

**CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES
FISCAL YEAR 2016-2017
MERCED COUNTY REVIEW
DECEMBER 12-15, 2016
FINAL REPORT**

ITEMS OUT OF COMPLIANCE -- PLAN OF CORRECTION

ITEM NO. 1 ,Section B, “Access,” Question B2b:

FINDING:

The provider list was not translated in the MHP’s identified threshold languages Spanish and Hmong.

PLAN OF CORRECTION:

The MHP had addressed the out of compliance finding for this requirement during the onsite review. No further action is required.

ITEM NO. 2, Section B, “Access,” Questions B5c & B5d:

FINDING:

The MHP did not provide evidence to DHCS to demonstrate that its written materials take into consideration persons with limited vision B5c and/or persons with limited reading proficiency B5d.

PLAN OF CORRECTION:

The BHRS policy and procedure # II.A.02 “Auxiliary Aids to Consumers with Disabilities” will be updated to clearly state that large print written materials in 18 point font are available to beneficiaries in English and threshold languages. The MHP expects to complete this activity by January 2018.

The MHP will develop a procedure to include review of its written materials for limited reading proficiency utilizing the Flesch-Kincaid reading proficiency application in Microsoft Word. The MHP will provide DHCS with an updated version of its procedure and a sample of the written materials in English by October 2017 with the corresponding Flesch-Kincaid analysis. The MHP will continue to evaluate its written material and update as needed. The MHP expects to complete this project by July 2018. All updates will be translated for threshold languages. Contracted translators are required to translate materials word for word therefore no further action would be required.

ITEM NO. 3, Section B, “Access,” Question B6d:

FINDING:

The MHP did not furnish evidence it has policies, procedures, and practices, in compliance with title VI of the Civil Rights Act of 1964, ensuring minor children are not used as interpreters.

PLAN OF CORRECTION:

The BHRS policy I.A.05 titled "Interpreter Services" will be updated to state minor children should not be used as interpreters by September 2017. The Compliance Officer will train management in September. Management will utilize the training curriculum they had received to replicate the training for staff during their unit meetings for that month. The MHP will provide DHCS a copy of the policy and training curriculum.

ITEM NO. 4, Section B, "Access," Question B9a-2:

FINDING:

The DHCS review team made six (6) test calls to the MHPs 24/7 toll-free telephone line. Three of six of the calls did not provide beneficiaries information on how to access specialty mental health services, including specialty mental health services required to access whether medical necessity criteria are met.

PLAN OF CORRECTION:

A BHRS Division Director or Program Manager will develop curriculum and provide training to all staff who may be responsible for providing 24/7 telephone information to beneficiaries. Training will include a section specific to providing the beneficiary information on how to access specialty mental health services (SMHS), including SMHS required to access whether medical necessity criteria are met.

The MHP's Quality and Performance Management (QPM) team will monitor the training and test call results on an ongoing basis. Test call results will be trended and reported to Executive staff on a quarterly basis for review.

The MHP will submit a copy of the training curriculum, sample of the sign in sheets, and Executive Staff agenda for review by 12/2017.

ITEM NO. 5, Section B, "Access," Question B9a-3:

FINDING:

The DHCS review team made six (6) test calls to the MHPs 24/7 toll-free telephone line. One of six of the calls did not provide beneficiaries information about services needed to treat a beneficiary's urgent condition.

PLAN OF CORRECTION:

A BHRS Division Director or Program Manager will develop curriculum and provide training to all staff who may be responsible for providing 24/7 telephone information to beneficiaries. Training will include a section specific to providing the beneficiary information on services available to treat a beneficiary's urgent condition.

The MHP's Quality and Performance Management (QPM) team will monitor the training and test call results on an ongoing basis. Test call results will be trended and reported to Executive staff on a quarterly basis for review.

The MHP will submit a copy of the training curriculum, sample of the sign in sheets, and Executive Staff agenda for review by 12/2017.

ITEM NO. 6, Section B, "Access," Question B9a-4:

FINDING:

The DHCS review team made six (6) test calls to the MHPs 24/7 toll-free telephone line. None of the test calls provided beneficiaries information about how to use the beneficiary problem resolution and fair hearing processes.

PLAN OF CORRECTION:

A BHRS Division Director or Program Manager will develop curriculum and provide training to all staff who may be responsible providing 24/7 telephone information to beneficiaries. Training will include a section specific to providing the beneficiary information on how to access the MHP's problem resolution and fair hearing process.

The MHP's Quality and Performance Management (QPM) team will monitor the training and test call results on an ongoing basis. Test call results will be trended and reported to Executive staff on a quarterly basis for review.

The MHP will submit a copy of the training curriculum, sample of the sign in sheets, and Executive Staff agenda for review by 12/2017.

ITEM NO. 7, Section D, "Beneficiary Protection," Question D4a-2:

FINDING:

The MHP did not furnish evidence that it provides written acknowledgement and notifications of dispositions to beneficiaries for all grievances. DHCS had reviewed 15 grievance files during the review. One grievance file did not include the required grievance disposition letter.

PLAN OF CORRECTION:

The MHP will update policy #I.C.05 titled "Problem Resolution Process" to include check and balance system to review grievance reports on a monthly basis by August 2017. The MHP will provide DHCS a copy of the updated policy upon completion.

ITEM NO.8, Section K, "Chart Review – Non-Hospital Services," Question 1c-1:

FINDING:

The medical record associated with the following Line number did not meet the medical necessity criteria since the focus of the proposed intervention did not address the mental health condition as specified in the CCR, title 9, chapter 11, section 1830.205 (b)(3)(A):

- Line ¹. RR3

PLAN OF CORRECTION:

¹ Line number(s) removed for confidentiality

The MHP's QPM team will develop an expanded training curriculum (from one day to two days) to all department staff and necessary contracted staff on an annual basis. A sample assessment exercise will be added to identify the components of medical necessity in relation to interventions focused to functional impairment. The BHRM Division Director or Program Manager will provide training at team and general meetings that are held on a monthly basis. Training will include sections for assessment, treatment planning and progress notes. Additionally, monitoring sampling of charts will be conducted on a monthly basis.

The MHP will submit a copy of the training curriculum and sample of the sign in sheets by 10/2017.

ITEM NO.9, Section K, "Chart Review – Non-Hospital Services," Question 2a:**FINDINGS:**

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

One or more assessments were not completed within the timeliness and frequency requirements specified in the MHP's written documentation standards. The following are specific findings from the chart sample:

- Line numbers ²: The initial assessment was completed late.
- Line numbers ³: The updated assessment was completed late.

PLAN OF CORRECTION:

The MHP will update its policy # II.B.10 "Time Frame for Mental Health Documentation" for timeliness. Currently, an assessment and treatment plan must be completed within the same day. We are currently discussing extending the timeframe. A report shall be created and implemented to monitor for overdue assessments on a monthly basis. Currently, our training curriculum reflects the one day timeframe. The MHP's QPM team will develop in the expanded training curriculum (from one day to two days) any changes approved to reflect new timeframes to all department staff and necessary contracted staff on an annual basis.

The BHRM Division Director or Program Manager will provide training at team and general meetings that are held on a monthly basis. Training will include sections for assessment, treatment planning and progress notes with mention of timeliness standards per policy.

The MHP will submit a copy of the updated policy, a sample report for overdue assessments, a copy of the training curriculum and sample of the sign-in sheets for review by 10/2017.

ITEM NO.10, Section K, "Chart Review – Non-Hospital Services," Question 2b:**FINDING 2b:**

² Line number(s) removed for confidentiality

³ Line number(s) removed for confidentiality

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) Medical History: **Line number 4**.
- 2) Medications: **Line numbers 5**.
- 3) Substance Exposure/Substance Use: **Line number 6**.
- 4) Client Strengths: **Line number 7**.

PLAN OF CORRECTION 2b:

The MHP’s QPM team will develop an expanded training curriculum (from one day to two days) to all department staff and necessary contracted staff on an annual basis. What will be added are rationales for each specific assessment section to justify its importance. The BHRS Division Director or Program Manager will provide training at team and general meetings that are held on a regular basis. Training will include sections for assessment, treatment planning and progress notes.

Within the assessment section, required elements shall be addressed and justified with appropriate rationale.

Additionally, monitoring sampling of charts will be conducted on a monthly basis. All appropriate parties are notified of deficiencies and disallowances. A director’s report shall be sent to the director for all utilization reviews in regard to deficiencies and disallowances.

The MHP will submit a copy of the training curriculum, sample of the sign-in sheets and sample of director’s report for review by 10/2017.

ITEM NO. 11, Section K, “Chart Review – Non-Hospital Services,” Question 3b:

FINDING 3b:

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 forms found in the beneficiary’s medical record:

- 1) The reason for taking each medication: **Line numbers 8**.
- 2) Reasonable alternative treatments available, if any: **Line numbers 9**.
- 3) Range of frequency: **Line numbers 10**.
- 4) Dosage: **Line numbers 11**.
- 5) Method of administration (oral or injection): **Line numbers 12**.

⁴ Line number(s) removed for confidentiality
⁵ Line number(s) removed for confidentiality
⁶ Line number(s) removed for confidentiality
⁷ Line number(s) removed for confidentiality
⁸ Line number(s) removed for confidentiality
⁹ Line number(s) removed for confidentiality
¹⁰ Line number(s) removed for confidentiality
¹¹ Line number(s) removed for confidentiality
¹² Line number(s) removed for confidentiality

- 6) Duration of taking each medication: **Line numbers** ¹³.
- 7) Probable side effects: **Line numbers** ¹⁴.
- 8) Possible side effects if taken longer than 3 months: **Line numbers** ¹⁵.

PLAN OF CORRECTION 3b:

The MHP is awaiting for the release of an information notice from DHCS regarding this section and will make adjustments at that time.

ITEM NO. 12, Section K, "Chart Review", Question 4(a)(2):

FINDING:

The client plan was not updated at least annually or 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):

- **Line numbers** ¹⁶: The prior client plan was **late** per the MHP's written documentation standards. However, this occurred outside the audit review period.

The MHP should review all services and claims identified during the audit that were claimed outside of the audit period for which there was no client plan in effect and disallow those claims as required.

PLAN OF CORRECTION:

The MHP's QPM team will develop an expanded training curriculum (from one day to two days) to all department staff and necessary contracted staff on an annual basis. The expanded training will include a pre and posttest on treatment plan reviews and deadlines. Expanded samples will be added to the curriculum to address treatment plan reviews and justification on an annual basis and when there is a significant change in the beneficiary's condition. The BHRS Division Director or Program Manager will provide training at team and general meetings that are held on a monthly basis. Training will include sections for assessment, treatment planning and progress notes.

Additionally, monitoring sampling of charts will be conducted on a monthly basis. All appropriate parties are notified of deficiencies and disallowances. A director's report shall be sent to the director for all utilization reviews in regard to deficiencies and disallowances.

The MHP will submit a copy of the training curriculum and sample of the sign in sheets for review by 10/2017.

ITEM NO. 13, Section K, "Chart Review", Question 4(b)(3):

FINDING:

¹³ Line number(s) removed for confidentiality

¹⁴ Line number(s) removed for confidentiality

¹⁵ Line number(s) removed for confidentiality

¹⁶ Line number(s) removed for confidentiality

The following Line numbers had client plans that did not include all of the items specified in the MHP Contract with the Department:

- 4b-3) One or more of the proposed interventions did not indicate an expected frequency. **Line numbers** ¹⁷.

PLAN OF CORRECTION:

The MHP's QPM team will develop an expanded training curriculum (from one day to two days) to all department staff and necessary contracted staff on an annual basis. New PPT slides within the training curriculum will address frequency and the rationale for its importance. Within the treatment plan section, frequency of interventions will be addressed. The BHRS Division Director or Program Manager will provide training at team and general meetings that are held on a regular basis. Training will include sections for assessment, treatment planning and progress notes.

The MHP will submit a copy of the training curriculum and sample of the sign in sheets for review by 10/2017.

ITEM NO. 14, Section K, "Chart Review", Question 4(b)(5):

FINDING:

The following Line numbers had client plans that did not include all of the items specified in the MHP Contract with the Department:

- 4b-5) 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** ¹⁸.

PLAN OF CORRECTION:

As indicated previously with the POC for medical necessity, the MHP's QPM team will develop an expanded training curriculum (from one day to two days) to all department staff and necessary contracted staff on an annual basis. The expanded training will include a pre and posttest on interventions relating to the functional impairment and diagnosis. The BHRS Division Director or Program Manager will provide training at team and general meetings that are held on a regular basis. Training will include sections for assessment, treatment planning and progress notes.

Additionally, monitoring sampling of charts will be conducted on a monthly basis. All appropriate parties are notified of deficiencies and disallowances. A director's report shall be sent to the director for all utilization reviews in regard to deficiencies and disallowances.

The MHP will submit a copy of the training curriculum and sample of the sign in sheets for review by 10/2017.

¹⁷ Line number(s) removed for confidentiality

¹⁸ Line number(s) removed for confidentiality

ITEM NO. 15, Section K, "Chart Review", Question 4(d)(1):

FINDING:

There was no documentation of the beneficiary's or legal representative's degree of participation in and agreement with the plan, and there was no written explanation of the beneficiary's refusal or unavailability to sign the plan, as required in the MHP Contract with the Department:

- Line number ¹⁹: The beneficiary or legal representative was required to sign the client plan per the MHP Contract with the Department. However, the signature was missing.

PLAN OF CORRECTION:

The MHP's QPM team will develop an expanded training curriculum (from one day to two days) to all department staff and necessary contracted staff on an annual basis. Our expanded curriculum will now include new PPT slides to solely address the beneficiary's documentation of participation in the treatment plan. The BHRS Division Director or Program Manager will provide training at team and general meetings that are held on a regular basis. Training will include sections for assessment, treatment planning and progress notes.

Additionally, monitoring sampling of charts will be conducted on a monthly basis. All appropriate parties are notified of deficiencies and disallowances. A director's report shall be sent to the director for all utilization reviews in regard to deficiencies and disallowances.

The MHP will submit a copy of the training curriculum and sample of the sign in sheets for review by 10/2017.

ITEM NO. 16, Section K, "Chart Review", Question 4f:

FINDING:

The Client plan did not include:

- 1) Signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, or job title:
 - **Line number ²⁰.**

PLAN OF CORRECTION:

The MHP will run a report on provider credentials via MHP's electronic health record (EHR). For those providers whose credentials are incomplete, a form will be provided to the provider to fill out credential information and submit to automation services so that credentials will be present with signature of provider. An informational memo will also be sent by email to alert providers for proper information of credentials in the EHR and how to alert automation services if the information is incomplete. This will be completed by October 2017 and a copy of the memo will be submitted upon completion.

¹⁹ Line number(s) removed for confidentiality

²⁰ Line number(s) removed for confidentiality

This process will be monitored on a semi-annual basis for the two years to determine the effectiveness of the new process.

ITEM NO. 17, Section K, "Chart Review", Question 5a1:

FINDING:

Progress notes were not completed in accordance with regulatory and contractual requirements and/or with the MHP's own written documentation standards:

- One or more progress note was not completed within the timeliness and frequency standards in accordance with regulatory and contractual requirements.
- Progress notes did not document the following:

5a-1) **Line number** ²¹: 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).

PLAN OF CORRECTION:

The MHP will update its policy for timeliness. Currently, progress notes must be completed the same day of service. The MHP will discuss updating its policy # II.B.10 "Time Frame for Mental Health Documentation" to extend the timeframe. Additionally, the MHP's QPM team will develop an expanded training curriculum (from one day to two days) to all department staff and necessary contracted staff on an annual basis. Expanded samples will be added to the curriculum to address timeliness of progress note and justification. The BHRS Division Director or Program Manager will provide training at team and general meetings that are held on a monthly basis.

The MHP will submit a copy of the updated policy, a copy of the training curriculum and sample of the sign in sheets for review by 10/2017.

ITEM NO. 18, Section K, "Chart Review", Question 5a-3:

FINDING:

The following Line number(s) had documentation indicating a Specialty Mental Health Service (SMHS) was provided while the beneficiary resided in a setting that was ineligible for Federal Financial Participation or resided in a setting subject to lockouts:

The progress notes for the following Line number indicate that the service provided was solely for:

- Clerical: **Line number** ²².

PLAN OF CORRECTION:

²¹ Line number(s) removed for confidentiality

²² Line number(s) removed for confidentiality

The MHP's QPM team will develop an expanded training curriculum (from one day to two days) to all department staff and necessary contracted staff on an annual basis. Expanded samples will be added to the curriculum to address ethical, financial and legal implications in claims not substantiated. The BHRS Division Director or Program Manager will provide training at team and general meetings that are held on a monthly basis.

Additionally, monitoring sampling of charts will be conducted on a monthly basis. All appropriate parties are notified of deficiencies and disallowances. A director's report shall be sent to the director for all utilization reviews in regard to deficiencies and disallowances.

The MHP will submit a copy of the training curriculum, sample of the sign in sheets and sample of director's report for review by 10/2017.

ITEM NO. 19, Section K, "Chart Review", Question 5a-3:**FINDING:**

The following Line number(s) had documentation indicating a Specialty Mental Health Service (SMHS) was provided while the beneficiary resided in a setting that was ineligible for Federal Financial Participation or resided in a setting subject to lockouts:

- Service was provided while the beneficiary resided in an inpatient hospital setting.
Line number ²³.

PLAN OF CORRECTION:

The MHP's QPM team will develop an expanded training curriculum (from one day to two days) to all department staff and necessary contracted staff on an annual basis. In the current curriculum, lockout services are addressed in non-reimbursable services. Expanded PPT slides and examples will be added to the curriculum to specifically address and define lockout services and appropriate billing.

The MHP will submit a copy of the training curriculum, sample of the sign in sheets and sample of director's report for review by 10/2017.

ITEM NO. 20, Section K, "Chart Review", Question 5c:**FINDING:**

Documentation in the medical record did not meet the following requirements:

- Line number ²⁴: The type of specialty mental health service (SMHS) documented on the progress note was not the same type of SMHS claimed.

PLAN OF CORRECTION:

The MHP's QPM team will develop an expanded training curriculum (from one day to two days) to all department staff and necessary contracted staff on an annual basis. Expanded samples will be added to the curriculum to specifically define all service/interventions. The expanded training will also include a pre and posttest on definitions of services/interventions.

²³ Line number(s) removed for confidentiality

²⁴ Line number(s) removed for confidentiality

The BHRS Division Director or Program Manager will provide training at team and general meetings that are held on a monthly basis.

The MHP will submit a copy of the training curriculum, sample of the sign in sheets and sample of director's report for review by 10/2017.