

Mariposa County Mental Health Plan Review

Plan of Correction

SECTION A: Access

The MHP will submit a POC addressing the out of compliance findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides a statewide, toll-free telephone number 24 hours a day, 7 days per week, with language capability in all languages spoken by beneficiaries of the county that will provide information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, services needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearing processes.

Plan of Correction #1:

In order to continue to ensure access to services through the 24/7 access line, MCBHRS has implemented an increase of test calls, and assigned responsibility for these calls to supervisors on a quarterly rotation.

The Quality Assurance (QA) Unit oversees that 2 test calls of the system are occurring monthly. QA processes the data of the call and arranges for training as identified through deficiencies. All staff are provided 24/7 Access Scripts and they are encouraged to post the script by their phone.

All staff have been trained on access call logging and accessing the interpreter service for foreign language caller assistance, the most recent training was held on 5/11/2017. The call logs are maintained by office support and TRAC team with oversight by the QA Unit.

24/7 access is monitored ongoing through training as part of the on boarding process and periodically thereafter through staff meetings, emails and quarterly reports to DHCS.

Supporting Documentation

Documentation of the Implementation Plan, Contract with vendor, Interpreter Services P&P, TRAC Team protocol; scripts and logs was reviewed at the onsite review. MCBHRS submitted copies of the test call spreadsheet, test call log, test call rotation, 24/7 access training sign in sheet, and BH management meeting minutes as proof of activities for this POC.

SECTION G: Provider Relations

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has an ongoing and effective monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified per title 9 regulations.

Plan of Correction #2:

MCBHRS currently has only one contracted provider. In order to prevent further errors, QA has established and maintained monthly provider meetings with contracted provider. QA developed and maintains a spreadsheet with provider numbers, recertification dates and reviews that in the Utilization Management (UM) Committee meeting in the July meeting. Providers who are approaching their certification expiration date are sent a letter 90 days prior to their

Mariposa County Mental Health Plan Review

Plan of Correction

recertification due date to schedule a preliminary site visit. Official site visit is completed within 30 days of their certification date.

Supporting Documentation

MCBHRS submitted the Utilization Management Committee P&P, Provider re-certification notice letter, provider certification spreadsheet, and the Contracted Provider Certification and Monitoring P&P.

SECTION I: Quality Improvement

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has mechanisms to inform providers of the results of beneficiary/family satisfaction activities.

Plan of Correction #3:

The QA unit has compiled the data from the beneficiary satisfaction survey and converted it into a graph to illustrate the survey results. These results were presented and discussed with the BH Management team. BH Management team determined that the results were to be presented, and facilitate discussions within their unit staff meetings. The Contracted provider was informed of the results through email and during the monthly contractor meeting. The QA Unit has outlined timelines for the presentation of results following the survey period within the QIC plan, to ensure ongoing compliance.

Supporting Documentation

MCBHRS submitted a copy of the survey graphs, Management team meeting minutes, QIC plan outlining the survey timeframes, email notifications to providers, and staff meeting sign-in sheets as evidence of activities.

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a QI Work Plan which meets MHP Contract requirements.

Plan of Correction #4:

MCBHRS revamped the Quality Improvement (QI) Work Plan for the FY '16-'17. In most sections of the plan, details and descriptions were expanded upon as well as specific definitions of what was being reviewed. Timelines for when reviews are to occur were also defined. The QI work plan was reviewed by the QI Committee, and presented to the Mental Health Board. A visual informational board was also created to inform the Division of the plan and activities. Specifically, within this new work plan the goal of timeliness for routine appointments was defined, as well as activities for tracking appointments.

Urgent conditions were reviewed and defined for MCBHRS division. The UM committee was charged with the development of urgent condition definition and to develop the process of utilizing urgent appointments. To accomplish the implementation of urgent appointments, the Crisis team (TRAC) has created a standing appointment for an assessment, and the medical staff were able to create a weekly psychiatric assessment appointment as well. This allows

Mariposa County Mental Health Plan Review

Plan of Correction

same week appointments for most services.

Supporting Documentation

MCBHRS submitted a copy of the approved QI Work Plan, Timeliness reports, Mental Health Board minutes, UM meeting minutes, Access and Services P&P, and Managers team meeting minutes.

Chart Review Non-Hospital Services

SECTION A: Access

The MHP shall submit a POC that indicates how the MHP will ensure that interventions are focused on a significant functional impairment that is directly related to the mental health condition as specified in CCR title 9, chapter 11, section 1830.205(b)(3)(A).

Plan of Correction #5:

To address the documentation of interventions needing to meet medical necessity criteria, the following actions were taken: held staff trainings, informational meetings, emails were sent to all Behavioral Health (BH) Staff, and updating of the Documentation Manual to be completed by December of 2017. Once the new Documentation Manual is updated, all clinical staff will be trained regarding expectations of thorough documentation and specific interventions that focus on significant functional impairment related to the mental health condition. The staff who had provided the services within the charts that were reviewed were individually counseled and trained in the deficiency.

A series of trainings and emails were provided to staff which included interventions focused on functional impairments and medical necessity. Proper documentation of interventions are reviewed with all staff during the onboarding process. This training is periodically followed up with an email. Emails were sent on October 5, 2016 and again regarding timeliness and documentation standards was sent to clinical staff on April 21, 2017. The clinical staff were trained in utilizing the DSM V Cross Cutting Tool on January 21, 2016 and on January 13, 2017 by Jennifer Johnson, LCSW. The Severely Mentally Ill (SMI) screening form was developed and introduced to assist clinicians with determining if clients met or continued to meet medical necessity and level of functional impairment in June 2016.

MCBHRS Clinical Documentation and Billing Manual for Providers will be updated by December 2017 and will emphasize interventions in treatment plans and progress notes to ensure beneficiary's functional impairments are fully addressed.

Supervisors review all new clinician's treatment plans prior to final approval until there is proven competence in documentation by clinician. Monitoring of the quality of documentation, including medical necessity, is completed by both the contracted providers and MCBHRS QA Unit with a combined 10% of all charts reviewed per year.

Mariposa County Mental Health Plan Review

Plan of Correction

Supporting Documentation

MCBHRS submitted the following documentation as supporting evidence of these activities: Cross Cutting Tool, DSM V training powerpoint, 1/2016 and 1/2017 sign in sheet for DSM V and Cross Cutting Tool training, 4/21/17 email to all staff, current Medi-Cal documentation manual (Pg.20-23, 54), SMI screening form, and Chart Review Tool.

Assessment 2a

The MHP shall submit a POC that indicates how the MHP will ensure that assessments are completed in accordance with the timeliness and frequency requirements specified in the MHP's written documentation standards.

Plan of Correction #6:

To ensure that all assessments are completed within 30 days, the QA unit runs assessment reports monthly. This report shows assessments that are not completed and provides the date of the last assessment which assists in identifying reassessment dates. Reassessments are now being monitored through a timeliness process that informs the clinicians and supervisors regularly with oversight from QA. All clinical staff have been instructed through individual supervision how to properly document the reason that assessments are completed outside of the standard timeframes. Timeliness process for reassessments involves QA initiating a broadcast alert in the client Electronic Health Record (EHR) to notify clinicians of pending reassessments 30 days prior to reassessment (these alerts automatically present themselves upon opening the client's EHR chart). Clinicians and supervisors are also provided with an assessment report monthly to assist them in monitoring the timeliness of pending assessments.

In addition to the notifications within the Anasazi EHR, the QA unit provides a quarterly report to the supervisors that provides notification of pending forms including assessments and future reassessments. After implementing this process, QA reviewed the process in November 2016 and determined that a monthly report would be necessary, as quarterly reports did not appear to be effective in reducing the number of pending reassessments. Assessment timeliness is reviewed at the Manager's meeting and UM monthly meeting. Case management services have been utilized as well to assist clients in linking to their reassessments.

MCBHRS has also held staff trainings to increase the information given in the informed consent process to include the requirement for an annual reassessment and treatment plan update. Follow up communication was distributed via email to the clinical staff regarding the documentation timelines of assessments 4/21/2017.

Supporting Documentation:

MCBHRS submitted the following items as evidence of the implementation of this POC: Notifications example, assessment report sample, copy of email sent to staff on 4/21/2017, and broadcast alert sample.

Assessment 2b

The MHP shall submit a POC that indicates how the MHP will ensure that every assessment contains all of the required elements specified in the MHP contract with the department.

Mariposa County Mental Health Plan Review

Plan of Correction

Plan of Correction #7:

MCBHRS reviewed the assessment templates and determined that an update to the template was required. The updated assessment template, on 12/27/2016, in the EHR includes a required text box for the risks. Training was provided to staff on the expectations and purpose of including risk factors in the assessment. MCBHRS increased assessments to 17 assessment slots per week to ensure assessments are completed in a timely manner.

Supporting Documentation:

MCBHRS submitted documentation of the new assessment, date it was implemented in the EHR, management meeting minutes and staff training sign-in sheet.

Medication Consent 3b:

The MHP shall submit a POC that indicates how the MHP will ensure that every medication consent includes documentation of all of the required elements specified in the MHP contract with the department.

Plan of Correction #8:

Following the triennial site visit, all medical and support staff were instructed that during the client's medication service appointment to hand write in a dose range of the medications being prescribed on the old medication consent forms. The QA unit updated the medication consent form to comply with regulations upon recent release of the requirements in the DHCS information notice 17-040. Chart reviews are completed to ensure that all required elements exist in the client's chart and that all aspects of the medication consent form is completed correctly.

Supporting Documentation

MCBHRS submitted supporting documentation of a sample medication sheet, Medication Consent P&P, updated medication consent form, and chart review tool.

Client Plans 4a-1:

The MHP shall submit a POC that indicates how the MHP will ensure that initial client plans are completed in accordance with the MHP's written documentation standards.

Plan of Correction #9:

Initial client plans are monitored through the treatment plan report for compliance with the 60 days of assessment standard. This report is provided to supervisors monthly. The report shows non-final approved plans as well as interim service logs. To support staff in understanding the required time frames, MCBHRS staff are provided with a documentation manual. Which is reviewed together with their supervisor upon hire. The QA unit has added a process of utilizing the EHR broadcast notifications, and providing the supervisors with reports of upcoming treatment plans that will be expiring in the next 30 days. Client's initially start out with an interim

Mariposa County Mental Health Plan Review

Plan of Correction

service log prior to treatment planning. This allows for appropriate services to be collected prior to the development of a treatment plan. The QA unit monitors Interim Service Logs to ensure that they are appropriately closed as treatment plans are developed. This has been identified to be the area where the most issues and errors occur with regard to services documented off treatment plan. Treatment plans which are not completed in the correct timeframe must be reviewed and justified without services being rendered, with the exception of crisis. Staff are educated on documenting any services that were not provided due to cancellation, no show, or being rescheduled. Staff are aware that this documentation is crucial to show efforts for timeliness to completing the treatment plan and providing supportive services.

Supporting Documentation

MCBHRS provided the following documentation to support the implementation of these activities: documentation manual (pg. 24&29), ISL report, EHR notification printout.

Client Plan Objectives/Interventions 4b-1:

The MHP shall submit a POC that indicates how the MHP will ensure that:

1. All client plan goals/treatment objectives are 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.
2. All mental health interventions proposed on client plans indicate both an expected frequency and duration.

Plan of Correction #10:

MCBHRS documentation manual explains the expectation of objectives being specific, observable, and quantifiable. Staff have been instructed to utilize the duration and frequency within the Anasazi EHR which previously were not required. Staff have also been instructed to connect the medical necessity into the problem sequence within the treatment plan to be a specific link between the impairment and interventions. Chart reviews are conducted monthly including a review of the objective language. MCBHRS is in the process of developing a more detailed version of the chart audit tool in order to assist reviewers in what they are looking for when reviewing a chart, this is projected to be completed in December 2017. In efforts to assist the clinicians in developing specific quantifiable objectives, MCBHRS has provided training on the DSM V Cross Cutting Tool. This training was held on 1/21/16 and 1/13/17. Clinicians also receive individual assistance and feedback during weekly supervision as well as email reminders as needed. The last email referencing objectives was sent to clinical staff and supervisors on 4/21/17.

Supporting Documentation

MCBHRS submitted the following as supportive evidence of these activities: Documentation Manual (page 29-31), printout of the required fields in the treatment plan tier, cross cutting tool and chart review tool.

Mariposa County Mental Health Plan Review

Plan of Correction

Client Plan Signatures 4e:

The MHP shall submit a POC that indicates how the MHP will:

1. Ensure that there is documentation substantiating that the beneficiary was offered a copy of the client plan.
2. Submit evidence that the MHP has established process to ensure that the beneficiary is offered a copy of the client plan.

Plan of Correction #11:

Templates and procedures have been updated to ensure that clients are provided a copy of their plan and that the documentation of this action is completed. The treatment plan signature page has been updated to include an attestation that the client has been offered a copy of the plan. Staff are also instructed through the documentation manual to identify in their note if a copy has been offered to the client. This process is monitored both through supervisory oversight of clients charts and through monthly chart audits.

Supporting Documentation

MCBHRS has submitted a copy of the updated treatment plan template (implemented 7/29/2013), and will have an updated documentation manual December 2017.

Client Plan Signatures 4f:

The MHP shall submit a POC that indicates how the MHP will ensure that all documentation includes the signature or electronic equivalent with the professional degree, licensure or title of the person providing the service.

Plan of Correction #12:

The Anasazi EHR captures the signature and title in the background of the system for the MHP. When a treatment plan is signed and printed, it displays the clinician's degree. Kings View was contacted 10/6/2017 to update the information displayed on the treatment plan when signed. MCBHRS has requested to have the clinician's name, licensure, and license number displayed when signed.

Supporting Documentation:

MCBHRS submitted the email submitted to Kings View on 10/6/2017.

Service Claims 5c:

The MHP shall submit a POC that indicates how the MHP will:

1. Ensure that all SMHS claimed are:
 - a. Actually provided to the beneficiary
 - b. Claimed for the correct service modality and billing code.
2. Ensure that all progress notes are accurate and meet the documentation requirements described in the MHP contract with the department.

Mariposa County Mental Health Plan Review

Plan of Correction

Plan of Correction #13:

MCBHRS has provided staff with service code descriptions within the Documentation Manual which is reviewed by the supervisor upon hire. These descriptors are reviewed with staff during their Anasazi training. The QA unit provides technical assistance to staff regarding coding questions they may have. Chart reviews are conducted monthly on the second Thursday of the month to ensure that services are claimed correctly. MCBHRS has hired a consultant to assist in the strengthening of the compliance program and rewrote the MCBHRS compliance plan April 2017 which is currently in the review process within MCBHRS. The Compliance Reporting Policy and Procedure is being updated and in draft form. Service verifications are being conducted quarterly for 10% of clients. When services are identified as being incorrectly coded a Compliance Issue Report is generated, the services are reversed with the state through Kings View Corporation, then individual staff coaching occurs regarding the error, and the outcome is documented on the Compliance Issue Report.

Supporting Documentation

MCBHRS submitted the following documents as evidence of activities: Documentation Manual (pgs. 42-49, 51-58), Chart Audit Tool, Compliance Issue Report, service verification form, example of Medi-Cal voided information services.

If you have any questions please do not hesitate to call us. We appreciate the feedback and have found it useful as we continue to improve the quality of our program.