



Mental Health
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July 16, 2018

Jason Murphy, Psy.D. (Consulting Psychologist)
Program Oversight and Compliance Branch
Mental Health Services Division
California Department of Health Care Services
1500 Capitol Avenue, Suite 72.420, MS 2703
Sacramento, CA 95814

Dear Mr. Murphy,

Please find attached Humboldt County MHP's Plan of Correction following the Sempervirens Psychiatric Health Facility Review covering the review period April 1, 2017 to June 30, 2017 as completed by DHCS Program Oversight and Compliance Branch staff during the week of January 22-26, 2018.

Sincerely,

Emi Botzler-Rodgers, LMFT, Mental Health Director
Department of Health and Human Services

Enclosures: Humboldt MHP SV Triennial Audit Plan of Correction
Attachments



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SEMPERVIRENS PSYCHIATRIC HEALTH FACILITY REVIEW 1/22/18-1/26/18
PLAN OF CORRECTION

ITEM NO. 1, Section L, "Chart Review – SD/MC Hospital Services."

Question 2:

2) Did the beneficiary meet criteria in both 2a. and 2b. below?

a) Cannot be safely treated at a lower level of care, except that a beneficiary who can be safely treated with crisis residential treatment services or psychiatric health facility services for an acute psychiatric episode shall be considered to have met this criterion;

b) Required psychiatric inpatient hospital services, as the result of a mental disorder, due to indications in either (1) or (2) below

(1) Had symptoms or behaviors due to a mental disorder that (one of the following):

- (a) Represented a current danger to self or others, or significant property destruction
- (b) Prevented the beneficiary from providing for, or utilizing, food, clothing or shelter.
- (c) Presented a severe risk to the beneficiary's physical health.
- (d) Represented a recent, significant deterioration in ability to function.

(2) Required admission for one of the following:

- (a) Further psychiatric evaluation.
- (b) Medication treatment.
- (c) Other treatment which could reasonably be provided only if the beneficiary were hospitalized.

CCR, Title 9, Chapter 11, Section 1820.205(a)(2)

PLAN OF CORRECTION:

The MHP shall submit a Plan of Correction which will delineate how the MHP will ensure that only those days of admission are claimed to Medi-Cal for which documentation establishes (1) the presence of a qualifying impairment for admission and (2) that the beneficiary could not have been safely treated at a lower level of care.

MHP Response: The MHP has implemented use of documentation trainings for Sempervirens (SV) Staff which focuses on establishing medical necessity and

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tying interventions and treatment planning to the functional impairments for admission. Please see the attached Relias e-learning training reports (attachment 1) and training slides (Attachment 2). QI is currently finalizing an updated SV Inpatient Documentation Manual which addresses these documentation concerns, to be released by September 1, 2018. The MHP will re-train Prescribing Staff to document to medical necessity and also show why patients cannot be safely treated at a lower level of care on the Assessment 1096 Form (Attachment 3), please see attachment. The monthly Inpatient Medical Staff Meeting will continue wherein documenting to medical necessity and other documentation issues will be addressed and resolved. See attached meeting agenda (Attachment 4). Re-training for all prescribing staff to be completed by July 20, 2018.

For ongoing monitoring, Quality Improvement selects 10% sampling of charts quarterly to review inpatient documentation, per Quality Management Chart Review Policy and Procedure 0704.370 (Attachment 5). Reference QI-2 SV Psychiatric Prescriber Documentation Monitoring Form (Attachment 5) and QI-96 Nursing Documentation Monitoring Form (Attachment 5) attached for further detail. The QIC or designee reports on Psychiatrist, Social Worker, and Nursing documentation quarterly into our SV Continuous Quality Improvement (CQI) Committee, see SV Agenda Item Tracking (Attachment 6) for schedule of reporting into the CQI. If an issue around documentation is identified, our Quality Improvement staff issue a Quality Improvement Tracking Form (Attachment 7), see attachment of form QI-55 (Attachment 7) and Quality Improvement Tracking Process Policy and Procedure 0704.940 (Attachment 7). The QI Tracking Form Process includes a description of the deficiency and allows for program to present their plan for and documentation of corrective action. See QI tracking form sample (Attachment 7) as evidence of this process.

ITEM NO. 2. Section L. "Chart Review – SD/MC Hospital Services." **Question 3a-d:**

- 3) Did the beneficiary's continued stay services in a psychiatric inpatient hospital meet one of the following reimbursement criteria 3a-3d:**
- a) Continued presence of indications which meet the medical necessity criteria specified in items 2a. and 2b. just above?**
 - b) Serious adverse reaction to medication, procedures, or therapies requiring continued hospitalization?**
 - c) Presence of new indications which met medical necessity criteria specified in items 2a and 2b just above?**
 - d) Need for continued medical evaluation or treatment that could only**

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have been provided if the beneficiary remained in a psychiatric inpatient hospital?

CCR, Title 9, Chapter 11, Section 1820.205(b)

PLAN OF CORRECTION:

The MHP shall submit a Plan of Correction which will delineate how the MHP will ensure that documentation meets medical necessity criteria for continued stay services for days subsequent to the day of admission that are claimed to Medi-Cal for acute hospital services.

MHP Response: The MHP has implemented use of documentation trainings for SV Staff which focuses on establishing medical necessity and tying interventions and treatment planning to the functional impairments for continued stay. Please see the attached training Relias E-learning training reports (Attachment 1) and training slides (Attachment 8) that highlight the documentation of medical necessity for continued stay. QI is currently finalizing an updated SV Inpatient Documentation Manual (to be released by September 1, 2018), which addresses these documentation concerns.

We have recently implemented use of a documentation template (implemented on July 16, 2018) which nurses are able to pull up prompting them to document to medical necessity in every note, reference Nursing Documentation Monitoring Form, QI 96 (Attachment 5) and SV Nursing Progress Note Template (Attachment 9). Also reference excerpt of updated SV Documentation Manual (Attachment 10) which references use of PIR (Problem, Intervention, and Response) documenting and provides example language for medical necessity for continued stay.

The MHP will re-train Prescribing Staff to conclude their daily note with a brief summary of how medical necessity is being met and also shows why patients cannot be safely treated at a lower level of care by July 20, 2018, see MD Progress Note 2032 (Attachment 11). The monthly Inpatient Medical Staff Meeting will continue wherein documenting to medical necessity and other documentation issues will be addressed and resolved. See attached July 20, 2018 meeting agenda (Attachment 4). The 2032 will conclude with a brief summary statement that shows medical necessity for continued stay in the plan section at the bottom of the form. Please reference SV Documentation Manual excerpt (Attachment 11) for further detail regarding expectations of Prescribing Staff's documentation on the 2032.

For ongoing monitoring, Quality Improvement selects 10% sampling of charts quarterly to review inpatient documentation, per Quality Management Chart Review Policy and Procedure 0704.370 (Attachment 5). Reference QI-2 SV Psychiatric Prescriber Documentation Monitoring Form (Attachment 5) and QI-

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96 Nursing Documentation Monitoring Form (Attachment 5) attached for further detail. The QIC or designee report on Psychiatrist, Social Worker, and Nursing documentation quarterly into the SV CQI Committee, see SV Agenda Item Tracking (Attachment 6) for schedule. If an issue around documentation is identified, our Quality Improvement staff issue a Quality Improvement Tracking Form (Attachment 7), see attachment of form QI-55 (Attachment 7) and Quality Improvement Tracking Process Policy and Procedure 0704.940 (Attachment 7). The QI Tracking Form Process includes a description of the deficiency and allows for program to present their plan for and documentation of corrective action. See QI tracking form sample (Attachment 7) as evidence of this process.

ITEM NO. 3, Section L, "Chart Review – SD/MC Hospital Services," **Question 4a-c:**

4) If payment has been authorized for administrative day services, were the following requirements met:

- a) **During the hospital stay, did the beneficiary previously meet medical necessity criteria for reimbursement of acute psychiatric inpatient hospital services?**
- b) **Was there no appropriate, non-acute treatment facility within a reasonable geographic area?**
- c) **Did the hospital document contacts with a minimum of five (5) appropriate, non-acute treatment facilities per week subject to the following requirements?**
 - 1) **The lack of placement options at appropriate, non-acute residential treatment facilities and the contacts made at appropriate facilities shall be documented to include but not be limited to:**
 - a) **The status of the placement option.**
 - b) **Date of the contact.**
 - c) **Signature of the person making the contact.**

CCR, Title 9, Chapter 11, Section 1820.220(5)(A)(B)

PLAN OF CORRECTION:

The MHP shall submit a Plan of Correction which will delineate steps to ensure that documentation meets criteria for administrative day services for days that

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are claimed to Medi-Cal for administrative day services.

MHP Response: The MHP has trained the Discharge Planner to documentation procedures, see email (Attachment 12) between Hospital Administrator and Discharge Planner, sign-in sheet (Attachment 12) and curriculum (Attachment 12) attached.

The MHP has modified the procedure around bed searches and use of the waiver, see attachment Policy and Procedure 0200.0412 "Discharge Planning for Placement at Lower Levels of Care (Attachment 12) and Form QI-2075 "Administrative Stay Bed Search" (Attachment 12). As of July 9, 2018 waivers are only utilized when a patient qualifies for fewer than five facilities. As part of the UR process, the UR Nurse files the Discharge Planner's use of waiver and bed search forms in order to ensure that searches begin when a beneficiary goes on Administrative Days.

ITEM NO. 4. Section L. "Chart Review – SD/MC Hospital Services." **Question 10a-h:**

10) Does the beneficiary have a written plan of care that includes the following elements:

- a) Diagnoses, symptoms, complaints, and complications indicating the need for admission?**
- b) A description of the functional level of the beneficiary?**
- c) Specific observable and/or specific quantifiable goals/treatment objectives related to the beneficiary's mental health needs and functional impairments resulting from the qualifying mental health diagnosis/diagnoses?**
- d) – f) Detailed descriptions of interventions which are consistent with the qualifying diagnoses and which include the proposed frequency and duration for each of the interventions?**
- g) Any orders for:**
 - 1) Medications?**
 - 2) Treatments?**
 - 3) Restorative and rehabilitative services?**
 - 4) Activities?**
 - 5) Therapies?**
 - 6) Social services?**
 - 7) Diet?**
 - 8) Special procedures recommended for the health and safety of the**

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beneficiary?

- h) Plans for continuing care, including review and modification to the plan of care?**
- i) Plans for discharge?**
- j) Documentation of the beneficiary's degree of participation in and agreement with the plan?**
- k) Documentation of the physician's establishment of this plan?**

CFR, Title 42, Section 456.180; CCR, Title 9, Chapter 11, Section 1820.210

PLAN OF CORRECTION:

The MHP shall submit a Plan of Correction which will delineate the steps it will take to ensure that each beneficiary Plan of Care:

- 1) provide the patient's diagnosis, symptoms, behaviors, complaints or complication which indicate need for admission to the psychiatric health facility,
- 2) includes a detailed description of the beneficiary's current level of functioning,
- 3) contains Physician's Orders for "restorative and rehabilitative services" (e.g., PT), "activities" (restrictions), "therapies" (e.g., psychotherapy, group therapy), and "social services" (including case management).

The MHP shall also discuss its plan for integrating the individual elements of the Plan of Care (including all but the physician's orders) into one comprehensive document, which will be established by the signature of a physician on the document within three working days of the beneficiary's day of admission to the hospital.

MHP Response: The MHP has implemented use of documentation trainings in February of 2017 for Prescriber Staff, which focuses on the Master Treatment Plan (MTP). Please see the attached Relias E-learning training report (Attachment 1) and training slides (Attachment 13). QI is currently finalizing an updated SV Inpatient Documentation Manual (to be released by September 1, 2018), which addresses these documentation concerns. It is delineated that the MTP be created within the first three days of admission, see MTP Documentation Manual Excerpt (Attachment 14).

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In treatment team meeting, physician's use the 2083 Weekly Groups Program Schedule (Attachment 15) to order services to address beneficiary's rehabilitative needs.

Our enhanced monitoring system regarding MTP compliance began on 2/5/18. Enhanced monitoring includes three levels of compliance checks, where 100% of MTPs are reviewed weekly. Level 1 consists of Assistant Director of Nursing (ADON) and Supervising Clinician for Social Work completing weekly reports which are reported into the weekly SV Manager's meeting. Level 2 consist of QI Staff completing a weekly report which is also reported into SV Manager's Meeting. See attached SV Manager Meeting Minutes sample (Attachment 16) along with that week's Level 1 and 2 reports (Attachment 16). Level 3 review consists of our existing quality assurance processes of SV CQI. This occurs monthly and is reported on quarterly in SV CQI. Level 3 monitors for deficiencies identified during Level 1 and 2 reviews. Deficiencies are noted on QI-55 QI Tracking Form (Attachment 7) by QIC in SV Manager's meeting or SV CQI for resolution by DON, Medical Director or Hospital Administrator to correct any deficiencies reported in SV CQI committee. MTP documentation is reported into SV CQI quarterly, see SV CQI Agenda Item Tracking (Attachment 6).

ITEM NO. 5. Section M. "Utilization Review – SD/MC Hospital Services." **Question 8a-b:**

8) Did the URC or its designee, or POA authorize payment for administrative day services only when both of the following criteria (8a. & 8b.) have been met:

- a) **During the hospital stay, the beneficiary previously met medical necessity criteria for acute psychiatric inpatient hospital services?**
- b) **There is no appropriate, non-acute treatment facility available and the facility has documented its minimum number of appropriate contacts:**
 - 1) **The status of the placement option?**
 - 2) **Date of the contact?**
 - 3) **Signature of the person making the contact?**

CCR, Title 9, Chapter 11, Sections 1820.220(j)(5)(A) and (B), and 1820.230(d)(2)(A) and (B)

PLAN OF CORRECTION:

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The MHP shall submit a Plan of Correction which will delineate steps to ensure that documentation meets criteria for administrative day services for days that are claimed to Medi-Cal for administrative day services.

MHP Response: The MHP has trained the Discharge Planner as of July 12, 2018 to documentation procedures, see email (Attachment 12) between Hospital Administrator and Discharge Planner, sign-in sheet (Attachment 12) and curriculum (Attachment 12) attached. The MHP has modified the procedure around bed searches and use of the waiver, see attachment Policy and Procedure 0200.0412 “Discharge Planning for Placement at Lower Levels of Care (Attachment 12) and Form 2075 “Administrative Stay Bed Search” (Attachment 12). We have modified the 2075 Form to include the language of status: “accepted/rejected/no beds available.” As of July 9, 2018 waivers are only utilized when a patient qualifies for fewer than five facilities. The QI Tracking Form Process includes a description of the deficiency and allows for program to present their plan for and documentation of corrective action. See QI tracking form sample (Attachment 7) as evidence of this process.

ITEM NO. 6. Section M. “Utilization Review – SD/MC Hospital Services.” **Question 11a-c:**

11) Regarding MCE or equivalent studies:

- a) **Do the contents of the MCE or equivalent studies meet federal requirements?**
- b) **Has at least one MCE or equivalent study been completed each calendar year?**
- c) **Is a MCE or equivalent study in progress at all times?**

CFR, Title 42, Sections 456.242 through 456.245; CCR, Title 9, Chapter 11, Section 1820.210

FY 2014-15: *Seclusion and restraint reduction 2014-2015*

While the current submission provides a wealth of information that could provide potential benefit to the hospital, the research design does not fully constitute an MCE study. The current research design is exploratory, which indicates that the information gleaned can help to identify a specific problem impacting the quality of patient care on the psychiatric unit. Once a problem has been identified, then staff can employ an intervention designed to ameliorate the problem, and study whether the intervention had a desired, negative, or neutral effect. See General Recommendations for Medical Evaluation Studies section below.

FY 2015-16: *The Impact of peer coach engagement on Sempervirens and*

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attendance of Hope Center post-discharge on reducing re-hospitalization rates.

The current submission fails to clearly state an identified problem on the Sempervirens psychiatric unit and the employment of an intervention designed to ameliorate the identified problem. See General Recommendations for Medical Evaluation Studies section below.

2017: Proposal submitted: *The Practice of Trauma Informed Care and Recovery Model to reduce the use of seclusion and restraints on Sempervirens.*

The current submission does not provide adequate information.

General Recommendations for Medical Care Evaluation Studies:

The department recommends that MCEs follow the following six (6) steps from inception to the final presentation:

- a. Identify a single problem which impacts the quality of patient care within the context of the inpatient unit,
- b. Gather preliminary (pre-intervention) data (i.e., establish a baseline),
- c. Employ an intervention that is hypothesized to increase the quality of patient care as it relates to the identified problem,
- d. Measure the possible impact the intervention had on the identified problem (post-intervention data),
- e. Analyze the post-intervention data to determine if there was or was not a significant effect, and
- f. Present the results with a discussion of how the findings impact the quality of patient care (positive, negative, neutral) and of the possible limitations to the study.

PLAN OF CORRECTION:

The MHP shall submit a plan of correction which will outline steps to be taken which will ensure that future MCE study designs are methodologically sound and address the criteria delineated in *Code of Federal Regulations* Title 42, Section 456.241(b).

MHP Response: In accordance with *Code of Federal Regulations* Title 42, Section 456.241(b), the MHP will follow the 6 steps listed above in the development, analysis and final presentation of our next MCE. In a recent Committee on Performance Projects (COPP) meeting, held on June 27, 2018, possible topics for our next MCE were discussed. Our plan is to isolate a unique problem affecting patient care in the setting of our Psychiatric Health Facility. We plan to use a pre/post change score model in establishing a baseline and comparing the interventions effects. We will analyze the pre and post data in order to conclude whether our intervention had a significant effect. We will interpret the study's

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results and discuss the findings along with the interventions potential impact on our targeted issue. We plan to use the results to inform us of ways to enhance business practices to maximize quality of patient care.

Based on a review of our SV data dashboard, we have identified a topic and will use the data to inform formulation of our study question. We have created an MCE Tool (Attachment 17) to ensure that all required components of the MCE are completed.

TABLE OF CONTENT of Attachments to SV Triennial Audit POC
January 22-26, 2018

Item #	Attachment #	Attachment Description
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1	1	Relias E-Learning training report
1	2	Documentation training slides charting for medical necessity for acute level of care in admission requirements
1	3	Assessment 1096 Form
1	4	Inpatient Medical Staff Meeting Agenda sample
1	5	0704.370 Quality Management Chart Review Policy and Procedure; QI-2 SV Psychiatric Prescriber Documentation Monitoring Form, QI-96 Nursing Documentation Monitoring Form
1	6	SV Agenda Item Tracking
1	7	0704.940 Quality Improvement Tracking Process Policy and Procedure, QI-55 Quality Improvement Tracking Form, QI-55 Tracking Form sample
2		
2	1	Relias E-Learning training report
2	8	Documentation training slides charting for continued stay services
2	5	QI 96 Nursing Documentation Monitoring Form
2	9	SV Nursing Progress Note Template
2	10	Screenshot of updated SV Documentation Manual (PIR)
2	11	2032 MD Progress Note, excerpt of SV Documentation Manual regarding 2032
2	4	Inpatient Medical Staff Meeting Agenda sample
2	5	0704.370 Quality Management Chart Review Policy and Procedure; QI-2 SV Psychiatric Prescriber Documentation Monitoring Form, QI-96 Nursing Documentation Monitoring Form
2	6	SV Agenda Item Tracking
2	7	QI-55 Quality Improvement Tracking Form, 0704.940 Quality Improvement Tracking Process Policy and Procedure, QI-55 Tracking Form sample
3		
3	12	Discharge Planner training, 0200.0412 "Discharge Planning for Placement at Lower Levels of Care Policy & Procedure, 2075 Administrative Stay Bed Search form
4		
4	1	Relias E-Learning training report
4	13	Documentation training slides MTP construction
4	14	MTP Documentation Manual excerpt
4	15	2083 Weekly Groups Program Schedule
4	16	SV Manager Meeting Minutes sample, Level 1 and 2 reports
4	7	QI-55 Quality Improvement Tracking Form

Item #	Attachment #	Attachment Description
4	6	SV Agenda Item Tracking
5		
5	12	Discharge Planner training, 0200.0412 "Discharge Planning for Placement at Lower Levels of Care Policy & Procedure, 2075 Administrative Stay Bed Search form
5	7	QI-55 Quality Improvement Tracking Form
6		
6	17	MCE Tool