

PLAN OF CORRECTION
for Triennial Review conducted October 3 to October 6, 2016
Sutter-Yuba Behavioral Health (SYBH)

Section C: Authorization

Protocol Requirements:

C6. Regarding Notices of Action (NOAs):

C6a. 1) NOA-A: Is the MHP providing a written NOA-A to the beneficiary when the MHP or its providers determine that the beneficiary does not meet the medical necessity criteria to be eligible to any SMHS?

Plan of Correction:

- For Adult Services, Quality Assurance staff will run a report on the “MH Adult Triage” Assessment in the EHR to determine when an NOA-A should have been issued (a field on this assessment asks if an NOA-A should be sent). Quality Assurance staff will compare the findings of the report to the NOA-A log on a monthly basis to ensure that there are no disparities.
 - Projected Timeframe: Implementation date of May 1, 2017
 - Proposed Evidence: 1) MH Adult Triage Assessment Report
- For Youth Services, the “Access to Services—Youth” Assessment in the EHR will be updated to include a field that prompts clinicians regarding the need to issue an NOA-A. Quality Assurance staff will run a report on the “Access to Services--Youth” Assessment in the EHR to determine when an NOA-A should have been issued. Quality Assurance staff will compare the findings of the report to the NOA-A log on a monthly basis to ensure that there are no disparities.
 - Projected Timeframe: Implementation upon update of the “Access to Services—Youth” Assessment, anticipated to be July 1, 2017.
 - Proposed Evidence: 1) Access to Services—Youth Report

- Train contracted provider (Victor Community Support Services) on NOA-As.
 - Victor Community Support Services is the only SYBH contracted provider that may determine medical necessity. Quality Assurance staff will train Victor supervisors regarding the NOA-A process to ensure that they are being issued appropriately. Victor will be tasked with developing a process whereby they will identify all NOA-As that should be issued and how to track them.
 - Projected Timeframe: Implementation date of August 1, 2017 with completion date of October 1, 2017.
 - Proposed Evidence: 1) documentation of training of Victor staff; 2) documentation of Victor's process to ensure that all NOA-As are issued.
- Mandate review of SYBHs NOA Policy and Procedure by clinical staff in the Relias training system.
 - Projected Timeframe: Implementation date of May 1, 2017 with completion date of August 1, 2017.
 - Proposed Evidence: 1) documentation of policy and procedure review through the Relias training system.

Protocol Requirements:

C6c. NOA-C: Is the MHP providing a written NOA-C to the beneficiary when the MHP denies payment authorization of a service that has already been delivered to the beneficiary as a result of a retrospective payment determination?

Plan of Correction:

Quality Assurance staff will implement two processes to ensure that NOA-Cs are issued appropriately.

- To ensure that NOA-Cs are issued in relation to denied invoices for SARs, Quality Assurance staff will conduct a monthly audit to determine consistency between SYBH's "Youth and Adult Invoice Cost Sheet" and the NOA-C binder.

- Projected Timeframe: Implementation date of April 1, 2017.
- Proposed Evidence: “Youth and Adult Invoice Cost Sheet” and NOA-Cs.
- To ensure that NOA-Cs are issued in relation to denied invoices for TARs, all TAR worksheets received for the month will be audited to determine which TARs should have triggered an NOA-C. The results of this audit will be checked against the NOA-C binder.
 - Projected Timeframe: Implementation date of May 1, 2017.
 - Proposed Evidence: Spreadsheet showing results of audit between TAR worksheets and NOA-C binder.

Section H: Program Integrity

Protocol Requirements:

H4. Regarding disclosures of ownership, control and relationship information:

H4a. Does the MHP ensure that it collects the disclosure of ownership, control, and relationship information from its providers, managing employees, including agents and managing agents, as required in CFR, title 42, sections 455.101 and 455.104 and in the MHP Contract, Program Integrity Requirements?

Plan of Correction:

The SYBH staff analyst over contracts will ensure that this clause continues to be in existing contracts when renewed or is present in new contracts. Ownership, control and relationship information will be requested from all current contractors whose contract does not expire prior to the end of 2017. For all other providers, this information will be requested upon renewing a contract or entering a new contract.

- Projected Timeframe: Implementation date of April 1, 2017. Ownership, control and relationship information will be collected on all providers with contracts that do not expire in 2017 prior to December 31, 2017.
- Proposed Evidence: Information collected from the provider showing their ownership, control and relationship information.

Section K: Chart Review—Non-Hospital Services

Protocol Requirements:

Medical Necessity

1c2. The expectation 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

Plan of Correction:

Quality Assurance staff will provide trainings for all affected SYBH clinical staff that will address medical necessity requirements. SYBH training materials will be sent to contracted providers with the requirement they show proof that the training was provided to their staff. New SYBH clinical staff will be provided training regarding this topic upon hire. Additional voluntary Roundtable Trainings will continue to be provided, which will address this topic.

- Goal: The provided trainings will result in improved documentation.
- Objective: The provided trainings will result in an improved understanding of medical necessity requirements.
- Projected Timeframe: Implementation date of June 1, 2017 with a completion date of December 1, 2017.
- Proposed Evidence: Training materials, sign-in sheets from SYBH trainings, and documentation from contracted providers.
- Proposed Performance Measurement: Beginning January 1, 2018, a sample of 10 charts will be audited bi-annually to determine if the trainings were effective (effectiveness will be measured as 3% or less of audited charts being out of compliance). Individualized training/counseling will be provided to clinicians whose documentation is found to be out of compliance during audit.

Protocol Requirements:

Assessment

2b. Do the Assessments include the areas specified in the MHP Contract with the Department?

2b9. A mental status examination

Plan of Correction:

Quality Assurance staff will provide trainings for all affected SYBH clinical staff that will address mental status exams and will review all required elements of an assessment. SYBH training materials will be sent to contracted providers with the requirement they show proof that the training was provided to their staff. New SYBH clinical staff will be provided training regarding this topic upon hire. Additional voluntary Roundtable Trainings will continue to be provided, which will address this topic.

- Goal: The provided trainings will result in improved documentation.
- Objective: The provided trainings will result in an improved understanding of and completion of mental status exams.
- Projected Timeframe: Implementation date of June 1, 2017 with completion date of December 1, 2017.
- Proposed Evidence: Training materials, sign-in sheets from SYBH trainings, and documentation from contracted providers.
- Proposed Performance Measurement: Beginning January 1, 2018, a sample of 10 charts will be audited bi-annually to determine if the trainings were effective (effectiveness will be measured as 3% or less of audited charts being out of compliance). Individualized training/counseling will be provided to clinicians whose documentation is found to be out of compliance during audit.

Protocol Requirements:

Medication Consent

3b. Does the medication consent for psychiatric medications include the following required elements:

- 1) The reasons for taking such medications?
- 2) Reasonable alternative treatments available, if any?
- 3) Type of medication?
- 4) Range of frequency (of administration)?
- 5) Dosage?
- 6) Method of administration?
- 7) Duration of taking the medication?
- 8) Probable side effects?
- 9) Possible side effects if taken longer than 3 months?
- 10) Consent once given may be withdrawn at any time?

Plan of Correction:

SYBH medical staff will examine the requirements for medication consents and develop a revised medication consent that meets all requirements.

- Projected timeframe: Completion of new medication consent by October 1, 2017.
- Proposed Evidence: New medication consent

Protocol Requirements:

Client Plans

4a1. Has the client plan been updated at least annually and/or when there are significant changes in the beneficiary's condition?

Plan of Correction:

Quality Assurance staff will provide trainings for all affected SYBH clinical staff that will address timeline and frequency requirements. SYBH training materials will be sent to contracted providers with the requirement they show proof that the training was provided to their staff. New SYBH clinical staff will be provided training regarding this topic upon hire. Additional voluntary Roundtable Trainings will continue to be provided, which will address this topic.

- Goal: The provided trainings will result in improved documentation.

- Objective: The provided trainings will result in timely completion of client plans.
- Projected Timeframe: Implementation date of June 1, 2017 with completion date of December 1, 2017.
- Proposed Evidence: Training materials, sign-in sheets from SYBH trainings, and documentation from contracted providers.
- Proposed Performance Measurement: Beginning January 1, 2018, a sample of 10 charts will be audited bi-annually to determine if the trainings were effective (effectiveness will be measured as 3% or less of audited charts being out of compliance). Individualized training/counseling will be provided to clinicians whose documentation is found to be out of compliance during audit.

Quality Assurance staff will void all services that were provided without a valid treatment plan.

- Projected Timeframe: Completion date of July 1, 2017
- Proposed Evidence: Void spreadsheet showing batch number which corresponds to 837P claim file

Protocol Requirements:

Client Plans

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

4b2. The proposed type(s) of intervention/modality including a detailed description of the intervention to be provided.

4b3. The proposed frequency of intervention(s).

Plan of Correction:

Quality Assurance staff will provide trainings for all affected SYBH clinical staff that will address both the need for a detailed description of the intervention and the proposed frequency and duration of the intervention. SYBH training materials will be sent to contracted providers with the requirement they show proof that the training was

provided to their staff. New SYBH clinical staff will be provided training regarding this topic upon hire. Additional voluntary Roundtable Trainings will continue to be provided, which will address this topic.

- Goal: The provided trainings will result in improved documentation.
- Objective: The provided trainings will result in a detailed description of the intervention on the client plan.
- Objective: The provided trainings will result in client plans that contain a proposed frequency and duration of the intervention.
- Projected Timeframe: Implementation date of June 1, 2017 with completion date of December 1, 2017.
- Proposed Evidence: Training materials, sign-in sheets from SYBH trainings, and documentation from contracted providers.
- Proposed Performance Measurement: Beginning January 1, 2018, a sample of 10 charts will be audited bi-annually to determine if the trainings were effective (effectiveness will be measured as 3% or less of audited charts being out of compliance). Individualized training/counseling will be provided to clinicians whose documentation is found to be out of compliance during audit.

Protocol Requirements:

Progress Notes

5a. Do the progress notes document the following:

- 1) Timely documentation (as determined by the MHP) of relevant aspects of client care, including documentation of medical necessity?

Plan of Correction:

Quality Assurance staff will provide trainings for all affected SYBH clinical staff that will address the need for timely documentation of relevant aspects of client care. SYBH training materials will be sent to contracted providers with the requirement they show proof that the training was provided to their staff. New SYBH clinical staff will be

provided training regarding this topic upon hire. Additional voluntary Roundtable Trainings will continue to be provided, which will address this topic.

- Goal: The provided trainings will result in improved documentation.
- Objective: The provided trainings will result in improved timeliness of documentation.
- Projected Timeframe: Implementation date of June 1, 2017 with a projected completion of December 1, 2017.
- Proposed Evidence: Training materials, sign-in sheets from SYBH trainings, and documentation from contracted providers.
- Proposed Performance Measurement: Beginning January 1, 2018, a sample of 10 charts will be audited bi-annually to determine if the trainings were effective (effectiveness will be measured as 3% or less of audited charts being out of compliance). Individualized training/counseling will be provided to clinicians whose documentation is found to be out of compliance during audit.