Marin Behavioral Health & Recovery Services Response to FY 2016/2017 Annual Review of Consolidated Specialty Mental Health Services and Other Funded Services Mental Health Plan Review Findings Report

Section B: Access

Protocol Requirements

9a. Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number:

1. Does the MHP provide a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county?
2. Does the toll-free telephone number provide information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met?
3. Does the toll-free telephone number provide information to beneficiaries about services needed to treat a beneficiary's urgent condition?
4. Does the toll-free telephone number provide information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes?

Findings:

It was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, callers were provided information on how to access SMHS and information about services to treat and urgent conditions on 80% of the test calls. Protocol questions(s) B9a2 and B9a3 is deemed in partial compliance.

Plan of Correction:

- Quality Management and the Access Team Supervisor will review requirements with team semi-annually and train to the necessity of documenting required elements for every call with the Access Team staff and Optum (the after-hours call center).

- Access Team Supervisor will be in contact with Optum Contact at least semi-annually to reinforce that the staff answering calls after hours of the requirement to document information. The Access Team Supervisor contacted Optum as recently as May 23, 2017 and will continue to monitor the logs and provide additional feedback and guidance as indicated. (See attached letter.)

- Adherence to the requirements will be checked via the monthly 24/7 test calls and feedback provided to the Access Team Supervisor when this requirement is not met.

Protocol Requirements

B10. Regarding the written log of initial requests for SMHS:

B10a. Does the MHP maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing?

B10b. Does the written log(s) contain the following required elements:

1. Name of the beneficiary?

2. Date of the request?

3. Initial disposition of the request?

Findings

The MHP did not furnish evidence its written log(s) of initial requests for SMHS include requests made by phone, in person or in writing. There is insufficient evidence the MHP consistently logs all requests made for SMHS by beneficiaries. The log(s) made available by the MHP did not include the required elements for all DHCS test calls.

Plan of Correction

- The MHP 24/7 log does contain all the required elements including, name of beneficiary, date of request and initial disposition. It contains fields to check the method of contact including: Fax, Incoming (refers to phone), walk-in (refers to in person) and web/email (refers to in writing). (See attached screen shot providing evidence of these fields on the Contact Log.)

- Quality Management and the Access Supervisor will review requirements with team semi-annually and train to the necessity of documenting required elements for every call.

- Access Team Supervisor will be in contact with Optum contact staff at least semi-annually to reinforce that the staff answering calls after hours of the requirements for documenting caller information. The Access Team Supervisor contacted Optum as recently as May 23, 2017 and will continue to monitor the logs and provide additional feedback and guidance as indicated. (see attached letter

- Adherence to the requirements will be checked via the monthly 24/7 test calls and feedback provided to the Access Team Supervisor when this requirement is not met.

Protocol Requirements

B13b. Does the MHP have evidence of the implementation of training programs to improve the cultural competence skills of staff and contract providers?

Findings

The MHP did not furnish evidence it has a plan for annual cultural competence training necessary to ensure the provision of culturally competent services. It was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual

requirements. Specifically the MHP did not have evidence of follow up to ensure implementation and completion of cultural competency training for administrative and management staff and/or persons providing SMHS employed by or contracting with the MHP.

Plan of Correction

- Subsequent to the Triennial Review the MHP reviewed and amended its Cultural Competence Training Plan to explicitly state that all BHRS staff will participate in cultural competence trainings at a minimum of four (4) hours per year. (See attached policy BHRS- 39 Cultural Competence Training Plan).

- The MHP has developed a system that will enable the Ethnic Services and Training Manager to track and maintain records of BHRS line, management and administrative staff's completion status for the required trainings. The Ethnic Services and Training Manager will notify BHRS staff biannually of their completions status for the required trainings to ensure compliance. (see attachment of training tracking log).

- The MHP has and will continue to announce and offer similar trainings that are planned for BHRS staff to its contract agency partner administrators, managers, supervisors and line staff. Contract agency partners will be notified by BHRS of cultural competency trainings in the same way that BHRS staff receives training notification announcements.

Section C: Authorization

Protocol Requirements

C 2. Regarding Standard Authorizations Requests for non-hospital SMHS:

C2a. Does the MHP have written policies and procedures for initial and continuing authorizations of SMHS as a condition of reimbursement?

C2b. Are payment authorization requests being approved or denied by licensed mental health professionals or waivered/registered professionals of the beneficiary's MHP?

C2c. For standard authorization decisions, does the MHP make an authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and within 14 calendar days following receipt of the request for service with a possible extension of up to 14 additional days?

C2d. For expedited authorization decisions, does the MHP make an expedited authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and within 3 working days following receipt of the request for service or, when applicable, within 14 calendar days of an extension?

Findings

The MHP did not furnish evidence it complies with regulatory requirements regarding standard authorization requests (SARs) for non-hospital SMHS services. It was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, three (3) of the fifty (50) SARs reviewed by DHCS were not adjudicated within the fourteen (14) calendar days. Protocol questions(s) C2c is deemed in partial compliance.

Plan of Correction

- The Access Team Supervisor will provide training for Access staff responsible for making authorization decisions to reinforce the requirement that decisions for standard authorizations are made within 14 calendar days.

- The MHP has a tracking system for all authorizations including SARs which logs the requests for services, due dates for reauthorizations and treatment plans. The MHP will add fields to include date of receipt, due date of authorization decision within 14 calendar days and date completed. This will be completed by Nov 30, 2017.

- The Access Team Supervisor/Quality Management will run a report monthly to monitor timeliness of Authorizations.

Protocol Requirements

C6d. NOA-D: Is the MHP providing a written NOA-D to the beneficiary when the MHP fails to act within the timeframes for disposition of standard grievances, the resolution of standard appeals, or the resolution of expedited appeals?

Findings

The MHP did not furnish evidence it provides a written NOA-D to the beneficiary when the MHP fails to act within the timeframes for disposition of standard grievances, the resolution of standard appeals or the resolution of expedited appeals. Specifically, two (2) grievances were not adjudicated within the timeframe and no NOA-D was issued to the beneficiaries.

Plan of Correction

- The MHP maintains a Grievance Access Data Base with the required elements for tracking and logging the disposition of standard grievances, the resolution of standard appeals, and expedited appeals. The Access Data Base will be amended to include a date trigger for the NOA-D in the event the MHP has not acted within the required timeframes. This will be amended by November 30, 2017.

- Quality Management will train any staff responsible for responding to grievances of the required timeframes to respond and the necessity of a NOA-D in the event that the timelines are not met.

- Quality Management will run a report monthly to monitor timeliness of responses to standard grievances, standard appeals and expedited appeals to ensure that if a response is not completed as required that a NOA-D is provided.

Section D: Beneficiary Protection

Protocol Requirements:

D3. Regarding established timeframes for grievances, appeals, and expedited appeals:

D3a. 1) Does the MHP ensure that grievances are resolved within established timeframes?

2) Does the MHP ensure that appeals are resolved within established timeframes?

3) Does the MHP ensure that expedited appeals are resolved within established timeframes?

D3b. Does the MHP ensure required notice(s) of an extension are given to beneficiaries?

Findings

The MHP did not furnish evidence it ensures grievances, appeals, and expedited appeals are resolved within established timeframes. Specifically, three (3) of the twenty (20) grievances were not resolved within the timeframe.

Plan of Correction

- The MHP maintains a Grievance Access Data Base (DB) with the required elements for tracking and logging the disposition of standard grievances, the resolution of standard appeals, and expedited appeals. The Access Data Base will be amended to include a date trigger in the event the MHP has not acted within the required timeframes. This will be completed by November 30, 2017.

- Quality Management will train and review the required timeframes for resolution with those staff that are responding to grievances, appeals and expedited appeals.

- The timeframes will be monitored monthly by Quality Management via query of the DB and review of month's grievances.

Section J Mental Health Services (MHSA)

Protocol Requirements

5d. Does the County ensure that a PSC/Case Manager or other qualified individual known to the client/family is available to respond to the client/family 24 hours a day, 7 days a week to provide after-hours interventions?

Findings

The County did not furnish evidence its PSC/Case Managers or other qualified individual is known to the client/family. Specifically, after hour crisis telephone number is not enough to ensure that a PCS/Case Manager or other qualified individual is known to client/family.

Plan of Correction

- The MHP Program Managers for FSP have updated the procedures for ensuring that PSC/Case Managers or other individuals are able to meet and become familiar with FSP participants. This will include holding events twice a year in which all FSP participants can meet with providers during informal settings to better facilitate engagement and familiarity (see attached 24/7 procedure and event flier).

Section C: Authorization

Protocol Requirements

C4d. **SURVEY ONLY**

1) Does the MHP ensure timely transfer within 48 hours of the authorization and provision of SMHS for a child who will be placed "out of county"?

2) Does the MHP have a mechanism to track the transfer of the authorization and provision of services to another MHP?

C4e. **SURVEY ONLY**

1) Does the MHP ensure an assessment has been conducted and authorization of services occurs within 4 business days of receipt of a referral for SMHS for a child by another MHP?

2) Does the MHP have a mechanism to track referrals for assessments and authorizations of services for children placed in its county?

DHCS Suggested Action: DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: Create a tracking log

Plan of Correction:

- The MHP will develop a tracking log that has timeframes for receipt of authorizations for children "placed out of county" in accordance with All County Letter (ACL) No. 17-77/ Information Notice No. 17-032 "Implementation of Presumptive Transfer for Foster Children Placed Out of County.

- The MHP will develop a tracking log that tracks date of assessments within 4 business days of receipt of a referral for SMHS by another MHP and to track referrals and authorizations for MHP children placed in Marin, in compliance with All County Letter (ACL) No. 17-77/ Information Notice No. 17-032 "Implementation of Presumptive Transfer for Foster Children Placed Out of County. The tracking logs will be developed and implemented not later than December 31st, 2017.

- The Access Team Supervisor or Quality Management will run a report monthly to monitor timeliness of Authorizations.

Section K "Chart Review- Non –Hospital Services"

Protocol Requirements

1. Does the beneficiary meet all three (3) of the following medical necessity criteria for reimbursement (1a, 1b, and 1c. below)?

1a. The beneficiary has a current ICD diagnosis which is included for non-hospital SMHS in accordance with the MHP contract?

1b. The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below):

1) A significant impairment in an important area of life functioning.

2) A probability of significant deterioration in an important area of life functioning.

3) A probability that the child will not progress developmentally as individually appropriate.

4) For full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that SMHS can correct or ameliorate.

1c. Do the proposed and actual intervention(s) meet the intervention criteria listed below:

1) The focus of the proposed and actual intervention(s) is to address the condition identified in No. 1b. (1-3) above, or for full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that SMHS can correct or ameliorate per No. 1b(4).

2) The expectation is that the proposed and actual intervention(s) will do at least one (1) of the following (A, B, C, or D):

A. Significantly diminish the impairment.

B. Prevent significant deterioration in an important area of life functioning.

C. Allow the child to progress developmentally as individually appropriate.

D. For full-scope MC beneficiaries under the age of 21 years, correct or ameliorate the condition.

1d. The condition would not be responsive to physical health care based treatment.

Finding 1c-1

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

- Line numbers [1];

Plan of Correction:

- The MHP Quality Management staff will provide refresher trainings for all affected Behavioral Health and Recovery Services (BHRS) and contract clinical staff that will address the medical necessity requirements. Mandatory refresher trainings for all BHRS staff were initiated and provided on Aug 29th; Aug 31st, and Sept 12th. Additional training was provided Sept. 11th and Sept. 14th will continue to be provided on a biannual schedule or more frequently in response to utilization review findings of individual teams.

- Quality Management is scheduled to meet with all network providers (Sept. 13th) and will review the requirements for what constitutes a signature in the medical record for all documentation.

- New BHRS and contract clinical staff are provided training regarding this topic upon hire and will continue to receive this training. The most recent New Staff Orientation and Documentation Training was Sept 7th, 2017 and is provided every 2 months or as needed based upon hiring patterns.(see attached New Staff Documentation Training 2017 PowerPoint)

    - Training Goal: To result in improved and more consistent documentation.
    - Objective: The provided trainings will result in improved understanding of medical necessity requirements.
    - Projected Timeframe: As noted above, these trainings have been in progress and will continue. <u>All staff will receive the refresher trainings no later than December 1, 2017</u>.
    - <u>Utilization Review Process:</u>
        - Quality Management conducts utilization reviews of a minimum of 5% of records of BHRS teams and community based organizations. There are more frequent reviews of any providers with findings of

[1] Line number(s) removed for confidentiality

greater than 5% recoupments. All findings are reported to team/program supervisors with requirement of Plan of Correction (POC) for all items found out of compliance or needing improvement. Quality Management uses the POC and prior review findings in all follow up trainings and to guide future reviews.(see BHRS—34 Outpatient Services Utilization Review Policy).

- o The BHRS Documentation Manual is available on line: https://www.marinhhs.org/clinical-documentation-guide
- o Proposed Evidence: Training materials (incl. ppt and BHRS Documentation Manual); sign in sheets and utilization review findings with improved review findings of <5% of audited charts being out of compliance.

Protocol Requirements- Assessment

2 Regarding the Assessment, are the following conditions met:

2a.. 1) Has the Assessment been completed in accordance with the MHP's established written documentation standards for timeliness?

2) Has the Assessment been completed in accordance with the MHP's established written documentation standards for frequency?

Finding 2a

Assessments were not completed in accordance with regulatory and contractual requirements, specifically: One or more assessments were not complete within the timeliness and frequency requirements specified in the MHP's written documentation standards. The following are specific findings from the chart sample**:**

- **Line [2]:** The initial Assessment was completed late.
- **Line [3]:** The updated assessment was completed late.

Plan of Correction

- BHRS Documentation Manual states the timeliness standards as follows:

[2] Line number(s) removed for confidentiality
[3] Line number(s) removed for confidentiality

- ***TIMELINESS OF ASSESSMENTS***

    - *The assessment process needs to be completed within sixty (60) days of an initial opening for both Adult and Children's System of Care providers or for an episode where the client was closed for services for over 180 days (6 months) and is being re-opened to services.*
    - *It is strongly suggested that the Initial Clinical Assessment is completed and submitted for review and co-signature (if required) within 30 days of episode opening.*
    - *Assessment information must be updated on an annual basis. Annual Clinical Reassessments are to be completed and finalized prior to the end of the established/current authorization period.*
    - *If a change in diagnosis occurs during the annual Clinical Reassessment, the diagnosing clinician must submit the change using the Admission and Discharge Form to update the Share Care system.*

- Quality Management has resent the link to the BHRS Documentation Manual to all BHRS staff and contractors and will continue to do so on a semi-annual basis and at every New Staff and refresher training. The flier that is sent out is attached. The link is: https://www.marinhhs.org/clinical-documentation-guide.

- Quality Management has met with the supervisors of the staff for Lines [4] specifically regarding the standard for timeliness of assessments.

- Quality Management met with contractors and network providers Sept. 13th and reviewed the requirements for timeliness of assessments.

    - Projected Timeframe: As noted above, these trainings have been in progress and will continue. All staff will receive the refresher trainings no later than December 1, 2017.
    - See Utilization Review Process
    - Proposed Evidence: Training materials (incl. ppt and BHRS Documentation Manual); sign in sheets and utilization review finding with improved review findings of <5% of audited charts being out of compliance.

[4] Line number(s) removed for confidentiality

Protocol Requirements- Assessment

2c. Does the assessment include:

1) The date of service?

2) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, and licensure or job title?

3) The date the documentation was entered in the medical record?

Finding 2c:

The assessment did not include:

- Signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure or job title: Line number [5].

Plan of Correction

- Quality Management has requested that the electronic health record (EHR) vendor, Krassons, resume capturing the clinician's title as well as licensure as part of the electronic signature in the EHR. Estimated time of change is September 30, 2017.

- Quality Management met with contractors Sept 13th and reviewed the requirements for what constitutes a compliant signature in the medical record for all documentation.

- Behavioral Health and Recovery Services IT (BHRSIT) will ensure that all new staff complete staff signature profile accurately at time of initial orientation and will query all existing signatures once change made in EHR to determine which staff need to update signature profiles.

- Quality Management will follow up with any staff found to be out of compliance by IT report no later than November 30, 2017.

[5] Line number(s) removed for confidentiality

Protocol Requirements- Medication Consent

3. Regarding medication consent forms:

3a. Did the provider obtain and retain a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication?

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:

- Line numbers [6]: There was no written medication consent form found in the medical record.

Plan of Correction

- Quality Management has contacted the providers for Line [7] beneficiaries and required that new medication consents be obtained if a current consent was not present.

- An updated Medication Consent Policy (BHRS-20) was finalized May 9, 2017 and was shared with all medical providers. Administrative staff were given responsibility to provide medical staff with updated consent form.

- The Medication Consents will be available for beneficiary signature in the Electronic Health Record by October 2017.

- Quality Management has provided the new BHRS Medical Director, (who started June 2017) with BHRS- 20 Medication Consent policy and protocols. Quality Management will be meeting with all medical providers in October 2017 to review the updated policy, forms and provide instruction in the use of the consents in the Electronic Health Record.

[6] Line number(s) removed for confidentiality
[7] Line number(s) removed for confidentiality

- The BHRS Medication Documentation Manual states the timeframes required for completion of medication consents. Quality Management provides and reviews this policy at time of orientation for all new medical providers.

    - Projected Timeframe: As noted above, these trainings have been in progress and will continue. <u>All staff will receive the refresher trainings no later than December 1, 2017.</u>

    - Proposed Evidence: Medical Provider staff will be trained on BHRS -20 Medication Consent Policy and requirements; how to access electronic medication consent in EHR. Evidence of training materials: BHRS Documentation Manual- Section on Medication Provider Documentation; and sign in sheets.

<u>Protocol Requirements- Client Plans</u>

4. Regarding the client plan, are the following conditions met:

4a. 1) Has the client plan been completed within the time period specified in the Mental Health Plan (MHP's) documentation guidelines, or lacking MHP guidelines, within 60 days of the intake unless there is documentation supporting the need for more time?

<u>Finding 4a-1:</u>

- **Line number [8]**: The initial client plan was not completed within the time period specified in the Mental Health plan (MHP's) documentation guidelines or lacking MHP and therefore, there was no client plan in effect during the audit review period, that contained the interventions provided. Interventions provided were not contained in the initial client plan.

<u>Plan of Correction</u>

- Quality Management has initiated further review of agency for Line number [9] services and will disallow claims as required. <u>This will be completed by December 31, 2017.</u>

[8] Line number(s) removed for confidentiality
[9] Line number(s) removed for confidentiality

- BHRS Quality Management has terminated certification of agency providing services for Line number [10] for Rehabilitation Day Treatment as of [11].

- Quality Management will provide all contractors and county staff training to reinforce Client Plan timeliness standards.

    - Projected Timeframe: As noted above, these trainings have been in progress and will continue. <u>All staff will receive the refresher trainings no later than December 31, 2017</u>.

    - See Utilization Review Process

    - Proposed Evidence: Training materials (incl. ppt and BHRS Documentation Manual); sign in sheets and improvement in this specific finding on subsequent reviews and related disallowances.

<u>Protocol Requirements- Client Plans</u>

4. Regarding the client plan, are the following conditions met:

4a. 2) Has the client plan been updated at least annually and/or when there are significant changes in the beneficiary's condition?

<u>Finding 4a-2:</u>

- **Line numbers [12]**: There was a lapse between the prior and current client plans. However this occurred outside of the audit review period.

<u>Plan of Correction</u>

- The MHP EHR blocks all claims for any services during a period of time when there is not a current Client Plan. All BHRS county teams and five (5) system of care agencies document in the EHR.

- Quality Management will conduct further review of Line number [13] services and will disallow claims as required due to lapse in Client Plan. <u>This will be completed by December 31, 2017</u>.

[10] Line number(s) removed for confidentiality
[11] Date of Service removed for confidentiality
[12] Line number(s) removed for confidentiality
[13] Line number(s) removed for confidentiality

- Quality Management will reinforce with all teams the requirement to complete Client Plans in a timely manner at BHRS all agency training on Sept. 11, 2017 and subsequent targeted team trainings.

Protocol Requirements- Client Plans

4b. Does the client plan include the items specified in the MHP Contract with the Department?

1) Specific, observable, and/or specific quantifiable goals/treatment objectives related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis.

2) The proposed type(s) of intervention/modality including a detailed description of the intervention to be provided.

3) The proposed frequency of intervention(s).

4) The proposed duration of intervention(s).

5) Interventions that focus and address the identified functional impairments as a result of the mental disorder or emotional disturbance.

6) Interventions are consistent with client plan goal(s)/treatment objective(s).

7) Be consistent with the qualifying diagnoses.

Finding 4b:

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 [14].**

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 [15]**

4b-3) One or more of the proposed interventions did not indicate an expected frequency. **Line numbers [16]**

[14] Line number(s) removed for confidentiality
[15] Line number(s) removed for confidentiality
[16] Line number(s) removed for confidentiality

Plan of Correction

- Quality Management will reinforce through trainings the requirements for Client Plan goals with all BHRS and contract agencies. New staff training was held on Sept. 7th and additional trainings are scheduled for Sept 11th, 14th and will continue six times/year or as needed to meet staffing needs.

    - Training Goal: To result in improved and more consistent documentation.

    - Objective: The provided trainings will result in improved understanding of client plan requirements including but not limited to goals/treatment objectives, interventions/modalities and documentation of frequency and duration of interventions.

    - Projected Timeframe: As noted above, these trainings have been in progress and will continue. All staff will have received the refresher trainings no later than December 31, 2017.

    - See Utilization Review Process

    - Proposed Evidence: Training materials (incl. ppt and BHRS Documentation Manual); sign in sheets and utilization review finding with improved review findings of <5% of audited charts being out of compliance.

Protocol Requirements- Progress Notes

5a.

Do the progress notes document the following:

1) Timely documentation of relevant aspects of client care, including documentation of medical necessity?
2) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions?
3) Interventions applied, beneficiary's response to the interventions, and the location of the interventions?
4) The date the services were provided?

5) Documentation of referrals to community resources and other agencies, when appropriate?

6) Documentation of follow-up care or, as appropriate, a discharge summary?

7) The amount of time taken to provide services?
8) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, and licensure or job title?

Finding 5a:

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

5a-1) Line numbers [17]: Timely documentation of relevant aspects of beneficiary care as specified by the MHP's documentation standards

5a-4) Line number [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.

5a-8) Line number [19]: The provider's professional degree, licensure or job title.

Plan of Correction

- Quality Management will review the standards for timeliness of progress notes and will send reminders as well as the link to the BHRS Documentation Manual to all BHRS staff and contractors and will continue to do so on a bi-annual basis and at every New Staff and refresher training. The flier that is sent out is attached. The link is: https://www.marinhhs.org/clinical-documentation-guide.
- Since the triennial Quality Management has conducted BHRS and contractor staff trainings on July 7th August 29th, Aug 31st, Sept 7th, Sept 12th and Sept. 14th. Trainings will continue with all teams and contractors at minimum on a bi-annual basis.
- Quality Management met with all network providers (Sept. 13th) and all BHRS staff on Sept 11th and Sept 14th and reviewed the requirements for timeliness of progress notes.

[17] Line number(s) removed for confidentiality
[18] Line number(s) removed for confidentiality
[19] Line number(s) removed for confidentiality

- Quality Management will notify staff and supervisors of Utilization Review findings of any notes not completed in compliance with BHRS standards of 72 hours or 3 business days.

- See Utilization Review Process

- The MHP Quality Management has requested that the electronic health record (EHR) vendor, Krassons, resume capturing the clinician's title as well as licensure as part of the electronic signature in the EHR. Estimated time of change is September 30, 2017.

- Behavioral Health and Recovery Services IT (BHRSIT) will ensure that all new staff complete staff signature profile accurately at time of initial orientation and will query all existing signatures once change made in EHR to determine which staff need to update signature profiles.

    - Quality Management will follow up with any staff found to be out of compliance by IT report no later than November 30, 2017.

Finding 5a3:

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

- Clerical: **Line number [20].**

Plan of Correction

- Quality Management will review the reasons for recoupments at next trainings, will send reminders to staff and include the link to the BHRS Documentation Manual: https://www.marinhhs.org/clinical-documentation-guide.

- Since the triennial Quality Management has conducted BHRS and contractor staff trainings on July 7th August 29th, Aug 31st, Sept 7th, Sept 12th and Sept. 14th. Trainings will continue with all teams and contractors at minimum six times year.

[20] Line number(s) removed for confidentiality

Protocol Requirements- Progress Notes

5b. When services are being provided to, or on behalf of, a beneficiary by two or more persons at one point in time, do the progress notes include:

1) Documentation of each person's involvement in the context of the mental health needs of the beneficiary? the beneficiary's condition?
2) The exact number of minutes used by persons providing the service?

Finding 5b:

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:

- **Line number [21]:** Progress notes did not document the contribution, involvement or participation of each staff member as it relates to the identified functional impairment and mental health needs of the beneficiary.

Plan of Correction

- Quality Management will review the standards for documentation of progress notes by more than two staff and all group progress notes with the team associated with the line numbers found to be out of compliance.

- Quality Management will send the link to the BHRS Documentation Manual to all BHRS staff and contractors which contains guidance for documentation of groups or for two or more staff members and will continue to do so on a bi-annual basis and at every New Staff and refresher training. The flier that is sent out is attached. The link is: https://www.marinhhs.org/clinical-documentation-guide.

- Quality Management will train to the inclusion of documentation of medical necessity for group participants.

    - Projected Timeframe: As noted above, these trainings have been in progress and will continue. All staff will receive the refresher trainings no later than December 31, 2017.

[21] Line number(s) removed for confidentiality

- See Utilization Review Process.

- Proposed Evidence: Training materials (incl. Power Point (ppt) and BHRS Documentation Manual); sign in sheets and utilization review finding with improved review findings of <5% of audited charts being out of compliance.

Protocol Requirements- Progress Notes

5c. Timeliness/frequency as follows:

1) Every service contact for:
   A. Mental health services
   B. Medication support services
   C. Crisis intervention
   D. Targeted Case Management
2) Daily for:
   A. Crisis residential
   B. Crisis stabilization (one per 23/hour period)
   C. Day treatment intensive
3) Weekly for:
   A. Day treatment intensive (clinical summary)
   B. Day rehabilitation
1) Adult residential

Finding 5c:

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

- **Line number [22]:** There was no progress note in the medical record for the service claimed

- **Line number [23]:** The type of specialty mental health service documented on the progress note was not the same type of SMHS claimed

[22] Line number(s) removed for confidentiality
[23] Line number(s) removed for confidentiality

Plan of Correction

- Regarding Line number [24]- the specific agency has been counseled and Quality Management has met with their Quality Management to review the requirements. The agency is increasing internal quality review protocols to ensure that all claims are supported by properly dated documentation.

- Quality Management has and will continue to include the definitions of all Title 9 SMHS services during trainings.
    - Projected Timeframe: As noted above, these trainings have been in progress and will continue. All staff will receive the refresher trainings no later than December 31, 2017.

- See Utilization Review Process.

- Proposed Evidence: Training materials (incl. ppt and BHRS Documentation Manual); sign in sheets and utilization review finding with improved review findings of <5% of audited charts being out of compliance.

Protocol Requirements- Progress Notes

5d. Do all entries in the beneficiary's medical record include:

1) The date of service?

2) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, and licensure or job title?

Finding 5d:

- The Progress note did not include the provider's professional degree, licensure or job title: **Line number [25].**

[24] Line number(s) removed for confidentiality
[25] Line number(s) removed for confidentiality

Plan of Correction

- The MHP Quality Management has requested that the electronic health record (EHR) vendor, Krassons, resume capturing the clinician's title as well as licensure as part of the electronic signature in the EHR. Estimated time of change is September 30, 2017.

- Quality Management refresher trainings began shortly after the triennial review and continue for all staff and contractors. Quality Management will include the requirements for what constitutes a compliant signature in the medical record for all documentation.

    - Projected Timeframe: As noted above, these trainings have been in progress and will continue. All staff will receive the refresher trainings no later than December 1, 2017.

    - Behavioral Health and Recovery Services IT (BHRSIT) will ensure that all new staff complete staff signature profile accurately at time of initial orientation and will query all existing signatures once change made in EHR to determine which staff need to update signature profiles.

    - Quality Management will follow up with any staff found to be out of compliance by IT report no later than November 30, 2017.

Protocol Requirements- Documentation of Cultural and Linguistic Services

6. Regarding cultural/linguistic services and availability in alternative formats:

6a. Is there any evidence that mental health interpreter services are offered and provided, when applicable?

Finding 6a:

There was no evidence that mental health interpreter services were offered and provided on every occasion to the following:

- **Line number [26]**

Plan of Correction

- Quality Management will redistribute BHRS policy MHSUS-16, Use of Interpreters, to all staff and contractors in a Quality Improvement update "QI Matters". This policy states standards for providing services for individuals with Limited English Proficiency (LEP).

- The MHP EHR includes a required field for a clinician to either indicate that services were provided by the clinician in the preferred language or by an interpreter. The notes cannot be finalized without completion of this field. (see below).

[26] Line number(s) removed for confidentiality