

**Riverside University**  
**HEALTH SYSTEM**  
**Behavioral Health**

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Reply to: Behavioral Health Administration  
P.O. Box 7549 Riverside, CA 92513

PLAN OF CORRECTION  
Systems Review April 25-28, 2016

**Section A-Access.**

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

2. Does the toll-free telephone number provide information to beneficiaries about how to access specialty mental health services required to assess whether medical necessity protocol requirements are met?
4. Does the toll-free telephone number provide information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes?

**Response:** The MHP has implemented the following corrections:

- 1) Trained county and contracted staff on the needed requirements for the access line
  - 2) Developed scripts for county and contracted staff answering the access line that prompt them through each step of the beneficiary problem resolution process
  - 3) Modified the phone tree to allow beneficiary's to transfer to a message that outlines the steps the caller can take to file a complaint
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Regarding the written log of requests for SMHS:

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

**Response:** The MHP has implemented the following corrections:

- 1) Developed a standardized training module to provide staff with ongoing training on a quarterly schedule

- 2) Conducting regularly scheduled test calls that includes checking the Contact Log for recording of the calls
- 3) Identification of staff receiving test call(s) to provide personalized training and/or disciplinary action when warranted
- 4) Modification of the contract with the after-hours agency to include compliance requirements and monthly reports

### **Section B-Authorization**

Regarding Standard Authorization Request for non-hospital SMHS:

2b. SARS are approved or denied by licensed mental health professionals or waived/registered mental health professionals?

**Response:** The MHP has implemented the following corrections:

- 1) Modified the current workflow and will utilize only licensed professionals for processing all authorizations
  - 2) Will run a monthly report on authorizations to ensure services were not authorized by non-licensed staff
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2c. MHP makes authorization decisions and provides notice within 14 calendar days?

**Response:** The MHP has implemented the following corrections:

- 1) Developed an internal tracking system that documents when a TAR was received and the date the authorization was completed.
  - 2) Auditing of the document occurs bi-weekly and includes:
    - a) Checking the actual TAR against the date stamped by the fax machine
    - b) Comparing the fax date with the date entered in the tracking log
    - c) Verifying the date of the authorization in the electronic health record matches the date on the tracking document
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### **Section C-Beneficiary Protection**

2b. Does the MHP's log match data reported in the Annual Beneficiary Grievance and Appeal report submitted to DHCS?

**Response:** The MHP has implemented the following corrections:

- 1) Retrained staff on what information to record in the data base
  - 2) Reassigned the staff responsible for developing the report to ensure an appropriate amount of time is available to
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review the data and ensure the information in the report is accurate

Regarding the written notice of the appeal resolution:

5a. Results of the resolution 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?

**Response:** The MHP has implemented the following corrections:

- 1) Retrained staff on RUHS-BH Policy 295  
Beneficiary/Consumer Problem Resolution Process
- 2) QI Program Manager is now monitoring the Appeals and  
Grievance letters written by QI program staff to ensure  
compliance with the policy

### **Section K-Chart Review-Non-Hospital Services**

lc-1. Medical necessity criteria not met since the focus of the proposed interventions did not address the mental health condition

**Response:** The MHP disagrees with this finding and is appealing this decision (the notes pertain to different day documentation).

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lc-2. Medical necessity criteria not met since there was no expectation that the documented intervention would meet the intervention criteria

**Response:** The MHP disagrees with the finding on Line <sup>1</sup> and is appealing this decision (the note pertains to different day documentation).

The MHP agrees with the findings on Line <sup>2</sup> and is taking the following corrective actions:

- 1) In the process of developing a mandated training program for all county program supervisors to improve their skill levels in documenting services in a progress note. Supervisors will also be required to conduct quarterly chart audits in their program's to ensure their staff have the skills needed to complete their documentation according to standards.
  - 2) In the process of adding Senior Clinical Therapist positions to the department with the intent for these therapists to assist the clinic supervisor with the supervision and training of staff within their program.
  - 3) Scheduling quarterly meetings with contracted providers to increase communication and provide opportunity for ongoing training needs
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2a. Assessments were not completed in accordance with regulatory and contractual requirements

**Response:** The MHP agrees with these findings and is taking the following corrective actions:

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<sup>1</sup> Line number(s) removed for confidentiality

<sup>2</sup> Line number(s) removed for confidentiality

- 1) In the process of redesigning the assessment form to improve workflow and increase the availability of staff to complete initial and updated assessments according to the MHP's guidelines.
  - 2) Revised the monitoring schedule of contracted providers to include additional monitoring/training when deficiencies in documentation are noted.
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2b. Assessments did not include all of the elements specified in the MHP Contract with the Department

**Responses:** The MHP agrees with these findings and is taking/has taken the following corrective actions:

- 1) The MHP is in the process of developing a mandated training program for all county program supervisors to include an increase in awareness of essential information required in an assessment
  - 2) Redesigned the TAR form for contracted providers (often used as the Assessment) to include all the required information for an assessment. TARs submitted on an older version will be returned to the provider to be re-submitted on the most recent form.
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3b. Written medication consents did not contain all of the required elements specified in the MHP Contract with the Department.

**Response:** The MHP agrees with this finding and has taken/is taking the following corrective action:

- 1) The medication consent currently available in the prescribing module of the county's electronic health records has replaced the form previously used
  - 2) Gathering, evaluating, and providing feedback to contracted agencies regarding their medication consent forms
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4a-1. The initial care plan was not completed within the time period specified in the MHP's documentation standards, or lacking MHP standards, not within 60 days of the intake, with no evidence supporting the need for more time.

**Response:** The MHP agrees with this finding and is taking the following corrective actions:

- 1) In the process of adjusting the monitoring tool used to review charts for Day Treatment providers
  - 2) In the process of adjusting the frequency of monitoring Day Treatment providers to provide opportunity for increased training when needed
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4a-2. The client plan was not updated at least annually or when there was a significant change in the beneficiary's condition

**Response:** The MHP agrees with this finding and is taking the following corrective action:

- 1) In the process of developing a mandated training program for all county program supervisors to increase awareness of documentation standards and required timelines
- 2) In the process of developing an updated document on reports programs should run regularly to ensure documents requiring annual updating are completed in a timely manner.

4b-1. One or more of the goals/treatment objectives were not specific, observable, and/or quantifiable and related to the beneficiary's mental health needs and identified functional impairments as a result of the mental health diagnosis

**Response:** The MHP agrees with this finding and has taken/is taking the following corrective actions:

- 1) Updated trainings to county staff to require evidence of their ability to develop care plans that meet Medi-Cal requirements. Staff demonstrating difficulties are being identified to return for additional training.
  - 2) Providing training on documentation and other necessary requirements for all new contractors prior to being authorized to provide services to consumers.
  - 3) Developing a mandated training program for all county program supervisors to include improving skill levels in the development of care plans including specific, measureable goals, and interventions
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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

**Response:** The MHP agrees with this finding and has taken/is taking the following corrective actions:

- 1) Updated trainings to county staff to require evidence of their ability to develop care plans that meet Medi-Cal requirements. Staff demonstrating difficulties are being identified to return for additional training.
  - 2) Providing training on documentation and other necessary requirements for all new contractors prior to being authorized to provide services to consumers.
  - 3) Developing a mandated training program for all county program supervisors to include improving skill levels in the development of care plans including specific, measureable goals, and interventions
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4b-3. One or more of the proposed interventions did not indicate an expected frequency

**Response:** The MHP agrees with this finding and has taken/is taking the following corrective actions:

- 1) Updated trainings to county staff to require evidence of their ability to develop care plans that meet Medi-Cal requirements. Staff demonstrating difficulties are being identified to return for additional training.
  - 2) Providing training on documentation and other necessary requirements for all new contractors prior to being authorized to provide services to consumers.
  - 3) Developing a mandated training program for all county program supervisors to include improving skill levels in the development of care plans including specific, measureable goals, and interventions
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4b-4. One or more of the proposed interventions did not indicate an expected duration.

**Response:** The MHP agrees with this finding and has taken/is taking the following corrective actions:

- 1) Updated trainings to county staff to require evidence of their ability to develop care plans that meet Medi-Cal requirements. Staff demonstrating difficulties are being identified to return for additional training.
- 2) Providing training on documentation and other necessary requirements for all new contractors prior to being authorized to provide services to consumers.
- 3) Developing a mandated training program for all county



program supervisors to include improving skill levels in the development of care plans including specific, measureable goals, and interventions

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4e There was no documentation that the beneficiary or legal guardian was offered a copy of the client plan.

**Response:** The MHP agrees with this finding and has taken the following corrective action:

- 1) The assessment/care plan form used by contracted providers to request an authorization for services was updated in 2015 to include questions on whether the client was offered, and if received, a copy of their care plan.
  - 2) The client care plan utilized by the county programs already has a required question about the client being offered a copy and whether they received it.
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4f. The client plans did not include the signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, or job title

**Response:** The MHP agrees with this finding and has taken the following corrective action:

- 1) The report that prints from the county's electronic health
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record now includes the title of the staff that completed the care plan

5a-1. Progress notes were completed late based on the MHP's written documentation standards

**Response:** The MHP agrees with this finding and is in the process of taking the following corrective action:

- 1) Developing a dashboard report that will include the date of service and the date the documentation was completed
  - 2) Beta testing the electronic health record's appointment scheduling capabilities which will result in a significant change in staffs daily workflow to include scheduling time to complete service documentation
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5a-3. Progress notes did not include the interventions applied, beneficiary's response to the interventions and the location of the

interventions:

**Response:** The MHP disagrees with the finding on line <sup>3</sup> and line <sup>4</sup>, and is appealing this decision (the notes pertain to different day documentation).

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5a-4. Progress notes were signed but not dated.

**Response:** The MHP agrees with this finding and has taken the following corrective action plan:

- 1) Updated its monitoring tools to include reviewing when a service was provided and the date the progress note was documented into the record
  - 2) The MHP will continue to train to this requirement when training and when monitoring contracted providers
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5a-5. The provider's professional degree, licensure or job title was not included on the progress note.

**Response:** The MHP agrees with this finding and has taken the following corrective action plan:

- 1) The MHP's monitoring tool includes reviewing the provider's title is included on the progress note
  - 2) The MHP has required a Plan of Correction from agencies where the provider's title is not included on their documentation
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5b. Time claimed was greater than the time documented on the corresponding progress notes.

**Response:** The MHP agrees with this finding and is in the process of taking the following corrective action plan:

- 1) Beta testing the electronic health record's appointment scheduling capabilities which will result in the system generating the listing of services that require a progress note. Staff will be unable to generate a second note for the same service.

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<sup>3</sup> Line number(s) removed for confidentiality

<sup>4</sup> Line number(s) removed for confidentiality

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5c. Documentation in the medical record did not include progress notes for the services claimed.

**Response:** The MHP agrees with this finding and has taken the following corrective action plan:

- 1) Revised the monitoring schedule of contracted providers to include additional monitoring/training when deficiencies in documentation are noted.
  - 2) The MHP already has a process for conducting service verification calls to consumers
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7a. Documentation for required service components for a Day Treatment Intensive Program were not included as specified by the MHP Contract with the Department

**Response:** The MHP agrees with this finding and is taking the following corrective actions:

- 1) In the process of adjusting the monitoring tool used to review charts for Day Treatment providers
  - 2) In the process of adjusting the frequency of monitoring Day Treatment providers to provide opportunity for increased training when needed
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7b. Documentation for essential requirements for a Day Treatment Intensive Program were not met as specified by the MHP Contract with the Department

**Response:** The MHP agrees with this finding and is taking the following corrective actions:

- 1) In the process of adjusting the monitoring tool used to review charts for Day Treatment providers
  - 2) In the process of adjusting the frequency of monitoring Day Treatment providers to provide opportunity for increased training when needed
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7f-3. The Written Weekly Schedule for Day Treatment Intensive program did not identify all program staff, their qualifications and scope of their services

**Response:** The MHP agrees with this finding and is taking the following corrective actions:

- 1) In the process of adjusting the monitoring tool used to review charts for Day Treatment providers
- 2) In the process of adjusting the frequency of monitoring Day Treatment providers to provide opportunity for increased training when needed