

SECTION 7: QUALITY MANAGEMENT

7.0 Quality Management Overview

The Fresno County Mental Health Plan (FCMHP) is responsible in assuring that high quality services are provided to mental health beneficiaries in a cost-effective and efficient manner. It is broad in scope, reflecting a range of clinical care, service and organizational issues that are relevant to beneficiaries and providers. More importantly, it is designed to provide the framework within which the FCMHP monitors and improves the quality of care, service, and organizational performance.

The FCMHP staff reviews services and programs of all providers to ensure:

- Accessibility of services
- Services are meaningful and beneficial to the beneficiary
- Services are culturally and linguistically competent; and
- Services that produce highly desirable results through the efficient use of resources.

7.1 Provider Training

The FCMHP provides one-to-one training to providers regarding medical necessity criteria, patient's rights issues, billing and claims, documentation requirements, and other relevant topics. Provider training is available after credentialing with the FCMHP, following annual chart reviews to address areas of compliance in which the provider may need assistance, and upon the provider's request.

For Individual and Group Providers, training may be arranged by contacting a Provider Relations Specialist (PRS) at the Managed Care office. The PRS will work with providers to schedule a training date and time. If the requested training is regarding completion and/or payment of claims, then the PRS will conduct the training. If the requested training is clinical in nature (medical necessity, documentation, etc.), the Managed Care Clinical Supervisor will assign clinical staff as needed to conduct the training.

Organizational providers may request training through their assigned contract analyst. If the requested training is regarding the provider's specific contract, as it pertains to billing, scope of work, contractual requirements, etc., the assigned contract analyst will work with the provider. If the requested training is clinical in nature (medical necessity, documentation, etc.), the Managed Care Clinical Supervisor will assign clinical staff as needed to conduct the training.

7.2 Provider Credentialing

The FCMHP requires its providers to comply and maintain professional competencies in their fields of expertise. To ensure competency, a provider credentialing process is followed for all new and current providers. Credentialing Application packets can be found online at: <http://www.co.fresno.ca.us/departments/behavioral-health/managed-care/become-a-contract-provider>

7.2.1 Credentialing Committee

The Committee is a confidential, multi-disciplinary body appointed by the Director of Behavioral Health, Behavioral Health Medical Director, and the Managed Care Division Manager. The function of the Committee is to ensure that all providers are highly qualified to provide mental health services to Fresno County beneficiaries.

7.2.2 Credentialing Standards

- All FCMHP providers will have a verified and approved credentialing packet on file.
- The Credentialing Committee has the authority to grant probationary or provisional status.
- The FCMHP will query the following sources:
 - Licensing Boards (all current and previous licenses will be reviewed)
 - Medi-Cal Suspended and Ineligible Provider List
 - Office of Inspector General List of Excluded Individual/Entities
 - National Practitioner Data Bank
 - System for Award Management (SAM)
- Provider Relations Specialists from Managed Care will verify all information concerning licensure, certificates, malpractice coverage, letters of reference, and education for applicants.
- Each application for credentialing will be reviewed by the FCMHP Credentialing Committee. The committee is comprised of appointed, licensed staff that review, approve, and vote on credentialing applications. If, during the review, the committee discovers information concerning competency,

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malpractice, limitation of privileges, on-going ethical investigations, or other factors presenting potential risk to the FCMHP, the application may be denied.

- Applications received for providers that were previously denied within the past 7 years will be denied.
- Providers who are denied will receive written notice within fifteen (15) days of the decision.
- Any provider not satisfied with the decision rendered by the Credentialing Committee may appeal by requesting a formal meeting with the Credentialing Committee to discuss the decision. The request must be in writing and must be received in the Managed Care office within 30 days of the denial notice being served.
- All licenses, certificates, and insurance coverage must remain current at all times.
- All providers will be re-credentialed at least every three years.
- At time of recredentialing, audit results, history of compliance and beneficiary grievances will be reviewed.

7.3 Contract Requirements

A provider must first enter into a contractual agreement with the FCMHP before rendering specialty mental health services to a Fresno County Medical beneficiary. The Agreement is effective upon execution by the FCMHP and the provider and remains effective until terminated by action of the provider or the FCMHP.

The FCMHP may immediately suspend or terminate the agreement when the FCMHP determines any of the following:

- Illegal or improper use of funds
- Failure to comply with any term of the agreement
- Improperly performed service
- A substantially incorrect or incomplete report is submitted to the FCMHP.

Other terms and conditions related to termination of the agreement are described in the contract. Upon termination of the agreement for any reason, the provider will cooperate with the FCMHP in ensuring an orderly

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transition of care for beneficiaries under treatment, including, but not limited to, the transfer of all beneficiaries' medical records to the FCMHP. Refer to Section 1.8 – Provider Transition Plan, for more details.

7.4 Potential Tort, Casualty, or Worker's Compensation Awards

Providers must notify the FCMHP immediately for any potential tort, casualty insurance, or Worker's Compensation awards that may reimburse the provider for any covered SMHS rendered by the provider to a beneficiary. (Please see the Tort, Casualty, or Worker's Compensation form, at the end of this section, which providers must complete and submit to the FCMHP in case of potential awards.)

7.5 License and Insurance Coverage Requirements

Providers must maintain current and active professional license(s) while contracted with Fresno County. Physicians must submit a current copy of their DEA certificate. Failure to meet these requirements will result in withholding of payments for current and future claims and/or contract termination.

Providers must notify the FCMHP immediately for any changes in his/her license status, imposed by the California Board of Behavioral Sciences or other licensing agencies.

Providers must submit a copy of the annual renewal of required insurance coverage certificates. Failure to provide evidence of current and adequate insurance coverage will result in withholding of payments for claims and/or contract termination.

7.6 Quality Improvement Plan

The California Department of Health Care Services requires that each FCMHP submit an annual Quality Improvement Work Plan. Likewise, the FCMHP requires its organizational providers to develop and implement an annual Quality Improvement Work plan. Individual and Group providers are **not** subject to this requirement.

In the plan, the provider identifies the areas which should be monitored or where improvement is sought. The Quality Improvement Division is available to assist in identifying outcome indicators to monitor and track. There is a wide range of items that can be monitored-examples include access to mental health services, beneficiary satisfaction, documentation review, staff training, or beneficiary education.

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Improvement can be measured by comparing outcome with information from the previous year. The beneficiary satisfaction survey may be included as part of the Quality Improvement Work Plan if it is used to monitor an outcome indicator.

Each organizational provider is expected to report their progress on their outcome indicators at the Quality Improvement Council meeting at the beginning of each calendar year.

7.7 Satisfaction Surveys

The overall objective of the monitoring and evaluation process is to assure that beneficiaries receive appropriate care from competent providers at a fair and manageable cost. The Quality Improvement Division will monitor beneficiaries' satisfaction with services they receive from providers through beneficiary satisfaction survey.

The FCMHP will also monitor providers' satisfaction with the FCMHP through provider satisfaction surveys.

7.8 Outcome Studies

Each organizational provider contracted with the FCMHP (with the exception of organizational providers offering Therapeutic Behavioral Services only) is required to implement the outcome measure system for children, youth, and adults.

Organizational providers shall utilize the outcome measure results in their quality improvement programs. Completed outcome measure instruments must be submitted to the FCMHP as scheduled.

Provider Responsibilities

Satisfaction Questionnaires for adult, children and youth outcome measure instruments must not be administered by the staff delivering direct service to the beneficiary.

An interpreter or bilingual staff must be available to administer the outcome measure instruments to non-English speaking beneficiaries. Interpreter or bilingual staff must give beneficiary a copy of the translated instrument to follow along as he/she reads the instrument. If interpreter or bilingual staff is unavailable or beneficiary refuses assistance, beneficiary will be asked to write the number to responses directly on the translated instrument after the question.

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The FCMHP will provide regular trainings to keep providers abreast of current outcome requirements.

Confidentiality

Organizational provider must maintain beneficiary confidentiality during administration of the instrument. Organizational provider must keep the original copies of the outcome measure instruments in a safe, locked cabinet or beneficiary's medical record. The outcome printouts must be kept in the beneficiary's medical record.

7.9 Consent for Treatment Form

The FCMHP requires its providers to obtain beneficiary's consent before the beginning of treatment, and annually thereafter. FCMHP staff will review this form during the annual medical record review. A provider's credentialing status may be affected if provider does not consistently obtain the beneficiary's consent prior to beginning of treatment. This form must be available in the beneficiary's primary language if beneficiary is monolingual. Refer to end of this section for sample of the Consent for Treatment form.

7.10 Medication Consent Form

The FCMHP requires contracted psychiatrists to obtain Medication Consent when medications are prescribed. The beneficiary, or legal guardian, must sign the Medication Consent form when starting a new medication, and whenever a change in medication class or addition of new class of psychotropics occurs (e.g., addition of antidepressant to medication regime, change from antidepressant to anti-psychotic medication). This form must be available in the beneficiary's primary language if beneficiary is monolingual. The consent must be kept in the medical record at all times.

FCMHP will staff review this form during the annual medical record review. A provider's credentialing status may be affected if provider does not consistently obtain beneficiary's consent. Refer to end of this section for sample of the Medication Consent form.

7.11 Abnormal Involuntary Movement Scale (AIMS) Form

An AIMS survey must be completed once a year by prescribing psychiatrist for all beneficiaries who are on antipsychotic medications.

FCMHP staff will review this form during the annual medical record review. A provider's credentialing status may be affected if provider does not consistently complete an AIMS survey/form. Refer to end of this section for sample of the AIMS form.

7.12 Advance Directives

Federal Medicaid Managed Care Regulations require the FCMHP to provide adult beneficiaries with written information about Advance Directives when the beneficiary first receives a specialty mental health service (usually when the Plan of Care is being developed) from the FCMHP or one of its contracting providers.

An Advance Directive only goes into effect when the beneficiary's physician/clinician decides that the beneficiary no longer has the **capacity** to make their own health care decisions. Capacity refers to the ability to understand the nature and consequences of proposed health care, including its significant benefits, risks, and alternatives, and make and communicate a decision. An Advance Directive is no longer in effect as soon as the person regains the capacity to make their own health care decisions.

The FCMHP requires all contracted providers to ask adult Medi-Cal beneficiaries if they want to execute or have executed an Advance Directive. The beneficiary's response shall be documented on the Plan of Care. If the beneficiary has executed an Advance Directive, the provider must ask the beneficiary for a copy of the Advance Directive and must file it under the "Legal" tab in the mental health record; if no Advance Directive has been executed, the provider will give beneficiary the FCMHP's Advance Directive brochure.

Providers must ensure that the beneficiary's Advance Directive is valid. A valid Advance Directive must have signatures of two witnesses, as well as the signature of the beneficiary or their mark and an appropriate witness signature. If the beneficiary is incapacitated and unable to receive the information at the time of admission to mental health services, then the information about Advance Directives may be given to family members or others involved in their care. Once the beneficiary has capacity, the Advance Directive information shall be offered to them. The FCMHP provides the Advance Directive brochure online (in English, Spanish, and

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Hmong) at: <http://www.co.fresno.ca.us/departments/behavioral-health/managed-care/consumer-and-provider-downloads>

In the event that a beneficiary feels that a contract provider is not honoring their advance directive(s), they should address their complaint to:

**California Department of Public Health
Licensing and Certification**
P.O. Box 997377, MS 3000
Sacramento, CA 95899-7377
Telephone: (800) 236-9747 (Toll-Free)

7.13 HIPAA and security of Protected Health Information

The FCMHP requires all contract providers to adhere to the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (HIPAA). The FCMHP and its Providers each consider and represent themselves as covered entities as defined by HIPAA. The FCMHP and Provider(s) agree to use and disclose Protected Health Information (PHI) as required by law. The exchange of PHI shall be limited for purposes of treatment, payment, and health care operations. Per this understanding, the FCMHP and its providers intend to protect beneficiary privacy and provide for the security of PHI of all beneficiaries.

7.13.1 What is considered Protected Health Information?

Protected health information is any individually identifiable health information. Examples include, but are not limited to: Phone numbers, Social Security numbers, Home/ mailing addresses, dates of birth, and insurance or other ID numbers. Any information that could potentially be used to identify a beneficiary should be considered PHI.

7.13.2 Guidelines for securing Protected Health Information

- Medical records containing PHI must be stored in one central location, secure and inaccessible (preferably locked) to unauthorized access in order to prevent loss, tampering, disclosure of information, alteration, or destruction of the records.
- Medical records and other documents containing PHI must only be accessible for authorized staff within the provider's office, FCMHP Staff with proper identification that require access for

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purposes of quality and utilization review, or to persons authorized through a legal instrument (i.e., subpoena).

- Confidential beneficiary information being transmitted electronically must be encrypted according to Advanced Encryption Standards (AES) of 128-bit or higher. Additionally, a password or pass phrase must be utilized.
- When confidential beneficiary information is being transmitted via Facsimile (Fax), always be sure to confirm that the information is being transmitted to the correct fax number. Additionally, always contact someone on the receiving end who can receive the fax as it arrives to prevent unauthorized access.

7.13.3 What to do if PHI is compromised or potentially compromised

Providers are responsible to notify the FCMHP, as soon as possible, of any violations, breaches, or potential breaches of security related to the FCMHP's confidential information, confidential data maintained in computer files, processing systems that handle confidential data, and data processing equipment which stores or processes confidential data internally or externally.

Some examples of a breach or potential breach of PHI include, but are not limited to:

- Accidentally transmitting a Fax containing PHI to an incorrect fax number.
- Accidentally sending an E-mail containing PHI to an incorrect e-mail address.
- Accidentally mailing documents containing PHI to an incorrect address.
- Failing to secure medical records or other documents containing PHI, leaving them unattended in patient waiting rooms, reception areas, examination rooms, etc., potentially exposing them to unauthorized disclosure and review.
- Leaving a computer workstation unlocked and unattended that contains or has access to PHI or other confidential information, potentially exposing the information to unauthorized disclosure and review.

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- An office break-in, where areas containing records or documents with PHI appear to have been broken in to, or where records containing PHI were left out unsecured, potentially exposing them to unauthorized disclosure and review.

In the event of a breach of PHI or other confidential information, providers are responsible to issue any notification to affected individuals as required by law or deemed necessary by the FCMHP in its sole discretion.

The FCMHP requires all providers who are covered entities under HIPAA to comply with all HIPAA regulations whenever Fresno County Medi-Cal beneficiaries may be affected or impacted.

7.14 FCMHP Compliance Program

Federal Medicaid Managed Care regulations require that FCMHP's have administrative and management arrangements or procedures, including a mandatory compliance program, designed to guard against fraud and abuse (Title 42, Code of Federal Regulations, Chapter 4, Section 438.608: Program Integrity Requirements). The Compliance Program has general and specific requirements that affect all providers of mental health services. The FCMHP Compliance Program requires all of its contracted providers to understand the contents of the Compliance Program and abide by all of its requirements.

The Fresno County Mental Health Compliance Program has adopted policies and procedures regarding the prevention and detection of fraud, waste and abuse in Federal health care programs as required by the **Federal Deficit Reduction Act** (DRA) signed into law in February 2007. (Refer to the Fresno County Mental Health Plan Compliance Program Policy and Procedure Guide entitled, "Prevention, Detection, and Correction of Fraud, Waste and Abuse" at the end of this section) This County policy is applicable to County contractors providing health services for which Medi-Cal monies are received. A copy of this policy, which cites information from the Federal False Claims Act and California False Claims Act, must be provided to all employees and subcontractors and remain readily accessible to employees and subcontractors at all times.

7.14.1 Contractor Code of Conduct and Ethics

Fresno County is firmly committed to full compliance with all applicable laws, regulations, rules and guidelines that apply to the provision and payment of mental health services.

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Mental health contractors and the manner in which they conduct themselves are a vital part of this commitment.

Fresno County has established this Contractor Code of Conduct and Ethics with which contractor and its employees and subcontractors shall comply. Contractor shall require its employees and subcontractors to attend a compliance training that will be provided by Fresno County. After completion of this training, each contractor, contractor's employee and subcontractor must sign the Contractor Acknowledgment and Agreement form and return this form to the Compliance Officer or designee.

Contractor and its employees and subcontractors shall:

1. Comply with all applicable laws, regulations, rules or guidelines when providing and billing for mental health services.
2. Conduct themselves honestly, fairly, courteously and with a high degree of integrity in their professional dealings related to their contract with the County and avoid any conduct that could reasonably be expected to reflect adversely upon the integrity of the County.
3. Treat County employees, beneficiaries and other mental health contractors fairly and with respect.
4. NOT engage in any activity in violation of the County's Compliance Program, nor engage in any other conduct that violates any applicable law, regulation, rule or guideline.
5. Take precautions to ensure that claims are prepared and submitted accurately, timely and are consistent with all applicable laws, regulations, rules or guidelines.
6. Ensure that no false, fraudulent, inaccurate or fictitious claims for payment or reimbursement of any kind are submitted.
7. Bill only for eligible services actually rendered and fully documented. Use billing codes that accurately describe the services provided.
8. Act promptly to investigate and correct problems if errors in claims or billings are discovered.
9. Promptly report to the Compliance Officer any suspected violation(s) of this Code of Conduct and

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Ethics by County employees or other mental health contractors, or report any activity that they believe may violate the standards of the Compliance Program, or any other applicable law, regulation, rule or guideline. Fresno County prohibits retaliation against any person making a report. Any person engaging in any form of retaliation will be subject to disciplinary or other appropriate action by the County. Contractor may report anonymously.

10. Consult with the Compliance Officer if you have any questions or are uncertain of any Compliance Program standard or any other applicable law, regulation, rule or guideline.
11. Immediately notify the Compliance Officer if they become or may become an Ineligible Person and therefore excluded from participation in the Federal health care programs.

7.14.2 Training and Education

The FCMHP will provide initial and annual General Compliance training to all contract providers. Documentation and billing training will be provided within 30 days of contract implementation and when requested by the contractor.

7.14.3 Communication

Effective lines of communication between the Compliance Officer and contract providers are critical for the adherence to and effectiveness of the Compliance Program. Communication may consist of or be in the form of formal trainings, e-mail, internet or other appropriate means.

7.14.4 Reporting Violations or Suspected Non-compliance

Contract providers are expected to report any activity that may violate the Compliance Program's mission, standards, and any applicable law, regulation, rule or guideline. The FCMHP prohibits retaliation against any person making a report. Any FCMHP employee engaging in any form of retaliation will be subject to disciplinary action.

The goal of all reporting methods is to provide opportunities for the identification, investigation, correction and prevention of

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inappropriate activities. Providers may report anonymously by the methods described below.

- **TELEPHONE:** The compliance Hotline (1-888-262-4174) is available Monday through Friday, 8 a.m. to 5 p.m. The Compliance Officer may also be reached directly at (559) 600-6728. All calls will remain confidential and private and every caller has the option to remain anonymous (the phone number will not be identified or traced.) If the caller wishes to remain anonymous, he/she will be given a log number. Using this log number, the caller will be urged to call back within 20 days to find out the status of their report. This is also an opportunity for the caller to provide more information if needed by the investigation staff.
- **FAX:** (559) 453-4554
- **MAIL:** Addressed to: FCMHP Compliance Officer, 1925 E. Dakota Ave, Fresno, CA 93726.
- **INTERNET:** Using the FCMHP website, click the anonymous Reporting Form link located on the County website at: http://www.co.fresno.ca.us/departments/_/behavioral-health/mental-health-compliance/report-a-violation-or-suspected-non-compliance/fresno-county-department-of-behavioral-health-re

7.14.5 Clarification

With ongoing changes in federal and state regulations, it is expected that providers may be uncertain of or have questions about practice and procedures. It is also expected that providers will need clarification on compliance standards and procedures. Questions should be directed to the Compliance Officer by telephone (1-888-262-4174) or e-mail (evasquez@FresnoCountyCA.gov). These requests will be documented and presented for review to the Compliance Committee to determine if there are specific departments, areas or programs that should be reviewed for possible non-compliance.

7.14.6 Enforcement and Discipline

A Contract provider's non-adherence to the FCMHP Compliance Program may result in termination of the Agreement between the County of Fresno and the provider.

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7.14.7 Monitoring and Auditing Procedures

The FCMHP conducts periodic medical record reviews of all its contracted providers to ensure compliance with established standards. Refer to Section 10, Site Certification/Medical Record Review, for details.

7.14.8 Corrective Action

Overpayments to contract providers by the FCMHP, discovered through any means, must be adjusted and refunded to the appropriate payer source within 60 days of the discovery. Organizational providers must immediately report the overpayment to the provider's contract analyst. Individual and Group providers must immediately report the overpayment to the Managed Care office. Failure to report or repay an overpayment within a reasonable amount of time could be interpreted as an intentional attempt to conceal it. Examples of overpayments include, but are not limited to:

- Paid twice for the same service, either by the same payer or a combination of payers;
- Paid for services that were planned but not actually provided;
- Paid for services that were not a covered benefit;
- Paid for services that are lockouts or were included in the per diem rate.
- Paid for services that were not adequately documented.

The FCMHP Compliance Officer will promptly investigate every report or discovery of suspected non-compliance. The investigation may include interviews of employees or other person(s) as needed, review of relevant records or documents, research of regulations, contracts or other information as appropriate, and access to other relevant documentation or assistance of any person(s) inside or outside of the organization.

7.15 Compliance to Regulations

The FCMHP expects providers to adhere to Title XIX of the Social Security Act and conform to all applicable laws, rules, regulations and guidelines.



Department of Behavioral Health

Policy and Procedure Guide

PPG 1.3.9 V#: 2

Section: Administration

Effective Date: 12/22/2006

Revised Date: 07/31/2019

Policy Title: Prevention, Detection, and Correction of Fraud, Waste and Abuse

Approved by: Betty Brown (Division Manager - Managed Care), Dawan Utecht (Director of Behavioral Health),
Elizabeth Vasquez (Compliance Officer)

POLICY: Fresno County will maintain a comprehensive Compliance Program that includes auditing, monitoring, and reporting methods to prevent, detect, and correct fraud, waste and abuse. All Fresno County employees, contractors (including contractor's employees and subcontractors), volunteers and students (hereinafter referred to as "Covered Persons") have a duty to participate in efforts to prevent fraud, waste and abuse and ensure that public resources are used ethically, prudently and for legally designated purposes.

PURPOSE: To communicate to all Covered Persons the procedures and methods for preventing, detecting and correcting fraud, waste and abuse.

REFERENCE: Fresno County Compliance Program; Fresno County Board of Supervisors Code of Ethics; California Government Code § 12650-12656; United States Code Title 18-Federal Criminal False Claims; United States Code Title 31-Federal Civil False Claims; Deficit Reduction Act of 2005

DEFINITIONS: Audit: to methodically review and examine records or accounts to check the accuracy of the information.

Monitoring: for the purposes of this policy means to systematically test processes on an ongoing basis to document compliance with policies, procedures, laws or regulations.

Fraud: intentional deception or misrepresentation that an individual knows or should know, to be false that could result in some unauthorized benefit to you or another.

Waste: extravagant, careless or needless expenditure of funds or consumption of resources that results from deficient practices, poor

MISSION STATEMENT

DBH, in partnership with our diverse community, is dedicated to providing quality, culturally responsive, behavioral health services to promote wellness, recovery, and resiliency for individuals and families in our community.

Template Review Date 3/28/16



Department of Behavioral Health

Policy and Procedure Guide

Section: Administration

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Policy Title: Prevention, Detection, and Correction of Fraud, Waste and Abuse

systems controls or bad decisions. Waste may or may not provide any personal gain.

Abuse: intentional, wrongful, or improper use of resources or misuse of rank, position, or authority that causes the loss or misuse of resources, such as tools, vehicles, computers, copy machines, etc.

PROCEDURE:

I. Compliance Officer Responsibilities

A. The County's Compliance Officer shall:

1. Provide information to all Covered Persons of the duty to report and available protections for reporting compliance issues.
2. Maintain an auditing and monitoring plan that is reviewed annually and updated as needed. This plan includes but is not limited to training/education, policy and procedure development and/or reviews, audits of program and contractor activities, claims review and other auditing and monitoring activities to detect, deter and correct fraud, waste and abuse.
3. Coordinate and/or oversee the prompt investigation, resolution, and documentation of any report of alleged fraud, waste or abuse. Refer to the Compliance Program Policy: Process for Investigating Non-Compliance.
4. Ensure that corrective actions are completed timely and properly documented.
5. Refer to appropriate personnel, reports of employee fraud, waste or abuse, as well as retaliation against an employee's lawful, good faith reporting of compliance issues for investigation and appropriate action.
6. Provide a copy of this policy, or the information therein, to all current or new Covered Persons during the annual compliance training or at the initial general compliance training.
7. Ensure that a copy of this policy is always readily available to any Covered Person.
8. Notifying the proper authorities once a crime has been detected.

II. Management/Supervisor Responsibilities

A. Covered Persons serving in management or supervisory positions shall:

1. Create an environment of honesty and ethics within each



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manager/supervisor's span of control.

- a) Provide employees with clear direction about work expectations and internal controls.
 - b) Actively discourage manipulation of clients, vendors or others for advantage.
2. Reduce opportunities for fraud, waste, and abuse by implementing strong internal controls that detect and deter dishonest behavior and when such behavior is detected, take appropriate action against the perpetrator.
 3. Ensure that all staff are informed of the options available for reporting fraud, waste and abuse and other compliance issues.
 4. Establish an environment free from intimidation and retaliation to encourage open communication.
 - a) Ensure that any person who reports issues is not subject to any form of retaliation for reporting issues in good faith.
 - b) Immediately address any and all forms of retaliation by co-workers.
 - c) Actively discourage conduct that could be perceived as retaliatory.

III. Covered Persons' Responsibilities

A. All Covered Persons shall:

1. Adhere to the County's Code of Ethics (pertaining to Fresno County employees), and the Code of Conduct (pertaining to all Covered Persons). Refer to the Compliance Program Policy: Code of Conduct.
2. Perform duties in a way that promotes the public trust and ensures proper expenditures and use of County assets and property.
3. All Covered Persons have a duty to report actual or suspected violations of law, regulations or policy including fraud, waste and abuse to appropriate authorities. Additional information is included in the Communications chapter of the Compliance Program, as well as state and federal false claims statutes.
4. Cooperate with investigations of compliance issues. Refer to the Compliance Program Policy: Process for Investigating Non-Compliance.

IV. Contractor Responsibilities

A. Contractor shall:

1. Review this policy during the mandatory initial and annual general compliance



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trainings.

2. Ensure that a copy of this policy is always readily available to its employees and subcontractors.

Tort, Casualty, or Worker's Compensation Form

Name of Patient: _____ Account Balance: _____

Patient ID No: _____ Referral Date: _____

Admission Date: _____ Discharge Date: _____

Phone Number of Patient: _____ Social Security Number: _____

Address of Patient: _____

Date of Injury: _____ Date of Birth: _____

Name of Employer: _____ Employer's Phone Number: _____

Address of Employer: _____

How did the injury occur:

Where did the injury occur:

Number of Police Report: (if any) _____ Agency: _____

Names and Addresses of Witnesses to Injury:

Insurance Company and Policy Number of Patient: _____

Name of the Insured: _____

Insurance Company and Policy number for person causing injury to patient:

Insurance Claim Number and/or Policy Number: _____

PATIENT HEALTH INSURANCE INFORMATION:

Insurance Company: _____ Medi-Cal/Medicare Number: _____

Deductible _____ Coverage _____ Stop Loss _____ Out of Pocket _____

Name of Interviewer _____

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CONSENT FOR TREATMENT

I consent to and authorize mental health services provided by the staff of the Fresno County Mental Health Plan (FCMHP). These services may include psychological testing, psychotherapy, counseling, crisis stabilization, crisis intervention, follow-up services, rehabilitation, medication, case management, laboratory tests, or diagnostic procedures, and other appropriate services which may now or during the course of my care be necessary for my welfare.

I understand that FCMHP programs provide clinical experiences for a variety of behavioral health trainees. I understand that these individuals, who are under the direction of the supervising clinical staff, may provide treatment to me (my dependent).

I understand that information from my treatment record that is important to my service delivery needs may be shared within this agency and within the Fresno County mental health system (directly-operated programs and contract agencies) or with my physical healthcare providers without obtaining my authorization. The Fresno County Notice of Privacy Practices further explains how my (my dependent's) confidential information and treatment records may be used or disclosed by the FCMHP.

I understand that I am financially responsible for mental health services which are not covered by third party payers. I also understand that I may apply to be charged according to a sliding scale based upon my ability to pay, if I am unable to pay the full cost of my care and meet the qualifications for sliding fee consideration.

I have been given an opportunity to read this form and ask questions about its contents and provisions. I freely give my consent for necessary treatment and understand that I can withdraw my consent and stop receiving services at any time.

X

Printed Name and Signature of client/parent/conservator/legal representative*

Date

If signed by someone other than the client, please state your legal relationship to the client:

X

Printed Name and Signature of witness/interpreter**

Language

Date

X

Printed Name and Signature of witness***

Date

A copy of this Consent ☐ was given/offered ☐ was declined on _____ by _____
Date Staff name

This section must be completed by staff if there is no signature by client/parent/legal representative, or if signed by a minor:

☐ Client desires mental health services, but will not sign the form. Please indicate reason: _____

☐ I have completed the Checklist to Determine Minor's Ability to Consent to Treatment form for any client between the ages of 12-18 signing above without parent/guardian consent.

Signature of Staff

Date

* A minor client receiving services under his/her own signature must have the signed Checklist to Determine Minor's Ability to Consent to Treatment form on file in the treatment record.

** Witness/interpreter is a person who either witnessed the signing of the form (may be staff or other person) or the person who, by signing the form, states that he/she has accurately and completely read the contents of the form to the client or legal representative in the client's/legal representative's primary language; and the client/legal representative understood all of the terms and conditions and acknowledged agreement by signing the consent.

*** If the adult client is unable to provide his or her full signature and does not have a legal representative, his or her own mark must be witnessed by two people.

**Consent for Treatment
Fresno County Mental Health Plan**

Revised 11/5/13, 1/16/14, 4/16/14, 9/29/16
G:shared/forms/Consent for TX 2016

NAME: _____ **Chart#:** _____

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Fresno County Mental Health Services

MEDICATIONS CONSENT FOR PATIENTS

This is to acknowledge that I have had a discussion with my/the conservatee's/my child's physician, concerning his/her prescription of the following checked medication(s) some of which may not have U.S. FDA approval for the use(s) discussed.

I have been informed of the alternatives, risks, benefits and side effects, some of which are listed below, for different medications. Not all known or potential side effects are listed. This consent is effective until revoked by the patient/parent/legal guardian/conservator. I understand that I/the conservatee/my child should avoid alcohol while taking any medications. Drug-drug interaction can occur with over the counter medications.

☐ Antipsychotic _____

Some possible side effects: nausea, vomiting, dizziness, weight gain, increased blood sugar/lipids, diabetes, sedation, restlessness, tremor, stiff muscles, **Tardive Dyskinesia** (involuntary movements of face, mouth or head, neck, arms, hands and feet; are potentially irreversible and may appear even after these medications have been discontinued), seizures, sexual problems, **Neuroleptic malignant syndrome** (rare medical emergency marked by high fever, rigidity, delirium, circulatory and respiratory collapse), increased risks of stroke or cardiovascular accidents. Additionally for Clozapine: seizures; lowered white blood cell count leading to infections; and, rarely, damage to heart. **Black-Box warning for Dementia-related Psychosis and suicidality.**

☐ Anti-Extrapyramidal (EPS) Medications _____

Some possible side effects: for Cogentin, Artane and Benadryl etc: Blurred vision, tiredness, mental dulling, dizziness, trouble urinating, dry mouth, constipation etc.

☐ Antidepressant _____

Some possible side effects: nausea, vomiting, appetite/weight changes, headaches, dizziness, sedation, sleep disturbances, dry mouth, sexual/erectile problems, seizures, abnormal internal bleeding, Persistent Pulmonary Hypertension of the Newborn, Mania.

Especially in youth: Suicidal thoughts and behavior, mood changes, sleep disturbances, irritability, outbursts, hostility, and violence.

☐ Antianxiety/Hypnotic _____

Some possible side effects: drowsiness, trouble concentrating, confusion, clumsiness, dizziness, weakness, decreased reflexes, difficulty driving, operating machinery and loss of inhibition.

☐ Mood Stabilizer _____

Some possible side effects: nausea, vomiting, skin rash, weight gain, dizziness, confusion, tiredness and birth defects. Additionally for Depakote: liver/pancreas problems, ovarian problems, Teratogenicity; for Carbamazepine: **HLA-B* 1502 allele** testing in Asians, lowered blood count leading to infections; for Trileptal: possible serious rash, potential life-threatening. For Lamictal: serious skin rash, **Steven-Johnson Syndrome**, potential life-threatening. Some of these are antipsychotic medications or antiepileptic drugs.

☐ Lithium _____

Some possible side effects: nausea, vomiting, diarrhea, tiredness, mental dulling, confusion, weight gain, thirst, increased urination, tremors, acne, thyroid disorder and birth defects.

☐ ADHD Medications _____

Some possible side effects: loss of appetite, decreased growth, trouble sleeping, restlessness, nausea, changes in blood pressure/heartbeat. Additionally for Strattera: rare liver injury with possible jaundice (yellow skin and eyes) abdominal pain, itchy skin, flu, dark urine.

Additionally for Adderall/Amphetamine salts: risk of sudden unexplained death, primarily with (undetected) underlying cardiac structural abnormalities. Additionally for Concerta/methylphenidate: psychotic behavior including visual hallucinations, suicidal ideation, aggression or violent behavior.

☐ Others _____

I understand that I have the right to refuse this/these medication(s) and that it/they cannot be administered to me/the conservatee/my child until I have spoken with my/the conservatee's/my child's physician and have given my consent to treatment with this/these medications. I may seek further information at any time that I wish, and I may withdraw my consent to treatment with the above medication(s) at any time by stating my intention to my/the conservatee's/my child's physician.

I certify with my signature that I have legal authority to sign this medication consent and that the relationship listed is valid and legal.

Client/Parent/Guardian/Conservator Signature

Legal Relationship

Date

☐ ***I withdraw this consent***

NAME: _____

DMH #: _____

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ABNORMAL INVOLUNTARY MOVEMENT SCALE

(AIMS)

INSTRUCTION:

Complete examination procedure before making ratings.

MOVEMENT RATINGS: Rate highest severity observed. Rate movements that occur upon activation one less than those observed spontaneously

Code: 0	= None
1	= Minimal
2	= Mild
3	= Moderate
4	= Severe

FACIAL AND ORAL MOVEMENTS	1. Muscles of facial expression, e.g. movements of forehead, eyebrows, periorbital area, cheeks; including frowning, blinking, smiling, grimacing	1	(0)											
	2. Lips and perioral area, e.g., puckering, pouting, smacking	2	(0)											
	3. Jaw, e.g. biting, clenching, chewing, mouth opening, lateral movement	3	(0)											
	4. Tongue, e.g., rate only increase in movement both in and out of mouth, not inability to sustain movement	4	(0)											
EXTREMITY MOVEMENTS	5. Upper (arms, wrists, hands, fingers) include <u>choreic movements</u> , i.e., rapid objectively purposeless, irregular spontaneous, <u>athetoid movements</u> , i.e., slow, irregular, complex, serpentine. DO NOT include tremor, i.e., repetitive, regular, rhythmic	5	(0)											
	6. Lower (legs, knees, ankles, toes) e.g., lateral knee movements, foot tapping, heel dropping, foot squirming, inversion, and eversion of foot	6	(0)											
TRUNK MOVEMENTS	7. Neck, shoulders, hips, e.g., rocking, twisting, squirming, pelvic gyrations	7	(0)											
GLOBAL MOVEMENTS	8. Severity of abnormal movements	8	(0)											
	9. Incapacitation due to abnormal movements	9	(0)											
	10. Patient's awareness of abnormal movements. Rate only patient's report	<table style="width: 100%; border: none;"> <tr> <td>No awareness</td> <td style="text-align: right;">0</td> </tr> <tr> <td>Aware, no distress</td> <td style="text-align: right;">1</td> </tr> <tr> <td>Aware, mild distress</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Aware, moderate distress</td> <td style="text-align: right;">3</td> </tr> <tr> <td>Aware, severe distress</td> <td style="text-align: right;">4</td> </tr> </table>	No awareness	0	Aware, no distress	1	Aware, mild distress	2	Aware, moderate distress	3	Aware, severe distress	4	10	(0)
	No awareness	0												
Aware, no distress	1													
Aware, mild distress	2													
Aware, moderate distress	3													
Aware, severe distress	4													
11. Current problems with teeth and/or dentures	11	(0)												
DENTAL STATUS	12. Does patient usually wear dentures?	12	No											

SIGNATURE

(Type/Print) NAME

TITLE

DATE

ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)

NAME: _____

Fresno County Mental Health Plan

Department of Behavioral Health

Chart #: _____

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