

# Triennial Review of Sacramento County's Mental Health Plan Completed in October 2014

**Mental Health Board Presentation**  
**September 2, 2015**

- **Triennial On-site review every 3 years**
- **Conducted by Department of Health Care Services (DHCS) Program Oversight and Compliance Branch (POCB)**
  - **Authority: California Code of Regulations, title 9, chapter 11, section 1810.380**
- **Purpose: Review program and fiscal operations of the MHP to verify that medically necessary services are provided in compliance with State and Federal laws and regulations and/or the terms of contract between DHCS and the MHP**
- **Review conducted on October 27 through October 30, 2014 at 7001A East Parkway**
- **System review and chart reviews completed**
- **Out-Of-Compliance Items**
  - **Appeal**
  - **Plan of Correction**

# How is the review conducted?

## **System Review**

- Interview staff
- MHP Staff Provide “Evidence”
- Review Policy & Procedure
- Review Quality Improvement Processes
- Review Data Collection
- Review Cultural Competence practices
- Test Calls to 24/7 line

## **Chart Review**

- DHCS chooses 3 months of claims, reviews chart documentation related to those claims
- 1<sup>st</sup> review with Electronic Health Record (EHR)
- Some challenges associated with EHR and reviewers

# System Review - Overview

Section	Section Category	Total # of Items Reviewed	# of Items Out of Compliance	Compliance Percentage for Section
Attestation	MHP Attestation	5	0	100%
Section A	Access	43	6	86%
Section B	Authorization	16	1	94%
Section C	Beneficiary Protection	21	0	100%
Section D	Funding, Reporting and Contracting Requirements	3	0	100%
Section E	Target Populations and Array of Services	3	0	100%
Section F	Interface with Physical Health	2	0	100%
Section G	Provider Relations	13	0	100%
Section H	Program Integrity	15	0	100%
Section I	Quality Improvement	25	0	100%
Section J	Mental Health Services Act	5	0	100%
<b>Total Items Reviewed</b>		<b>151</b>	<b>7</b>	<b>95%</b>

# System Review- Out-Of-Compliance

## ➤ **24/7 Access Line**

- 7 test calls completed prior to DHCS visit

- Partial out of compliance in all areas on test calls

- Partial out of compliance on logging test calls

## ➤ **Payment Authorization System for Day Intensive Treatment and Day Rehabilitation**

- MHP did not have a mechanism to ensure payment authorizations are made prior to beneficiaries receiving services for Day Intensive and Day Rehab treatment services

# Chart Review - Overview

- Compliance with state and federal regulations
- Adherence to terms of contract between DHCS and the MHP
- Consistency with MHP's own documentation guidelines, policies & procedures regarding medical record documentation
- 20 charts reviewed – 10 adult, 10 child/youth
- 539 claims for January, February & March 2014 reviewed, 269 out of compliance- 49.9%
- \$21,060.12 recoupment for disallowed claims as a result of chart review

# Breakdown of Chart Review Out-Of-Compliance Recoupment

<b>Program</b>	<b>Recoup Cost</b>	<b>%of Recoup</b>	<b># out-of - compliance</b>	<b>% out-of-compliance</b>
Residential Care-Day Treatment	\$14,717.58	70%	169	63%
Outpatient	\$6,342.54	30%	100	37%
Totals	\$21,060.12	100%	269	100%

<b>Recoup Reason</b>	<b>Recoup Cost</b>	<b>% of Recoup</b>	<b># out-of - compliance</b>	<b>% out-of-compliance</b>
Process Groups	\$ 13,569.87	64%	156	58%
Missing initial and updated client plan	\$ 1,326.99	6%	19	7%
Beneficiary served in setting subject to Lockout (Day Rehab)	\$ 1,281.05	6%	16	6%
Intervention claimed (MHRehab) not on updated clt plan, no beneficiary participation	\$ 1,076.33	5%	25	9%
All Other	\$ 3,805.88	18%	53	20%
Total	\$ 21,060.12	100%	269	100%

# Chart Review Out-Of-Compliance Items

- **One or more claims did not meet medical necessity criteria**
- **Medication Consent**
  - **One or more records did not contain a consent**
  - **Consent did not contain all the required elements as specified in the MHP Contract with DHCS**
- **One or more Assessments**
  - **Not completed timely**
  - **Incomplete**



# Chart Review Out-Of-Compliance Items

## ➤ One or more Client Plans

- Not completed timely
- Missing client signature
- Not updated annually
- No plan for dates of service
- Not updated when significant change in individuals condition
- Incomplete
- Goals/treatment objectives specific to individual needs
- Not offered to individual or legal guardian

## ➤ One or more Progress Notes

- Not completed for service claimed
- Not completely timely
- Missing staff signature and date
- Did not adequately support service provided

# Chart Review Out-Of-Compliance Items

- **Essential Requirements for Day Rehabilitation and Day Treatment Intensive programs not met**
  - Process Groups missing on weekly schedule
  - Individuals not present for minimum amount of time to be claimed for a full day
  - Day Treatment Schedules did not add up to full time
  - Progress notes did not include total minutes of participation
  - Missing provider's type of professional degree, licensure or job title, provider's signature
  - Did not meet requirements of written program descriptions and/or written weekly schedules

# Next Steps

## Appeal

- Submitted appeal for Chart Review out-of-compliance items on 6/25/15
- Awaiting DHCS response on appeal items

## Plan of Correction (POC)

- Draft POC for System Review out-of-compliance items complete
  - Questions pending at DHCS, upon DHCS communication will submit POC for System Review
- Upon receipt of DHCS response on chart review appealed items will prepare POC for all items DHCS has determined remain out-of-compliance after appeal process has been completed