## FISCAL YEAR (FY) 2017/2018

## ANNUAL REVIEW OF SPECIALTY MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES

## MONTEREY COUNTY MENTAL HEALTH PLAN

## **REVIEW Period: October 30- November 2 2017**

Protocol Section	DHCS Findings	DHCS Recommended Plan of	MHP Plan of Corrections
<u> </u>		<u>Corrections</u>	
Section A: Network			
Adequacy &			
Array of			
Services			
A1	FINDING	PLAN OF CORRECTION	The MHP will review prior implementation plan
	The MHP did not furnish	The MHP is required to provide evidence	and update the 2018 implementation plan to
	evidence it has a current	to DHCS to substantiate its POC and to	reflect current processes and procedures. The
	Implementation Plan which	demonstrate that it has a current	implementation plan shall be updated annually.
	meets title 9 requirements.	Implementation Plan which meets title 9	
	DHCS reviewed the	requirements.	Anticipated date of completion: June 30, 2018
	following documentation		
	presented by the MHP as		
	evidence of compliance:		
	Phase 2 Mental Health		
	Implementation Plan		
	changes dated 6-9-97.		
	However, it was determined		
	the documentation lacked		
	sufficient evidence of		
	compliance with regulatory		
	and/or contractual		
	requirements. Specifically,		
I	the MHP does not have a		

current Implementation	
Plan. Protocol question A1 is	
deemed OOC.	

Section B: Access			
B2, B2a, & B2b	FINDINGS The MHP's provider directory did not indicate whether the provider has completed cultural competence training. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Provider Directory dated 9-3-17 However, it was determined the documentation lacked sufficient evidence of compliance with	PLAN OF CORRECTION The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate the MHP's provider directory includes whether the provider has completed cultural competence training.	The MHP is updating the Provider Directory to include cultural capabilities as well as other components to meet this and all other requirements addressed in IN 18-020. Anticipated date of completion: June 30, 2018
	regulatory and/or contractual requirements. Specifically, the Provider Directory did not identify whether the providers had completed cultural competence training. Protocol question B2b is deemed OOC.		

B9a	In addition to conducting the	PLAN OF CORRECTION	The MHP implemented a Call Center, which is
	seven (7) test calls, DHCS	The MHP is required to provide	staffed by licensed/ eligible clinical staff in an aim
	reviewed the following	evidence to DHCS to substantiate its	to improve the efficiency in supporting caller's
	documentation presented by the	POC and to demonstrate that it	needs. The MHP QI department provided staff with
	MHP as evidence of compliance:	provides a statewide, toll-free	training in July 2017 that included information on
	Call Center Script/protocol,	telephone number 24 hours a day, 7	accessing SMHS, determination of medical
	Access to Treatment Call Center	days per week, with that will provide	necessity, and beneficiary problem resolution
	Protocols, MHP website - Access	information to beneficiaries about	process.
	to treatment, and Patient	how to access SMHS, including SMHS	
	Services Representative (PSR's)	required to assess whether medical	With the exception of 1 finding, the finding noted
	Telephone Script and	necessity criteria are met, and how	issues are related to test calls performed during
	Information. However, it was	to use the beneficiary problem	normal business hours. As a result, QI department
	determined the documentation	resolution and fair hearing	shall provide training to Access to Treatment staff
	lacked sufficient evidence of	processes.	to reinforce these concepts.
	compliance with regulatory		
	and/or contractual	The DHCS review team made seven	Anticipated date of completed training: July 1,
	requirements.	(7) calls to test the MHP's 24/7 toll-	2018
		free line.	
	Protocol question(s) 9a2 and 9a4		The MHP contracts for 24/7 after-hours services
	are deemed in partial		with the Crisis Support Services of Alameda
	compliance.		County. The MHP QI department has evaluated the
			script used by this service. The script includes
			information on beneficiary's problem resolution.
			Additionally, the MHP QI has implemented a
			monthly meeting with Deputy Director or designee
			to review results of ongoing test call conducted the
			MHP QI Department for real-time feedback. QI
			department will continue to evaluate ongoing
			training needs and address the needs as
			appropriate

B10, B10a, B10b	FINDINGS	PLAN OF CORRECTION:	The MHP implemented a Call Center, which is
	The MHP did not furnish	The MHP is required to provide	staffed by licensed/ eligible clinical staff in an aim
	evidence its written log(s) of	evidence to DHCS to substantiate its	to improve the efficiency in supporting caller's
	initial requests for SMHS	POC and to demonstrate that its	needs. The MHP QI department provided staff with
	includes requests made by	written log of initial requests for	training in July 2017 that included information on
	phone, in person, or in writing.	SMHS (including requests made via	accessing SMHS, determination of medical
	DHCS reviewed the following	telephone, in person or in writing)	necessity, and beneficiary problem resolution
	documentation presented by the	complies with all regulatory	process.
	MHP as evidence of compliance:	requirements.	
	Call Log results from April-June		With the exception of 1 finding, the finding noted
	2017, Call Log example - Report		issues are related to test calls performed during
	766, Call Log Guide, Call log		normal business hours. As a result, QI department
	training and sign in sheets of		shall provide training to Access to Treatment staff
	attendees. However, it was		to reinforce these concepts.
	determined the documentation		
	lacked sufficient evidence of		Anticipated date of completed training: July 1,
	compliance with regulatory		2018
	and/or contractual		
	requirements. Specifically, three		
	(3) of the five test calls were not		
	logged on the call log.		
B12, B12a, B12c	FINDINGS	PLAN OF CORRECTION	The plan was submitted to DHCS on 2/5/2018.
	The MHP did not furnish	The MHP must also provide evidence	http://www.co.monterey.ca.us/home/showdocum
	evidence that it completes an	the CCC completes an annual report	ent?id=64141
	annual report of CCC activities.	of CCC activities	
	Protocol question B12c is		CCC to provide quarterly updates and report out
	deemed OOC.		on activities to QIC.
B13a, B13b	FINDINGS	PLAN OF CORRECTION	To help ensure that our diversity serves as a

The MHP did not fu	urnish The MHP is r	equired to provide	strength in our work, we have organized trainings
evidence it has a p	lan for annual evidence to	DHCS to substantiate its	on multiple days. The Foundations in Cultural
cultural competen	ce training POC and to d	lemonstrate that it has a	Competence: Diversity, Equity, Inclusion and
necessary to ensur	re the plan for ann	ual cultural competence	Humility, presented by Matthew R. Mock, Ph.D.
provision of cultura	ally training nece	essary to ensure the	
competent service	es. DHCS provision of	culturally competence.	This course will be offered multiple times over the
reviewed the follow	wing Specifically,	the MHP must develop a	next eighteen months; The training is open to
documentation pre	esented by the plan for, and	provide evidence of	County and Contracted Provider staff.
MHP as evidence of	of compliance: implementation	tion of, cultural	
Cultural Competen	ncy Plan 2016 competency	training for	We aim for all MCBH staff members to attend once
which identified th	hat 4 hours of administrativ	ve and management	by December 2019. The course will be offered
cultural relevancy a	and humility staff as well	as persons providing	three (3) times in 2018:
training are require	ed annually, SMHS emplo	yed by or contracting	•6/7/2018
Key Elements for L	.GBTQ with the MH	P. MHP should develop a	•9/13/2018
Culturally Compete	ent tracking syst	em that clearly identifies	•11/16/2018.
Organizations-Inta	ke Systems hours compl	eted distinguishing	
training agenda da	ited 11-9-16 between adr	ministrative,	Additionally, for several years, all staff
and list of attended	es, Memo managemen	t, and persons providing	documentation trainings have had cultural
regarding New Em	ployee SMHS emplo	yed by or contracting	relevance components woven throughout all
training, Cultural C	Competence with the MH	Ρ.	trainings to support and reinforce the
curriculum and list	of attendees,		interconnectedness of culture in the lives of
flyer for the Equal	Opportunity,		people we serve.
Nondiscrimination	and Diversity		
training, Training s	syllabus for		The MHP's Training Department will use an
Providing Equal Ac	ccess and		electronic learning management system (LMS)- my
Medical Care for T	rans and		Learning Pointe (mLP) - to track MHP's staff
Gender Non-Confo	orming		attendance at cultural competence training.
Populations dated	i -i 1-i 7 and		
list of attendees. H	lowever, it		Contracted providers will provide MHP Training
was determined th	ne		Department with a bi-annual list of their staff
documentation lac	cked sufficient		members cultural competency training hours.

	evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not have a plan for or evidence of implementation of cultural competency training for administrative and management staff and/or persons providing SMHS employed by or contracting with the MHP. Protocol questions B13a1 and B13a2 is deemed OOC.		Minimum hours of cultural competency training for MCBH staff is being increased from 4 to 6 hours.
Section C: Coverage and Authorization			
C1, C1a, C1b, C1c	FINDINGS The MHP did not furnish evidence it complies with regulatory requirements regarding Treatment Authorization Requests (TAR) for hospital services. DHCS reviewed the MHP's authorization policy and procedures: P&P #112 Treatment Authorization Request (TAR) and the Short Doyle Claim Authorization and Processing, dated 9/2014. However, it was determined the documentation lacked sufficient evidence of compliance with	PLAN OF CORRECTION The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it complies with regulatory requirements regarding Treatment Authorization Requests (TARs) for hospital services.	The MHP QI team processes all TARs. As such, we will continue to monitor and ensure all necessary elements are present prior to closing TAR process.

	regulatory and/or contractual		
	requirements. Specifically, DHCS		
	found eight (8) of the 101 TAR		
	decisions lacked an		
	accompanying licensure in the		
	signature. Seven (7) were not		
	adjudicated within 14 calendar		
	days. DHCS inspected a sample		
	of 101 TARs to verify compliance		
	with regulatory requirements.		
	The TAR sample review findings.		
	Protocol questions C1a and C1b		
	are deemed in partial		
	compliance.		
	compliance.		
	For C1c- One (1) out of the 101		
	TARs did not include evidence		
	that each adverse decision		
	based on criteria for medical		
	necessity or emergency		
	admission were reviewed and		
	approved by a physician (or by a		
	psychologist, per regulations).		
	Protocol question C1c is deemed		
	in partial compliance.		
C2, C2a, C2b,	FINDINGS	PLAN OF CORRECTION	Authorization for outpatient SMHS is accomplished
C2c, C2d	The MHP did not furnish	The MHP is required to provide	by the Case Coordinator authorizing the Client
	evidence it complies with	evidence to DHCS to substantiate its	Plan. Documentation of authorization is done via
	regulatory requirements	POC and to demonstrate that it	progress note. The procedure is described in more
	regarding standard authorization	complies with regulatory	detail in the MCBH Clinical Documentation Guide
	requests (SARs) for non-hospital	requirements regarding SARs for	that can be found on the MCBH website at

SMHS services. DHCS reviewed the MHP's authorization policy and procedure: P&P 108 Medicaid Managed Care Plan, and P&P #112 Treatment Authorization Request (TAR) and Short Doyle Claim Authorization and Processing dated 9/2014.	non-hospital SMHS services	<ul> <li>http://qi.mtyhd.org/index.php/home/. For adults, authorizations are made for up to one year for outpatient services, 90 days for Day Treatment Intensive and 180 days for Day Treatment Rehabilitation services.</li> <li>Additional procedures are in place for authorization of Day Treatment, Therapeutic</li> </ul>
However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, eight (8) of the fifty SARs reviewed onsite lacked a date stamp to ensure a timely response. Two (2) were missing the clinician's title in the signatures. Protocol questions C2b and C2c are deemed in partial compliance		Behavioral Services (TBS) and Wraparound Services for children. The progress noted above is used to document the authorization approval process, however, a SAR form is used to request authorization of services. The Division Director or designee(s) authorized payment for Day Treatment and additional specialty mental health services for Monterey County beneficiaries only when it has been determined that both medical necessity and service necessity exist. Initial authorization will be for up to 90 days for Day Treatment Intensive and STRTP and up to 180 days for Day Rehabilitation. Initial authorizations for TBS services are for 90 days with reassessment every 90 days.
		Requests for reauthorization are submitted and processed the same way as initial authorization requests and include a review and monitoring for goals and progress toward goals as related to the mental health needs of the child. Service authorization request for Children's services, Day Treatment, TBS and WRAPAROUND are completed within 5-business days. Outpatient Services are

			authorized within a 60-day time line. The MHP QI team will review and update policies
			to clearly identify the authorization and reauthorization process.
			Anticipated date of completion of policy updates: November 30, 2018
			The MHP is presently building management system that would support and streamline the
			authorization and referral process.
			Anticipated date of completed testing and
			evaluation of management system: December 31, 2018
СЗ, СЗа	FINDINGS	PLAN OF CORRECTION	Authorization for outpatient SMHS is accomplished
	The MHP did not furnish evidence it requires providers to	The MHP is required to provide evidence to DHCS to substantiate its	by the Case Coordinator authorizing the Client Plan. Documentation of authorization is done via
	request advance payment	POC and to demonstrate that it	progress note. The procedure is described in more
	authorization for Day Treatment	requires providers to request	detail in the MCBH Clinical Documentation Guide
	Authorization (DTI) and Day	advance payment authorization for	that can be found on the MCBH website at
	Rehabilitation (DR). DHCS reviewed the MHP's	DTI and DR.	http://qi.mtyhd.org/index.php/home/. For adults, authorizations are made for up to one year for
	authorization policy and		outpatient services, 90 days for Day Treatment
	procedure: P&P #112 Treatment		Intensive and 180 days for Day Treatment Rehabilitation services.
	Authorization Request (TAR) and Short Doyle Claim Authorization		Renabilitation services.
	and Processing dated 9/2014,		MHP QI will review and update policies to
	and Section		accurately reflect payment authorization.

Section G: Provider Relations G3, G3a, G3b	Protocol question C3a2 is deemed in partial compliance. FINDINGS The MHP did not furnish evidence it has an ongoing and effective monitoring system in place that ensures contracted	PLAN OF CORRECTION The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has an ongoing and effective monitoring	Per most recent POS reported dated 5/10/18, there appears to be 1 provider with an overdue recertification. The POC has been submitted to DHCS
	1 of the Department of Healthcare Services Program Description Guidelines and Service Description (Day Treatment). However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, two (2) of the DTI authorizations were approved outside of the 3- month timeframe for continuation of services. In addition, DHCS inspected a sample of twenty-four (24) authorizations for DTI and DR to verify compliance with regulatory requirements.		Anticipated completion by: November 30, 2018 The MHP will provide detailed and specific training to Day Treatment program staff, update Clinical Documentation Guide, and monitor application of training in documentation. MHP will evaluate efficacy and application of training through utilization review for appropriate documentation of services delivery. Review will occur with a sample of clients for 1-month and 3- months post completion of training. Issues identified during review process will result in actions to remedy documentation concerns. Anticipated completion of training June 30, 2018.

Mental Health			
Section J: Mental Health	<ul> <li>presented by the MHP as</li> <li>evidence of compliance: P&amp;P</li> <li>#125 Medi-Cal Site Certification.</li> <li>However, it was determined the</li> <li>documentation lacked sufficient</li> <li>evidence of compliance with</li> <li>regulatory and/or contractual</li> <li>requirements. Specifically, of the</li> <li>73 Medi-Cal active providers in</li> <li>Monterey county five (5) were</li> <li>overdue for recertification at the</li> <li>time of the system review.</li> <li>Protocol question G3b is</li> <li>deemed in partial compliance</li> <li>DHCS reviewed its Online</li> <li>Provider System (OPS) and</li> <li>generated an Overdue Provider</li> <li>Report which indicated the MHP</li> <li>has providers overdue for</li> <li>certification. Protocol question</li> <li>G3b is deemed in partial</li> <li>compliance</li> </ul>		
	#125 Medi-Cal Site Certification.	contracted organizational providers and county owned and operated providers are certified and recertified per title 9 regulations.	

Services (MHSA)			
J4, J4a, J4b 1-3	FINDINGS The County did not furnish evidence it has conducted an assessment of its capacity to implement the proposed programs/services which includes -percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to the percentage of the total population needing services and the total population being served. -Specifically, the county informed the DHCS they were not performing this task. Protocol question J4b3 is deemed OOC	PLAN OF CORRECTION The County is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it conducts an assessment of its capacity to implement the proposed programs/services which includes percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to the percentage of the total population needing services and the total population being served.	The MHP shall demonstrate a formal assessment of its capacity. The MHP shall use NACT information to gather provider information as part of the assessment. The MHP will evaluate the "percentage of the total population that may need services and total population being served" in Monterey County. Anticipated date of completion: 12/31/18 Please note we presently have programs to address general community services and supports requirements, including, but not limited to: . 1. Adult and Older Adult MH systems of Care: The MHP has adult systems of care, which includes the MCHOME program and other FSPs that work with homeless or at risk of homeless mentally ill adults. 2. The Older Adult System of Care: The MHP has services in place to address the needs of this population. 3. The MHP has peer support, workforce support, wellness navigation, and family education (NAMI) that support the delivery system. 4. The MHP has continuous outreach efforts through Prevention and Early Intervention (PEI) program 5. The MHP offers wraparound programs such as Full Service Partnerships (FSP) as part of the Children's System of Care (CSOC).

			6. The MHP used MHSA to leverages FFP. MHSA is used to provide the services and supports of supported housing, which are not reimbursed my MediCal billing.
Section K: Chart Review			
K1, K1a, K1b, K1c, K1d Reasons for Recoupment (RR3). Documentation in the medical record does not establish the expectation that the claimed intervention(s) will do, at least, one of the following: a) Significantly diminish the impairment; b) Prevent significant deterioration in an important area of life functioning;	FINDING 1c-1: The medical record associated with the following Line number(s) did not meet medical necessity criteria since the focus of the proposed and actual intervention(s) did not address the mental health condition, as specified in the CCR, title 9, chapter 11, section 1830.205(b) (3) (A): • Line number(s) <sup>1</sup> (RR 3 & RR 13b)	PLAN OF CORRECTION 1c-1: The MHP shall submit a POC that describes how the MHP will ensure that interventions are focused on a significant functional impairment that is directly related to the mental health condition, as specified in CCR, title 9, chapter 11, section 1830.205(b)(3)(A).	<ul> <li>MHP QI department performs ongoing utilization reviews (UR). Information learned through the UR process is used for ongoing improvement of MCBH systems and processes, including but not limited to clinical service delivery and staff training and development. Trends identified through the UR process are presented by MHP QI staff directly to the Program Manager/Supervisor.</li> <li>MHP QI department work collaboratively with Training Department to share information learned from utilization review processes to ensure training content is updated to reflect current documentation issues noted during utilization review.</li> <li>The MHP Training Department currently offers three clinical documentation courses related to assessment, treatment planning and progress note writing. These course focus on medical necessity and person-centered, strengths based care. The courses build upon each other and emphasize the "Golden Thread" that must exist between assessment, care planning and interventions to</li> </ul>

<sup>&</sup>lt;sup>1</sup> Line number(s) removed for confidentiality

c) Allow the	support medically necessary interventions.
child to progress	support medically necessary interventions.
developmentally	The MHP Training Department is in the process of
as individually	developing a case conceptualization course to add
appropriate;	to MCBH's Training Plan.
d) For full-scope	
Medi-Cal	
beneficiaries	Additionally, information on documentation trends
under the age of	are reported out with clarification via newsletter,
21 years, correct	policy updates, and/or program-specific feedback.
or ameliorate	
the condition.	
RR13:	
No service	
provided:	
a) No show/	
appointment	
cancelled, and	
no other eligible	
service	
documented	
(e.g., chart	
review to	
prepare for an	
appointment	
that turns out to	
be a "no show"),	
or	
b) Service	
provided did not	

meet definition			
of a specific			
SMHS,			
	<ul> <li>FINDINGS 2a: Assessments were not completed in accordance with regulatory and contractual requirements, specifically:</li> <li>1) One or more assessments were not completed within the timeliness and/or frequency requirements specified in the MHP's written documentation standards. The following are specific findings from the chart sample:</li> <li>Line number 9: There was no updated assessment found in the medical record. During the review, MHP staff were given the opportunity to locate the missing assessment but could not locate the document in the medical record.</li> <li>Line number(s) <sup>2</sup>: The updated assessment was completed late.</li> </ul>	PLAN OF CORRECTION 2a: The MHP shall submit a POC that describes how the MHP will ensure that assessments are completed in accordance with the timeliness and frequency requirements specified in the MHP's written documentation standards.	<ul> <li>The MHP Training Department has developed a course which aims to support staff's effective methods for using available reports in electronic health record to help staff plan to annual renewals and improve completion of assessments within designated documentation expectations.</li> <li>MHP QI department performs ongoing utilization reviews (UR). Information learned through the UR process is used for ongoing improvement of MCBH systems and processes, including but not limited to clinical service delivery and staff training and development. Trends identified through the UR process are presented by MHP QI staff directly to the Program Manager/Supervisor.</li> <li>MHP QI department to share information learned from utilization review processes to ensure training content is updated to reflect current documentation issues noted during utilization review.</li> <li>The MHP Training Department currently offers three clinical documentation courses related to assessment, treatment planning and progress note</li> </ul>
			writing. These course focus on medical necessity and person-centered, strengths based care. The

<sup>&</sup>lt;sup>2</sup> Line number(s) removed for confidentiality

assessm	umber <sup>3</sup> - The current ent dated <sup>4</sup> . Per the MHP policy for		

 <sup>&</sup>lt;sup>3</sup> Line number(s) removed for confidentiality
 <sup>4</sup> Date(s) removed for confidentiality

	annual updates, the current assessment was due <sup>5</sup> . Line number <sup>6</sup> - The chart did not contain an updated assessment for 2015. The 2015 updated assessment would have preceded the assessment evaluated during the review period in order to assess for timeliness of the current assessment.		<ul> <li>courses build upon each other and emphasize the "Golden Thread" that must exist between assessment, care planning and interventions to support medically necessary interventions.</li> <li>The MHP Training Department is in the process of developing a case conceptualization course to add to MCBH's Training Plan.</li> <li>Additionally, information on documentation trends are reported out with clarification via newsletter, policy updates, and/or program-specific feedback.</li> </ul>
Section K: Assessment K2b	FINDING 2b: One or more of the assessments reviewed did not include all of the elements specified in the MHP Contract with the Department. The following required elements were incomplete or missing: 1) Relevant conditions and psychosocial factors affecting the beneficiary's physical health and mental health, including history of trauma (if appropriate):	PLAN OF CORRECTION 2b: The MHP shall submit a POC that describes how the MHP will ensure that every assessment contains all of the required elements specified in the MHP Contract with the Department.	The MHP QI and Training Departments have developed a clinical utilization tool for supervisors and staff to use to assess the quality of documentation. This "supervisory UR tool" was implemented approximately a year ago. Since then, QI and Training Departments have reviewed the effectiveness of the tool. Analysis of effectiveness of tool suggests that more training and "calibration" is needed with the supervisors to improve inter-rater reliability. To ensure calibration/inter-rater reliability, the MHP QI and Training managers will facilitate a monthly utilization review committee; This committee will be comprised of supervisors and will support the inter-rater reliability. Committee members will use the "supervisory UR tool" to review randomly selected charts. Supervisors will use this information to support supervisees documentation standards.

 <sup>&</sup>lt;sup>5</sup> Date(s) removed for confidentiality
 <sup>6</sup> Line number(s) removed for confidentiality

Line number <sup>7</sup> . Line number <sup>8</sup> did not include discussion of history of trauma, which is diagnostically relevant in this case.	

<sup>&</sup>lt;sup>7</sup> Line number(s) removed for confidentiality <sup>8</sup> Line number(s) removed for confidentiality

2) Mental Health History: Line number <sup>9</sup> . 3) Medical History: Line number(s) <sup>10</sup> . 4) Medications:	Several years back, the MHP QI department imbedded "right-Click" stem sentences that guide the clinician to ensure that all required elements of the psychosocial assessment are included other stem sentences that support crisis risk assessment and evaluation, such as the use of protective factors. We have evaluated the use of this "right- click" practice. Analysis of such reveals clinicians are not using this function to further guide their work. As a result, the training department has added an "Assessment Writing" classroom-style course that will support the use of the stem- sentence to guide assessment process. MHP QI department performs ongoing utilization reviews (UR). Information learned through the UR process is used for ongoing improvement of MCBH systems and processes, including but not limited to clinical service delivery and staff training and development. Trends identified through the UR process are presented by MHP QI staff directly to the Program Manager/Supervisor. MHP QI department to share information learned from utilization review processes to ensure training content is updated to reflect current documentation issues noted during utilization review.
---	--

 <sup>&</sup>lt;sup>9</sup> Line number(s) removed for confidentiality
 <sup>10</sup> Line number(s) removed for confidentiality

Line number(s) <sup>11</sup> . 5) Substance Exposure/Substance Use: Line number(s) <sup>12</sup> . 6) Client Strengths:	

 <sup>&</sup>lt;sup>11</sup> Line number(s) removed for confidentiality
 <sup>12</sup> Line number(s) removed for confidentiality

Line number(s) <sup>13</sup> . 7) Risks: Line number <sup>14</sup> . 8) A mental status examination:	

 <sup>&</sup>lt;sup>13</sup> Line number(s) removed for confidentiality
 <sup>14</sup> Line number(s) removed for confidentiality

Lir	ne number(s) <sup>15</sup> .	

<sup>&</sup>lt;sup>15</sup> Line number(s) removed for confidentiality

			The MHP Training Department currently offers three clinical documentation courses related to assessment, treatment planning and progress note writing. These course focus on medical necessity and person-centered, strengths based care. The courses build upon each other and emphasize the "Golden Thread" that must exist between assessment, care planning and interventions to support medically necessary interventions. The MHP Training Department is in the process of developing a case conceptualization course to add to MCBH's Training Plan. Additionally, information on documentation trends are reported out with clarification via newsletter, policy updates, and/or program-specific feedback.
Medication Consent K3, K3a	FINDING 3a: The provider did not obtain and retain a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication, and there was no documentation in the medical record of a written explanation regarding the beneficiary's refusal or unavailability to sign	<ul> <li>PLAN OF CORRECTION 3a: The MHP shall submit a POC that describes how the MHP will ensure that:</li> <li>1) A written medication consent form is obtained and retained for each medication prescribed and administered under the direction of the MHP.</li> <li>2) Written medication consent forms</li> </ul>	The MHP QI department in conjunction with MHP Medical Director will initiate an MD Peer Utilization Review process to review and support the documentation standards. Documentation standards include, but is not limited to, establishing of medical necessity through assessment process, ongoing evaluation of client needs, quality of care, treatment planning, and discharge planning. Medication prescribing practices, including the required look up of CURES 2.0 database systems,

the medication consent:	are completed in accordance with	as applicable.
	the MHP's written documentation	
1) Line number(s) <sup>16</sup> : There was	standards.	The MD Peer Review information will be presented
no written medication consent		to medical staff in June 2018. The anticipated start
form found in the medical		date for the MD Peer Review committee is
record. During the review, MHP		expected in August 2018.
staff was given the opportunity		
to locate the missing medication		Additionally, the MHP Training Department will
consent form but was unable to		develop an on-demand training on medication
locate it in the medical record.		consents documentation expectations and a how-
		to-complete the medication consents in their
2) Line number(s) <sup>17</sup> : Although		entirety.
there was a written medication		
consent form in the medical		Anticipated completion date of training: July 2018.
record, there was no medication		
consent for each of the		
medications prescribed. During		
the review, MHP staff was given		
the opportunity to locate the		
medication consent(s) in		
question but was unable to		
locate it/them in the medical		
record.		

 <sup>&</sup>lt;sup>16</sup> Line number(s) removed for confidentiality
 <sup>17</sup> Line number(s) removed for confidentiality

Medication	FINDING 3b:	PLAN OF CORRECTION 3b:	The MHP QI department has updated the
Consent	Written medication consents did	The MHP shall submit a POC that	Medication consents to include an attestation,
K3b	not contain all of the required	describes how the MHP will ensure	where the MD can attest the elements are
	elements specified in the MHP	that every medication consent	required by contractual agreements. The
	Contract with the Department.	process addresses all of the required	attestation was added to the consents form and
	The following required elements	elements specified in the MHP	training of medical staff was conducted in January
	were not documented on the	Contract with the Department.	2018 by QI Manager and Medical Director.

medication consent form,		
and/or documented to have	/e	
been reviewed with the		
beneficiary, and/or provide	ed in	
accompanying written mat	erials	
to the beneficiary:		
1) Reasonable alternative		
treatments available, if any	/:	
Line number(s) <sup>18</sup> .		
2) Range of Frequency:		
Line number <sup>19</sup> .		
3) Method of administration	n	
(oral or injection):		
Line number(s) <sup>20</sup> .		
4) Duration of taking each		
medication: Line number(s	) <sup>21</sup> .	
5) Probable side effects:		
Line number(s) <sup>22</sup> .		
6) Possible side effects if ta	ken	
longer than 3 months:		
Line number(s) <sup>23</sup>		

<sup>&</sup>lt;sup>18</sup> Line number(s) removed for confidentiality

<sup>&</sup>lt;sup>19</sup> Line number(s) removed for confidentiality

<sup>&</sup>lt;sup>20</sup> Line number(s) removed for confidentiality

<sup>&</sup>lt;sup>21</sup> Line number(s) removed for confidentiality

<sup>&</sup>lt;sup>22</sup> Line number(s) removed for confidentiality

<sup>&</sup>lt;sup>23</sup> Line number(s) removed for confidentiality

Medication	FINDING 3c:	PLAN OF CORRECTION 3c:	The MHP uses an electronic signature equivalent
Consent	The medication consent(s) did	The MHP shall submit a POC that	when submitting documentation in the electronic
КЗс	not include the signature of the	describes how the MHP will ensure	health record. Each staff is provided with a staff
	qualified person providing the	that all documentation includes the	user identification which is password protected in
	service (or electronic equivalent)	signature (or electronic equivalent)	which the individual staff member uses to log-in to
	that includes the person's	with the professional degree,	electronic health record. The medical staff
	professional degree, licensure,	licensure or title of the qualified	complete the medication consent and the
	or job title:	person providing the service.	submit/save the document; the information is

	Line number(s) <sup>24</sup> .		stored in the client's record with information on
			who completed/submitted the document.
			The MHP uses reports to display elements within
			the electronic health records. During the triennial
			on-site review, it was noted that the print version
			(report version) of the document did not contain
			the staff's electronic signature. As noted above,
			the sign-in and submission/saving of
			documentation is considered an electronic
			signature equivalent. As such, although the
			electronic document contained the electronic
			signature, the print version did not. The MHP QI
			department has updated reports (12/2017) to
			include to include the professional degree, license,
			etc. on print versions of the report.
Client Plans	FINDING 4a:	PLAN OF CORRECTION 4a:	The MHP Training Department is developing an on-
K4, K4a	The Client Plan was not	The MHP shall submit a POC that	demand course to help staff leverage reports
	completed prior to planned	describes how the MHP will:	available in the electronic health record that
Reasons for	services being provided and not		support time management and keeping track of
Recoupment	updated at least annually or	1) Ensure that client plans are	upcoming events related to timeliness
(RR):	reviewed and updated when	completed prior to planned services	documentation standards.
	there was a significant change in	being provided.	
RR5. Services	the beneficiary's condition (as		Anticipated date of completion: August 2018
that cannot be	required in the MHP Contract	2) Ensure that client plans are	
claimed without	with the Department and/or as	updated at least on an annual basis	MHP QI department performs ongoing utilization
a Client Plan in	specified in the MHP's	as required in the MHP Contract with	reviews (UR). Information learned through the UR
place were	documentation standards):	the Department, and within the	process is used for ongoing improvement of MCBH
claimed either:		timelines and frequency specified in	systems and processes, including but not limited to
a) Prior to the		the MHP's written documentation	clinical service delivery and staff training and
initial Client Plan		standards.	development. Trends identified through the UR

<sup>&</sup>lt;sup>24</sup> Line number(s) removed for confidentiality

• Line number <sup>25</sup> : There was no initial client plan in the medical	

<sup>&</sup>lt;sup>25</sup> Line number(s) removed for confidentiality

being in place;	record. The initial plan was		process are presented by MHP QI staff directly to
or	signed/finalized by the provider	3) Ensure that planned services are	the Program Manager/Supervisor.
b) During the	on <sup>26</sup> , later than 60 days of	not claimed when the service	
period where	admission date <sup>27</sup> , per MHP's	provided is not included in the	MHP QI department work collaboratively with
there was a gap	written documentation	current client plan.	Training Department to share information learned
or lapse	standards.		from utilization review processes to ensure
between client	However, this occurred outside		training content is updated to reflect current
plans; or	of the audit review period.		documentation issues noted during utilization
c) When there			review.
was no client	• Line number(s) <sup>28</sup> : There was a		
plan in effect.	lapse between the prior and		The MHP Training Department currently offers
	'current client plans. However,		three clinical documentation courses related to
	this occurred outside of the		assessment, treatment planning and progress note
	audit review period.		writing. These course focus on medical necessity
			and person-centered, strengths based care. The
	• Line number(s) <sup>29</sup> : There was		courses build upon each other and emphasize the
	no client plan for one or more		"Golden Thread" that must exist between
	type of service being claimed.		assessment, care planning and interventions to
	During the review, MHP staff		support medically necessary interventions.
	was given the opportunity to		
	locate the service(s) in question		The MHP Training Department is in the process of
	on a client plan but could not		developing a case conceptualization course to add
	find written evidence of it.		to MCBH's Training Plan.
	RR5c, refer to Recoupment		
	Summary for details		Additionally, information on documentation trends
			are reported out with clarification via newsletter,
			policy updates, and/or program-specific feedback.

<sup>&</sup>lt;sup>26</sup> Date(s) removed for confidentiality
<sup>27</sup> Date(s) removed for confidentiality
<sup>28</sup> Line number(s) removed for confidentiality
<sup>29</sup> Line number(s) removed for confidentiality

Client Plans	FIND1NG 4b:	PLAN OF CORRECTION 4b:	The MHP QI and Training Departments have
K4b	The following Line number(s)	The MHP shall submit a POC that	developed a clinical utilization tool for supervisors
	had client plan(s) that did not	describes how the MHP will ensure	and staff to use to assess the quality of

include all of the items specified	that:	documentation. This "supervisory UR tool" was
in the MHP Contract with the	1) (4b-l.) All client plan	implemented approximately a year ago. Since
Department:	goals/treatment objectives are	then, QI and Training Departments have reviewed
	specific, observable and/or	the effectiveness of the tool. Analysis of
4b-1) One or more of the	quantifiable and relate to the	effectiveness of tool suggests that more training
goals/treatment objectives were	beneficiary's documented mental	and "calibration" is needed with the supervisors to
not specific, observable, and/or	health needs and functional	improve inter-rater reliability.
quantifiable and related to the	impairments as a result of the	To ensure calibration/inter-rater reliability, the
beneficiary's mental health	mental health diagnosis.	MHP QI and Training managers will facilitate a
needs and identified functional		monthly utilization review committee; This
impairments as a result of the	2) (4b-2.) All mental health	committee will be comprised of supervisors and
mental health diagnosis. Line	interventions/modalities proposed	will support the inter-rater reliability. Committee
number(s) <sup>30</sup>	on client plans include a detailed	members will use the "supervisory UR tool" to
	description of the interventions to be	review randomly selected charts. Supervisors will
	provided and do not just identify a	use this information to support supervisees
4b-2) One or more of the	type or modality of service (e.g.	documentation standards.
proposed interventions did not	"therapy", "medication", "case	
include a detailed description.	management", etc.).	MHP QI department performs ongoing utilization
		reviews (UR). Information learned through the UR
	3) (4b-3, 4b-4.) All mental health	process is used for ongoing improvement of MCBH
	interventions proposed on client	systems and processes, including but not limited to
	plans indicate both an expected	clinical service delivery and staff training and
	frequency and duration for each	development. Trends identified through the UR
	intervention.	process are presented by MHP QI staff directly to
		the Program Manager/Supervisor.
	4) (4b-5.) All mental health	
	interventions/modalities proposed	MHP QI department work collaboratively with
	on client plans address the mental	Training Department to share information learned
	health needs and identified	from utilization review processes to ensure
	functional impairments of the	training content is updated to reflect current
	beneficiary as a result of the mental	documentation issues noted during utilization

<sup>&</sup>lt;sup>30</sup> Line number(s) removed for confidentiality

Line number(s) <sup>31</sup>	
4b-3) One or more of the proposed interventions did not	
indicate an expected frequency.	
Line number(s) <sup>32</sup>	
(h, f) One or more of the	
4b-4) One or more of the proposed interventions did not	
indicate an expected duration.	

 <sup>&</sup>lt;sup>31</sup> Line number(s) removed for confidentiality
 <sup>32</sup> Line number(s) removed for confidentiality

Line number(s) <sup>33</sup>	

<sup>&</sup>lt;sup>33</sup> Line number(s) removed for confidentiality

	disorder.	review.
<ul> <li>4b-5i) One or more of the proposed interventions did not address the mental health needs and functional impairments identified as a result of the mental disorder. Line number(s) <sup>34</sup>.</li> <li>4b-6) One or more client plans did not address the mental health needs and functional impairments identified as a result of the mental disorder. Line number <sup>35</sup>.</li> <li>4b-7) One or more of the proposed interventions were not consistent with client plan goals/treatment objectives. Line number(s) <sup>36</sup>. One or more client plans were not consistent with the qualifying diagnosis. Line number <sup>37</sup>.</li> </ul>	<ul> <li>5) (4b-6.) All mental health interventions proposed on client plans are consistent with client plan goals/treatment objectives.</li> <li>6) (4b-7.) All client plans are consistent with the qualifying diagnosis.</li> </ul>	The MHP Training Department currently offers three clinical documentation courses related to assessment, treatment planning and progress note writing. These course focus on medical necessity and person-centered, strengths based care. The courses build upon each other and emphasize the "Golden Thread" that must exist between assessment, care planning and interventions to support medically necessary interventions. The MHP Training Department is in the process of developing a case conceptualization course to add to MCBH's Training Plan. Additionally, information on documentation trends are reported out with clarification via newsletter, policy updates, and/or program-specific feedback.

 <sup>&</sup>lt;sup>34</sup> Line number(s) removed for confidentiality
 <sup>35</sup> Line number(s) removed for confidentiality
 <sup>36</sup> Line number(s) removed for confidentiality
 <sup>37</sup> Line number(s) removed for confidentiality

Client Plans	FINDING 4d-1:	PLAN OF CORRECTION 4d:	The MHP QI and Training Departments have
K4d	There was no documentation of	The MHP shall submit a POC that	developed a clinical utilization tool for supervisors
	the beneficiary's or legal	describes how the MHP will:	and staff to use to assess the quality of
RR4: No	representative's degree of	1) Ensure that the beneficiary's	documentation. This "supervisory UR tool" was
documentation	participation in and agreement	signature is obtained on the client	implemented approximately a year ago. Since

legal guardian participationwas no written explanation of the beneficiary's refusal or unavailability to sign the plan, if signature was required by the plan or written plan or writtenContract with the plan, if signature was required by the AMHP Contract with the Department and/or by the standards:Contract with the Department and CCR, title 9, chapter 11, section 1810.440{c)(2)(A)(B).the effectiveness of the tool. Analysis of effectiveness of tool suggests that more training and "calibration" is needed with the supervisors to improve inter-rater reliability.plan or written plan or written plan or written the beneficiary'sMHP Contract with the Department and/or by the standards:Department and/or by the a) Participation in and agreement with the client plan is not obtained and the reason for refusal is not documented.MHP QI and Training managers will facilitate a monthly utilization review committee; This committee will be comprised of supervisors and will support the inter-rater reliability. Committee will support the inter-rater reliability. Supervisors will use this information to support supervisees documented.(MHP) Contract (MHP) Contractclient plan per the MHP Contract with the Department (i.e., the beneficiary is in "long- term" treatment and receiving more than one type of SMHS),Contract with the Department of SMHS),Contract with the Department of MCBI				
participation and agreement with the client plan or written the beneficiary's explanation of the beneficiary's methand in the Mentalthe beneficiary's refusal or unavailability to sign the plan, if 1810.440(c)(2)(A)(B). 2) Ensure that services are not claimed when the beneficiary's: a) Participation in and agreement with the client plan or written or standards: Line number(s) <sup>38</sup> the beneficiary or legal representative was required to sign as required in the MentalCCR, title 9, chapter 11, section 1810.440(c)(2)(A)(B). 2) Ensure that services are not claimed when the beneficiary's: a) Participation in and agreement with the client plan is not obtained documented.effectiveness of tool suggests that more training and "clibration" is needed with the supervisors at uavailability to sign as required to sign the client plan per the MHP contract with the Department.CCR, title 9, chapter 11, section 1810.440(c)(2)(A)(B).With PC outract with the Department.Line number(s) <sup>38</sup> representative was required to sign the client plan per the MHP contract with the Department (i.e., the beneficiary is in "long- term" treatment and receiving more than one type of SMHS), and per the MHP's written documentation standards.b) Signature is not obtained when required or not obtained when required or not obtained and the reason for refusal is not documented.MHP QI department performs ongoing utilization reviews (UR). Information learned through the UR process is used for ongoing improvement of MCBI systems and processes, including but not limited to clinical service delivery and staff training and development. Trends identified through the UR process are presented by MHPQ I staff twas provided the opportunity to locate the cl	of beneficiary or	with the client plan, and there	plan, as specified in the MHP	then, QI and Training Departments have reviewed
and agreement with the client plan or written plan or written explanation of the beneficiary's sign as required in the Mental Health Plan (MHP) Contract1810.440(c)(2)(A)(B). 2) Ensure that services are not claimed when the beneficiary's: a) Participation in and agreement with the client plan is not obtained and the reason for refusal is not documented.and "calibration" is needed with the supervisors to improve inter-rater reliability. To ensure calibration/inter-rater reliability. Committee will be comprised of supervisors and will support the inter-rater reliability. Committee will be comprised of supervisors will use this information to support supervisors will use the "supervisory UR tool" to review randomly selected charts. Supervisors will use this information to support supervisees documented.(MHP) Contract (MHP) Contract. (MHP) Contract.(i.e., the beneficiary is in "long- term" treatment and receiving more than one type of SMHS), and per the MHP's written document standards.MHP QI department performs ongoing utilization reviews (UR). Information learned through the UR process are presented by MHP QI staff directly to the Program Manager/Supervisor.During the review, the MHP staff was provided the opportunity to locate the client/legal representative signature in question but could not findStaff directly to the Program Manager/Supervisor.M	legal guardian	was no written explanation of	Contract with the Department and	the effectiveness of the tool. Analysis of
with the client plan or written explanation of the beneficiary's sign at ure was required by the planation of the beneficiary's sign at required in the Mental Hental <br< td=""><td>participation</td><td>the beneficiary's refusal or</td><td>CCR, title 9, chapter 11, section</td><td>effectiveness of tool suggests that more training</td></br<>	participation	the beneficiary's refusal or	CCR, title 9, chapter 11, section	effectiveness of tool suggests that more training
plan or written explanation of the beneficiary'sMHP Contract with the Department and/or by the MHP's written documentation standards:claimed when the beneficiary's: a) Participation in and agreement with the client plan is not obtained and the reason for refusal is not documented.To ensure calibration/inter-rater reliability, the MHP QI and Training managers will facilitate a monthly utilization review committee; This monthly utilization review committee; This monthly utilization review committee; This documented.unavailability to sign as required in the Mental Health Plan representative was required to (MHP) Contract with the Department.Line number(s) <sup>38</sup> sign the client plan per the MHP Contract with the Department tile. the beneficiary is in "long- term" treatment and receiving more than one type of SMHS), and per the MHP's written documentation standards. However, the signature was missing. RR4, refer to Recoupment Summary for details.Signature was missing. RR4, refer to Recoupment Summary for details.MHP Qi department to share information learned through the UR process are presented by MHP QI staff directly to the Program Manager/Supervisor.During the review, the MHP staff was provided the opportunity to locate the client/legal representative signature in question but could not findMHP QI department to share information learned from utilization review.During the review in findDuring the review, the MHP staff was provided the opportunity to locate the client/legal representative signature in question but could not findMHP QI department to share information learned from utilization review.	and agreement	unavailability to sign the plan, if	1810.440{c)(2)(A)(B).	and "calibration" is needed with the supervisors to
explanation of the beneficiary'sDepartment and/or by the MHP's written documentation standards:a) Participation in and agreement with the client plan is not obtained and the reason for refusal is not documented.MHP QI and Training managers will facilitate a monthly utilization review committee; This committee will be comprised of supervisors and will support the inter-rater reliability. Committee members will support the inter-rater reliability. Committee review randomly selected charts. Supervisors will use this information to support supervises documented.With the With the Department.Contract with the Department (i.e., the beneficiary is in "long- term" treatment and receiving more than one type of SMHS), and per the MHP's written documentation standards. However, the signature was missing. RR4, refer to Recoupment Summary for details.All Participation in and agreement with the client plan per the MHP staff directly to term" treatment and receiving more than one type of SMHS), and per the MHP's written documentation standards. However, the signature was missing. RR4, refer to Recoupment Summary for details.All Participation in and agreement with the Program Manager/Supervisor.During the review, the MHP staff was provided the opportunity to locate the client/legal representative signature in question but could not findAll Participation in and agreement with the client plan per the MHP staff directly to the review is signature in question but could not findAll Participation in and agreement with the client plan per the MHP staff directly to the reson for refusal is not documentation issues noted during utilization review.MHP QI department work collaboratively with Training Depart	with the client	signature was required by the	2) Ensure that services are not	improve inter-rater reliability.
the beneficiary's refusal or unavailability to sign as required tin the Mental Health Plan (Department, Department, Lie, the beneficiary or legal representative was required to sign the client plan per the MHP vith the Department, Department, Lie, the beneficiary is in "long- term" treatment and receiving more than one type of SMHS), and per the MHP's written documentation standards.with the client plan is not obtained and the required or not obtained and the reason for refusal is not documented.monthly utilization review committee; This committee will be comprised of supervisors and will support the inter-rater reliability. Committee members will use the "supervisory UR tool" to review randomly selected charts. Supervisors will use this information to support supervisees documented.MHP QI department documentation standards. However, the signature was missing. RR4, refer to Recoupment Summary for details.MHP Suff was provided the opportunity to locate the client/legal representative signature in question but could not findmonthly utilization review committee; This committee will be comprised of supervisors and will support the inter-rater reliability. Committee members will use the "supervisory UR tool" to review randomly selected charts. Supervisors will use this information to support supervisees documentation standards.During the review, the MHP staff was provided the opportunity to locate the client/legal representative signature in question but could not findMHP QI department work collaboratively with Training Department to share information learned from utilization review processes to ensure training content is updated to reflect current documentation issues noted during utilization review. </td <td>plan or written</td> <td>MHP Contract with the</td> <td>claimed when the beneficiary's:</td> <td>To ensure calibration/inter-rater reliability, the</td>	plan or written	MHP Contract with the	claimed when the beneficiary's:	To ensure calibration/inter-rater reliability, the
refusal or unavailability to sign as requiredstandards:and the reason for refusal is not documented.committee will be comprised of supervisors and will support the inter-rater reliability. Committee members will use the "supervisory UR tool" to review randomly selected charts. Supervisors will use this information to support supervisees documented.Health Plan (MHP) Contract with the Department.Contract with the Department (i.e., the beneficiary is in "long- term" treatment and receiving more than one type of SMHS), and per the MHP's written documentation standards. However, the signature was missing. RR4, refer to Recoupment Summary for details.and the reason for refusal is not documentation standards. However, the signature was missing. RR4, refer to Recoupment Summary for details.mether summary for details.mether summary for details.During the review, the MHP staff was provided the client/legal representative signature in question but could not findmether summary for details.MHP QI department work collaboratively with Training Department to share information learned from utilization review processes to ensure training content is supated to reflect current documentation standards	explanation of	Department and/or by the	a) Participation in and agreement	MHP QI and Training managers will facilitate a
unavailability to sign as required in the Mental Health Plan (MHP) Contract by sign the client plan per the MHP with the Department. (i.e., the beneficiary is in "long- term" treatment and receiving more than one type of SMHS), and per the MHP's written documentation standards. However, the signature was missing. RR4, refer to Recoupment Summary for details. During the review, the MHP staff was provided the opportunity to locate the client/legal representative signature in question but could not find	the beneficiary's	MHP's written documentation	with the client plan is not obtained	monthly utilization review committee; This
sign as required in the MentalLine number(s) <sup>38</sup> b) Signature is not obtained when required or not obtained and the required or not obtained and the reason for refusal is not documentation standards.members will use the "supervisory UR tool" to review randomly selected charts. Supervisors will use this information to support supervisees documentation standards.With the Department.Contract with the Department (i.e., the beneficiary is in "long- term" treatment and receiving more than one type of SMHS), and per the MHP's written documentation standards.MHP QI department performs ongoing utilization reviews (UR). Information learned through the UR process is used for ongoing improvement of MCBI systems and processes, including but not limited to clinical service delivery and staff training and development. Trends identified through the UR process are presented by MHP QI staff directly to the Program Manager/Supervisor.During the review, the MHP staff was provided the opportunity to locate the client/legal representative signature in question but could not findMHP QI department to share information learned the Program Manager/Supervisor.	refusal or	standards:	and the reason for refusal is not	committee will be comprised of supervisors and
in the Mental Health Plan (MHP) Contract with the Department. Department. Department. Contract with the Department (i.e., the beneficiary is in "long- term" treatment and receiving more than one type of SMHS), and per the MHP's written documentation standards. However, the signature was missing. RR4, refer to Recoupment Summary for details. During the review, the MHP staff was provided the opportunity to locate the client/legal representative signature in question but could not find	unavailability to		documented.	will support the inter-rater reliability. Committee
Health Planrepresentative was required to sign the client plan per the MHP Contract with the Departmentreason for refusal is not documented.use this information to support supervisees documentation standards.Department.(i.e., the beneficiary is in "long- term" treatment and receiving more than one type of SMHS), and per the MHP's written documentation standards.MHP QI department performs ongoing utilization reviews (UR). Information learned through the UR process is used for ongoing improvement of MCBI systems and processes, including but not limited to clinical service delivery and staff training and development. Trends identified through the UR process are presented by MHP QI staff directly to the Program Manager/Supervisor.During the review, the MHP staff was provided the opportunity to locate the client/legal representative signature in question but could not findMHP QI department work collaboratively with Training Department to share information learned training content is updated to reflect current documentation sisues noted during utilization review.	sign as required	Line number(s) <sup>38</sup>	b) Signature is not obtained when	members will use the "supervisory UR tool" to
(MHP) Contract with the Department.sign the client plan per the MHP Contract with the Department (i.e., the beneficiary is in "long- term" treatment and receiving more than one type of SMHS), and per the MHP's written documentation standards. However, the signature was missing. RR4, refer to Recoupment Summary for details.documented.documented.MHP QI department performs ongoing utilization reviews (UR). Information learned through the UR process is used for ongoing improvement of MCBI systems and processes, including but not limited to clinical service delivery and staff training and development. Trends identified through the UR process are presented by MHP QI staff directly to the Program Manager/Supervisor.During the review, the MHP staff was provided the opportunity to locate the client/legal representative signature in question but could not findMHP QI department work collaboratively with Training Department to share information learned from utilization review.	in the Mental	: The beneficiary or legal	required or not obtained and the	review randomly selected charts. Supervisors will
with the Department.Contract with the Department (i.e., the beneficiary is in "long- term" treatment and receiving more than one type of SMHS), and per the MHP's written documentation standards. However, the signature was missing. RR4, refer to Recoupment Summary for details.MHP QI department performs ongoing utilization reviews (UR). Information learned through the UR process is used for ongoing improvement of MCBI systems and processes, including but not limited the clinical service delivery and staff training and development. Trends identified through the UR process are presented by MHP QI staff directly to the Program Manager/Supervisor.During the review, the MHP staff was provided the opportunity to locate the client/legal representative signature in question but could not findMHP QI department work collaboratively with training content is updated to reflect current documentation issues noted during utilization review.	Health Plan	representative was required to	reason for refusal is not	use this information to support supervisees
Department.(i.e., the beneficiary is in "long- term" treatment and receiving more than one type of SMHS), and per the MHP's written documentation standards. However, the signature was missing. RR4, refer to Recoupment Summary for details.MHP QI department performs ongoing utilization reviews (UR). Information learned through the UR process is used for ongoing improvement of MCBI systems and processes, including but not limited to clinical service delivery and staff training and development. Trends identified through the UR process are presented by MHP QI staff directly to the Program Manager/Supervisor.During the review, the MHP staff was provided the opportunity to locate the client/legal representative signature in question but could not findMHP QI department performs ongoing utilization reviews (UR). Information learned through the UR process is used for ongoing improvement of MCBI systems and processes, including but not limited to clinical service delivery and staff training and development. Trends identified through the UR process are presented by MHP QI staff directly to the Program Manager/Supervisor.	(MHP) Contract	•	documented.	documentation standards.
term" treatment and receiving more than one type of SMHS), and per the MHP's written documentation standards. However, the signature was missing. RR4, refer to Recoupment Summary for details.reviews (UR). Information learned through the UR process is used for ongoing improvement of MCBI systems and processes, including but not limited to clinical service delivery and staff training and development. Trends identified through the UR process are presented by MHP QI staff directly to the Program Manager/Supervisor.During the review, the MHP staff was provided the opportunity to locate the client/legal representative signature in question but could not findMHP QI department to share information learned from utilization issues noted during utilization review.	with the	Contract with the Department		
more than one type of SMHS), and per the MHP's written documentation standards.process is used for ongoing improvement of MCBI systems and processes, including but not limited to clinical service delivery and staff training and development. Trends identified through the UR process are presented by MHP QI staff directly to Recoupment Summary for details.During the review, the MHP staff was provided the opportunity to locate the client/legal representative signature in question but could not findMHP QI department to share information learned training content is updated to reflect current documentation issues noted during utilization review.	Department.			
and per the MHP's written documentation standards. However, the signature was missing. RR4, refer to Recoupment Summary for details.systems and processes, including but not limited the clinical service delivery and staff training and development. Trends identified through the UR process are presented by MHP QI staff directly to the Program Manager/Supervisor.During the review, the MHP staff was provided the opportunity to locate the client/legal representative signature in question but could not findMHP QI department work collaboratively with training content is updated to reflect current documentation issues noted during utilization review.		term" treatment and receiving		reviews (UR). Information learned through the UR
documentation standards. However, the signature was missing. RR4, refer to Recoupment Summary for details.clinical service delivery and staff training and development. Trends identified through the UR process are presented by MHP QI staff directly to the Program Manager/Supervisor.During the review, the MHP staff was provided the opportunity to locate the client/legal representative signature in question but could not findMHP QI department work collaboratively with Training Department to share information learned from utilization review processes to ensure training content is updated to reflect current documentation issues noted during utilization review.				process is used for ongoing improvement of MCBH
However, the signature was missing. RR4, refer to Recoupment Summary for details.development. Trends identified through the UR process are presented by MHP QI staff directly to the Program Manager/Supervisor.During the review, the MHP staff was provided the opportunity to locate the client/legal representative signature in question but could not findMHP QI department work collaboratively with Training Department to share information learned from utilization review processes to ensure training content is updated to reflect current documentation issues noted during utilization review.		•		systems and processes, including but not limited to
missing. RR4, refer to Recoupment Summary for details.process are presented by MHP QI staff directly to the Program Manager/Supervisor.During the review, the MHP staff was provided the opportunity to locate the client/legal representative signature in question but could not findMHP QI department work collaboratively with Training Department to share information learned training content is updated to reflect current documentation issues noted during utilization review.		documentation standards.		
Recoupment Summary for details.the Program Manager/Supervisor.During the review, the MHP staff was provided the opportunity to locate the client/legal representative signature in question but could not findMHP QI department work collaboratively with Training Department to share information learned from utilization review processes to ensure training content is updated to reflect current documentation issues noted during utilization review.		However, the signature was		development. Trends identified through the UR
details.MHP QI department work collaboratively withDuring the review, the MHP staff was provided the opportunity to locate the client/legal representative signature in question but could not findMHP QI department work collaboratively with Training Department to share information learned from utilization review processes to ensure training content is updated to reflect current documentation issues noted during utilization review.		missing. RR4, refer to		process are presented by MHP QI staff directly to
MHP QI department work collaboratively withDuring the review, the MHP staffTraining Department to share information learnedwas provided the opportunity tofrom utilization review processes to ensurelocate the client/legaltraining content is updated to reflect currentrepresentative signature indocumentation issues noted during utilizationquestion but could not findreview.		Recoupment Summary for		the Program Manager/Supervisor.
During the review, the MHP staffTraining Department to share information learnedwas provided the opportunity tofrom utilization review processes to ensurelocate the client/legaltraining content is updated to reflect currentrepresentative signature indocumentation issues noted during utilizationquestion but could not findreview.		details.		
was provided the opportunity to locate the client/legalfrom utilization review processes to ensure training content is updated to reflect current documentation issues noted during utilization review.question but could not findreview.				
locate the client/legaltraining content is updated to reflect currentrepresentative signature in question but could not finddocumentation issues noted during utilization review.		- · ·		
representative signature in question but could not finddocumentation issues noted during utilization review.				•
question but could not find review.				
				_
written evidence in the medical		-		review.
		written evidence in the medical		

<sup>&</sup>lt;sup>38</sup> Line number(s) removed for confidentiality

	record.		The MHP Training Department currently offers three clinical documentation courses related to assessment, treatment planning and progress note writing. These course focus on medical necessity and person-centered, strengths based care. The courses build upon each other and emphasize the "Golden Thread" that must exist between assessment, care planning and interventions to support medically necessary interventions. The MHP Training Department is in the process of developing a case conceptualization course to add to MCBH's Training Plan.
			Additionally, information on documentation trends are reported out with clarification via newsletter, policy updates, and/or program-specific feedback.
Client Plan K4e	FINDING 4e: There was no documentation that the beneficiary or legal guardian was offered a copy of the client plan for the following: Line number(s) <sup>39</sup> .	<ul> <li>PLAN OF CORRECTION 4e:</li> <li>The MHP shall submit a POC that describes how the MHP will:</li> <li>1) Ensure that there is documentation substantiating that the beneficiary was offered a copy of the client plan.</li> <li>2) Submit evidence that the MHP has</li> </ul>	The MHP QI and Training Departments have developed a clinical utilization tool for supervisors and staff to use to assess the quality of documentation. This "supervisory UR tool" was implemented approximately a year ago. Since then, QI and Training Departments have reviewed the effectiveness of the tool. Analysis of effectiveness of tool suggests that more training
	During the review, the MHP staff was provided the opportunity to locate the documentation in question but could not find written evidence in the medical record.	an established process to ensure that the beneficiary is offered a copy of the client plan.	<ul> <li>and "calibration" is needed with the supervisors to improve inter-rater reliability.</li> <li>To ensure calibration/inter-rater reliability, the MHP QI and Training managers will facilitate a monthly utilization review committee; This committee will be comprised of supervisors and</li> </ul>

<sup>&</sup>lt;sup>39</sup> Line number(s) removed for confidentiality

will support the inter-rater reliability. Committee members will use the "supervisory UR tool" to review randomly selected charts. Supervisors will use this information to support supervisees documentation standards.
MHP QI department performs ongoing utilization reviews (UR). Information learned through the UR process is used for ongoing improvement of MCBH systems and processes, including but not limited to clinical service delivery and staff training and development. Trends identified through the UR process are presented by MHP QI staff directly to the Program Manager/Supervisor.
MHP QI department work collaboratively with Training Department to share information learned from utilization review processes to ensure training content is updated to reflect current documentation issues noted during utilization review.
The MHP Training Department currently offers three clinical documentation courses related to assessment, treatment planning and progress note writing. These course focus on medical necessity and person-centered, strengths based care. The courses build upon each other and emphasize the "Golden Thread" that must exist between assessment, care planning and interventions to support medically necessary interventions.

Service, and/or 3) Units of time.			MHP QI department performs ongoing utilization reviews (UR). Information learned through the UR
, claimed. 2) Date of	not meet the MHP standards for timely completion.	,	use this information to support supervisees documentation standards.
Service and/or Service Activity	effect during the audit period). A total of 66 progress notes did	claimed are actually provided to the beneficiary.	members will use the "supervisory UR tool" to review randomly selected charts. Supervisors will
Mental Health	documentation standards in	3) Specialty Mental Health Services	will support the inter-rater reliability. Committee
1) Specialty	based on the MHP's written	title.	committee will be comprised of supervisors and
claim in terms of	progress notes completed late	professional degree, licensure or job	monthly utilization review committee; This
not match the	documentation standards (i.e.,	2) 5a-8) The provider's/providers'	MHP QI and Training managers will facilitate a
provided does	care, as specified by the MHP's		To ensure calibration/inter-rater reliability, the
b) Progress note	relevant aspects of beneficiary	written documentation standards.	improve inter-rater reliability.
a) No progress note found.	5a-1) Line number(s) <sup>40</sup> : Timely documentation of	specified in the MHP Contract with the Department and by the MHP's	effectiveness of tool suggests that more training and "calibration" is needed with the supervisors to
service claimed.	standards:	relevant aspects of client care, as	the effectiveness of the tool. Analysis of
found for	MHP's written documentation	the person providing the service and	then, QI and Training Departments have reviewed
progress note	requirements and/or with the	1) 5a-1) Timely completion by	implemented approximately a year ago. Since
RR6: No	regulatory and contractual	that progress notes document:	documentation. This "supervisory UR tool" was
	completed in accordance with	describes how the MHP will ensure	and staff to use to assess the quality of
K5a	Progress notes were not	The MHP shall submit a POC that	developed a clinical utilization tool for supervisors
Progress Notes	FINDING 5a:	PLAN OF CORRECTION 5a:	The MHP QI and Training Departments have
			Additionally, information on documentation trends are reported out with clarification via newsletter, policy updates, and/or program-specific feedback.
			developing a case conceptualization course to add to MCBH's Training Plan.
			The MHP Training Department is in the process of

<sup>&</sup>lt;sup>40</sup> Line number(s) removed for confidentiality

RR12: The	5a-8ii)	process is used for ongoing improvement of MCBH
progress note	• Line number <sup>41</sup> : The provider's	systems and processes, including but not limited to
was not signed	professional degree, licensure or	clinical service delivery and staff training and
(or electronic	job title.	development. Trends identified through the UR
equivalent) by		process are presented by MHP QI staff directly to
the person(s)		the Program Manager/Supervisor.
providing the		
service.		MHP QI department work collaboratively with
		Training Department to share information learned
RR13: No		from utilization review processes to ensure
service was		training content is updated to reflect current
provided:		documentation issues noted during utilization
a) No		review.
show/appointm		
ent cancelled,		The MHP Training Department currently offers
and no other		three clinical documentation courses related to
eligible service		assessment, treatment planning and progress note
documented		writing. These course focus on medical necessity
b) Service		and person-centered, strengths based care. The
provided did not		courses build upon each other and emphasize the
meet definition		"Golden Thread" that must exist between
of a specific		assessment, care planning and interventions to
SMHS.		support medically necessary interventions.
		The MHP Training Department is in the process of
		developing a case conceptualization course to add
		to MCBH's Training Plan.
		Additionally, information on documentation trends
		are reported out with clarification via newsletter,
		policy updates, and/or program-specific feedback.

<sup>&</sup>lt;sup>41</sup> Line number(s) removed for confidentiality

Line number <sup>42</sup> : Appointmer was missed or cancelled (RR13a)	t	
was missed or cancelled (RR13a	)	

<sup>&</sup>lt;sup>42</sup> Line number(s) removed for confidentiality

			Specifically, for 2)5a-8:
			The MHP uses an electronic signature equivalent when submitting documentation in the electronic
			health record. Each staff is provided with a staff
			user identification which is password protected in
			which the individual staff member uses to log-in to electronic health record. All documents are
			completed then submitted/saved in the electronic
			health record; the information is stored in the
			client's record with information on who
			completed/submitted the document.
			The MHP uses reports to display elements within
			the electronic health records. During the triennial
			on-site review, it was noted that the print version
			(report version) of the document did not contain
			the staff's electronic signature. As noted above,
			the sign-in and submission/saving of
			documentation is considered an electronic signature equivalent. As such, although the
			electronic document contained the electronic
			signature, the print version did not. The MHP QI
			department has updated reports (12/2017) to
			include to include the professional degree, license,
			etc. on print versions of the report.
Progress Notes	FINDING 5c:	PLAN OF CORRECTION 5c:	The MHP QI and Training Departments have
K5c	Documentation in the medical	The MHP shall submit a POC that	developed a clinical utilization tool for supervisors
	record did not meet the	describes how the MHP will:	and staff to use to assess the quality of
RR6: No	following requirements:	1) Ensure that all SMHS claimed are:	documentation. This "supervisory UR tool" was

progress note		a) Documented in the medical	implemented approximately a year ago. Since
found for	1. Line number <sup>43</sup> : There was no	record.	then, QI and Training Departments have reviewed
service claimed.	progress note in the medical	b) Claimed for the correct service	the effectiveness of the tool. Analysis of
c) No progress	record for the service(s) claimed	modality billing code, and units of	effectiveness of tool suggests that more training
note found.	(RR6a)	time.	and "calibration" is needed with the supervisors to
d) Progress note			improve inter-rater reliability.
provided does	During the review, the MHP staff		To ensure calibration/inter-rater reliability, the
not match the	was given the opportunity to	<ol><li>Ensure that all progress notes:</li></ol>	MHP QI and Training managers will facilitate a
claim in terms of	locate the documents in	Describe the type of service or	monthly utilization review committee; This
4) Specialty	question but could not find	service activity, the date the service	committee will be comprised of supervisors and
Mental Health	written evidence of them in the	was provided and the amount of	will support the inter-rater reliability. Committee
Service and/or	medical record.	time taken to provide the service, as	members will use the "supervisory UR tool" to
Service Activity		specified in the MHP Contract with	review randomly selected charts. Supervisors will
claimed.		the Department.	use this information to support supervisees
5) Date of			documentation standards.
Service, and/or			
6) Units of time.			MHP QI department performs ongoing utilization
			reviews (UR). Information learned through the UR
RR18: Required			process is used for ongoing improvement of MCBH
DTI/DR			systems and processes, including but not limited to
documentation			clinical service delivery and staff training and
was not present			development. Trends identified through the UR
as follows:			process are presented by MHP QI staff directly to
a) There was not			the Program Manager/Supervisor.
a clinical			
summary			MHP QI department work collaboratively with
present for Day			Training Department to share information learned
Treatment			from utilization review processes to ensure
Intensive			training content is updated to reflect current
Services for the			documentation issues noted during utilization
week of the			review.

<sup>&</sup>lt;sup>43</sup> Line number(s) removed for confidentiality

2a. Line number(s) <sup>44</sup> : The type
of specialty mental health
service (SMHS) (e.g.,
Medication Support,
Rehabilitation) documented on
the progress note was not the
same type of SMHS claimed
(e.g., Case Management). (RR
6b-1)
2b. Line number(s) <sup>45</sup> : For
Mental Health Services
claimed, the service activity
(e.g., Rehabilitation) identified
on the progress note was not
consistent with the specific
service activity actually
documented in the body of the

 <sup>&</sup>lt;sup>44</sup> Line number(s) removed for confidentiality
 <sup>45</sup> Line number(s) removed for confidentiality

note present for Day Treatment Intensiveassessment, treatment planning and progress n writing. These course focus on medical necessit and person-centered, strengths based care. The courses build upon each other and emphasize t "Golden Thread" that must exist between assessment, care planning and interventions to support medically necessary interventions.c) There was not a weekly progress note present for Day Rehabilitation Service for the week of the service reviewed.The MHP Training Department is in the process developing a case conceptualization course to a to MCBH's Training Plan.Additionally, information on documentation tree are reported out with clarification via newslette policy updates, and/or program-specific feedbal Specifically, for Day Treatment Services: The MHP will provide detailed and specific train to Day Treatment program staff, update Clinica	ervice reviewed	ved progress note (e.g., Therapy).	
note present for Day Treatment Intensive Services for the day of the service reviewed c) There was not a weekly progress note present for Day Rehabilitation Services for the week of the service reviewed.	) There was not	not	The MHP Training Department currently offers
Day Treatment Intensive Services for the day of the service reviewed c) There was not a weekly progress note present for Day Rehabilitation Services for the week of the service reviewed.	daily progress	2SS	three clinical documentation courses related to
Intensive Services for the day of the service reviewed c) There was not a weekly progress note present for Day Rehabilitation Services for the week of the service reviewed.	ote present for	for	assessment, treatment planning and progress note
Services for the day of the service reviewed c) There was not a weekly progress note present for Day Rehabilitation Services for the week of the service reviewed.courses build upon each other and emphasize t "Golden Thread" that must exist between assessment, care planning and interventions to support medically necessary interventions.Additionally, information on documentation tre are reported out with clarification via newslette policy updates, and/or program-specific feedbalSpecifically, for Day Treatment Services: The MHP will provide detailed and specific train to Day Treatment program staff, update Clinica Documentation Guide, and monitor application	Day Treatment	nt	writing. These course focus on medical necessity
day of the service reviewed c) There was not a weekly progress note present for Day Rehabilitation Services for the week of the service reviewed."Golden Thread" that must exist between assessment, care planning and interventions to support medically necessary interventions. The MHP Training Department is in the process developing a case conceptualization course to a to MCBH's Training Plan.Services for the week of the service reviewed.Additionally, information on documentation the are reported out with clarification via newslette policy updates, and/or program-specific feedbal Specifically, for Day Treatment Services: The MHP will provide detailed and specific train to Day Treatment program staff, update Clinica Documentation Guide, and monitor application	ntensive		and person-centered, strengths based care. The
service reviewed c) There was not a weekly progress note present for Day Rehabilitation Services for the week of the service reviewed.	ervices for the	ne	courses build upon each other and emphasize the
c) There was not a weekly progress note present for Day Rehabilitation Services for the week of the service reviewed.	lay of the		"Golden Thread" that must exist between
a weekly progress note present for Day Rehabilitation Services for the week of the service reviewed.	ervice reviewed	ved	assessment, care planning and interventions to
progress note present for Day Rehabilitation Services for the week of the service reviewed.The MHP Training Department is in the process developing a case conceptualization course to a to MCBH's Training Plan.Additionally, information on documentation tree are reported out with clarification via newsletted policy updates, and/or program-specific feedbar Specifically, for Day Treatment Services: The MHP will provide detailed and specific train to Day Treatment program staff, update Clinica Documentation Guide, and monitor application	) There was not	not	support medically necessary interventions.
present for Day Rehabilitationdeveloping a case conceptualization course to a to MCBH's Training Plan.Services for the week of the service reviewed.Additionally, information on documentation tre are reported out with clarification via newslette policy updates, and/or program-specific feedbalSpecifically, for Day Treatment Services: The MHP will provide detailed and specific train to Day Treatment program staff, update Clinica Documentation Guide, and monitor application	weekly		
Rehabilitation       to MCBH's Training Plan.         Services for the week of the service reviewed.       Additionally, information on documentation treater reported out with clarification via newsletter policy updates, and/or program-specific feedbard         Specifically, for Day Treatment Services: The MHP will provide detailed and specific trainer to Day Treatment program staff, update Clinication Documentation Guide, and monitor application	progress note	1	The MHP Training Department is in the process of
Services for the week of the service reviewed.  Service The MHP will provide detailed and specific train to Day Treatment program staff, update Clinica Documentation Guide, and monitor application		-	developing a case conceptualization course to add
week of the service reviewed.Additionally, information on documentation tree are reported out with clarification via newslette policy updates, and/or program-specific feedbarSpecifically, for Day Treatment Services: The MHP will provide detailed and specific train to Day Treatment program staff, update Clinica Documentation Guide, and monitor application	Rehabilitation	1	to MCBH's Training Plan.
service reviewed. Specifically, for Day Treatment Services: The MHP will provide detailed and specific train to Day Treatment program staff, update Clinica Documentation Guide, and monitor application	ervices for the	าย	
reviewed. policy updates, and/or program-specific feedbar Specifically, for Day Treatment Services: The MHP will provide detailed and specific train to Day Treatment program staff, update Clinica Documentation Guide, and monitor application			
Specifically, for Day Treatment Services: The MHP will provide detailed and specific train to Day Treatment program staff, update Clinica Documentation Guide, and monitor application	ervice		•
The MHP will provide detailed and specific train to Day Treatment program staff, update Clinica Documentation Guide, and monitor application	eviewed.		policy updates, and/or program-specific feedback.
to Day Treatment program staff, update Clinica Documentation Guide, and monitor application			Specifically, for Day Treatment Services:
Documentation Guide, and monitor application			The MHP will provide detailed and specific training
			to Day Treatment program staff, update Clinical
training in documentation.			Documentation Guide, and monitor application of
			training in documentation.
MHP will evaluate efficacy and application of			MHP will evaluate efficacy and application of
			training through utilization review for appropriate
			documentation of services delivery. Review will
			occur with a sample of clients for 1-month and 3-
months post completion of training.			months post completion of training.

Issues identified during review process will result
Issues identified during review process will result
in actions to remedy documentation concerns.
Anticipated completion of training June 30, 2018.
Training content shall reiterate documentation standards, including, but not limited to:
1. Medical Necessity standards
2. Documentation of actual and specific number of
hours/minutes client participated in day program.
3. Documentation of client's participation in
program
4. Documentation of unavoidable absences,
including documentation of clear expectations why
client was unable to participate for the full
program day.
5. Expectations on daily progress note AND weekly
summary for Day Treatment Intensive programs
6. Expectations on weekly progress note for Day
Treatment Rehabilitation program participation.
7. Documentation of client's agreement or non-
agreement with including family member or other
significant person in the client's treatment. If client
is not in agreement to include family or significant
support person in treatment, reiterate need for
documenting occasional revisit of topic with client
to allow for such opportunities to change decision.
revisiting this topic with client when ongoing
8. Weekly Schedule to be updated to include the
type of group/service, the location the

			group/service will be delivered, and whom will complete the group/service on the given date.
Progress Notes K5d RR14: The service provided was not within the scope of practice of the person delivering the service.	FINDING 5d: Documentation in the beneficiary's medical record did not include the signature of a provider whose scope of practice included the provision of the service documented on the progress note(s); i.e., the provider's scope of practice did not include delivering (e.g.) psychotherapy or medication support services: Line number <sup>46</sup> . RR14, refer to Recoupment Summary for details.	<ul> <li>PLAN OF CORRECTION 5d: The MHP shall submit a POC that describes how the MHP will ensure that:</li> <li>1) All services claimed are provided by the appropriate and qualified staff within his or her scope of practice, if professional licensure is required for the service.</li> <li>2) Staff adheres to the MHP's written documentation standards and policies and procedures for providing services within the staff's scope of practice.</li> <li>3) Services are not claimed when they are provided by staff whose scope of practice or qualifications do not include those services.</li> <li>4) All claims for services delivered by any person who was not qualified to provide are disallowed.</li> </ul>	The MHP QI department audited the role definition/ assignment of staff's ability to access forms in electronic health record. The QI department ensured scope of practices was matched correctly with the ability to gain access to the form in electronic health record. I.E. individuals whose scope includes diagnosing would have access to the form, while those who scope does not include such, are not access granted to the form. Additionally, we have added a hard-stop using Script Link that does not allow unauthorized staff to submit/save the form if it's been deemed outside of scope of practice. The MHP uses an electronic signature equivalent when submitting documentation in the electronic health record. Each staff is provided with a staff user identification which is password protected in which the individual staff member uses to log-in to electronic health record. All documents are completed then submitted/saved in the electronic health record; the information on who completed/submitted the document. The MHP uses reports to display elements within the electronic health records. During the triennial on-site review, it was noted that the print version

<sup>&</sup>lt;sup>46</sup> Line number(s) removed for confidentiality

			(report version) of the document did not contain the staff's electronic signature. As noted above, the sign-in and submission/saving of documentation is considered an electronic signature equivalent. As such, although the electronic document contained the electronic signature, the print version did not. The MHP QI department has updated reports (12/2017) to include to include the professional degree, license, etc. on print versions of the report.
Day Treatment	FINDING 7b:	PLAN OF CORRECTION 7b:	The MHP will provide detailed and specific training
K7b	Documentation for the following	The MHP shall submit a POC that	to Day Treatment program staff, update Clinical
DD15. On a day	Line number(s) indicated that	describes how the MHP will ensure	Documentation Guide, and monitor application of
RR15: On a day where the	essential requirements for a Day Treatment Intensive program	that:	training in documentation.
beneficiary was	were not met, as specified by	1) The total number of	MHP will evaluate efficacy and application of
present for at	the MHP Contract with the	minutes/hours each beneficiary	training through utilization review for appropriate
least 50% of the	Department:	actually attends any Day Program	documentation of services delivery. Review will
scheduled		under contract with or provided by	occur with a sample of clients for 1-month and 3-
DTI/DR program	• Line number(s) <sup>47</sup> : The total	the MHP is documented for each day	months post completion of training.
time, but was	number of minutes/hours the	attended.	months post completion of training.
not in	beneficiary/beneficiaries		Issues identified during review process will result
attendance for	actually attended the Day	2) When the beneficiary is	in actions to remedy documentation concerns.
the full hours of	Treatment Intensive program	unavoidably absent for a portion of	,
operation for	each day was not documented	Day Program hours, the total time	Anticipated completion of training June 30, 2018.
that day, there	(RR 16)	(number of minutes and hours) the	
is no		beneficiary actually attended the	Training content shall reiterate documentation
documentation		program that day is documented, the	standards, including, but not limited to:
of the reason for		beneficiary is present for at least 50	

<sup>&</sup>lt;sup>47</sup> Line number(s) removed for confidentiality

• Line number <sup>48</sup> : The	

<sup>&</sup>lt;sup>48</sup> Line number(s) removed for confidentiality

an "unavoidable absence" which clearly explains why the beneficiary could not be present for the full program on the day claimed. RR16. The actual number of hours and minutes the beneficiary attended the DTI/DR program (e.g., 3 hours and 58 minutes) is not documented and for this reason it cannot be established that the beneficiary was present for at least 50% of the program time for the day reviewed.	beneficiary was present for at least 50% of the scheduled program time. There was no documentation for the reason for the unavoidable absence (RR15)	percent of the scheduled hours of operation for that day, and there is a separate entry in the medical record documenting the reason for the unavoidable absence in order to claim for a service submitted by any Day Program under contract with or provided by the MHP.	<ol> <li>Medical Necessity standards</li> <li>Documentation of actual and specific number of hours/minutes client participated in day program.</li> <li>Documentation of client's participation in program</li> <li>Documentation of unavoidable absences, including documentation of clear expectations why client was unable to participate for the full program day.</li> <li>Expectations on daily progress note <i>AND</i> weekly summary for Day Treatment Intensive programs</li> <li>Expectations on weekly progress note for Day Treatment Rehabilitation program participation.</li> <li>Documentation of client's agreement or non- agreement with including family member or other significant person in the client's treatment. If client is not in agreement to include family or significant support person in treatment, reiterate need for documenting occasional revisit of topic with client to allow for such opportunities to change decision. revisiting this topic with client when ongoing</li> <li>Weekly Schedule to be updated to include the type of group/service, the location the group/service will be delivered, and whom will complete the group/service on the given date.</li> </ol>
Day Treatment	FINDING 7e:	PLAN OF CORRECTION 7e:	The MHP will provide detailed and specific training

K7e RR18. Required DTI/DR documentation was not present as follows: a) There was not a clinical summary present for Day Treatment Intensive Services for the week of the service reviewed. b) There was not a daily progress note present for Day Treatment Intensive Services for the day of the service reviewed. c) There was not a weekly progress note present for Day Rehabilitation		The MHP shall submit a POC that describes how the MHP will ensure that Day Program providers consistently document the occurrence of at least one (1) monthly contact with a family member, caregiver, significant other or legally responsible person, and that the documentation includes evidence that the monthly contact(s) occurred outside of the Day Program's normal hours of operation.	<ul> <li>to Day Treatment program staff, update Clinical Documentation Guide, and monitor application of training in documentation.</li> <li>MHP will evaluate efficacy and application of training through utilization review for appropriate documentation of services delivery. Review will occur with a sample of clients for 1-month and 3- months post completion of training.</li> <li>Issues identified during review process will result in actions to remedy documentation concerns.</li> <li>Anticipated completion of training June 30, 2018.</li> <li>Training content shall reiterate documentation standards, including, but not limited to:</li> <li>Medical Necessity standards</li> <li>Documentation of client's participation in program</li> <li>Documentation of unavoidable absences, including documentation of clear expectations why client was unable to participate for the full program day.</li> <li>Expectations on daily progress note AND weekly summary for Day Treatment Intensive programs</li> <li>Expectations on weekly progress note for Day Treatment Rehabilitation program participation.</li> </ul>
---	--	---	---

Line number(s): <sup>49</sup> : Entries in the
medical records did not
consistently document, during
each month Day Treatment
Intensive services were claimed,
the provision of at least one (1)
monthly contact with the
beneficiary's family member,
caregiver or other significant
support person identified by an
adult beneficiary, or at least one
(1) contact per month with the
legally responsible adult for a
beneficiary who is a minor, and
that the existing documentation
of one (1) monthly contact did
not include evidence that the
contact occurred outside of the
Day Program's normal hours of

<sup>&</sup>lt;sup>49</sup> Line number(s) removed for confidentiality

Services for the week of the services reviewed.	operation. During the review, the MHP staff was given the opportunity to locate the document in question but could not find written evidence of it in the medical record.		7. Documentation of client's agreement or non- agreement with including family member or other significant person in the client's treatment. If client is not in agreement to include family or significant support person in treatment, reiterate need for documenting occasional revisit of topic with client to allow for such opportunities to change decision. revisiting this topic with client when ongoing 8. Weekly Schedule to be updated to include the type of group/service, the location the group/service will be delivered, and whom will complete the group/service on the given date.
Day Treatment K7f3	FINDING 7f3: There was no Written Weekly Schedule for Day Treatment Intensive; or the Written Weekly Schedule for Day Treatment Intensive did not identify: • Line number(s) <sup>50</sup> : When and where all service activities will be provided and by whom.	<ul> <li>PLAN OF CORRECTION 7f3:</li> <li>The MHP shall submit a POC that describes how the MHP will ensure that:</li> <li>1) The Written Weekly Schedules for any Day Program under contract with or provided by the MHP identify when and where each service component will be provided and by whom;</li> <li>2) The Written Weekly Schedules for any Day Program under contract with or provided by the MHP identify the program staff and specifies their qualifications and scope of their services;</li> <li>3) There is a current Written Weekly Schedule for any Day Program under</li> </ul>	<ul> <li>The MHP will provide detailed and specific training to Day Treatment program staff, update Clinical Documentation Guide, and monitor application of training in documentation.</li> <li>MHP will evaluate efficacy and application of training through utilization review for appropriate documentation of services delivery. Review will occur with a sample of clients for 1-month and 3-months post completion of training.</li> <li>Issues identified during review process will result in actions to remedy documentation concerns.</li> <li>Anticipated completion of training June 30, 2018.</li> <li>Training content shall reiterate documentation standards, including, but not limited to:</li> </ul>

<sup>&</sup>lt;sup>50</sup> Line number(s) removed for confidentiality

<sup>&</sup>lt;sup>51</sup> Line number(s) removed for confidentiality

is any	IP that is updated whenever there iny change in program staff and/or ivity scheduled	<ol> <li>Medical Necessity standards</li> <li>Documentation of actual and specific number of hours/minutes client participated in day program.</li> <li>Documentation of client's participation in program</li> </ol>
		<ul> <li>4. Documentation of unavoidable absences, including documentation of clear expectations why client was unable to participate for the full program day.</li> <li>5. Expectations on daily progress note AND weekly summary for Day Treatment Intensive programs</li> <li>6. Expectations on weekly progress note for Day Treatment Rehabilitation program participation.</li> <li>7. Documentation of client's agreement or nonagreement with including family member or other significant person in the client's treatment. If client is not in agreement to include family or significant support person in treatment, reiterate need for documenting occasional revisit of topic with client to allow for such opportunities to change decision. revisiting this topic with client when ongoing</li> <li>8. Weekly Schedule to be updated to include the type of group/service, the location the group/service will be delivered, and whom will complete the group/service on the given date.</li> </ul>