

ALPINE County Mental Health Plan Review

Plan of Correction

Section K, Chart Review, Question 1c-1

Findings:

The medical record associated with the following Line number 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):

- 1. RR3, refer to Recoupment Summary for details.

Plan of Correction:

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 the CCR, title 9, chapter 11, section 1830.205(b)(3)(A).

MHP Plan of Correction:

POC for Section K, Chart Review, Question 1c-1:

Alpine County Behavioral Health Services (ACBHS) has developed the following action items, as requested:

- 03/24/17 Update: The QI Coordinator and/or Clinical Supervisor will conduct monthly documentation trainings as a component of the Clinical Team Meetings. Trainings will address Medical Necessity of client requests for mental health specialty services. Ongoing training by the Clinical Coordinator will include client assessments, diagnostics, and treatment plans as they are presented by clinical staff. Discussion by the clinical team will enhance these trainings. All progress notes are final approved by the Clinical Coordinator and exceptional documentation will be brought to the team meeting to be used as examples and format of excellent documentation. Those staff who continue to have difficulty in documenting medical necessity will be provided additional, individualized training. These individuals will also participate in conducting chart reviews on other staff's charts, to help provide them with positive examples of documentation standards.
- The QI Coordinator, and/or other staff, will conduct chart reviews of at least 10% of all charts annually.
- A log of the monthly documentation training; a summary of any individualized training; completed chart review checklists; and other relevant documentation will be provided to DHCS as evidence of the implementation of this action item.

Policies and procedures (AC-104 and AC-105) will be reviewed at least annually to ensure compliance with standards and regulations.

Timeframe:

ACBHS anticipates full implementation of this action item by March 31, 2017.

¹ Line number(s) removed for confidentiality

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Section K, Chart Review, Question 1c-2

Findings:

The medical record associated with the following Line numbers did not meet the medical necessity criteria since there was no expectation that the documented intervention would meet the intervention criteria as specified in the CCR, title 9, chapter 11, section 1830.205(b)(3)(B)(1-4):

- 2: RR4, refer to Recoupment Summary for details.

Plan of Correction

The MHP shall submit a POC that indicates how the MHP will ensure that the interventions provided meet the intervention criteria as specified in the CCR, title 9, chapter 11, section 1830.205(b)(3)(B)(1-4).

MHP Plan of Correction:

POC for Section K, Chart Review, Question 1c-2:

ACBHS has developed the following action items, as requested:

- 03/24/17 Update: The QI Coordinator and/or Clinical Supervisor will conduct monthly documentation trainings as a component of the Clinical Team Meetings. Trainings will address Medical Necessity of client requests for mental health specialty services. Ongoing training by the Clinical Coordinator will include client assessments, diagnostics, and treatment plans as they are presented by clinical staff. Discussion by the clinical team will enhance these trainings. All progress notes are final approved by the Clinical Coordinator and exceptional documentation will be brought to the team meeting to be used as examples and format of excellent documentation. Those staff who continue to have difficulty in documenting medical necessity will be provided additional, individualized training. These individuals will also participate in conducting chart reviews on other staff's charts, to help provide them with positive examples of documentation standards.
- The QI Coordinator, and/or other staff, will conduct chart reviews of at least 10% of all charts annually.
- A log of the monthly documentation training; a summary of any individualized training; completed chart review checklists; and other relevant documentation will be provided to DHCS as evidence of the implementation of this action item.

Policies and procedures (AC-104 and AC-105) will be reviewed at least annually to ensure compliance with standards and regulations.

Timeframe:

ACBHS anticipates full implementation of this action item by March 31, 2017.

² Line number(s) removed for confidentiality

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Section K, Chart Review, 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:

- 3: There were no updated assessments found in the medical record.
- 4: The updated assessments were completed late.

Plan of Correction

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.

MHP Plan of Correction:

POC for Section K, Chart Review, Question 2a:

ACBHS has developed the following action items, as requested:

- A new process will be implemented to address this issue. All Comprehensive Assessments will now be directed to the Clinical Coordinator, who will sign off on all assessments pending review of admission date and completion of the assessments.
- 03/24/17 Update: The QI Coordinator and/or Clinical Supervisor will conduct monthly documentation trainings as a component of the Clinical Team Meetings. Trainings will address Medical Necessity of client requests for mental health specialty services. Ongoing training by the Clinical Coordinator will include client assessments, diagnostics, and treatment plans as they are presented by clinical staff. Discussion by the clinical team will enhance these trainings. All progress notes are final approved by the Clinical Coordinator and exceptional documentation will be brought to the team meeting to be used as examples and format of excellent documentation. Those staff who continue to have difficulty in documenting medical necessity will be provided additional, individualized training. These individuals will also participate in conducting chart reviews on other staff's charts, to help provide them with positive examples of documentation standards.
- The QI Coordinator, and/or other staff, will conduct chart reviews of at least 10% of all charts annually.

³ Line number(s) removed for confidentiality

⁴ Line number(s) removed for confidentiality

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- A log of the monthly documentation training; a summary of any individualized training; completed chart review checklists; and other relevant documentation will be provided to DHCS as evidence of the implementation of this action item.

The relevant policy (AC-117) will be reviewed at least annually to ensure compliance with standards and regulations.

Timeframe:

ACBHS anticipates full implementation of this action item process by March 31, 2017.

Section K, Chart Review, Question 2b

Findings

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: 5.
2. Medications: 6.
3. Substance Exposure/Substance Use: 7.
4. Client Strengths: 8.
5. Risks: 9.
6. A full DSM diagnosis or current ICD code: 10.

Plan of Correction

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.

Findings:

MHP Plan of Correction:

POC for Section K, Chart Review, Question 2b:

ACBHS has developed the following action items, as requested:

- A new process will be implemented to address this issue. Clinical staff will complete all areas of the Comprehensive Assessment, or note "None Reported" or "Unknown" in areas that are not completed, prior to final approval.
- 03/24/17 Update: The QI Coordinator and/or Clinical Supervisor will conduct monthly documentation trainings as a component of the Clinical Team Meetings. Trainings will address Medical Necessity of client requests for mental health specialty services. Ongoing training by the Clinical Coordinator will include client assessments, diagnostics, and treatment plans as they are presented by clinical staff. Discussion by

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the clinical team will enhance these trainings. All progress notes are final approved by the Clinical Coordinator and exceptional documentation will be brought to the team meeting to be used as examples and format of excellent documentation. Those staff who continue to have difficulty in documenting medical necessity will be provided additional, individualized training. These individuals will also participate in conducting chart reviews on other staff's charts, to help provide them with positive examples of documentation standards.

- The QI Coordinator, and/or other staff, will conduct chart reviews of at least 10% of all charts annually.
- A log of the monthly documentation training; a summary of any individualized training; completed chart review checklists; and other relevant documentation will be provided to DHCS as evidence of the implementation of this action item.

The relevant policy (AC-117) will be reviewed at least annually to ensure compliance with standards and regulations.

Timeframe:

ACBHS anticipates full implementation of this action item by March 31, 2017.

Section K, Chart Review, Question 2c

Findings

The Assessment 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: ¹¹.

Plan of Correction

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.

MHP Plan of Correction:

POC for Section K, Chart Review, Question 2c:

ACBHS has developed the following action items, as requested:

- A new process will be implemented to address this issue. Assessments will be signed by licensed clinical staff, including the person's professional degree, licensure, or job title. Signed assessments will then be forwarded to the Clinical Coordinator for final approval. If the client is receiving medication services, the psychiatrist will sign treatment plans and med consent forms.
- 03/24/17 Update: The QI Coordinator and/or Clinical Supervisor will conduct monthly documentation trainings as a component of the Clinical Team Meetings. Trainings will address Medical Necessity of client requests for mental health specialty

¹¹ Line number(s) removed for confidentiality

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services. Ongoing training by the Clinical Coordinator will include client assessments, diagnostics, and treatment plans as they are presented by clinical staff. Discussion by the clinical team will enhance these trainings. All progress notes are final approved by the Clinical Coordinator and exceptional documentation will be brought to the team meeting to be used as examples and format of excellent documentation. Those staff who continue to have difficulty in documenting medical necessity will be provided additional, individualized training. These individuals will also participate in conducting chart reviews on other staff's charts, to help provide them with positive examples of documentation standards.

- The QI Coordinator, and/or other staff, will conduct chart reviews of at least 10% of all charts annually.
- A log of the monthly documentation training; a summary of any individualized training; completed chart review checklists; and other relevant documentation will be provided to DHCS as evidence of the implementation of this action item.

The relevant policy (AC-117) will be reviewed at least annually to ensure compliance with standards and regulations.

Timeframe:

ACBHS anticipates full implementation of this action item by March 31, 2017.

Section K, Chart Review, Question 3b

Findings

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. Reasonable alternative treatments available, if any: 12.
2. Type of medication: 13.
3. Range of frequency: 14.
4. Dosage: 15.
5. Method of administration (oral or injection): 16.
6. Duration of taking each medication: 17.
7. Possible side effects if taken longer than 3 months: 18.
8. Consent once given may be withdrawn at any time: 19.

Plan of Correction

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

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Contract with the Department.

MHP Plan of Correction:

POC for Section K, Chart Review, Question 3b:

ACBHS has developed the following action items, as requested:

- 03/29/17 Update: Medication Consent will be finalized when the information notice is released.
- The QI Coordinator, and/or other staff, will conduct chart reviews of at least 10% of all charts annually.
- A log of the monthly documentation training; a summary of any individualized training; completed chart review checklists; and other relevant documentation will be provided to DHCS as evidence of the implementation of this action item.

Policies and procedures will be reviewed at least annually to ensure compliance with standards and regulations.

Timeframe:

ACBHS anticipates full implementation of this action item by March 31, 2017.

Section K, Chart Review, Question 4a-2

Findings

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

- ²⁰: The prior client plan was late per the MHP's written documentation standards. However, this occurred outside the audit review period.

Plan of Correction

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

1. Ensure that client plans are completed at least on an annual basis as required in the MHP Contract with the Department, and within the timelines and frequency specified in the MHP's written documentation standards.

Provide evidence that all services identified during the audit that were claimed outside of the audit review period for which no client plan was in effect are disallowed.

MHP Plan of Correction:

POC for Section K, Chart Review, Question 4a-2:

ACBHS has developed the following action items, as requested:

- 03/24/17 Update: A new process has been implemented to address this issue. All Treatment Plans are directed to the Clinical Coordinator for final approval pending checking of admission date and completion of these client plans. The Clinical

²⁰ Line number(s) removed for confidentiality

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Coordinator tracks all treatment plans and expiration dates using an Excel worksheet, with an email forward to all clinical staff 6 weeks in advance, as well as weekly updates.

- 03/24/17 Update: The QI Coordinator and/or Clinical Supervisor will conduct monthly documentation trainings as a component of the Clinical Team Meetings. Trainings will address Medical Necessity of client requests for mental health specialty services. Ongoing training by the Clinical Coordinator will include client assessments, diagnostics, and treatment plans as they are presented by clinical staff. Discussion by the clinical team will enhance these trainings. All progress notes are final approved by the Clinical Coordinator and exceptional documentation will be brought to the team meeting to be used as examples and format of excellent documentation. Those staff who continue to have difficulty in documenting medical necessity will be provided additional, individualized training. These individuals will also participate in conducting chart reviews on other staff's charts, to help provide them with positive examples of documentation standards.
- The QI Coordinator, and/or other staff, will conduct chart reviews of at least 10% of all charts annually.
- A log of the monthly documentation training; a summary of any individualized training; completed chart review checklists; and other relevant documentation will be provided to DHCS as evidence of the implementation of this action item.
- 12/28/16 Update: The claims related to Line 2 that fall outside of the related Treatment Plan have been voided as of 12/28/2016. See attached for evidence.

The relevant policies will be reviewed at least annually to ensure compliance with standards and regulations.

Timeframe:

ACBHS anticipates full implementation of this action item by March 31, 2017.

Section K, Chart Review, Question 4b

Findings

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

- 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.): 21.
- 4b-3) One or more of the proposed interventions did not indicate an expected frequency: 22.

²¹ Line number(s) removed for confidentiality

²² Line number(s) removed for confidentiality

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

1. All mental health interventions/modalities proposed on client plans include a detailed description of the interventions to be provided and do not just identify a type or modality of service (e.g., “therapy,” “medication,” case management,” etc.).

All mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.

MHP Plan of Correction:

POC for Section K, Chart Review, Question 4b:

ACBHS has developed the following action items, as requested:

- 03/24/17 Update: A new process will be implemented to address this issue. Treatment Plans will include detailed information, rather than only a type or category, as well as frequency of the intervention to be provided. The Anasazi EHR allows for frequency of each intervention, however, this area was not utilized other than AD-HOC in each category of treatment. The revision of this area began with the completion of the EHR and now includes a frequency for each category on the treatment plan. For example, Assessment is noted as annually each year, treatment plan is noted as annually each year, individual, group, or case management is case dependent with weekly, bi weekly, monthly, etc. notation, and medication services are noted as monthly unless psychiatrist chooses to increase or decrease this service. All Treatment Plans will now be directed to the Clinical Coordinator for final approval pending including of detailed intervention information.
- 03/24/17 Update: The QI Coordinator and/or Clinical Supervisor will conduct monthly documentation trainings as a component of the Clinical Team Meetings. Trainings will address Medical Necessity of client requests for mental health specialty services. Ongoing training by the Clinical Coordinator will include client assessments, diagnostics, and treatment plans as they are presented by clinical staff. Discussion by the clinical team will enhance these trainings. All progress notes are final approved by the Clinical Coordinator and exceptional documentation will be brought to the team meeting to be used as examples and format of excellent documentation. Those staff who continue to have difficulty in documenting medical necessity will be provided additional, individualized training. These individuals will also participate in conducting chart reviews on other staff’s charts, to help provide them with positive examples of documentation standards.
- The QI Coordinator, and/or other staff, will conduct chart reviews of at least 10% of all charts annually.
- A log of the monthly documentation training; a summary of any individualized training; completed chart review checklists; and other relevant documentation will be provided to DHCS as evidence of the implementation of this action item.

The relevant policy (AC-303) will be reviewed at least annually to ensure compliance with standards and regulations.

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Timeframe:

ACBHS anticipates full implementation of this action item by March 31, 2017.

Section K, Chart Review, Question 5a

Findings

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 notes were not completed within the timeliness and frequency standards in accordance with regulatory and contractual requirements.
- Progress notes did not document the following:
 - 5a-1) 23: Timely documentation of relevant aspects of beneficiary care as specified by the MHP's documentations 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 shall submit a POC that indicates how the MHP will ensure that progress notes document:

5a-1) Timely completion by the person providing the service and relevant aspects of client care, as specified in the MHP Contract with the Department and the MHP's written documentation standards.

MHP Plan of Correction:

POC for Section K, Chart Review, Question 5a:

ACBHS has developed the following action items, as requested:

- 03/24/17 Update: A new process has been implemented to address this issue. All progress notes are completed within 3 business days and submitted to the Clinical Coordinator for final approval.
- 03/24/17 Update: The QI Coordinator and/or Clinical Supervisor will conduct monthly documentation trainings as a component of the Clinical Team Meetings. Trainings will address Medical Necessity of client requests for mental health specialty services. Ongoing training by the Clinical Coordinator will include client assessments, diagnostics, and treatment plans as they are presented by clinical staff. Discussion by the clinical team will enhance these trainings. All progress notes are final approved by the Clinical Coordinator and exceptional documentation will be brought to the team meeting to be used as examples and format of excellent documentation. Those staff who continue to have difficulty in documenting medical necessity will be provided additional, individualized training. These individuals will also participate in conducting chart reviews on other staff's charts, to help provide them with positive examples of documentation standards.
- The QI Coordinator, and/or other staff, will conduct chart reviews of at least 10% of all charts annually.

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- A log of the monthly documentation training; a summary of any individualized training; completed chart review checklists; and other relevant documentation will be provided to DHCS as evidence of the implementation of this action item.

The relevant policy (AC-302) will be reviewed at least annually to ensure compliance with standards and regulations.

Timeframe:

ACBHS anticipates full implementation of this action item by March 31, 2017