

Plan of Correction

Section A: 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 PROTOCOL REQUIREMENTS 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?

Plan of Correction:

The MHP will 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 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 necessary criteria are met, services needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearing processes.

Description of Corrective Action, including Milestones

For the past several years, Madera County has tried to change its existing phone system to comply with State mandates. It has become clear that the existing phone system will not allow compliance with the State mandates. Madera County will have to purchase a new phone system in order to comply with the requests of the State for all of the separate sections necessary for the phone to have. It is not in our budget for FY 16-17 to purchase a new phone system. Since this qualifies as a capital expense, it can only be done during the budget cycle for the following fiscal year. This will be done during FY 17-18. It is anticipated that this will be completed during the second half of FY 17-18.

Timeline for Implementation and/or Completion of Corrective Actions

FY 17-18

Proposed (or Actual) Evidence of Correction that will be submitted to DHCS

1. Copy of the FY 17-18 budget that shows a new phone system is included.
2. Copy of the work order that shows the completion of the installation of the new phone system.
3. Continuous testing of the phone system to make sure it meets the State requirements for all clinics operated by the County.
4. Submission of the 24-7 phone log requested by the State each quarter that shows compliance with the State mandates.

Section A: Access Protocol Requirements

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

10a. Does the MHP maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person or in writing?

10b. 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?

Plan of Correction:

The MHP will 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 its written log of initial requests for SMHS (including requests made via telephone, in person or in writing) complies with all regulatory requirements.

Description of Corrective Action, including Milestones

A call log form was developed and WYSIWYG'd into the Anasazi electronic health record during FY 15-16. The form is in testing phase to work out the final data collection for statistic keeping. It is anticipated that the form will be implemented during the second quarter of FY 16-17.

Timeline for Implementation and/or Completion of Corrective Actions

1. Form was completed and WYSIWYG'd into Anasazi during FY 15-16
2. Form is undergoing final phases of testing and will be implemented the second quarter of FY 16-17.
3. Staff have been testing the form and making changes to it since FY 15-16.
4. Kingsview staff will complete the final statistical data needed for this form during the second quarter of FY 16-17.
5. Form will be implemented during the second quarter of FY 16-17

Proposed (or Actual) Evidence of Correction that will be submitted to DHCS

1. A copy of the form will be sent to State DHCS to show it has been completed.
2. A copy of the statistics generated from the form at the end of the FY, as part of our QI plan annual update, to show that the form is being completed and is generating statistics.

Section A: Access Protocol Requirements

13a. Regarding the MHP's plan for annual cultural competence training necessary to ensure the provision of culturally competent services:

- 1) Is there a plan for cultural competency training for the administrative and management staff of the MHP?
- 2) Is there a plan for cultural competency training for persons providing SMHS employed by or contracting with the MHP?
- 3) Is there a process that ensures that interpreters are trained and monitored for language competence (e.g., formal testing)?

13b. Does the MHP have evidence of the implementation of training programs to improve the cultural competence skills of staff and contract providers?

Plan of Correction:

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 plan for annual cultural competence training necessary to ensure the provision of culturally competent services. Specifically, the MHP must develop a plan for, and provide evidence of implementation of, cultural competency training for administrative and management staff as well as persons providing SMHS employed by or contracting with the MHP. The MHP must provide evidence of implementation of training providers (i.e., tracking mechanism to monitor attendance by staff and contract providers).

Description of Corrective Action, including Milestones

The MHP when submitting the annual updated Cultural Competency Plan to the State did not label section 8 as the training section. It will do so in the future.

The MHP has always included administrative and management staff in its Cultural Competency training except for specific training geared towards treatment staff. Contractors have always been welcome to attend the MHP's trainings and have done so. We have generated a data base in Survey Monkey to keep track of all of the various trainings completed by the staff.

The MHP/Department will submit to County Counsel and Madera County administration a change in the County's master contracts for FY 17-18. It is hoped that these master contract changes will be approved by them. It is proposed that a clause be written into the master contracts that states each contractor is responsible for ensuring that every staff member of their organization has Cultural Competency training yearly and that a list of staff who attended the training, the type and date of training, be submitted to the MHP. In case the changes to the contract masters are not able to be completed for FY 17-18, the above clause will be written into the contractor's Scope of Work, until such time as the master contract can be changed.

Timeline for Implementation and/or Completion of Corrective Actions

FY 17-18 since this will have to go through several County processes to complete.

Proposed (or Actual) Evidence of Correction that will be submitted to DHCS

1. The link to the County website showing the changes on the master contracts will be placed in our annual QI Plan update after they have been completed in FY 17-18.

Section B: Authorization Protocol Requirements

1. Regarding the Treatment Authorization Requests (TARs) for hospital services:

1a. Are the TARs being approved or denied by licensed mental health or waived/registered professionals of the beneficiary's MHP in accordance with Title 9 regulations?

1b. Are all adverse decisions regarding hospital requests for payment authorization that were based on criteria for medical necessity or emergency admission being reviewed and approved in accordance with title 9 regulations by: a physician, or at the discretion of the MHP, by a psychologist for patients admitted by a psychologist and who received services under the psychologist's scope of practice?

1c. Does the MHP approve or deny TARs within 14 calendar days of the receipt of the TAR and in accordance with title 9 regulations?

Plan of Correction:

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 complies with regulatory requirements regarding Treatment Authorization Requests (TARs) for hospital services.

Description of Corrective Action, including Milestones

The MHP was in compliance with 86% of the TARS reviewed. Since the review, the MHP has complied with the State's request and disapproved of all TARS not received within the 14 day time frame as stated in the contracts with the facilities and again sends a letter to the facilities stating the reason for denials.

As a result of this action the MHP is no longer able to place adults and children in two of our contracted facilities, thus greatly reducing the number of very limited beds available for placement. This has further created a back-up in our local (non-County operated) hospital's Emergency Department (ED) and resulted in long stays in the ED while waiting for a bed.

The MHP will continue to comply with the state regulations regarding the 14 day of receipt of a TAR and the processing of TARS. The MHP will continue to look for alternative methods of receiving the TARS such as via secured email, etc.

Timeline for Implementation and/or Completion of Corrective Actions

The MHP has already implemented a corrective plan in accordance with State mandates.

Proposed (or Actual) Evidence of Correction that will be submitted to DHCS

The MHP will send copies of the rejected TARS to State DHCS as proof of compliance. In addition, we will also send a copy of a facility's note that if we don't approve the late TAR, they will no longer accept our County's clients. The MHP is now no longer able to place at two facilities because of this regulation. If the State can assist Madera County on how to respond to facilities so we can continue to place our clients there, it would be greatly appreciated.

Section B: Authorization Protocol Requirements

3. Regarding payment authorization for Day Treatment Intensive and Day Rehabilitation Services:

3a. The MHP requires providers to request advance payment authorization for Day Treatment Authorization and Day Rehabilitation in accordance with MHP Contract:

- 1) In advance of service delivery when services will be provided for more than 5 days per week
- 2) At least every 3 months for continuation of Day Treatment Intensive
- 3) At least every 6 months for continuation of Day Rehabilitation
- 4) The MHP requires providers to request authorization for mental health services provided concurrently with day treatment intensive and day rehabilitation, excluding services to treat emergency and urgent conditions.

Plan of Correction:

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 requires providers to request advance payment authorization for DTI and DR when services will be provided for more than 5 days per week.

Description of Corrective Action, including Milestones

The MHP will deny any request for payment for DTI and DR when services will be provided for more than five days per week without prior approval. The MHP will deny approval for payment of services if not requested within mandated timeframes for continuation of DTI or DR. All authorizations for mental health services provided concurrently with day treatment intensive and day rehabilitation excluding emergency and urgent conditions will be denied if they were not properly requested according to State mandates.

The MHP upon hearing that a child has been placed by the Department of Social Services in a group home that provides IDT and DR, will send the placement a copy of our policy and procedure stating that we will deny payment for services unless authorized according to State regulations. This policy and procedure will be sent to the proposed contactor at the time of initiating a contract for payment and will also be placed in our MHP provider manual which is located on our website.

Timeline for Implementation and/or Completion of Corrective Actions

January 2017

Proposed (or Actual) Evidence of Correction that will be submitted to DHCS

The link to the MHP website that links to the MHP manual will be included in our annual QI Plan for verification. We will send any and all letters to State DHCS showing that we denied payment for children placed in facilities by the Madera County Department of Social Services without proper notification.

Section B: Authorization Protocol Requirements

5b. NOA-B: Is the MHP providing a written NOA-B to the beneficiary when the MHP denies, modifies, or defers (beyond timeframes) a payment authorization request from a provider for SMHS?

Plan of Correction:

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides a written NOA-B to the beneficiary when the MHP denies, modifies or defers (beyond timeframes) a payment authorization request from a provider for SMHS.

Description of Corrective Action, including Milestones

The MHP will send a written NOA-B to the beneficiary when the MHP denies, modifies or defers (beyond timeframes) a payment authorization request from a provider for SMHS.

The MHP will keep a written log of the NOA-B's distributed to beneficiaries for viewing or sending to State DHCS as requested.

Timeline for Implementation and/or Completion of Corrective Actions

The written log will be on-going. The MHP is looking at WYSIWYG'ing the NOA forms into its electronic health record so data would be available at any time regarding who received a NOA-B, dates given, etc.

Proposed (or Actual) Evidence of Correction that will be submitted to DHCS

A copy of the log will be sent to State DHCS as proof of the evidence of correction upon their request.

Section B: Authorization Protocol Requirements

5d. 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?

Plan of Correction:

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that 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.

Description of Corrective Action, including Milestones

The MHP was out of compliance with one grievance during the three years of the triannual review. Since there was a change in supervisors at the time, and this particular client had submitted a grievance every day for an extended period of time, we will be undergoing a training program for supervisors regarding issuing NOA's.

Timeline for Implementation and/or Completion of Corrective Actions

Training program will be completed during the January 2017, supervisor meeting and annually thereafter.

Proposed (or Actual) Evidence of Correction that will be submitted to DHCS

A copy of the minutes of the meeting will be sent to State DHCS as proof of the evidence of correction upon their request.

Section C: Beneficiary Protection Protocol Requirements

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

- 3a. 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?
- 3b. Does the MHP ensure required notice(s) of an extension are given to beneficiaries?

Plan of Correction:

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 ensures grievances, appeals, and expedited appeals are resolved within established timeframes.

Description of Corrective Action, including Milestones

The MHP had two grievance letters with no resolution date on the form. The forms will be double checked by MHP to make sure all letters have a resolution date on them.

Timeline for Implementation and/or Completion of Corrective Actions

This will begin immediately, as staff is available.

Proposed (or Actual) Evidence of Correction that will be submitted to DHCS

A copy of the letters can be sent to State DHCS upon their request.

Section C: Beneficiary Protection Protocol Requirements

4. Regarding notification to beneficiaries:

- 4a. 1) Does the MHP provide written acknowledgement of each grievance to the beneficiary in writing?
- 2) Is the MHP notifying beneficiaries, or their representatives, of the grievance disposition, and is this being documented?

Plan of Correction:

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 provides written acknowledgement and notifications of dispositions to beneficiaries for all grievances, appeals, and expedited appeals.

Description of Corrective Action, including Milestones

The MHP had two grievance letters with no resolution date on the form. The forms will be double checked by MHP to make sure all letters have a resolution date on them.

Timeline for Implementation and/or Completion of Corrective Actions

This will begin immediately, as staff is available.

Proposed (or Actual) Evidence of Correction that will be submitted to DHCS

A copy of the letters can be sent to State DHCS upon their request.

Section C: Beneficiary Protection Protocol Requirements

5. Does the written notice of the appeal resolution include the following:

5a. The results of the resolution process and the date it was completed?

5b. Notification of the right and how to request a State fair hearing, if beneficiary is dissatisfied with the appeal decision?

Plan of Correction:

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 its written notice of appeal resolution includes the results and completion of the resolutions process and notification of the right to, and how to request, a State fair hearing if the beneficiary is dissatisfied with the appeal decision.

Description of Corrective Action, including Milestones

The MHP had two grievance letters with no resolution date on the form. The forms will be double checked by MHP to make sure all letters have a resolution date on them.

Timeline for Implementation and/or Completion of Corrective Actions

Immediately

Proposed (or Actual) Evidence of Correction that will be submitted to DHCS

A copy of the letters can be sent to State DHCS upon their request.

Section C: Beneficiary Protection Protocol Requirements Section

6. Is the MHP notifying those providers cited by the beneficiary (or otherwise involved in the grievance, appeal or expedited appeal) of the final disposition of the beneficiary's grievance, appeal or expedited appeal?

Plan of Correction:

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it notifies providers cited by a beneficiary (or otherwise involved in the grievance, appeal or expedited appeal) of the final disposition of the beneficiary's grievance, appeal or expedited appeal.

Description of Corrective Action, including Milestones

The MHP continues to notify any providers cited by a beneficiary of the final disposition of the beneficiary's grievance, appeal or expedited appeal. A column will be added to the tracking log stating that the grievance was discussed with the provider.

Timeline for Implementation and/or Completion of Corrective Actions

The column will be added to the log by January 1, 2017.

Proposed (or Actual) Evidence of Correction that will be submitted to DHCS

BHS will send, upon request from State DHCS, a copy of the form that has the extra column on it for tracking that the grievance was discussed with the provider.

Section C: Beneficiary Protection Protocol Requirements Section

7. Does the MHP ensure services are continued while an appeal or State fair hearing is pending?

Plan of Correction:

The MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it is ensuring services are continued while an appeal or State fair hearing is pending.

Description of Corrective Action, including Milestones

The MHP will add language to Policy and Procedure QMP 3.0 and 4.0 as well as to its acknowledgement letter that services will continue while an appeal or State fair hearing is pending.

Timeline for Implementation and/or Completion of Corrective Actions

This will be accomplished by January 1, 2017, as staff is available.

Proposed (or Actual) Evidence of Correction that will be submitted to DHCS

The MHP will send to State DHCS, upon request, a copy of QMP 3.0 and QMP 4.0 as well as its acknowledgement letter as evidence of correction.

Section H: Program Integrity

4. 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 MHP must submit a POC addressing the OOC findings for this requirement. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it collects the disclosure of ownership, control, and relationship information from its providers, managing employees, including agents and managing agents as required in regulations and the MHP Contract.

Description of Corrective Action, including Milestones

The MHP has written a new policy and procedure regarding 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. This language has also been included in the Scope of Work for contracts until such time as the master contracts can have such language added to them.

Timeline for Implementation and/or Completion of Corrective Actions

January 1, 2017, as staff is available

Proposed (or Actual) Evidence of Correction that will be submitted to DHCS

Upon request from DHCS, the MHP will send to DHCS copies of the policies and procedures as well as the language added to the Scope of Work to contracts.

Section G: Provider Relations

3. Regarding the MHP's network providers, does the MHP ensure the following:
 - 3a. Mechanisms have been established to ensure that network providers comply with timely access requirements?
 - 3b. Corrective action is taken if there is a failure to comply with timely access requirements?

Plan of Correction:

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 established mechanisms to ensure that network providers comply with timely access requirements and to take corrective action if providers fail to comply.

Description of Corrective Action, including Milestones

The MHP will add to its Policies and Procedures that network providers must comply with timely access requirements. If a network provider does not comply with timely access, they will be subject to services being disallowed, not paid, and be at risk of contract termination.

Timeline for Implementation and/or Completion of Corrective Actions

January 1, 2017, as staff is available

Proposed (or Actual) Evidence of Correction that will be submitted to DHCS

Upon request from DHCS, the MHP will send to DHCS copies of the policies and procedures as well as the language added to the Scope of Work to contracts (when they are renewed).

Section K, Chart Review—Non-Hospital Services

Medical Necessity

Plan of Correction 1c-2:

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

Description of Corrective Action, including Milestones

1. Training on medical necessity will be conducted with staff
2. Supervisors will go over one case per week with staff to determine if medical necessity is being met.
3. Chart reviews will be conducted on each clinician's caseload to determine if client meets medical necessity criteria.

Timeline for Implementation and/or Completion of Corrective Actions

January 2017

Proposed (or Actual) Evidence of Correction that will be submitted to DHCS

Upon request from DHCS, the MHP will send DHCS copies of the sign in forms for the medical necessity training and outcomes of chart reviews.

Section K, Chart Review—Non-Hospital Services

Assessment

Plan of Correction 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.

Description of Corrective Action, including Milestones

The MHP needs to add the element of risk for decompensation in the Anasazi assessment. This request will be made of Kingsview to add this element.

Timeline for Implementation and/or Completion of Corrective Actions

1. By January 1st, 2017, a request will be made to Kingsview to add the element of risk in the Anasazi clinical assessment
2. It is hoped that this would be completed by Kingsview by March 1, 2017.
3. Staff will then be trained on the necessary documentation that is to be placed in this new addition the month following completion of the assignment by Kingsview.
4. Staff will sign a form that shows they have completed and understood the training and will now be completing this section in the clinical assessment.

Proposed (or Actual) Evidence of Correction that will be submitted to DHCS

Upon request, the MHP will send to the State copies of each of the signed training forms and a copy of the newly updated assessment form.

Section K, Chart Review—Non-Hospital Services

Assessment

Plan of Correction 2c

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

- 1) The signature or (electronic equivalent) with the professional degree, licensure or title of the person providing the service.
- 2) The date the signature was completed and the document was entered into the medical record.

Description of Corrective Action, including Milestones

The MHP has as part of the electronic health record, the signature or electronic equivalent with the professional degree, licensure or title of the person providing the services. The date the signature was completed, the professional degree, licensure or title of the person providing the service and date of service was entered into the medical record as of the date of the review.

Timeline for Implementation and/or Completion of Corrective Actions

This was implemented during the review.

Proposed (or Actual) Evidence of Correction that will be submitted to DHCS

This was implemented during the review.

Section K, Chart Review—Non-Hospital Services

Medication Consent

Plan of Correction 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.

- 1) Did the provider obtain and retain a current written medication consent form signed by the beneficiary and agreeing to the administration of each prescribed psychiatric medication?
- 2) Does the medication consent for psychiatric medications include the following required elements;
 - a. The reasons for taking such medications?
 - b. Reasonable alternative treatments available, if any?
 - c. Type of medication?
 - d. Range of frequency (of administration)?
 - e. Dosage?
 - f. Method of administration?
 - g. Duration of taking the medication?
 - h. Probable side effects?
 - i. Possible side effects if taken longer than 3 months?
 - j. Consent once given may be withdrawn at any time?

Description of Corrective Action, including Milestones

The MHP has written a new Consent for Psychiatric Medications which includes the required elements stated above. The new Consent form is being included for approval from the State. Upon hearing from State DHCS that the form has been approved and meets the criteria, it will be implemented for use by the MHP.

Timeline for Implementation and/or Completion of Corrective Actions

Upon approval by State DHCS, the new consent forms will be implemented and eventually WYSIWYG into our electronic health record.

Proposed (or Actual) Evidence of Correction that will be submitted to DHCS

The forms are being submitted as part of this Plan of Correction for approval for use.

Section K, Chart Review—Non-Hospital Services

Client Plans

Plan of Correction 4b:

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

- 1) (4b-2.) 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.).
- 2) (4b-5.) All mental health interventions/modalities proposed on client plans address the mental health needs and identified functional impairments of the beneficiary as a result of the mental disorder.

Description of Corrective Action, including Milestones

MHP supervisors will review documentation to make sure they meet State standards for interventions/modalities, etc., on treatment plans.

After January 1, 2017 and July 1, 2017, training will be conducted on treatment plans and what interventions/modalities should be included. This training will be mandatory for staff to attend.

Timeline for Implementation and/or Completion of Corrective Actions

Ongoing. Training shall be conducted after January and July 1st, 2017. Staff supervision shall be ongoing.

Proposed (or Actual) Evidence of Correction that will be submitted to DHCS

Copies of staff attendance at the trainings will be submitted to State DHCS upon request.

Section K, Chart Review—Non-Hospital Services

Client Plans

Plan of Correction 4d:

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

- 1) Ensure that the beneficiary's signature is obtained in a timely manner on the client plan as specified in the MHP Contract with the Department and CCR, title 9, chapter 11, section 1810.440(c)(2)(A)(B).
- 2) Ensure that services are not claimed when the beneficiary's:
 - a. Signature is not obtained when required or not obtained in a timely manner and the reason for refusal is not documented.
- 3) Establish a written definition of what constitutes a "long-term" care beneficiary in its written documentation standards.

Description of Corrective Action, including Milestones

MHP supervisors will review documentation to make sure they meet State standards for beneficiary signatures to be obtained in a timely manner. Supervisors will go over chart documentation during supervision with staff on a weekly basis. Supervisors will review the findings of their documentation review with the staff person during that time.

An Anasazi report shall be developed that will show who does and who does not have client signatures on the treatment plan for supervisor monitoring of client cases. This report will be run weekly.

Currently the Cerner documentation system does not allow a clinician to "final" approve the treatment plan document if the appropriate boxes have not been checked, e.g., if the client was offered a copy of their treatment plan. Supervisors will run a report weekly which will show which staff still have outstanding non-final approved treatment plans and will ensure that staff get these completed.

After January 1, 2017 and July 1, 2017, training on treatment plans and client signatures will be conducted. This training will be mandatory for staff to attend. The training will be available on the shared computer drive for staff to review at any time. All clinical staff will be required to attend documentation training annually. Attendance will be taken and monitored as to which staff have and have not been trained. The training outline is still in development but will be modeled after the counties' requested state documentation updated training documents which are still in progress. It will include not documenting for clerical functions, transportation and any of the other findings of the OCC. If during the weekly supervision of staff, it is determined that staff still needs additional training, the documentation training will be available for them to review on the shared drive with the employee.

Timeline for Implementation and/or Completion of Corrective Actions

Ongoing. Training shall be conducted after January and July 1st, 2017. Staff supervision shall be ongoing.

An Anasazi report will take up to one year to complete to show if client signatures have been obtained.

Proposed (or Actual) Evidence of Correction that will be submitted to DHCS

Copies of staff attendance at the trainings will be submitted to State DHCS upon request.

A copy of the definition of a long-term client has been attached to this document.

Section K, Chart Review—Non-Hospital Services

Client Plans

Plan of Correction 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 an established process to ensure that the beneficiary is offered a copy of the client plan.

Description of Corrective Action, including Milestones

The current treatment plan states the following; “The people listed below were involved in the development of this Treatment Plan as outlined on the previous pages, and we agreed to work together to reach the stated goals and objectives within the specified period. The care plan has been reviewed and explained to me in language that I understand and my rights have been reviewed with me. The client/legally authorized representative signature below indicates that my right to receive a copy of the care plan at any time has been reviewed with me.”

“Was the client asked if they wanted a copy of the Treatment Plan Yes No”

“Client signature obtained? Yes No”

“If no, state reason not obtained.”

The current Treatment Plan meets the existing State criteria for treatment plans as defined by the State. Before the Treatment Plan can be “final” approved by staff, the staff has to hit the radio button of yes or no to the questions above.

Policy and Procedure MHP 57 also has all of the State mandated elements for the treatment plan contained within it. Staff will again be trained on this Policy and Procedure for compliance.

Timeline for Implementation and/or Completion of Corrective Actions

Both the existing treatment plan and the policy and procedure meet State guidelines. Staff will be trained during the third quarter of FY 16-17. Currently the Cerner documentation system does not allow a clinician to “final” approve the treatment plan document if the appropriate boxes have not been checked, e.g., if the client was offered a copy of their treatment plan. Supervisors will run a report weekly which will show which staff still have outstanding non-final approved treatment plans and will ensure that staff get these completed. The weekly reports will show if this is a problem for staff, or not, regarding completion of the form. Supervisors can then take appropriate action.

General training of all clinical staff shall be conducted after January 1, 2017 regarding the timeliness, frequency and staff signature on progress notes. This training will include specifically not billing for clerical functions, billing for transportation and making sure all boxes are checked on the treatment plan and that the client was offered a copy if they wanted one.

Training will again be held after July 1, 2017 on the same topics for staff. The training outline is still in development but will be modeled after the counties' requested state documentation updated training documents which are still in progress. It will include having staff not bill for clerical functions, transportation, as well as other findings by the OCC. If during the weekly supervision of staff and chart documentation review, it is determined that staff still needs additional training, the documentation training will be available for them to review on the shared drive with the employee during weekly supervision.

Proposed (or Actual) Evidence of Correction that will be submitted to DHCS

A copy of the current treatment plan and the MHP Policy and Procedure will be sent to State DHCS upon request along with the signature page of staff who attended the training. A copy of the reports will be made available to State DHCS upon request.

Section K, Chart Review—Non-Hospital Services

Progress Notes

Plan of Correction 5a:

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

- 1) Ensure that progress notes meet timeliness, frequency and the staff signature requirements in accordance with regulatory and contractual requirements.
- 2) Describe how the MHP will ensure that progress notes are completed in accordance with the timeliness and frequency requirements specified in the MHP's written documentations standards.
- 3) 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.
 - 5a-3) Interventions applied, the beneficiary's response to the interventions and the location of the interventions, as specified in the MHP Contract with the Department.
 - 5a-4) The date the progress note was completed and entered into the medical record by the person(s) providing the service in order to determine the timeliness of completion, as specified in the MHP Contract with the Department.
 - 5a-8) The provider's/providers' professional degree, licensure or job title.
- 4) The documentation is individualized for each service provided.

Description of Corrective Action, including Milestones

MHP supervisors shall run a caseload report on staff each week indicating who has a note that does not meet the time constraints per regulation. These reports show **ALL** of the notes written by staff that week. So the sample will be 100% of all notes written.

MHP supervisors will review notes to make sure they meet State standards for interventions, etc.

General training of all clinical staff shall be conducted after January 1, 2017 regarding the timeliness, frequency and staff signature on progress notes. This training will include specifically not billing for clerical functions. Training will again be held after July 1, 2017 on the same topic for staff. The training outline is still in development but will be modeled after the counties' requested state documentation updated training documents which are still in progress. It will include having staff not bill for clerical functions, transportation, as well as other findings by the OCC. If during the weekly supervision of staff and chart documentation review, it is determined that staff still needs additional training, the documentation training will be available for them to review on the shared drive with the employee.

Again, Anasazi automatically records the staff person's title, name, degree, position, date of the note, etc., when the staff person creates and signs the note. No additional corrective action is necessary for this item. If the State would like a letter from our computer vendor, Kingsview, regarding this function as an automatic part of the electronic health record, and that it will not change, we will obtain one upon request.

Timeline for Implementation and/or Completion of Corrective Actions

Ongoing. Training shall be conducted after January and July 1st, 2017. Staff supervision shall be ongoing.

Proposed (or Actual) Evidence of Correction that will be submitted to DHCS

Copies of staff attendance at the trainings will be submitted to State DHCS upon request.

Section K, Chart Review—Non-Hospital Services

Progress Notes

Plan of Correction 5a3:

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

- 1) Each progress note describes how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning, as outlined in the client plan.
- 2) Services provided and claimed are not solely clerical.
- 3) All services claimed are appropriate, relate to the qualifying diagnosis and identified functional impairments and are medically necessary as delineated in the CCR, title 9, chapter 11, sections 1830.205(a)(b).

Description of Corrective Action, including Milestones

MHP supervisors will review notes to make sure they meet State standards for interventions, etc.

General training of all clinical staff shall be conducted after January 1, 2017 regarding the timeliness, frequency and staff signature on progress notes. This training will include specifically not billing for clerical functions in addition to other findings by the OCC. Training will again be held after July 1, 2017 on the same topics for staff. The training outline is still in development but will be modeled after the counties' requested state documentation updated training documents which are still in progress. The training will include how to document services that reduced impairment, restored functioning, and prevented significant deterioration in an important area of life functioning as outlined in the client plan. If during the weekly supervision of staff and chart documentation review, it is determined that staff still needs additional training, the documentation training will be available for them to review on the shared drive with the employee.

Timeline for Implementation and/or Completion of Corrective Actions

Ongoing. Training shall be conducted after January and July 1st, 2017. Staff supervision shall be ongoing.

Proposed (or Actual) Evidence of Correction that will be submitted to DHCS

Copies of staff attendance at the trainings will be submitted to State DHCS upon request.

Section K, Chart Review—Non-Hospital Services

Progress Notes

Plan of Correction 5c:

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

- 1) Ensure that all SMHS claimed are:
 - a. Claimed for the correct service modality and billing code.

Description of Corrective Action, including Milestones

MHP supervisors will review notes to make sure they meet State standards for billing for the correct service modality and billing codes. The supervisor will review one chart weekly. The form used for documentation review was developed by a county that was under a federal integrity agreement and is extremely comprehensive. It does include a question about services claimed being the correct service modality and utilizing the appropriate billing code.

General training of all clinical staff shall be conducted after January 1, 2017 regarding the timeliness, frequency and staff signature on progress notes. This training will include specifically not billing for clerical functions as well as other findings by the OCC. Training will again be held after July 1, 2017 on the same topics for staff. The training outline is still in development but will be modeled after the counties' requested state documentation updated training documents which are still in progress. The training will include how to document services that reduced impairment, restored functioning, and prevented significant deterioration in an important area of life functioning as outlined in the client plan. If during the weekly supervision of staff and chart documentation review, it is determined that staff still needs additional training, the documentation training will be available for them to review on the shared drive with the employee.

For those staff who seem to have difficulty with the note not matching the service function or modality, in order for the notes to be reviewed prior to being billed (and then backed out if they didn't meet state criteria for services), the supervisor will have to read and co-sign the notes before final submission.

Timeline for Implementation and/or Completion of Corrective Actions

Ongoing. Training shall be conducted after January and July 1st, 2017. Staff supervision shall be ongoing.

Proposed (or Actual) Evidence of Correction that will be submitted to DHCS

Copies of staff attendance at the trainings will be submitted to State DHCS upon request.

Section K, Chart Review—Non-Hospital Services

Progress Notes

Plan of Correction 5d:

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

- 1) Ensure that all documentation includes the signature or (electronic equivalent) with the professional degree, licensure or title of the person providing the service.
- 2) Ensure that all documentation includes the date the signature was completed and the document was entered into the medical record.

Description of Corrective Action, including Milestones

The MHP has as part of the electronic health record, the signature or electronic equivalent with the professional degree, licensure or title of the person providing the services. The date the signature was completed, the professional degree, licensure or title of the person providing the service and date of service was entered into the medical record as of the date of the review.

Timeline for Implementation and/or Completion of Corrective Actions

This was implemented as of the date of the review.

Proposed (or Actual) Evidence of Correction that will be submitted to DHCS

The Electronic Health Record currently in use by Madera County MHP automatically signs each staff person's name with the professional degree, licensure or title of the person providing services. It also automatically includes the date of the signature and when it was entered into the medical record. If the State would like a letter from our computer vendor, Kingsview, regarding this function as an automatic part of the electronic health record, and that it will not change, we will obtain one upon request.