

San Joaquin County
Specialty Mental Health Services Triennial Review Corrective Action Plan
Review Date: February 5-8, 2018

Section B ACCESS					
Compliance Deficiency	Finding	Plan of Correction	Staff Responsible	Proposed Implementation Date	DHCS Response to Provider
B6 c	<p>The MHP did not furnish evidence that it has a mechanism to ensure interpreter services are offered to LEP individuals. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy and Procedure #0115.0000.1 Provision of Language Assistance to Persons with Limited English Proficiency. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the chart team identified that there was no evidence that mental health interpreter services were offered and provided on every occasion. Please refer to the chart findings for additional information.</p>	<p>The MHP has updated its electronic health records to ensure that all electronic documentation of services provided to a beneficiary indicates whether interpreter services were offered to LEP individuals.</p> <p>The MHP is in the process of updating its Documentation Training curriculum to address the importance of documenting the use of interpreter services as well as instructions on how to document the use of interpreter services.</p> <p>All County and contracted staff providing direct services will be required to complete and pass Documentation Training with an 80% score or higher</p> <p>The MHP will update its quality improvement review tool and will monitor whether interpreter services are used while services are being provided.</p>	<p>Deputy Director, QAPI and Community Clinics</p> <p>IS Manager</p> <p>Quality Assessment and Performance Improvement (QAPI) Committee Chairs</p>	<p>Updates to the Documentation Training curriculum will be complete by 8/1/18.</p> <p>All new and current staff will be required to take the updated Documentation Training by 9/30/18.</p> <p>The Quality Improvement Review tool will be updated by 8/1/18.</p>	

San Joaquin County
Specialty Mental Health Services Triennial Review Corrective Action Plan
Review Date: February 5-8, 2018

Compliance Deficiency	Finding	Plan of Correction	Staff Responsible	Proposed Implementation Date	DHCS Response to Provider
B9a1 B9 a2 B9 a3 B9 a4	<p>In addition to conducting the seven (7) test calls, DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy and Procedure #0200.0016.5 24/7 Access line, Telephone Test Call process and Logging of Beneficiary Inquiries at key Points of Public Contact, Access 24/7 Line Call Script, 24/7 Test Call Quarterly Update, and the 24/7 Power Point training. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the test calls demonstrated that the MHPs processes to do not fully meet regulatory requirements for providing information on how to access SMHS, including SMHS required to access whether medical necessity criteria are met, informing beneficiaries about services needed to treat a beneficiary’s urgent condition and information about how to use the beneficiary problem resolution and fair hearing process. Protocol</p>	<p>The MHP currently operates a 24 hours, 7 day per week Access line with language capability in all languages spoken by beneficiaries of the County.</p> <ul style="list-style-type: none"> ➤ <u>See Attachment #1: San Joaquin County Behavioral Health Services Website.</u> ➤ <u>See Attachment #2: List of languages and the numbers associated with the Health Care Interpreters Network)</u> <p>The MHP will improve its process for responding to beneficiary calls by developing a new unit to focus exclusively on 24/7 Access Line calls. The new Access Call Center will be staffed with trained and experienced staff who will provide information on:</p> <ol style="list-style-type: none"> 1. How to access SMHS. 2. Medical necessity. 3. Services needed to treat an urgent condition 4. How to use the beneficiary problem resolution and fair hearing process. <p>Until the new Call Center is implemented, the MHP will ensure that is it in compliance with regulations by updating its test call forms and</p>	Deputy Director	<p>Test call forms have been updated.</p> <p>The Access Call Training curriculum has been updated.</p> <p>Training of Access staff will be complete by 8/1/18.</p> <p>The MHP plans to implement the new Access Call Center in September 2018.</p>	

**San Joaquin County
Specialty Mental Health Services Triennial Review Corrective Action Plan
Review Date: February 5-8, 2018**

	<p>question(s) B9a1, B9a2, B9a3, and B9a4 are deemed in partial compliance.</p>	<p>its staff training. Training will be provided quarterly to staff who answer the Access line. It will also ensure that after hour calls are successfully transferred to an after-hours phone line located in the MHP's Crisis Center.</p> <p>The MHP will measure/assess the Access Call Center's adherence to regulatory requirements on a monthly basis. Plans of Corrections will be required for all deficiencies and must be approved by the Quality Assessment and Performance Improvement (QAPI) Coordinator prior to implementation.</p>			
--	---	--	--	--	--

San Joaquin County
Specialty Mental Health Services Triennial Review Corrective Action Plan
Review Date: February 5-8, 2018

Section B ACCESS					
Compliance Deficiency	Finding	Plan of Correction	Staff Responsible	Proposed Implementation Date	DHCS Response to Provider
B 10 b1 B 10 b2 B 10 b3	<p>The MHP did not furnish evidence its written log(s) of initial requests for SMHS includes requests made by phone, in person, or in writing. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy and Procedure #0200.0016.5 24/7 Access line, Telephone Test Call Process and Logging of Beneficiary Inquiries at Key Points of Public Contact and the Access call logs. However it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, three of the five test calls were logged accurately, however call #2 and #6 were not logged.</p> <p>In addition, the logs made available by the MHP did not include all required elements for calls.</p> <p>Protocol questions B10b1, B10b2, B10b3 are deemed in partial compliance</p>	<p>The MHP will update its 24/7 Access Line Call Script and Access to Services Training to ensure it contains all the regulatory requirements.</p> <ul style="list-style-type: none"> ➤ <u>See Attachment #3: Access/24/7 Line Call Script</u> ➤ <u>See Attachment #4: San Joaquin County Behavioral Health Services 24/7 Statewide Tolle-Free Access to Services Training.)</u> <p>The MHP will re-train all staff members in the Access Call Center to ensure that all calls are recorded according to the regulatory guidelines. The MHP will provide quarterly on-going training to Access Call Center staff on documentation that meets regulatory requirements.</p> <p>The MHP will assess the Access Call Center’s staff compliance with documenting calls on a monthly basis.</p>	Deputy Director, QAPI and Community Clinics	<p>Updates to the Access 24/7 Line Call Script and Access to Services Training have been completed.</p> <p>Training of Access staff will be complete by 8/1/18.</p>	

San Joaquin County
Specialty Mental Health Services Triennial Review Corrective Action Plan
Review Date: February 5-8, 2018

		The MHP will conduct monthly monitoring of test calls to ensure that documentation of all required information is included.			
--	--	---	--	--	--

San Joaquin County
Specialty Mental Health Services Triennial Review Corrective Action Plan
Review Date: February 5-8, 2018

Section D: BENEFICIARY PROTECTION					
Compliance Deficiency	Finding	Plan of Correction	Staff Responsible	Proposed Implementation Date	DHCS Response to Provider
D2	<p>The MHP did not furnish evidence it maintains a grievance, appeal, and expedited appeal log(s) that record grievances, appeals, and expedited appeals within one working day of the date of receipt.</p> <p>DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy and Procedure #0105.0000.4 Beneficiary Problem Resolution Process, the Grievance/Appeal logs, and a sample of 20 Grievances.</p> <p>However it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, one (1) grievance did not have a stamped received date and the team could not determine if it had been logged within the required one working day of receipt. Protocol question D2 is deemed OOC.</p>	QAPI will re-train all of its staff to ensure that all incoming mail to the QAPI program is date stamped.	Deputy Director, QAPI and Community Clinics	Completed in February 2018.	

San Joaquin County
Specialty Mental Health Services Triennial Review Corrective Action Plan
Review Date: February 5-8, 2018

Section H: PROGRAM INTEGRITY

Compliance Deficiency	Finding	Plan of Correction	Staff Responsible	Proposed Implementation Date	DHCS Response to Provider
H2 E	<p>The MHP did not furnish evidence of effective training and education for the compliance officer and for the MHP’s employees and contract providers. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Policy and Procedure #0107.0003.2 Compliance Program, The Compliance training schedule for 2015, 2016, 2017, and 2018, Compliance Training data from 2015-2017; sign in sheets for the mandatory compliance trainings held in December 2017, a sample of employee signed Standards of Conduct, Training tracking tools for the employees; Self-Paced Training Monthly Compliance Report, Exhibit C Program Integrity Requirements for Medi-Cal Providers that included the language regarding mandatory trainings of the contractors, Verification of Receipt of Information for employees that includes the mandatory trainings, the Annual Site Review checklist for Managers that included evidence of staff training. However it was determined the</p>	<p>Per email from Ayesha Smith, DHCS Lead Reviewer on 5/21/18, the Plan of Correction (POC) for Section H2e was revised to reflect that documentation evidencing the MHP’s training and education for the Compliance Officer and MHP employees was reviewed and approved by DHCS during the triennial review. The POC now reads:</p> <p><i>“The MHP did not furnish evidence of effective training and education for the MHP’s contract providers. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides for effective training and education for the contract providers and has a method to verify that the contract provider’s employees are also trained.”</i></p> <p>The MHP has taken the following steps to correct this out-of-compliance (OOC) item:</p> <ol style="list-style-type: none"> 1. The MHP notified the contractor that it was out of compliance with the mandatory Compliance and HIPAA Trainings and requested a POC. 	<p>Deputy Director, QAPI and Community Clinics</p> <p>Deputy Director, Administration</p> <p>Management Analyst</p>	<p>Per email of 5/21/18 from A DHCS Lead Reviewer, the POC for Section H2e was revised.</p> <p><i>SJCBHS Memo dated 5/31/18 to Mary Magdalene</i></p> <p>➤ <i>Mary Magdalene’s POC dated 6/22/18.</i></p> <p><i>BHS Memo dated 6/22/18 to Mary Magdalene Community Services re: POC Acceptance</i></p> <p>Starting 6/1/18, HIPAA and Compliance Trainings were made available</p>	

San Joaquin County
Specialty Mental Health Services Triennial Review Corrective Action Plan
Review Date: February 5-8, 2018

	<p>documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, after reviewing the staff roster for one of the providers the documentation indicated that the contract provider was not completing the mandatory training, and additional follow up was not provided by the MHP. Protocol question H2E is deemed OOC.</p>	<ul style="list-style-type: none"> ➤ <u>See Attachment #5: Memo dated 5/31/18 to Mary Magdalene Community Services (MMCS)</u> 2. The MHP reviewed and approved the contractor’s POC after verifying that the contractor’s staff completed the mandatory Compliance and HIPAA Trainings as required. ➤ <u>See Attachment #6: MMCS POC dated 6/22/18.</u> ➤ <u>See Attachment #7: MMCS Staff Roster dated 6/22/18.</u> ➤ <u>See Attachment #8: MHP Memo dated 6/22/18 to MMCS re: POC Acceptance</u> 3. The MHP has revised the requirement in <u>Section 2.6 of its contract Exhibit-D</u> regarding Mandatory Trainings to read: “Contractor shall ensure that all employees who assist in the performance of functions or activities as part of this agreement, or access or disclose protected health information (PHI), complete privacy and information security training and Compliance training within 30 days of hire and at least annually thereafter at Contactor’s expense”. 		<p>online for each of access.</p>	
--	--	--	--	-----------------------------------	--

San Joaquin County
Specialty Mental Health Services Triennial Review Corrective Action Plan
Review Date: February 5-8, 2018

		<ul style="list-style-type: none"> ➤ <u>See Attachment #9: Exhibit D-Eight Edition: Program Integrity Requirements for Medi-Cal Providers.</u> 4. Starting June 1, 2018, HIPAA and Compliance Trainings are available online. Contractors that have access to the MHP's portal can log access the online training. Others will be provided with Compliance and HIPAA training materials to administer at their own sites. ➤ <u>See Attachment #10: SJCBS Memo dated 6/18/18 to Medi-Cal Contract Providers re: Training Update.</u> 5. Contractors that have their own HIPAA or Compliance training provide these trainings to their staff. 			
--	--	---	--	--	--

San Joaquin County
Specialty Mental Health Services Triennial Review Corrective Action Plan
Review Date: February 5-8, 2018

Section J: MENTAL HEALTH SERVICES (MHSA)					
Compliance Deficiency	Finding	Plan of Correction	Staff Responsible	Proposed Implementation Date	DHCS Response to Provider
J4b (2)	The County did not furnish evidence it conducts an assessment of its capacity to implement bilingual proficiency in threshold languages. DHCS reviewed the following documentation presented by the County as evidence of compliance: San Joaquin County Behavioral Health Services Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan FY 17/18, 18/19, 19/20. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the assessment did not include information regarding the MHP's capacity to address bilingual proficiency in their threshold languages. Protocol question J4b (2) is deemed OOC.	In May 2018, the MHP conducted an analysis of its capacity to implement bilingual proficiency in threshold languages and included the analysis in the <i>2018-19 Annual Update to the Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan</i> . ➤ <u>See attachment #11: 2018-19 Annual Update to the Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan.</u>	Deputy Director, Administration Management Analyst	Completed in May 2018.	

San Joaquin County
Specialty Mental Health Services Triennial Review Corrective Action Plan
Review Date: February 5-8, 2018

Section K: Chart Review – Non Hospital Services - Medical Necessity					
Compliance Deficiency	Finding	Plan of Correction	Staff Responsible	Proposed Implementation Date	DHCS Response to Provider
1c-1	<p>The medical record associated with the following Line numbers 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)</p> <ul style="list-style-type: none"> • Line numbers ¹. RR13b refer to Recoupment Summary for details. 	<p>The MHP is updating its Documentation Training curriculum to ensure that staff understand and document that interventions are focused on the significant functional impairment that is directly related to the mental health condition and to understand medical necessity and the procedures for documenting it accurately.</p> <p>All new and current staff will be required to take the updated Documentation Training by October 31, 2018.</p> <p>All staff providing direct services will be required to score 80% or higher on the test to pass the documentation training.</p> <p>The MHP will increase staffing of its Utilization Review unit in order to complete a 100% review of all billable documentation to ensure interventions are focused on a significant functional impairment that is directly related to the mental health condition. Documentation that does not meet the regulatory requirement will not proceed through the billing process.</p>	Deputy Director, QAPI and Community Clinics	<p>Updates to the Documentation Training curriculum will be complete by 8/1/18.</p> <p>All new and current staff will be required to take the updated Documentation Training by 9/30/18.</p>	

¹ Line number(s) removed for confidentiality

San Joaquin County
Specialty Mental Health Services Triennial Review Corrective Action Plan
Review Date: February 5-8, 2018

1c-2	<p>The medical record associated with the following Line numbers did not meet medical necessity criteria, as specified in the CCR, title 9, chapter 11, section 1830.205(b)(3)(B)(1-4)</p> <ul style="list-style-type: none"> • Line numbers ². RR3a refer to Recoupment Summary for details. 	See above.	Deputy Director, QAPI and Community Clinics	See above.	
------	---	------------	---	------------	--

² Line number(s) removed for confidentiality

San Joaquin County
Specialty Mental Health Services Triennial Review Corrective Action Plan
Review Date: February 5-8, 2018

Section K: Chart Review – Non Hospital Services - Assessment					
Compliance Deficiency	Finding	Plan of Correction	Staff Responsible	Proposed Implementation Date	DHCS Response to Provider
2a	<p>Assessments were not completed in accordance with regulatory and contractual requirements, specifically:</p> <p>One of 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:</p> <ul style="list-style-type: none"> • Line numbers ³: The updated assessment was completed late. 	<p>When the clinical staff logs into the medical record, the MHP’s electronic health record indicates when a reassessment is due</p> <p>The MHP is updating its Documentation Training curriculum to ensure that staff understand and document medical necessity criteria correctly.</p> <p>All new and current staff will be required to take the updated Documentation Training by October 31, 2018.</p> <p>All staff providing direct services will be required to score 80% or higher on the test to pass the documentation training.</p> <p>Clinical managers and supervisors will review monthly reports of open clients with dates of last completed assessments. This report will allow the managers and supervisors to ensure assessments are completed timely.</p> <p>Through on-going quarterly chart reviews, utilization review subcommittees will assess whether assessments are being conducted within the timelines set forth by the MHP. POC will be</p>	Deputy Director, QAPI and Community Clinics	<p>Electronic Health Record has been updated.</p> <p>Updates to the Documentation Training curriculum will be complete by 8/1/18.</p> <p>All new and current staff will be required to take the updated Documentation Training by 9/30/18.</p>	

³ Line number(s) removed for confidentiality

San Joaquin County
Specialty Mental Health Services Triennial Review Corrective Action Plan
Review Date: February 5-8, 2018

		required if and when regulatory requirements are not met.			
--	--	---	--	--	--

San Joaquin County
Specialty Mental Health Services Triennial Review Corrective Action Plan
Review Date: February 5-8, 2018

Section K: Chart Review – Non Hospital Services - Medication Consent					
Compliance Deficiency	Finding	Plan of Correction	Staff Responsible	Proposed Implementation Date	DHCS Response to Provider
3a	<p>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 the medication consent:</p> <p>1) Line number ⁴: There was no written medical consent form found in the medical record. <i>During the review, MHP staff was given the opportunity to locate the missing medication consent form but was unable to locate it in the medical record.</i></p> <p>2) Line numbers ⁵: Although there was a written medication consent form in the medical record, there was no</p>	<p>The MHP updated its medication consent form as follows:</p> <ol style="list-style-type: none"> 1. Each medication that is prescribed to the beneficiary will be listed on the consent form. 2. The length of time the medication will be used in in treatment is listed (duration). 3. Method of administration is listed. 4. The beneficiary will sign the consent form once it is complete. If the beneficiary refuses to sign the form or is unavailable, the prescriber will document the circumstances. 5. The prescriber will sign the consent form after reviewing the medications with the beneficiary. <p>All prescribers received training and email instructions on completing the new medication consent form.</p> <p>The QAPI unit will update its Quality Improvement review tools to ensure the MHP’s subcommittee reviews the medication consent process for compliance with regulations.</p> <p>➤ <u><i>See attachment #12: Medication Consent Form</i></u></p>	Medical Director	<p>Medication Consent form was updated 6/14/18.</p> <p>Medication Consent form will be implemented 7/1/18.</p> <p>Quality Improvement Review Tool was updated 5/30/18</p>	

⁴ Line number(s) removed for confidentiality

⁵ Line number(s) removed for confidentiality

San Joaquin County
Specialty Mental Health Services Triennial Review Corrective Action Plan
Review Date: February 5-8, 2018

	<p>medication consent for each of the medications prescribed. During the review, MHP staff was given the opportunity to locate the medication consents in question but was unable to locate them in the medical record.</p>	<p>➤ <u>See attachment #13: Quality Assessment & Performance Improvement Review Subcommittee Worksheet</u></p>			
--	---	--	--	--	--

San Joaquin County
Specialty Mental Health Services Triennial Review Corrective Action Plan
Review Date: February 5-8, 2018

Section K: Chart Review – Non Hospital Services – Medication Consent					
Compliance Deficiency	Finding	Plan of Corrections	Staff Responsible	Proposed Implementation Date	DHCS Response to Provider
3b	<p>Written medication consents did not contain all of the required elements specified in the MHP Contract with the Department. The following required elements were not documented on the medication consent form, and/or documented to have been reviewed with the beneficiary, and/or provided in accompanying written materials to the beneficiary:</p> <ul style="list-style-type: none"> 1) Method of administration (oral or injection): Line numbers ⁶. 2) Duration of taking each medication: Line number ⁷ 	See above.	<p>Medical Director</p> <p>LCSW, Deputy Director, QAPI and Community Clinics</p>	<p>Medication Consent form was updated 6/14/18.</p> <p>Medication Consent form will be implemented 7/1/18.</p> <p>Quality Improvement Review Tool was updated 5/30/18.</p>	

⁶ Line number(s) removed for confidentiality

⁷ Line number(s) removed for confidentiality

San Joaquin County
Specialty Mental Health Services Triennial Review Corrective Action Plan
Review Date: February 5-8, 2018

Section K: Chart Review – Non Hospital Services					
Compliance Deficiency	Finding	Plan of Correction	Staff Responsible	Proposed Implementation Date	DHCS Response to Provider
3c	<p>The medication consents did not include:</p> <p>1)</p> <p>(a) Signature of the person providing the service (or the electronic equivalent) that includes the person’s professional degree, licensure, or job title: Line Numbers ⁸.</p> <p>(b) Signature of the person providing the service (or electronic equivalent). Line numbers ⁹</p>	<p>On December 4, 2017, the MHP’s Medical Director instructed all prescribers to ensure that they sign all medication consent forms. The charts reviewed by DHCS during the Triennial Review contained medication consent forms developed under the MHP’s former process.</p> <p>The QAPI unit updated its Quality Improvement review tools to ensure the MHP’s subcommittee reviews the medication consent process for compliance with regulations. POCs will be developed and monitored if any are found out of compliance.</p>	Medical Director	<p>Training and instruction for prescribers was completed on 12/4/17.</p> <p>Quality Improvement Review Tool was updated 5/30/18.</p>	

⁸ Line number(s) removed for confidentiality

⁹ Line number(s) removed for confidentiality

San Joaquin County
Specialty Mental Health Services Triennial Review Corrective Action Plan
Review Date: February 5-8, 2018

Section K: Chart Review – Non Hospital Services – Client Plans					
Compliance Deficiency	Finding	Plan of Correction	Staff Responsible	Proposed Implementation Date	DHCS Response to Provider
4a	<p>The Client plan was not completed prior to planned services being provided and not updated at least annually or reviewed and updated when there was a significant change in the beneficiary’s condition (as required in the MHP Contract with the Department and/or as specified in the MHP’s documentation standards):</p> <p>1) Line numbers ¹⁰: There was a lapse between the prior and current audit plans. However this occurred outside of the audit review period.</p>	<p>The MHP will develop an updated client plan policy that will educate and instruct direct service staff on the following requirements of a client plan:</p> <ol style="list-style-type: none"> 1. The timeframe of when a client plan is required. 2. That services that must be approved on a client plan before being provided. <p>The MHP will develop a Client Plan training component designed to provide staff with a comprehensive understanding of all the elements of client plans, including:</p> <ol style="list-style-type: none"> 1) Required timeframes for updates 2) Educating staff to understand all client plan goals/treatment objectives must be specific, observable and/or quantifiable and relate to the beneficiary’s documented mental health needs and functional impairments as a result of the mental health diagnosis. 3) ensuring staff understand all mental health inventions/modalities proposed on clients plans include a detailed description of the interventions to be provided and do not just identify a type or modality of service (e.g. 	<p>Deputy Director, QAPI and Community Clinics</p> <p>IS Manager</p>	<p>Client Plan Policy will be updated by 8/1/18.</p> <p>EHR upgrade will occur on 7/1/18</p> <p>The Client Plan training curriculum will be complete by 8/1/18.</p> <p>All new and current staff will be required to take the training by 9/30/18.</p>	

¹⁰ Line number(s) removed for confidentiality

**San Joaquin County
Specialty Mental Health Services Triennial Review Corrective Action Plan
Review Date: February 5-8, 2018**

		<p>“therapy”, “medication”, “case management”, etc</p> <p>The MHP will ensure that all staff who assist beneficiaries in developing client plans will take the Client Plan training component and require a passing score of 80% or more prior to developing a client plan.</p> <p>The MHP’s EHR will provide reports to the clinical managers and supervisors indicating due dates for client plans. This will enable managers and supervisors to monitor and ensure client plans are completed in accordance with the DHCS contract and with the MHP’s policy.</p> <p>The MHP’s EHR system upgrade will provide staff members with prompts when client plans are due.</p>			
4b – 1)	One or more of the goals/treatment objectives were not specific, observable, and/or quantifiable and related to the beneficiary’s mental health needs and identified functional impairments as a result of the mental health diagnosis. Line numbers ¹¹	See above.	See above.	See above	

¹¹ Line number(s) removed for confidentiality

San Joaquin County
Specialty Mental Health Services Triennial Review Corrective Action Plan
Review Date: February 5-8, 2018

4b – 2)	One or more of the proposed interventions did not include a detailed description. Instead, only a “type” or “category” of intervention was recorded on the client plan (e.g. “Medication Support Services”, “Targeted Case Management”, “Mental Health Services” etc.). Line numbers ¹²	See above.	See above.	See above.	
---------	---	------------	------------	------------	--

¹² Line number(s) removed for confidentiality

San Joaquin County
Specialty Mental Health Services Triennial Review Corrective Action Plan
Review Date: February 5-8, 2018

Section K: Chart Review – Non Hospital Services – Client Plans					
Compliance Deficiency	Finding	Plan of Correction	Staff Responsible	Proposed Implementation Date	DHCS Response to Provider
4b – 3)	One or more of the proposed interventions did not indicate an expected frequency. Line numbers ¹³ .	In addition to the above, the Client Plan training component will also be designed to provide staff with a comprehensive understanding of all the elements of client plans, including ensuring that staff members understand all interventions must have an expected frequency and expected duration. The MHP developed an electronic treatment plan that is embedded in the electronic health record. When used, the clinical staff are prompted to include the duration and frequency of all the interventions listed on the client plan.	Deputy Director, QAPI and Community Clinics IS Manager	The Client Plan training curriculum will be complete by 8/1/18. All new and current staff will be required to take the training by 9/30/18. Updates to the electronic health record will occur on 7/1/18.	
4b – 4)	One or more of the proposed interventions did not indicate and expected duration. Line numbers ¹⁴ .	See above.	See above.	See above.	
4b – 6)	One of more of the proposed interventions were not consistent with the client plan	The Client Plan training component will also be designed to ensure the proposed interventions are consistent with the client plan goals/treatment objectives.	See above	See above	

¹³ Line number(s) removed for confidentiality

¹⁴ Line number(s) removed for confidentiality

San Joaquin County
Specialty Mental Health Services Triennial Review Corrective Action Plan
Review Date: February 5-8, 2018

	goals/treatments objectives. Line number ¹⁵ .	All client plans will reviewed by a LPHA to ensure it meets the required documentation standards.			
--	---	---	--	--	--

¹⁵ Line number(s) removed for confidentiality

San Joaquin County
Specialty Mental Health Services Triennial Review Corrective Action Plan
Review Date: February 5-8, 2018

Section K: Chart Review – Non Hospital Services – Client Plans					
Compliance Deficiency	Finding	Plan of Correction	Staff Responsible	Proposed Implementation Date	DHCS Response to Provider
4d-1	<p>There was no documentation of the beneficiary’s or legal representative’s degree of participation in and agreement with the client plan, and there was no written explanation of the beneficiary’s refusal or unavailability to sign the plan, if signature was required by the MHP Contract with the Department and/or by the MHP’s written documentation standards:</p> <ul style="list-style-type: none"> • Line numbers ¹⁶: The beneficiary or legal 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 However, the signature was missing. RR4, refer to 	<p>The Client Plan training component will also be designed to:</p> <ol style="list-style-type: none"> 1) Ensure clinical staff understand the importance of obtaining the beneficiary, caregiver, or legal representative’s signature on the client plan. 2) Provide instructions on how the clinical staff will document when a beneficiary refuses to sign a client treatment plan. <p>The QAPI subcommittee will monitor the compliance with the client plan regulatory requirements during the monthly chart review process. The results of the reviews will be reported in the QAPI Chairs Committee and QAPI Council meeting. Trends will be reviewed and plans of corrections will be made and monitored monthly.</p>	Deputy Director, QAPI and Community Clinics	<p>The Client Plan training curriculum will be complete by 8/1/18.</p> <p>All new and current staff will be required to take the training by 9/30/18.</p>	

¹⁶ Line number(s) removed for confidentiality

San Joaquin County
Specialty Mental Health Services Triennial Review Corrective Action Plan
Review Date: February 5-8, 2018

	Recoupment Summary for details.				
--	--	--	--	--	--

**San Joaquin County
Specialty Mental Health Services Triennial Review Corrective Action Plan
Review Date: February 5-8, 2018**

Section K: Chart Review – Non Hospital Services – Client Plans					
Compliance Deficiency	Finding	Plan of Correction	Staff Responsible	Proposed Implementation Date	DHCS Response to Provider
5a	<p>Progress notes were not completed in accordance with regulatory and contractual requirements and/or with the MHP’s written documentation standards:</p> <ul style="list-style-type: none"> • One or more progress note was not completed within the timeliness and frequency standards in accordance with regulatory and contractual requirements. • The MHP was not following its own written documentation standards for timeliness of staff signatures on progress notes. • Progress notes did not document the following: 	<p>The MHP will develop a Progress Note training component designed to educate clinical staff on the regulatory and contractual requirements in addition to the MHP’s documentation standards.</p> <p>The MHP will update the Timeliness Documentation Standards Policy to ensure it is in compliance with the regulatory and contractual documentation requirements.</p> <p>➤ <u>See Attachment#14: Draft of Timeliness Documentation Policy</u></p> <p>The MHP will increase the staffing in the Utilization Review Program to ensure all documentation that is submitted for billing is done in accordance with the new timeliness documentation standards.</p> <p>The QAPI subcommittee will monitor the compliance with the client plan</p>	Deputy Director, QAPI and Community Clinics	<p>The Progress Note training curriculum will be complete by 8/1/18.</p> <p>All new and current staff will be required to take the updated Documentation Training by 9/30/18.</p> <p>A draft of the Timeliness Documentation Policy has been completed. It is expected to be finalized by 8/1/18.</p>	

San Joaquin County
Specialty Mental Health Services Triennial Review Corrective Action Plan
Review Date: February 5-8, 2018

		regulatory requirements during the monthly chart review process.			
5a – 1i	Line numbers ¹⁷ : Timely documentation of relevant aspects of beneficiary care, as specified by the MHP’s documentation standards (i.e., progress notes completed late based on the MHP’s written documentation standards in effect during the audit period).	See above.	See above	See above	
Section K: Chart Review – Non Hospital Services					
Compliance Deficiency	Finding	Plan of Correction	Staff Responsible	Proposed Implementation Date	DHCS Response to Provider
5a – 1ii	Line numbers ¹⁸ : Timeliness of the progress note could not be determined because the note was signed but not dated by the person providing the service. Therefore, the date the progress note was entered into the medical record could not be determined, and the note was considered to be late.	In addition to the above, the Progress Note training component will also educate clinical staff on the MHP’s documentation standards, including the requirement of having all progress notes signed and dated.	See above	See above	
5a – 2	Line number ¹⁹ : Beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions	In addition to the above, the Progress Note training component will also educate staff on the requirement of having all progress notes signed to ensure all beneficiary encounters, including relevant clinical decisions, when decisions are made; alternative	See above	See above	

¹⁷ Line number(s) removed for confidentiality

¹⁸ Line number(s) removed for confidentiality

¹⁹ Line number(s) removed for confidentiality

**San Joaquin County
Specialty Mental Health Services Triennial Review Corrective Action Plan
Review Date: February 5-8, 2018**

		approaches for future interventions are noted.			
5a – 3	Line number ²⁰ : The interventions applied beneficiary’s response to the interventions and the location of the interventions.	In addition to the above, the Progress Note training component will also educate staff on documenting the interventions applied beneficiary, the beneficiary’s response to the interventions and the location of the interventions, as specified in the MHP Contract with the Department.	See above	See above	

²⁰ Line number(s) removed for confidentiality

San Joaquin County
Specialty Mental Health Services Triennial Review Corrective Action Plan
Review Date: February 5-8, 2018

Section K: Chart Review – Non Hospital Services – Progress Notes					
Compliance Deficiency	Finding	Plan of Correction	Staff Responsible	Proposed Implementation Date	DHCS Response to Provider
5a – 4	<p>Line number ²¹: The progress note provided did not match the claim in terms of date of service. RR6b2, refer to Recoupment Summary for details.</p> <ul style="list-style-type: none"> • Line number ²²: Appointment was missed or cancelled. RR13a, refer to Recoupment Summary for details. 	<p>In addition to the above, the Progress Note training component will educate the staff on the following:</p> <ul style="list-style-type: none"> • Ensure progress note matches the date the services were provided. • Each progress note describes how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning. • All services claimed are appropriate, relate to the qualifying diagnosis and identified functional impairments and are medically necessary as delineated in the CCR, title 9. Chapter 11, sections 1830.205(a)(b). • Specialty Mental Health Services claimed are actually provided to the beneficiary. 	See above.	See above	

²¹ Line number(s) removed for confidentiality

²² Line number(s) removed for confidentiality

San Joaquin County
Specialty Mental Health Services Triennial Review Corrective Action Plan
Review Date: February 5-8, 2018

Section K: Chart Review – Non Hospital Services - Progress Notes					
Compliance Deficiency	Finding	Plan of Correction	Staff Responsible	Proposed Implementation Date	DHCS Response to Provider
5b	<p>Documentation of services being provided to, or on behalf of, a beneficiary by two or more persons at one point in time did not include all required components. Specifically:</p> <ul style="list-style-type: none"> • Line numbers ²³: Progress notes did not document the specific involvement of each provider in the context of the mental health needs of the beneficiary. RR11a, refer to Recoupment Summary for details. • Line number ²⁴: Progress notes did not document the specific amount of time of involvement of each provider, including travel and documentation time, if appropriate, RR11b, refer to Recoupment Summary for details. 	<p>In addition to the above, the Progress Note training component will educate staff to ensure that:</p> <ol style="list-style-type: none"> 1) All group progress notes document the number of clients in the group, number of staff, units of time, type of service and dates and time of service (DOS). 2) The number of clients in the group, number of staff, units of time, type of service and DOS documented on the group progress notes are accurate and consistent with the documentation in the medical record and that services are not claimed when billing criteria are not met. 3) Group progress notes clearly document the contribution, involvement or participation of each staff member as it relate to the identified functional impairment and 	See above.	See above.	

²³ Line number(s) removed for confidentiality

²⁴ Line number(s) removed for confidentiality

San Joaquin County
Specialty Mental Health Services Triennial Review Corrective Action Plan
Review Date: February 5-8, 2018

		mental health needs of the beneficiary. 4) A clinical rationale for the use of more than one staff in the group setting is documented.			
--	--	---	--	--	--

San Joaquin County
Specialty Mental Health Services Triennial Review Corrective Action Plan
Review Date: February 5-8, 2018

Section K: Chart Review – Non Hospital Services - Progress Notes					
Compliance Deficiency	Finding	Plan of Correction	Staff Responsible	Proposed Implementation Date	DHCS Response to Provider
5c	<p>Documentation in the medical record did not meet the following requirements:</p> <p>a) Line numbers ²⁵: The type of specialty mental health services (SMHS) (e.g., Medication Support, Targeted Case Management) documented on the progress note was not the same type of SMHS claimed. Refer to RR6b-1 exception letter for details.</p> <p>b) Line numbers ²⁶: For Mental Health Services claimed, the service activity (e.g., Assessment, Plan Development, Rehab) identified on the progress note was not consistent with the specific service activity actually documented in the body of the progress note.</p>	<p>In addition to the above, the Progress Note training component will educate staff on:</p> <ol style="list-style-type: none"> 1) Ensuring that all SMHS claimed are claimed for the correct service modality billing code, and units of time. 2) Ensuring that all progress notes are accurate, complete, and meet the documentation requirements described in the MHP Contract with the Department. 3) Ensuring that all progress notes describe the type of service or service activity, the date the services was provided and the amount of time taken in to provide the service, as specified in the MHP Contract with the Department. 4) Ensuring that all progress notes are completed within the timeline and frequency specified in the MHP contract. 	See above.	See above.	

²⁵ Line number(s) removed for confidentiality

²⁶ Line number(s) removed for confidentiality

San Joaquin County
Specialty Mental Health Services Triennial Review Corrective Action Plan
Review Date: February 5-8, 2018

Section K: Chart Review – Non Hospital Services – Documentation of Cultural And Linguistic Services					
Compliance Deficiency	Finding	Plan of Correction	Staff Responsible	Proposed Implementation Date	DHCS Response to Provider
6a	There was no evidence that mental health interpreter services were offered and provided on every occasion to the following: Line number ²⁷	<p>The MHP updated its EHR system to ensure all documentation indicates interpreter services were offered to LEP individuals.</p> <p>The MHP will update its Documentation Training curriculum to underscore the importance of documenting the use of interpreter services. All staff members providing direct services will be required to complete and pass Documentation Training with an 80% score or higher</p>	<p>IS Manager</p> <p>Deputy Director, QAPI</p>	<p>EHR update will occur on July 1, 2018.</p> <p>The Documentation Training curriculum will be completed by 8/1/18.</p> <p>All new and current staff will be required to take the updated Documentation Training by 9/30/18.</p>	

²⁷ Line number(s) removed for confidentiality