



PLAN OF CORRECTION

To: MHSCompliance@dhcs.ca.gov

Date of Review: November 7-8, 2018
 Date of Receipt: July 1, 2019
 Date of POC: August 16, 2019

The County of San Luis Obispo respectfully submits this Plan of Correction for Systems Review and Chart Review findings detailed below.

SYSTEMS REVIEW

Protocol Item	Corrective Actions/Timeline	Person(s) Responsible
<p>Timely Access</p> <p>The MHP's Service Request Log for January 2018 and found that the MHP met timely access requirements for 85 out of the 87 requests for services that resulted in an offered assessment appointment.</p>	<p>(Appealed – the MHP requested that this item be rated on a compliance percentage basis. The compliance rate in DHCS' audit sample was 97.7%.)</p> <p>Effective immediately, MHP's Central Access Line staff will offer an assessment appointment within 10 business days in every instance. When a timely appointment is not available at the clinic or site nearest to the beneficiary, staff will offer an appointment plus transportation to the next nearest site or contact the site Program Supervisor to arrange a timely appointment.</p>	<p>Greg Vickery Amanda Getten</p> <div style="border: 2px solid red; padding: 5px; color: red; font-weight: bold;"> <p>Appeal upheld, finding overturned, 11/20/19</p> </div>
<p>MOU with MCP (CenCal Health)</p> <p>CCR, Title 9, §1810.370(a)(5)</p> <p>Missing elements:</p>	<p>MHP and MCP will revise MOU to include missing elements and seek BOS approval of the MOU</p> <p>Action Steps:</p> <p>1. MCP drafted a new MOU (Completed 8/12/19)</p>	<p>CenCal Health:</p> <ul style="list-style-type: none"> • Amanda Pyper • Robert Janeway

The Health Agency complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex or any other protected class

<p>1. Contact information for a psychiatrist for consultation</p> <p>2. Statement that beneficiary may receive SMHS during period of dispute</p>	<p>2. MHP will return edits by 8/26/2019. The missing elements were added to the draft.</p> <p>3. MCP and MHP will agree to final language by 9/15/2019</p> <p>4. Present to BOS for approval by approximately 10/15/19</p> <p>Evidence:</p> <ul style="list-style-type: none"> MOU (draft) with MCP email_8-12-19 Draft MOU language insertions: <p>PROVISION OF MEDICALLY NECESSARY SERVICES PENDING RESOLUTION OF A DISPUTE</p> <p>1. MHP agrees that disputes with CCH shall not delay the provision of medically necessary mental health services.</p> <p>2. For disputes related to the start or continuation of mental health services that MHP believes require CCH covered mild to moderate outpatient mental health services or when there is disagreement whether the beneficiary's diagnosis as determined by the MHP is not a covered diagnosis, the MHP will initiate or continue to provide specialty mental health service(s) during the Dispute Resolution process.</p> <p>PHARMACEUTICAL SERVICES, PRESCRIPTION DRUGS, AND CONSULTATION</p> <p>The MHP Medical Director, (805) 781-4179, or their designee shall be available to provide clinical consultation, including consultation on medication, to the CCH provider responsible for the member's physical health care.</p>	<p>SLOBHD</p> <ul style="list-style-type: none"> Leigh Ann Alcorn Anne Robin Greg Vickery
<p>Cultural Competence Training</p> <p>42 CFR §438.10(h)(1)(v) CCR, Title 9, §1810.410</p> <p>"...some employees did not complete the annual requirement that should have been completed by June 30, 2018"</p>	<p>(Appealed – the MHP requested that this item be marked as a recommendation only as it was tied to the Provider Directory requirements)</p> <p>MHP will require, track, and enforce annual cultural competence training for staff</p> <p>Action Steps:</p> <ol style="list-style-type: none"> Conduct a mandatory 6-hour face-to-face training for all staff (Scheduled for 8/16/19 8/23/19, 8/30/19 to include all staff) Assigned two Relias eLearning trainings to staff for completion by 6/30/20 (7/8/19) 	<ul style="list-style-type: none"> Frank Warren Nestor Veloz-Passalacqua SLOBHD Division Managers <p style="border: 2px solid red; padding: 5px; color: red;">Appeal upheld, finding overturned, 11/20/19</p>

	<ol style="list-style-type: none"> 3. Assign overview course for all new hires 4. Sponsored "Enhancing Cultural Humility" trainings on 6/20/19 and 8/20/19 5. Staff will upload completion certificates to NeoGov for tracking (beginning 8/1/19) <p>Evidence:</p> <ul style="list-style-type: none"> • Program Supervisor meeting minutes_7-9-19 • CC Training Annual assignment email_7-8-19 • All Staff August Training email_8-1-19 • Enhancing Cultural Humility training flyer 	
<p>Central Access Test Calls CCR, Title 9, §§1810.405(d), 1810.410(e)</p> <p>Two test calls failed:</p> <p>#5 when the test caller did not receive a call back to receive information about how to access services</p> <p>#7 when the caller was not given information about how to file a grievance</p>	<p>(Appealed – the MHP appealed the findings in Test Call # 3 based on the test call script previously approved by DHCS)</p> <p>POC for #5 and #7: MHP changed Central Access processes to ensure that beneficiaries get required information about how to access services or problem resolution processes.</p> <p>Action Steps: MHP made the following changes to processes:</p> <ol style="list-style-type: none"> 1. Revised call transfer procedure (#5): Central Access administrative staff now transfer callers to a primary clinician or to a backup clinician. Only when both clinicians are on calls (or if the caller requests a call back rather than to hold) will a call back option be used. MHP changed to a VOIP phone system that will allow tracking of calls and call back attempts. (Completed 7/31/2019) 2. MHP provided training to staff Central Access staff and PRA staff regarding the grievance process and clarified that any caller may file a grievance (#7). (Completed 7/31/2019) <p>Evidence:</p> <ul style="list-style-type: none"> • Managed Care staff meeting minutes_7/31/19 • Access Line Script_7-31-19 	<ul style="list-style-type: none"> • Amanda Getten • Greg Vickery <div style="border: 2px solid red; padding: 5px; color: red; text-align: center;"> <p>Appeal upheld, finding overturned, 11/20/19</p> </div>
<p>Timely logging of receipt of Grievances and Appeals CFR, Title 42, §438.416(a) CCR, Title 9, §1850.205(d)(1)</p>	<p>MHP will ensure that Grievances and Appeals are logged in a timely manner.</p> <p>Action Steps:</p> <ol style="list-style-type: none"> 1. Changed clinic closing procedure so that site Health Information Technicians receive and scan CRF into a shared folder on a daily basis (Completed 8/1/2019) 2. PRA will log and acknowledge daily (ongoing) 	<ul style="list-style-type: none"> • Kathy McGuire • Greg Vickery • Desiree Troxell

<p>The MHP installed lock boxes at clinic sites to allow clients to return Consumer Request Forms (CRF) confidentially. DHCS found that this creates a delay in logging of grievances and appeals by the PRA.</p>	<p>Evidence:</p> <ul style="list-style-type: none"> Grievance & Appeals_Client Information Center Lock Box-CRF Procedure 	
<p>Cost Report Timeliness WIC §§14705(c), 14712(e)</p>	<p>SLOBHD does not have a record of late submission of the cost report without a timely request for extension except in FY 16-17, when the template wasn't released by DHCS until February and therefore the timeline could not be met.</p> <p>Action Steps:</p> <ol style="list-style-type: none"> SLOBHD Fiscal Department created a calendar reminder so that if the cost report is not ready to upload, we will request an extension. If the file is ready to submit, the Accountant II and ASM responsible for the MH Cost Report will sign and submit the report. This document then will be scanned and filed on the server with the Cost Report folder for that fiscal year. 	<ul style="list-style-type: none"> Denise Hopkins Enrique Limon

CHART REVIEW

<p>Assessment/ Assessment Updates</p> <p>2A: Not all records reviewed had re-assessments completed annually</p>	<p>We established an <u>annual</u> standard for completion of an adult assessment updates in 2018 and a schedule for completing youth assessments that include CANS elements on a <u>six-month</u> interval basis due to MHSUD IN 18-048.</p> <p>Action Steps:</p> <ol style="list-style-type: none"> Updated Policy & Procedure 5.00 and 5.10 All clinical staff will complete documentation training on an annual basis and pass a posttest to ensure understanding of documentation requirements, including assessment update timeliness. Added frequency of re-assessment to audit schedule <p>Evidence:</p> <ul style="list-style-type: none"> Documentation Guidelines page 18 and Policy & Procedure 5.0 and 5.10 state frequency requirements. See attached policies for detail. <p>The Documentation Guidelines section says this:</p>	<ul style="list-style-type: none"> Greg Vickery Jackie Miller
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	<p>Question: When (how often) do I use the Treatment Summary?</p> <p>Answers:</p> <p>Annually (ideally right before you develop the next Treatment Plan)</p> <ul style="list-style-type: none"> • To update progress during the past year and to identify usable strengths for ongoing treatment • To help identify reasons for continued treatment (medical necessity) • To help match objectives for the next Treatment Plan (TP) with current needs and strengths • To generate ongoing outcome measure data by completing the Adult Needs and Strengths Assessment (ANSA) and Children’s Assessment of Needs and Strengths (CANS) rating questions <p>Whenever clinically indicated after a significant change for the client</p> <ul style="list-style-type: none"> • After a significant life event (i.e., D/C from a hospital, release from jail or after a trauma) • When a client leaves treatment but returns and is reopened within 90 days of closing • Whenever there is a significant change (positive or negative) in a client’s level of functioning • Any other time an update will provide useful clinical information <ul style="list-style-type: none"> • Client Action Schedules in the MHP’s EHR are set to remind staff of due dates • QST staff will regularly audit timely completion of adult and youth assessment updates. See QST Audit Schedule. 	
<p>Medication Consents</p> <p>3A: Not all records reviewed had a current medication consent for every medication prescribed.</p> <p>3B: The medication consent form was missing specific required elements</p>	<p>The SLOBHD Medical Director and UR Nurse provided training and created reminder checklists for prescribers to prompt completion of an Informed Consent for Medication whenever a new medication is prescribed.</p> <p>Evidence 3A:</p> <ul style="list-style-type: none"> • Record review for completion of Medication Consent is part of monthly Peer Review. See Psychiatrist Assessment Peer Review Audit Tool. We require corrective action when a Medication Consent is missing or is incomplete. • UR Nurse and Medical Director provided training for MD/NP staff and developed a documentation checklist to help ensure completion of medication consents. See attached Psychiatrist Checklist and UR Committee agenda. <p>Evidence 3B:</p>	<ul style="list-style-type: none"> • M. Daisy Topacio Ilano, MD • Angela Atwell

<p>Client Plans</p> <p>4A: TPs must be updated annually or when a beneficiary's condition changes</p> <p>4C: TP Content</p> <ul style="list-style-type: none"> Goals & Objectives must be specific and observable Interventions must include a detailed description Interventions must specify frequency and duration Services must be tied to symptoms or functional impairments and qualifying diagnosis TP must be internally consistent and logical (i.e., Golden Thread) <p>4E: TP must contain client/responsible person signature or explanation when not available</p> <p>4G: TP must contain evidence that a copy was offered</p>	<ul style="list-style-type: none"> We revised our BH Informed Consent for Medication to ensure that it contains all the required elements. See attached form for detail. <p>Following the release of MHSDU IN 17-040, we revised our Documentation Guidelines and EHR set up to align with DHCS clarifications. We provided training for staff and contractor staff (completed in January and February of 2018 – the Triennial Review audit period was January through March 2018). Not all the records reviewed by DHCS had a new treatment plan (TP) that followed our guidance or set up requirements. Currently, we require a TP with goals, objectives, interventions, and services beginning with the initial assessment visit. Other than Crisis Intervention, all services must be on the TP and the TP is set to expire 364 days from the start date so that services may not be entered or claimed when not authorized on a valid TP. We made a slight change in wording to our Documentation Guidelines page 45 to highlight Intervention Duration:</p> <p>Duration of Treatment</p> <ul style="list-style-type: none"> Duration of treatment is the length of time the Intervention will be active/provided Set a Target Date for services you expect to be less than the duration of the TP. For example, if you are providing a 15-session structured group, estimate when the group will end and set a Target Date. You will not be able to provide the Intervention after the Target Date passes without updating the TP. Otherwise, leave Target Date blank. Interventions are valid for the entire duration of the TP unless a Target Date specifies a shorter duration <p>SLOBHD will provide mandatory face-to-face and/or eLearning documentation training for all clinical staff regarding items described in 4A, 4C, 4E, and 4G.</p> <p>Action steps:</p> <ol style="list-style-type: none"> By 10/31/2019, all clinical staff will complete documentation training By 12/31/19, all clinical staff will pass a competency-based posttest designed to confirm understanding of documentation requirements for Treatment Plan development <p>Evidence:</p> <ul style="list-style-type: none"> SLOBHD Documentation Guidelines, pages 38-50 	<ul style="list-style-type: none"> Greg Vickery Jackie Miller Program Supervisors
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<p>Progress Notes</p> <p>5A: PN must:</p> <ul style="list-style-type: none"> • Be completed on time, include beneficiary's response to interventions • Match the DOS and date of claim • Include credential, degree, or job title of staff • Signature of all staff involved in the service <p>5C: Group progress notes must document DOS, # clients in group, # staff, contribution of each staff member</p> <p>5D: PN must be:</p> <ul style="list-style-type: none"> • Documented in the EHR • Related to the Focus of Treatment in the TP • Correctly coded (service and time) • Completed on time <p>6E: ICC must be claimed correctly and coded when it is the most correct service</p>	<p>SLOBHD will provide mandatory face-to-face and/or eLearning documentation training for all clinical staff. Training will include a review of items detailed in 5A, 5C, 5D, and 6E.</p> <p>Action steps (5A, 5C, 5D, and 6E):</p> <ol style="list-style-type: none"> 1. By 10/31/2019, all clinical staff will complete documentation training 2. By 12/31/19, all clinical staff will pass a competency-based posttest designed to confirm understanding of documentation requirements for Progress Notes <p>Additional actions:</p> <ol style="list-style-type: none"> 1. (5A) By 9/30/19, will correct missing credential, degree, or job title for staff in the EHR. 2. (5C) Our EHR correctly identifies the number of clients in group services in the EHR, but this information does not print. We no longer allow co-staff to claim on one note, consistent with the requirements in MHSUD IN 18-002. Instead, each staff member documents their role in the group separately because our EHR will not allow multiple NPI numbers on a claim line or separate claim lines from one note. 3. (5D) We voided the claims for Line 2, DOS 2/9/18 and Line 6 DOS 2/22/18 on 8/2/19 4. (6E) ICC is correctly set up in our EHR for claiming. Training will remind staff to properly code ICC when in the context of a CFT. <p>Evidence:</p> <ul style="list-style-type: none"> • SLOBHD Documentation Guidelines pages 9-16 • 5A_TMHA missing credentials email • 5A_TMHA missing credentials report • 5D_Recouped Claims-Void evidence 	<ul style="list-style-type: none"> • Greg Vickery • Jackie Miller • Program Supervisors • TMHA Clinical Director
<p>Documentation of Cultural and Linguistic Services</p> <p>7A:</p>	<p>We currently collect information about language needs when a beneficiary requests SMHS, and the answer about whether interpretation services are needed is a binary yes or no. Our Documentation Guidelines direct staff to code the provision of services in Spanish or other language and to make note of the presence of an interpreter.</p>	<ul style="list-style-type: none"> •

<ul style="list-style-type: none"> Line 12: Med Support service provided on 3/1/18 without documentation of language accommodation Line 17: Collateral Services with mother provided in English. 	<p>The service for line 12 on 3/1/18 is missing a notation that an interpreter was present in the session. The interpreter is a Promotora provided for us by the Center for Family Strengthening.</p> <p>The services for Line 17 on 1/29/18 and 2/1/18 were provided in English. The sessions were Collateral Services that included the beneficiary (who is bilingual, but the record states that he prefers services in English) and his GM/adoptive mother (bilingual). The grandfather/adoptive father, whose English is limited, is the reason the record reports that caregivers preferred language is Spanish and that no interpreter is needed.</p> <p>SLOBHD will provide mandatory face-to-face and/or eLearning documentation training for all clinical staff. Training will include a review of proper coding of alternate language services and a reminder to note the presence of an interpreter.</p> <p>Action steps:</p> <ol style="list-style-type: none"> By 10/31/2019, all clinical staff will complete documentation training By 12/31/19, all clinical staff will pass a competency-based posttest designed to confirm understanding of documentation requirements for coding language accommodations in Progress Notes <p>Evidence:</p> <ul style="list-style-type: none"> SLOBHD Documentation Guidelines, page 33 Line 12: Promotores claim and MD schedule Line 17: Language preference 	
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