on tool.<br><br>5. Power Point slides with the slide numbers that correspond to the training for this finding will be submitted to DHCS.<br><br>6. Documentation of the Chart Audit Process will be submitted to DHCS.<br><br>7. Quarterly chart audit report template will be submitted to DHCS.<br><br>8. Utilization Review reports from chart audits (internal and external) will be reviewed at QIC meeting quarterly beginning April 2018.<br><br>9. Utilization Review reports (internal and external) will be reviewed monthly at Compliance Committee meetings. | **By May 31, 2018**<br><br>**Submitted April 30, 2018**<br><br>**By May 31, 2018**<br><br>**April and quarterly thereafter starting April 2018. Beginning May 2018**<br><br>**Submitted March 21, 2018**<br>**Submitted March 21, 2018** |

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| | | 5. Chart audit correction process that includes the flow from the chart audit to staff notification, supervisor notification and completion of chart audit corrections will be developed.<br><br>6. Utilization review process will include reports at monthly Compliance Committee meeting via UR reports from chart audits internally and externally. (Standing item on agenda). | 10. UR report template will be submitted to DHCS.<br><br>11. Documentation Update from Info Notice 17-040 provided to staff will be submitted to DHCS with area regarding this finding highlighted and labeled. | **Fully Completed by June 2019** |
| <u>Progress Notes Finding 5a-1</u><br>Progress notes did not document timely documentation of relevant aspects of client's care as specified by the MHP's documentation standards. | The MHP will ensure that progress notes documentation is completed in a timely manner according to the MHP policy & procedures. (within 14 calendar days) | 1. The QA Manager will monitor time frames of documentation of staff through monthly reports by Kingsview staff.<br><br>2. Documentation reports will be reviewed at the monthly Compliance Committee meeting.<br><br>3. Supervisors and program managers will develop a Plan of Action for staff that repeatedly disregard county P&P for timely documentation.<br><br>4. Adherence to the NCBH standard for timely documentation will also be monitored through the monthly chart reviews. | 1. The Compliance Committee meeting agenda and minutes will be provided to DHCS quarterly once in the FY17/18 and twice in the FY18/19.<br><br>2. Three UR reports will be submitted to DHCS quarterly – once in FY 17/18 and twice in FY 18/19.<br><br>3. Template of UR report will be provided to DHCS.<br><br>4. Chart audit tool with the item that relates to this documentation standard will be highlighted and submitted to DHCS. | **Beginning May, 2018**<br><br>**Beginning May, 2018**<br><br>**March 21, 2018**<br><br>**May 1, 2018** |

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| | | 5. Compliance Committee will monitor trends regarding documentation reports to see if the reports indicates a system wide issue or specific staff concerns.<br><br>6. If it is determined the documentation standards noncompliance is a system wide issue, then the Compliance Committee will develop a policy and procedure that address the system issue.<br><br>7. Documentation standards will continue to be monitored through the monthly chart audits. Date of service entry and date of note will be monitored to ensure compliance. | 5. Chart audit process will be submitted to DHCS to inform process by supervisors and managers when compliance of standard is not being met by staff. | **May 1, 2018** |

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| <u>Progress Notes Finding 5a-2</u><br>Progress notes did not document client encounters, including relevant clinical decisions and alternative approaches for future interventions.<br><br>**And**<br><br><u>Progress Notes Finding 5a-3</u><br>Progress notes did not document interventions applied, client's response to the interventions and location of the interventions.<br><br>**And**<br><u>Progress Notes Finding 5a-3.1, 5a-3.1, 5a3.3</u><br>Progress notes did not document how provided services | The MHP will ensure compliance with documentation of client encounters, relevant clinical decisions and alternative approaches for future interventions.<br><br>The MHP will ensure compliance with the documentation of interventions applied, client's response to the interventions and the location of the interventions.<br><br>The MHP will ensure compliance with documentation | 1. Mandatory annual training will be required of all NCBH staff on progress note documentation to including client encounters, relevant clinical decisions, interventions applied, future interventions, and how the interventions reduced the client's impairment, functioning and are appropriate to Title IX regs. This training will be offered quarterly to all existing staff so they have the opportunity to sign up for one training per year to fulfill the mandatory annual requirement. Training will be provided quarterly to staff and upon hire to new staff by either QA manager or designee.<br><br>2. Individual contract network providers will be provided training on progress note documentation to including client encounters, relevant clinical decisions, interventions applied, future interventions, and how the interventions reduced the client's impairment, functioning and are appropriate to Title IX regs and will be provided by the QA Manager or designee. Attendance 1 x year will be mandatory | 1. Staff (internal and individual contracted providers) will attend mandatory documentation training annually. Training will be provided quarterly beginning May 2018 and offered every quarter (for ex: May, Aug, Oct, Jan).<br><br>2. Training schedule of the quarterly trainings (for the year) will be submitted to DHCS no later than May 31, 2018.<br><br>3. Staff and contract individual providers will be notified of trainings April 2018.<br><br>4. Revised chart audit tool will be submitted to DHCS with items relative to this finding (documentation of encounters, interventions, clinical decisions, client response/reduce symptoms) highlighted on tool.<br><br>5. Power Point slides with the slide numbers that correspond to the training for this finding will be submitted to DHCS. | **Quarterly trainings will begin by May 31, 2018**<br><br>**March 21, 2018**<br><br>**Notification sent April 2018.**<br>**By May 31, 2018**<br><br>**By May 31, 2018**<br><br>**Submitted April 30, 2018** |

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| reduced impairment, restored functioning, prevented significant deterioration in an important are of life functioning; services provided are not solely academic/educatio n services, vocational services, recreation or socialization services consisting of generalized group activities; services claimed are appropriate, related to the diagnosis and identified functional impairments. | of progress notes to show how services reduced impairment, restored functioning, prevented significant deterioration in an important area of life functioning.<br>Documentation will show that services provided are not solely academic/educatio nal, vocational, recreational or socialization services.<br>Documentation will show services claimed are appropriate and related to the diagnosis and identified functional impairment of the client. | 3. Monthly chart audits will be completed at NCBH adult and children sites. Contractor and organizational providers will have chart audits completed yearly or more often as warranted by NCBH QA staff. Organization providers will submit a quarterly report to the QA manager documenting the results of their internal chart audits.<br><br>4. Training will be offered to staff and individual contract providers in person via a Power Point training that will be provided by either QA manager or designee. Supervisors and program managers will have access to the Power Point training so newly hired staff can be offered training in between the quarterly trainings, if necessary.<br><br>5. Chart audit correction process that includes the flow from the chart audit to staff notification, supervisor notification and completion of chart audit corrections will be developed.<br><br>6. Utilization review process will include reports at monthly Compliance Committee meeting via UR reports | 6. Documentation of the Chart Audit Process will be submitted to DHCS.<br><br>7. Quarterly chart audit report template will be submitted to DHCS.<br><br>8. Utilization Review reports from chart audits (internal and external) will be reviewed at QIC meeting quarterly beginning April 2018.<br><br>9. Utilization Review reports (internal and external) will be reviewed monthly at Compliance Committee meetings.<br><br>10. UR report template will be submitted to DHCS.<br><br>11. Documentation Update from Info Notice 17-040 provided to staff will be submitted to DHCS with area regarding this finding highlighted and labeled.<br><br>12. An example of the Monthly UR reports and the Compliance Committee agenda and minutes will be provided to DHCS. | **By May 31, 2018**<br><br>**April and quarterly thereafter starting April 2018.**<br>**Beginning May 2018**<br><br>**March 21, 2018**<br><br>**March 21, 2018**<br><br>**By July 1, 2018**<br><br>**By July 1, 2018**<br><br>**Fully Completed by June 2019** |

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| | | from chart audits internally and externally. (Standing item on agenda). | 13. UR reports will be reviewed with the Compliance Committee monthly. | |
| <u>Progress Notes Finding 5b 1-5</u><br><br>Documentation of services being provided to client by 2 or more staff did not include:<br>1. Number of clients in group, number of staff, units of time, type of service | The MHP will ensure that documentation for progress notes for services provided by 2 or more staff will include:<br>1. # of staff and clients in group, units of time, type of service, date of service<br>2. documentation is accurate and | 1. Mandatory annual training will be required of all NCBH staff on progress note documentation for services provided by 2 or more staff for the required items 1, 2, 3, 4 and 5 regarding group notes. This training will be offered quarterly to all existing staff so staff have the opportunity to sign up for one training per year to fulfill the mandatory annual requirement. Training will be provided quarterly to staff and upon hire to new staff by either QA manager or designee. | 1. Staff (internal and individual contracted providers) will attend mandatory documentation training annually. Training will be provided quarterly beginning May 2018 and offered every quarter (for ex: May, Aug, Oct, Jan).<br><br>2. Training schedule of the quarterly trainings (for the year) will be submitted to DHCS no later than May 31, 2018. | **Quarterly trainings will begin by May 31, 2018**<br><br>**March 21, 2018**<br><br>**Send April 2018** |

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| and date of service.<br>2. &6) MHP did not ensure the type of service, unit of time, DOS claimed are accurate and consistent with the documentation in the medical record and that services are not claimed when billing criteria are not met.<br>3. Group progress notes clearly document the client's response, encounters and interventions applied<br>4. Group progress note clearly document the contribution, involvement or participation of | consistent in medical record and services aren't claimed when billing criteria are not met<br>3. Group notes clearly document client's response, encounters and interventions applied<br>4. Group notes clearly document the contribution, involvement or participation of each staff as it relates to the identified functional impairment and MH needs of the client<br>5. Medical necessity for use of multiple | 2. Individual contract network providers will be provided training on progress note documentation for services provided by 2 or more staff for the required items 1, 2, 3, 4 and 5 regarding group notes and will be provided by the QA Manager or designee. Attendance 1 x year will be mandatory<br><br>3. Monthly chart audits will be completed at NCBH adult and children sites. Contractor and organizational providers will have chart audits completed yearly or more often as warranted by NCBH QA staff. Organization providers will submit a quarterly report to the QA manager documenting the results of their internal chart audits.<br><br>4. Training will be offered to staff and individual contract providers in person via a Power Point training that will be provided by either QA manager or designee. Supervisors and program managers will have access to the Power Point training so newly hired staff can be offered training in between the quarterly trainings, if necessary. | 3. Staff and contract individual providers will be notified of trainings April 2018.<br><br>4. Revised chart audit tool will be submitted to DHCS with items relative to this finding (group notes) highlighted on tool.<br><br>5. Power Point slides with the slide numbers that correspond to the training for this finding will be submitted to DHCS.<br><br>6. Documentation of the Chart Audit Process will be submitted to DHCS.<br><br>7. Quarterly chart audit report template will be submitted to DHCS.<br><br>8. Utilization Review reports from chart audits (internal and external) will be reviewed at QIC meeting quarterly beginning April 2018.<br><br>9. Utilization Review reports (internal and external) will be reviewed monthly at Compliance Committee meetings. | **By May 31, 2018**<br><br>**By May 31, 2018**<br><br>**Submitted April 30, 2018**<br><br>**By May 31, 2018**<br><br>**April and quarterly starting April 2018.**<br><br>**Beginning May 2018**<br><br>**March 21, 2018**<br><br>**By July 1, 2018** |

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| each staff as it relates to the identified functional impairment and MH needs of the client.<br>5. Medical necessity for use of multiple staff in the group setting. | staff is clearly documented | 5. Chart audit correction process that includes the flow from the chart audit to staff notification, supervisor notification and completion of chart audit corrections will be developed.<br><br>6. Utilization review process will include reports at monthly Compliance Committee meeting via UR reports from chart audits internally and externally. (standing item on agenda | 10. UR report template will be submitted to DHCS.<br><br>11. Documentation Update from Info Notice 17-040 provided to staff will be submitted to DHCS with area regarding this finding highlighted and labeled.<br><br>12. An example of the Monthly UR reports and the Compliance Committee agenda and minutes will be provided to DHCS.<br><br>13. 13. UR reports will be reviewed with the Compliance Committee monthly. | **By July 1, 2018**<br><br>**Fully Completed by June 2019** |
| <u>Progress Notes Finding 5c</u><br>Documentation in the medical records did not meet the following requirements:<br>1. Ensured that all SMHS claimed were documented in the medical record and were | The MHP will ensure all documentation in the medical records meets the following requirements:<br>1. All services claimed were documented in the medical record, were appropriate, related to the | 1. Mandatory annual training will be required of all NCBH staff documenting accuracy in progress notes and that there is an appropriate note written for any claims. This training will be offered quarterly to all existing staff so staff have the opportunity to sign up for one training per year to fulfill the mandatory annual requirement. Training will be provided quarterly to staff and upon hire to new staff by either QA manager or designee. | 1. Staff (internal and individual contracted providers) will attend mandatory documentation training annually. Training will be provided quarterly beginning May 2018 and offered every quarter (for ex: May, Aug, Oct, Jan).<br><br>2. Training schedule of the quarterly trainings (for the year) will be submitted to DHCS no later than May 31, 2018. | **Quarterly trainings will begin by May 31, 2018**<br><br>**May 31, 2018** |

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| appropriate, related to the qualifying diagnosis and identified functional impairments<br><br>2. Ensured that all progress notes were accurate, meet the documentation requirements of DHCS, indicated the type & date of service, amount of time to provide the service and completed within the timeframe and frequency specified in the MHP contract with DHCS. | qualifying diagnosis and functional impairment<br><br>2. All progress notes were accurate; indicate the type & date of service, amount of time to provide the service, completed within the time frame and frequency specified in the contract with DHCS. | 2. Individual contract network providers will be provided training on documenting accuracy in progress notes and that there is an appropriate note written for any claims. This training will be provided by the QA Manager or designee. Attendance 1 x year will be mandatory<br><br>3. Monthly chart audits will be completed at NCBH adult and children sites. Contractor and organizational providers will have chart audits completed yearly or more often as warranted by NCBH QA staff. Organization providers will submit a quarterly report to the QA manager documenting the results of their internal chart audits.<br><br>4. Training will be offered to staff and individual contract providers in person via a Power Point training that will be provided by either QA manager or designee. Supervisors and program managers will have access to the Power Point training so newly hired staff can be offered training in between the quarterly trainings, if necessary. | 3. Staff and contract individual providers will be notified of trainings April 2018.<br><br>4. Revised chart audit tool will be submitted to DHCS with items relative to this finding (documenting accuracy in progress notes and that there is an appropriate note written for any claims) highlighted on tool.<br><br>5. Power Point slides with the slide numbers that correspond to the training for this finding will be submitted to DHCS.<br><br>6. Documentation of the Chart Audit Process will be submitted to DHCS.<br><br>7. Quarterly chart audit report template will be submitted to DHCS.<br><br>8. Utilization Review reports from chart audits (internal and external) will be reviewed at QIC meeting quarterly beginning April 2018. | **Notification sent April 2018.**<br>**By May 31, 2018**<br><br>**By May 31, 2018**<br><br>**Submitted April 30, 2018**<br><br>**By May 31, 2018**<br><br>**April and quarterly thereafter starting April 2018.** |

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| | | 5. Chart audit correction process that includes the flow from the chart audit to staff notification, supervisor notification and completion of chart audit corrections will be developed.<br><br>6. Utilization review process will include reports at monthly Compliance Committee meeting via UR reports from chart audits internally and externally. (standing item on agenda | 9. Utilization Review reports (internal and external) will be reviewed monthly at Compliance Committee meetings.<br><br>10. UR report template will be submitted to DHCS.<br><br>11. Documentation Update from Info Notice 17-040 provided to staff will be submitted to DHCS with area regarding this finding highlighted and labeled.<br><br>12. An example of the Monthly UR reports and the Compliance Committee agenda and minutes will be provided to DHCS.<br><br>13. UR reports will be reviewed with the Compliance Committee monthly. | **Beginning May 2018**<br><br>**Submitted March 21, 2018**<br><br>**Submitted March 21, 2018**<br><br>**By July 1, 2018**<br><br>**By July 1, 2018**<br><br>**Fully Completed by June 2019** |