

**Calaveras County MHP
Medi-Cal Specialty Mental Health
Services On-Site Review date: October**

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| Section B: Access 9a2 & 9a3 | | | | |
| <i>Test call #2: Caller not provided information for beneficiary's urgent condition.</i> | The MHP and contractor, Central Valley Suicide Prevention Hotline, (CVSP) will ensure compliance for providing complete and | 1. The contractor, CVSP, will receive a copy of the audit findings regarding the test calls for training purposes. | 1. See Attachment A <i>Email (Dated 04/04/2018)</i> | 1. Sent 4/4/2018 |
| <i>Test call #3: Caller not provided information for beneficiary's urgent condition nor how to access Specialty Mental Health Services. (SMHS)</i> | accurate information to callers requesting services/information about services during business hours and after hours when utilizing the 24/7 toll-free line. | 2. The MHP will request documentation from CVSP that training has been done to ensure compliance with Medi-Cal standards. | 2. See Attachment A <i>Email (Dated 04/04/2018)</i> Confirming Training by CVSPH | 2a .MHP Follow up request 5-7-18 2b. CVSPH Confirmation dated 5-14-18 |
| <i>Test call #5: Caller not provided information for beneficiary's urgent condition.</i> | 1. How to access SMHS 2. Medical Necessity Criteria 3. Treatment for beneficiary's urgent condition(s). | 3. Behavioral Health staff, responsible for receiving calls during business hours will receive training to ensure compliance with Medi-Cal standards. 4. Quality Management Specialist (QMS) will discuss the quarterly ABGAR test call findings with the QIC. | 3. Sign-in sheet 4. QIC meeting minutes | 3. Training scheduled 8/16/18 4. July 2018 |

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| | <p>4. Beneficiary problem resolution.</p> <p>5. State Fair Hearing process</p> | <p>5. The MHP developed a new Quality Improvement Plan (QIP) form, designed to address compliance items/issues as they arise. The purpose of the QIP is to ensure organizational processes are effectively carried out in accordance with policy, procedure, and Federal, State, and Local compliance regulations.</p> | <p>5. See Attachment L</p> <p><i>Sample QIP form</i></p> | <p>5. Implementation 05/07/2018</p> |
| Section B: Access 9c | | | | |
| <p><i>The MHP did not furnish evidence it provides training for all staff and contractors with responsibilities related to providing a statewide 24/7 toll-free telephone line to</i></p> | <p>1. All BHS staff and contractors are responsible to understand and be able to apply the directions to access the statewide 24/7 toll-free Language Line.</p> | <p>1. The MHP staff will receive training on how to access and appropriate use of Language Line capabilities.</p> <p>2. CVSPH provides linguistic training as part of their hiring</p> | <p>1. Sign-in sheet</p> <p>2. See Attachment B</p> <p><i>Email (Dated</i></p> | <p>1a. Training scheduled 8/16/18</p> <p>1b. Every two years or more as needed</p> <p>2b. CVSPH Confirmation dated 4-9-18</p> |

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*ensure
linguistic capabilities.*

process.

04/09/2018)
Confirming
Training by
CVSPH

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| Section B: Access 10a | | | | |
| <p><i>The MHP did not furnish the written log that included all the elements for calls being logged:</i></p> <p><i>1. Name of Beneficiary</i></p> <p><i>2. Date of Request</i></p> <p><i>3. Initial Disposition of request</i></p> | <p>1. When documenting a beneficiary initial request for services, the following elements will be logged:</p> <p>1. Name of Beneficiary</p> <p>2. Date of Request</p> <p>3. Initial Disposition of request</p> <p>2. All staff responsible for receiving initial requests for services will be responsible for logging the required elements:</p> <p>1. Name of Beneficiary</p> <p>2. Date of Request</p> <p>3. Initial Disposition of request</p> | <p>1. Test calls will be conducted during business hours. The QMS will compare the test calls with the logged information to ensure compliance.</p> <p>2. Behavioral Health staff, responsible for receiving calls during business hours and attending the front desk will receive training to ensure Medi-Cal compliance.</p> <p>3. Quality Management Specialist (QMS) will discuss the quarterly ABGAR test call</p> | <p>1. ABGAR Report to State</p> <p>2. Sign-in sheet</p> <p>3. QIC meeting minutes</p> | <p>1. Quarterly</p> <p>2. Training scheduled 8/16/18</p> <p>3. July 2018</p> |

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| | | <p>findings with the QIC.</p> <p>4. The MHP developed a new Quality Improvement Plan (QIP) form, designed to address compliance items/issues as they arise. The purpose of the QIP is to ensure organizational processes are effectively carried out in accordance with policy, procedure, and Federal, State, and Local compliance regulations.</p> <p>5. The MHP has updated the Initial Request Documentation Policy & Procedure. This P&P will be vetted through the Power DMS program to ensure it is distributed, read & signed by all BHS staff.</p> | <p>4. See Attachment L <i>Sample QIP form</i></p> <p>5. See Attachment C <i>Initial Request P & P</i></p> | <p>4. Implementation 05/07/2018</p> <p>5. Updated January 2018.</p> |
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| Section B: Access 12c | | | | |
| <i>The MHP did not furnish evidence it completes an annual report of the CCC activities.</i> | 1 The MHP is required to submit an annual report of Cultural Competency Activities. | 1. The QMS will take responsibility to work with the QIC to ensure that the Cultural Competency Activity report is submitted to the State prior to October 1st, for the prior fiscal year. | 1. See Attachment D <i>Current Cultural Competency Activities Report for FY 16/17</i> | 1. CC Activities report for fiscal year 17/18 will be submitted prior to October 1, 2018. |
| Section C: Coverage & Authorization 6a | | | | |
| <i>The MHP did not furnish evidence it provides a written NOABD to the beneficiary when there is a request to dispute a financial liability, including cost sharing and other</i> | 1. The MHP will ensure the NOABD contains P&P contains all the elements as required by Title 42, CFR Section 428.400(b). a. The denial or limited authorization of a requested service, including | 1. A revised P&P has been written to include all elements of the NOABD. 2. The Leadership team, consisting of supervisors, managers and administrative staff will receive training on | 1. See Attachment E <i>NOABD P & P</i> 2. Sign-in sheet | 1. Revised 2-15-2018 2. To be completed between 5/21/2018 and 6/18/21. |

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*beneficiary
financial liabilities.*

determinations based on type or level of service, medical necessity, appropriateness, setting or effectiveness of a covered benefit.

b. The reduction, suspension or termination of a previously authorized service.

c. The denial, in whole or in part, of payment for service.

d. The failure to provide services in a timely manner.

e. For a resident of a small-rural area with only one MCP, the denial of the beneficiary's request to obtain services outside the network.

f. The failure to act within the required time-frames for standard resolution of grievance and

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the NOABD.

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| appeals. g. The denial of a beneficiary's request to dispute financial liability, including cost sharing and other beneficiary financial liability. | | | |
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| Section D: Beneficiary Protection D 6 | | | | |
| <p><i>The MHP did not furnish evidence it is notifying the providers cited by the beneficiary or otherwise involved in the grievance, appeal or expedited appeal) of the final disposition of the beneficiary's grievance, appeal or expedited appeal.</i></p> | <p>1. The MHP will ensure it notifies the provider cited by the beneficiary or otherwise involved in the grievance, appeal or expedited appeal of the final disposition of the beneficiary's grievance, appeal, or expedited appeal.</p> | <p>1. The MHP will ensure it notifies the provider cited by the beneficiary or otherwise involved in the grievance, appeal or expedited appeal of the final disposition of the beneficiary's grievance, appeal, or expedited appeal.</p> <p>2. Grievances, appeals and expedited appeals will continue to be reported to the Quality Improvement Committee by the Quality Management Specialist (QMS). See the</p> | <p>1. See Attachment F <i>Provider Grievance Letter</i> Form to be used when a grievance is filed. The provider will be sent this letter to notify them of the disposition.</p> <p>2. See Attachment G <i>Example QIC Meeting Minutes</i> Dated: 4/4/17 Page 4 Dated: 5/2/17 Page 5</p> | <p>1. Provider Letter reformatted and implemented 3/1/18</p> <p>2. Current and on-going</p> |
| Section E | | | | |

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| Funding, Reporting,& Contracting Requirements E1 | Plan of Corrections | | |
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| <p><i>The MHP did not furnish evidence it complies with timely submission of its annual cost reports. The MHP did not submit it's most recent annual cost report timely.</i></p> | <p>1. The MHP is responsible to submit a timely cost report on an annual basis.</p> | <p>sample meeting minutes as documentation of being reported.</p> <p>1. The MHP acknowledges the lack of timely submission of the annual cost report for the cycle ending 2017. The MHP had key members of the fiscal team retire and relocate causing the annual cost report to be delayed. In order to prevent a reoccurrence of this deficiency, the MHP has contracted with Mike Geiss, an independent contractor, to complete the annual cost reports for the Calaveras County MHP and prepare for submission on or before the due date.</p> | <p>Dated: 8/1/17 Page 3</p> <p>Dated: 9/5/17 Page 4</p> <p>1. See Attachment H <i>Contract with M. Geiss</i></p> <p>1. 2018 and on-going annually</p> |

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| Section G Provider Relations G3b | | | | |
| <p><i>The report indicates the MHP has providers overdue for certification and/or re-certification. Of the 11 providers, 3 were identified as overdue. (27% OOC)</i></p> | <p>1. The MHP shall have an ongoing system in place that ensures contracted organizational providers and county owned and operated providers are certified and/or re-certified as per Title 9 regulations. CCR, Title 9, Chapter 11 Section 1810.435(d)1</p> | <p>1. The MHP's Administrative Service Manager is responsible for certifying and re-certifying all organizational providers and county owned and operated providers. During the Triennial audit, the three entities that were missed due to an oversight of the Administrative Services Manager were the three county owned and operated ASOC, CSOC and Clinic operations. This issue was addressed and will become part of the staff's annual evaluation. Additionally, DHCS sends an "Overdue</p> | <p>1. Staff annual evaluation</p> | <p>1. Current and on-going monthly</p> |

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Provider" listing to Supervisor ensuring compliance with the certification/recertification processes.

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| Section H Program Integrity H2I | <p><i>The MHP did not furnish evidence it has a provision for prompt notification to the state when it receives information about changes in a beneficiary's eligibility.</i></p> <p>1. During the CALQIC conference in Monterey, March 14-16 2018, this protocol was addressed by the state representative Autumn B. It was relayed that this particular protocol was being removed from the required standards as it did not apply to the MHPs.</p> | <p>1. No Corrective Action Needed</p> | <p>1. No Evidence Needed</p> | <p>1. N/A</p> |
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| <p align="center">Section I Quality Improvement 13a.</p> <p><i>The MHP did not furnish evidence it has a mechanism to monitor the safety & effectiveness of medication practices at least annually.</i></p> | <p>1. The MHP shall have a mechanism in place to monitor the safety and effectiveness of medication practices at least annually.</p> <p align="center"><i>(MHP Contract, Exhibit A, Attachment 1)</i></p> | <p>1. The MHP update the Policy and Procedure for monitoring safety and effectiveness of medications.</p> | <p>1. See Attachment J <i>Medication Services Overview P & P</i></p> | <p>1. Revised 11/2017</p> |
| <p align="center">Section I Quality Improvement 13b.</p> <p><i>The MHP did not furnish evidence</i></p> | <p>1. The MHP shall have a Policy and</p> | <p>1. The MHP update the Policy and Procedure</p> | <p>1 See Attachment K</p> | <p>1. Revised 12/2/2017</p> |

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| <p><i>it has a policy and procedure in place regarding monitoring of psychotropic medication use, including monitoring psychotropic medication use for children/youth.</i></p> | <p>Procedure in place regarding monitoring of psychotropic medication use, including monitoring the psychotropic medication use of children/youth.</p> <p align="center"><i>(MHP Contract, Exhibit A, Attachment 1)</i></p> | <p>to include monitoring of children/youth prescribed psychotropic medication(s).</p> | <p><i>Medication for Children and Adolescents P & P</i></p> | |
| <p align="center">Section C Coverage and Authorization 1b</p> | <p><i>1. Tars shall be approved or denied by</i></p> | <p>1. BHS Deputy Director has the responsibility to deny/</p> | <p>1. No late TARS</p> | <p>1. Active November 2017</p> |
| <p><i>DHCS inspected a sample of 47 TARS to verify compliance with regulatory requirements. 1 of the 47 did not meet the 14 day req.</i></p> | <p><i>a licensed, waived/registered professional within 14 days of receipt.</i></p> | <p>approve TARS. BHS has now established a "Back-Up" person to be responsible to cover the Deputy Directors absence. The clinic Supervisor, an LMFT, will now assist in reviewing TARS to meet compliance standards.</p> | <p><i>1 of the 47 TARS reviewed was late to be approved due to Deputy Director being on vacation when the TAR came in.</i></p> | |

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| <p style="text-align: center;">Section I Quality Improvement 13b.</p> <p><i>The MHP did not furnish evidence that if a quality of care concern or an outlier is identified related to psychotropic medication use is there evidence that the MHP took appropriate action to address the concern.</i></p> | <p>1. The MHP shall ensure that it has a mechanism to take appropriate and timely action to address any concerns regarding psychotropic medication use.</p> | <p>5. The MHP developed a new Quality Improvement Plan (QIP) form, designed to address compliance items/issues as they arise. The purpose of the QIP is to ensure organizational processes are effectively carried out in accordance with policy, procedure, and Federal, State, and Local compliance</p> | <p>5a. See Attachment L <i>Sample QIP form</i></p> <p>5b. See Attachment M <i>Continuum of Care P & P</i></p> | <p>5a. Implementation 05/07/2018</p> <p>5b. Current and ongoing Updated 3/2018</p> |

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Chart Review

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| <p>MEDICAL NECESSITY</p> <p>1c-1 : medical record did not meet medical necessity criteria since the focus of the proposed and actual intervention(s) did not address the mental health condition.</p> <p><i>CCR Title 9, Chapter 11, Section 1830.205b3A</i></p> | Does the beneficiary meet all 3 of the following medical necessity criteria for reimbursement: | 1. The MHP is utilizing direct protocols for a comprehensive chart audit tool that checks for medical necessity criteria and compliant documentation standards. An average of 27 charts are audited each month using the comprehensive chart audit tool. | 1. See Attachment N | 1. Current and on-going |
| | 1A. The beneficiary has a diagnosis contained in the CCR, Title 9, chapter 11, sec.1830.205b1 a-r. | | <i>Chart Audit Tool</i> | Implemented January 2018. |
| | 1B. The beneficiary, as a result of mental disorder emotional disturbance listed in 1a, must have at least one of the following criteria: | | <p>For finding 1c-1: see line 1b.</p> <p>For finding 1c-2: see line 1c.</p> <p><i>Lines are highlighted for easy review.</i></p> | |
| <p>MEDICAL NECESSITY</p> <p>1c-2 : medical record did not meet medical necessity</p> | <p>1) significant impairment in life functioning</p> <p>2) significant deterioration in life functioning</p> <p>3) Child will not progress developmentally as individually appropriate</p> <p>4) For full-scope MC beneficiary's under the ae of 21 years, a condition as a result of the</p> | <p>2. A Billing Compliance form is used during the chart audit process to provide feedback to the QMS, Supervisors and Billing Specialist regarding compliance and disallowance items. These items are tracked for patterns by QMS.</p> | 2. See Attachment O | 2. Current and on-going |
| | mental disorder or | | <i>Billing Compliance Form</i> | |
| | | 3. The UR meeting is held on a | 3. See Attachment P | 3. Current and on- |

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| <p><i>criteria since there was no expectation that the claimed intervention would meet the intervention criteria.</i></p> <p><i>CCR Title 9, Chapter 11, Section 1830.205 b3B1-4</i></p> | <p>emotional disturbance that</p> | <p>Plan of Corrections monthly basis.</p> | | going |
| | <p>SMHS can correct or ameliorate.</p> <p>1C. Do the proposed and actual intervention(s) meet the intervention criteria listed below:</p> <p>1) The focus is to address the condition identified in 1B.</p> <p>2) The expectation is that the proposed and actual intervention(s) will do at least one of the following:</p> <p>a. Diminish the impairment</p> <p>b. prevent deterioration of life functioning</p> <p>c. Allow the child to progress</p> <p>d. 21 years & under, correct the condition or ameliorate the condition.</p> | <p>During this meeting, the chart audit is discussed and training provided. The ASOC, CSOC and Clinic supervisors are in attendance for the UR meetings. All relevant trainings are taken back to team meetings and disseminated to the rest of the staff members.</p> <p>4. The MHP developed a new Quality Improvement Plan (QIP) form, designed to address compliance items/issues as they arise.</p> <p>The purpose of the QIP is to ensure organizational processes are effectively carried out in accordance with policy, procedure, and Federal, State, and Local compliance</p> | <p><i>Examples of UR Meeting Sign-In</i> Dated:1/4/18</p> <p>Training: Quantifying Interventions and Objectives Dated: 3/1/18</p> <p>Training: Participation and Billing for CFT Meetings Dated: 4/5/18</p> <p>Training: Travel Time Reimbursement</p> <p>4. See Attachment L <i>Sample QIP form</i></p> | <p>4. Implementation 05/07/2018</p> |

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| ASSESSMENT | | | | |
| <p>2b : One or more of the assessments reviewed did not include all of the elements specified in the MHP contract with the Department.</p> <p>1) Medications</p> <p>2)Mental Status Exam</p> <p>2c. An assessment did not include the following:</p> <p>1) Date of service</p> <p>2) Signature of the person providing the service and their professional degree, licensure, or title.</p> | <p>An assessment must include all of the following elements as required by the MHP contract with the Department:</p> <p>1. Presenting Problem</p> <p>2. Relevent conditions & psychosocial factors</p> <p>3. History of trauma or exposure to trauma</p> <p>4. Mental Health history</p> | <p>1. The MHP is utilizing direct protocols for a comprehensive chart audit tool that checks for all the required elements of an assessment and signature standards. An average of 27 charts are audited each month using the comprehensive chart audit tool.</p> | <p>1. See Attachment N</p> <p><i>Chart Audit Tool</i></p> <p>For finding 2b(1): see line 2b(5)</p> <p>For finding 2b(2): see line 2b(9)</p> <p>For finding 2c(1): see line 2b(12)</p> <p>For finding 2c(2): see line 2b(13)</p> | <p>1. Current and on-going</p> <p>Implemented January 2018.</p> |
| | <p>5. Medical History</p> <p>6. Medications</p> | <p>2. A Billing Compliance form is used during the chart audit process to provide feedback to the QMS, Supervisors and Billing Specialist regarding compliance and disallowance items. These items are tracked for patterns by QMS.</p> | <p>2. See Attachment O</p> <p><i>Billing Compliance Form</i></p> | <p>2. Current and on-going</p> |
| | <p>7. Substance exposure/Substance use</p> <p>8. Client strengths</p> <p>9. Risks</p> <p>10. A mental status examination</p> <p>11. A complete diagnosis</p> | <p>3. The UR meeting is held on a monthly basis.</p> | <p>3. See Attachment P</p> | <p>3. Current and on-going</p> |

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All 11 elements must be met. Additionally, all assessments must have the signature and degree, licensure or title of the person providing services. The assessment shall be dated.

During this meeting, the chart audit is discussed and training provided. The ASOC, CSOC and Clinic supervisors are in attendance for the UR meetings. All relevant trainings are taken back to team meetings and disseminated to the rest of the staff members.

4. The MHP developed a new **Quality Improvement Plan (QIP)** form, designed to address compliance items/issues as they arise. The purpose of the QIP is to ensure organizational processes are effectively carried out in accordance with policy, procedure, and Federal, State, and Local compliance regulations.

5 Documentation Policy & Procedure

Examples of UR Meeting Sign-In

4. See Attachment L

Sample QIP

5. See Attachment R

4. Implemented 5-7-18

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Documentation
Standards P & P
Section III, D(1-11)

5. Updated 11-30-17

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| <p>MEDICATION CONSENT</p> <p>3a : <i>The provider did not obtain and retain a current written consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication, and there was no documentation in the medical record of a written explanation regarding the beneficiary's refusal or unavailability to sign consent.</i></p> <p>3b. <i>Written medication consents did not contain all the required elements specified in the MHP</i></p> | <p>3a. The MHP is required to obtain and retain written consent for each medication, signed by the beneficiary agreeing to the administration of each prescribed psychotropic medication.</p> <p style="text-align: center;">MHP Contract, Exhibit A, Attachment I</p> <p>3b. Each medication consent shall include the following elements as agreed by the MHP contract with the Department.</p> | <p>3a. The MHP will ensure that written medication consent is obtained and retained on each medication prescribed and administered under the direction of the MHP and that each consent form is completed in accordance with the MHP's written documentation standards.</p> <p>3b. The MHP is utilizing direct protocols for a comprehensive chart audit tool that checks for all the required</p> | <p>3a. See Attachment S <i>Medical Consent P & P</i> Section I and II (a-c)</p> <p>3b. See Attachment N <i>Chart Audit Tool</i> For finding 3a see</p> | <p>3a. Updated 01/02/2018</p> <p>3b. Current and on-going Implemented January 2018.</p> |

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| <i>contract with the Department.</i> | <i>1. Reason for taking med.</i> | elements of a medication consent form , including the | line 3a For finding 3b: see line 3b(1-11) | |
| | <i>2. Reasonable alternatives</i> | required signatures. An average of 27 charts | For finding 3c: see line3b (10) | |
| | <i>3. Type of med.</i> | are audited each month using the | | |
| | <i>4. Range of frequency</i> | comprehensive chart audit tool. | 3b. See Attachment S | 3a. Updated 01/02/2018 |
| | <i>5. Dosage</i> | | <i>Medical Consent P & P</i> | |
| | <i>6. Method of administration</i> | | Section VIII (a-i) | |
| | <i>7. Duration</i> | | | |
| | <i>8. Probable side effects</i> | The UR meeting is held on a monthly basis. | See Attachment P | Current and on-going |
| | <i>9. Possible effects if taken longer than 3 months</i> | During this meeting, the chart audit is | <i>Examples of UR Meeting Sign-In</i> | |
| | <i>10. Consent once given may be withdrawn at any time.</i> | discussed and training provided | | |
| <i>3c. The medication consents did not</i> | 3c. Medication consents are to include | 3c. The MHP shall ensure that the | 3c. See Attachment S | 3c. Updated 01/02/2018 |
| <i>include the signature and degree, licensure or title of the person providing services.</i> | the following: | medication consents contain the required | <i>Medical Consent P & P</i> | |
| | 1) The date of service | signature of the person providing | Section VI | |
| | 2) The signature of the person providing services (or electronic equivalent) that includes the persons | services, the person's professional degree and licensure or job title. | | |

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| | type of professional degree, and licensure or job title. | <p>The MHP developed a new Quality Improvement Plan (QIP) form, designed to address compliance items/issues as they arise.</p> | <p>. See Attachment L <i>Sample QIP</i></p> <p>Implemented 5-7-18</p> |

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| Section/Findings | Requirement | Plan of Correction | Evidenced By | Timeli ne |
|---|--|--|--|---|
| CLIENT PLANS | | | | |
| <i>4a. The client plan was not completed prior to planned services being provided and not updated at least annually or reviewed and updated when there was a significant change in the beneficiary's condition.</i> | 4a. The client plan will be updated, at a minimum annually, following the re-assessment for medical necessity. The client plan will be revised and/or updated whenever there is a significant change in the beneficiary's condition as required by the contract between the MHP and the Department. | <i>4a. The client plan will be completed prior to planned services being provided and updated at least annually or reviewed and updated when there was a significant change in the beneficiary's condition.</i> | 4a. See Attachment <i>Treatment Plan P & P</i> Section I, Procedure | 1. Current and on-going Implemented January 2018. |
| <i>4b. The client plans did not include all the required elements.</i> | 4b. Client Plans shall include all items as specified in the contract between the MHP and the Department: 1. Specific, observable and/or quantifiable goals/ treatment objectives related to the beneficiary's | 4b. The MHP is utilizing direct protocols for a comprehensive chart audit tool that checks for all the required elements of a medication consent form , including the required signatures. An average of 27 charts | 4b. See Attachment N <i>Chart Audit Tool</i> For finding 4a: see line 4a For finding 4b (2-5) see line 4b (2-5) For finding 4e: see line 4e | 4b. Current and on-going Implemented January 2018. |

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| | mental health needs and functional impairments as <i>a result of the mental health disorder.</i> | are audited each month using the comprehensive chart audit tool. | |
| | <i>2. The proposed types of intervention/modality including a detailed description of the intervention to be provided.</i> | A Billing Compliance form is used during the chart audit process to provide feedback to the QMS, Supervisors and Billing Specialist regarding compliance and disallowance items. These items are tracked for patterns by QMS. | See Attachment O <i>Billing Compliance Form</i> |
| | 3. The proposed frequency of interventions | | . Current and on-going |
| | 4. The proposed duration of interventions. | | |
| | 5. Interventions that focus and address the identified functional impairments as a result of the mental disorder or emotional disturbance. | The UR meeting is held on a monthly basis. | See Attachment P |
| | 6. Interventions consistent with client goals & objectives | During this meeting, the chart audit is discussed and training provided | <i>Examples of UR Meeting Sign-In</i> |
| <i>4e. There was no documentation that the beneficiary or</i> | 7. Be consistent with the qualifying diagnosis/ | | Current and on-going |
| | <i>4e. The MHP is required to provide documentation that the beneficiary was</i> | <i>4e. The MHP shall ensure there is the required documentation</i> | |
| | | | 4e. Updated 9-17-17 |

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| <i>legal guardian was offered a copy of the client plan.</i> | offered a copy of the client plan. | substantiating the beneficiary was offered a copy of the client plan. | Section III, h | Implemented 5-7-18 |
| | | The MHP developed a new Quality Improvement Plan (QIP) form, designed to address compliance items/issues as they arise. | See Attachment L | |
| | | | <i>Sample QIP</i> | |

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| Section/Findings | Requirement | Plan of Correction | Evidenced By | Timeline |
|---|---|---|---|------------------------------------|
| PROGRESS NOTES | | | | |
| <p><i>5a-1: Timely documentation of relevant aspects of beneficiary care were late based on the MHP documentation standards.</i></p> | <p>5a-1: Timeliness Protocol Requirements:</p> <p>Each MHP service must be documented within 2 business days or 48 hours. Any following documentation will begin with "LATE ENTRY". No documentation will be allowed for billing after 21 days.</p> | <p>5a-1: The MHP shall ensure 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.</p> | <p>5a. See Attachment R</p> <p style="text-align: center;"><i>Documentation Standards P & P</i></p> <p>Section I, H (1-4)</p> | <p>5a. Updated 11-30-2017</p> |
| | <p>5a-7ii: The claim must accurately reflect the amount of time taken to provide services</p> | <p>5a-7ii: The MHP shall ensure that the claim accurately reflects the amount of time taken to provide services.</p> | <p>5a. See Attachment R</p> <p style="text-align: center;"><i>Documentation Standards P & P</i></p> <p>Section I, G</p> | <p>5a. Updated 11-30-2017</p> |
| <p><i>5a-7ii: The amount of time taken to provide the service was documented on a progress note with the date & type of service claimed. However, the time documented on the progress note was greater than the time claimed.</i></p> | | <p>The UR meeting is held on a monthly basis. During this meeting, the chart audit is discussed and training provided</p> | <p>See Attachment P</p> <p style="text-align: center;"><i>Examples of UR Meeting Sign-In</i></p> | <p>Current and on-going</p> |
| <p><i>5c-1. Documentation in the medical record did not meet the following</i></p> | <p>5c-1: SMHS must be documented in the medical</p> | <p>5c-1. The MHP is utilizing direct protocols for a</p> | <p>5c-1. See Attachment N</p> | <p>5c-1.. Current and on-going</p> |

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| <p><i>requirements:</i></p> <p><i>a) The type of SMHS documented on the progress note was not the same type of SMHS claimed.</i></p> <p><i>b) Although the correct SMHS was claimed, the service activity was documented inaccurately in the progress note by the provider of the service.</i></p> | <p>record, provided to or for the beneficiary, appropriately relate to the qualifying diagnosis relate to the identified functional impairments, and are medically necessary as defined by CCR, Title 9, chapter 11, sections 1830.205 (a) (b). Claims must also use the correct service modality billing code, and units of time.</p> | <p>comprehensive chart audit tool that checks for all the required elements of a medication consent form , including the required signatures. An average of 27 charts are audited each month using the comprehensive chart audit tool.</p> | <p><i>Chart Audit Tool</i></p> <p><i>For finding 5a.-1 see line 5a-1</i></p> <p><i>For finding 5a-7 see line 5a-7</i></p> <p><i>For finding 5c-1 (a-b): see line 5f (2)</i></p> | <p>Implemented January 2018.</p> |
| <p><i>5e-1: Documentaion indicates a SMHS was provided while the beneficiary resided in a setting that was ineligible</i></p> | <p>5e-1: Services claimed must be provided in a setting where the beneficiary is eligible for FFP and not subject to lockouts.</p> | <p>A Billing Compliance form is used during the chart audit process to provide feedback to the QMS, Supervisors and Billing Specialist regarding compliance and disallowance items. These items are tracked for patterns by QMS.</p> <p>5e-(1-2): Each progress note will describe how services provided reduced impairment, restored functioning, or prevented</p> | <p>See Attachment O</p> <p><i>Billing Compliance Form</i></p> <p>5c-1. See Attachment N</p> <p><i>Chart Audit Tool</i></p> <p><i>For finding 5e-1 see line 5e(a-c)</i></p> | <p>. Current and on-going</p> <p>5c-1.. Current and on-going</p> <p>Implemented January 2018.</p> |

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| <p><i>for FFP or resided in a setting subject to lockouts.</i></p> <p><i>5e-2: Progress note indicates service provided was solely clerical.</i></p> | <p>5e-2: Services provided are not solely clerical or transportation or payee related.</p> | <p>significant deterioration in an important area of life functioning, as outlined in the client plan.</p> | <p><i>For finding 5e-2 see line 5f-3</i></p> |