



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2020/2021

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE AMADOR COUNTY MENTAL HEALTH PLAN

CHART REVIEW FINDINGS REPORT

Review Dates: 12/14/2020 to 12/16/2020

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Chart Review – Non-Hospital Services

The medical records of five (5) adult and five (5) child/adolescent Medi-Cal beneficiaries receiving Specialty Mental Health Services (SMHS) were reviewed for compliance with state and federal regulations; adherence to the terms of the contract between the Amador County Mental Health Plan (MHP) and the California Department of Health Care Services (DHCS); and for consistency with the MHP’s own documentation standards and policies and procedures regarding medical records documentation. The process included a review of 123 claims submitted for the months of October, November, and December of **2019**.

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Medical Necessity

FINDING 8.1.1.3b:

The actual interventions documented in the progress note(s) for the following Line number(s) did not meet medical necessity criteria since the intervention(s) were not reasonably likely to result in at least one of the following: a) significantly diminish the impairment; b) prevent deterioration in an important area of life functioning; c) allow the child to progress developmentally; d) correct or ameliorate the mental health condition of a beneficiary who is under age 21. Specifically:

Line number ¹. The progress note indicated a “no-show” or cancelled appointment and the documentation failed to provide evidence of another valid service. **RR15a, refer to Recoupment Summary for details.** Group Therapy service claimed on ² indicates that client failed to show for appointment. MHP staff confirmed that this service was claimed in error on the noted date.

CORRECTIVE ACTION PLAN 8.1.1.3b:

The MHP shall submit a CAP that describes how the MHP will ensure that all SMHS interventions are reasonably likely to correct or reduce the beneficiary’s documented mental health condition, prevent the condition’s deterioration, or help a beneficiary who is under age 21 to progress developmentally as individually appropriate.

FINDING 8.1.1.3b1:

The intervention(s) documented on the progress note(s) for the following Line number(s) did not meet medical necessity since the service provided was solely:

Clerical: **Line number** ³. **RR11f, refer to Recoupment Summary for details.** Progress note on ⁴ describes solely clerical activity of client informing MHP by telephone that client would no longer be seeking services from MHP. During the review the MHP confirmed this note does not meet their criteria for a billable service.

CORRECTIVE ACTION PLAN 8.1.1.3b1:

The MHP shall submit a CAP that describes how the MHP will ensure that services provided and claimed are not solely clerical.

Assessment

¹ Line number(s) removed for confidentiality

² Date(s) removed for confidentiality

³ Line number(s) removed for confidentiality

⁴ Date(s) removed for confidentiality

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FINDING 8.2.1:

Assessments were not completed in accordance with regulatory and contractual requirements, specifically:

One or more assessments were not completed within the update frequency requirements specified in the MHP’s written documentation standards. The *MHP’s Practice Guidelines pertaining to Assessments indicate that, “the Assessment must be completed at least every 2 years...”*

The following are specific findings from the chart sample:

- **Line number** ⁵. Current Assessment completed as signed on ⁶, and would have been due on ⁷, based on prior Assessment’s completion date of ⁸.
- **Line number** ⁹. Current Assessment completed as signed on ¹⁰, and would have been due on ¹¹, based on prior Assessment’s completion date of ¹².
- **Line number** ¹³. Current Assessment completed as signed on ¹⁴, and would have been due on ¹⁵, based on prior Assessment’s completion date of ¹⁶.
- **Line number** ¹⁷. Current Assessment completed as signed on ¹⁸, and would have been due on ¹⁹, based on prior Assessment’s completion date of ²⁰.

CORRECTIVE ACTION PLAN 8.2.1:

The MHP shall submit a CAP that describes how the MHP will ensure that assessments are completed in accordance with the update frequency requirements specified in the MHP’s written documentation standards.

FINDING 8.2.2:

⁵ Line number(s) removed for confidentiality

⁶ Date(s) removed for confidentiality

⁷ Date(s) removed for confidentiality

⁸ Date(s) removed for confidentiality

⁹ Line number(s) removed for confidentiality

¹⁰ Date(s) removed for confidentiality

¹¹ Date(s) removed for confidentiality

¹² Date(s) removed for confidentiality

¹³ Line number(s) removed for confidentiality

¹⁴ Date(s) removed for confidentiality

¹⁵ Date(s) removed for confidentiality

¹⁶ Date(s) removed for confidentiality

¹⁷ Line number(s) removed for confidentiality

¹⁸ Date(s) removed for confidentiality

¹⁹ Date(s) removed for confidentiality

²⁰ Date(s) removed for confidentiality

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One or more of the assessments reviewed did not address all of the required elements specified in the MHP Contract. Specifically:

A mental status examination: **Line number** ²¹. Mental Status Examination (MSE) was incomplete as majority of Mental Status Examination elements were left blank.

The MHP was given the opportunity to provide additional MSE elements or another MSE, however, they were unable to provide any further information.

CORRECTIVE ACTION PLAN 8.2.2:

The MHP shall submit a CAP that describes how the MHP will ensure that every assessment contains all of the required elements specified in the MHP Contract with the Department.

Medication Consent

FINDING 8.3.1:

The provider did not obtain and retain a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication, and there was no documentation in the medical record of a written explanation regarding the beneficiary's refusal or unavailability to sign the medication consent:

Line number ²²: There was a written medication consent form in the medical record. However, additional medication(s) was/were added later to the already-signed consent form and there was no documentation of the beneficiary's consent to the new medication(s).

As noted in Progress Note on ²³, prescriber provided a one-time prescription of Klonopin but did not add this medication to the established medication consent form.

It should be noted that MHP has made concerted effort since the last Triennial Review to ensure that medication consent forms are being completed and that the MHP has a very thorough and detailed medication consent form meeting compliance requirements.

CORRECTIVE ACTION PLAN 8.3.1:

²¹ Line number(s) removed for confidentiality

²² Line number(s) removed for confidentiality

²³ Date(s) removed for confidentiality

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The MHP shall submit a CAP to address actions it will implement to ensure the following:

- 1) A written medication consent form is obtained and retained for each medication prescribed and administered under the direction of the MHP.
- 2) Written medication consent forms are completed in accordance with the MHP's written documentation standards.

Client Plans

FINDING 8.4.3a:

One or more client plan(s) was not updated at least annually. Specifically:

- **Line number** ²⁴: There was a **lapse** between the prior and current Client Plans and, therefore, no client plan was in effect during a portion or all of the audit review period. **RR4b, refer to Recoupment Summary for details.** Prior Client Plan expired on ²⁵ based on Prior Client Plan being completed as signed on ²⁶; current Client Plan completed as signed on ²⁷. During this lapse between Client Plans, an Individual Therapy session (²⁸) and a Group Therapy session (²⁹) were provided. Both of these services require a Client Plan to be in place prior to provision.
- **Line numbers** ³⁰: There was a **lapse** between the prior and current Client Plans. However, this occurred outside of the audit review period.
 - **Line number** ³¹. Prior Client Plan expired on ³² based on Prior Client Plan being completed as signed on ³³; current Client Plan completed as signed on ³⁴.

²⁴ Line number(s) removed for confidentiality

²⁵ Date(s) removed for confidentiality

²⁶ Date(s) removed for confidentiality

²⁷ Date(s) removed for confidentiality

²⁸ Date(s) removed for confidentiality

²⁹ Date(s) removed for confidentiality

³⁰ Line number(s) removed for confidentiality

³¹ Line number(s) removed for confidentiality

³² Date(s) removed for confidentiality

³³ Date(s) removed for confidentiality

³⁴ Date(s) removed for confidentiality

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- **Line number** ³⁵. Prior Client Plan expired on ³⁶ based on Prior Client Plan being completed as signed on ³⁷; current Client Plan completed as signed on ³⁸.

CORRECTIVE ACTION PLAN 8.4.3a:

The MHP shall submit a CAP that describes how the MHP will ensure that:

- 1) Client plans are completed prior to the provision of planned services.
- 2) Client plans are updated at least on an annual basis, as required by the MHP Contract with the Department, and within the timelines and frequency specified in the MHP's written documentation standards.
- 3) Planned services are not claimed when the service provided is not included on a current Client Plan.

FINDING 8.4.4:

Client Plans did not include all of the required elements specified in the MHP Contract. Specifically:

- One or more proposed intervention did not include a detailed description. Instead, only a "type" or "category" of intervention was recorded. **Line numbers** ³⁹. For the noted line numbers, the Client Plans had one or more intervention descriptions which referred more to the general definition of the intervention category, and were not a detailed or client-specific description.
- One or more proposed intervention did not include an expected frequency or frequency range that was specific enough. **Line number** ⁴⁰. For the noted line numbers, the Client Plans had one or more interventions with "Ad Hoc" as the listed frequency, which is not a specific intervention frequency.
- One or more proposed intervention did not include an expected duration. **Line numbers** ⁴¹. For the noted line numbers, the Client Plans were either missing an expected duration or the duration included referred to session length (e.g. 1 hour of therapy) and not the duration of the intervention (e.g. 12 months).

CORRECTIVE ACTION PLAN 8.4.4:

The MHP shall submit a CAP that describes how the MHP will ensure that:

³⁵ Line number(s) removed for confidentiality

³⁶ Date(s) removed for confidentiality

³⁷ Date(s) removed for confidentiality

³⁸ Date(s) removed for confidentiality

³⁹ Line number(s) removed for confidentiality

⁴⁰ Line number(s) removed for confidentiality

⁴¹ Line number(s) removed for confidentiality

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- 1) Mental health interventions/modalities proposed on client plans include a detailed description of the interventions to be provided and do not just identify a type or modality of service (e.g. “therapy”, “medication”, “case management”, etc.).
- 2) Mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.

Progress Notes

FINDING 8.5.2:

Progress notes did not include all required elements specified in the MHP Contract, and/or were not in accordance with the MHP’s written documentation standards. Specifically:

- **Line numbers** ⁴². One or more progress note was not completed within the MHP’s written timeliness standard of 3 days after provision of service. Forty-eight (48) or 39 percent of all progress notes reviewed were completed late.

CORRECTIVE ACTION PLAN 8.5.2:

The MHP shall submit a CAP that describes how the MHP will ensure that progress notes document timely completion and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP’s written documentation standards.

FINDING 8.5.3:

Documentation of services provided to, or on behalf of, a beneficiary by one or more persons at one point in time did not include all required components. Specifically:

- **Line number** ⁴³. While progress note(s) themselves did not accurately document the number of group participants on one or more group progress notes, the MHP was able to provide separate documentation listing the number of participants in each group.

CORRECTIVE ACTION PLAN 8.5.3:

The MHP shall submit a CAP that describes how the MHP will ensure that progress notes contain the actual number of clients participating in a group activity, the number and identification of all group provider/facilitators, the correct type of service (e.g., Group Rehabilitation or Group Psychotherapy), and date of service.

⁴² Line number(s) removed for confidentiality

⁴³ Line number(s) removed for confidentiality

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FINDING 8.5.4:

Progress notes were not documented according to the contractual requirements specified in the MHP Contract. Specifically:

- **Line numbers** ⁴⁴: For Mental Health Services claimed, the service activity (e.g., Assessment, Plan Development, Rehab) identified on the progress note was not consistent with the specific service activity actually documented in the body of the progress note.
 - **Line number** ⁴⁵: Progress note for Assessment service claimed on ⁴⁶ describes Plan Development service of updating the treatment plan.
 - **Line number** ⁴⁷: Progress note for Assessment service claimed on ⁴⁸ describes Plan Development service of updating the treatment plan.

CORRECTIVE ACTION PLAN 8.5.4:

The MHP shall submit a CAP that describes how the MHP will ure that all Specialty Mental Health Services claimed accurately describe the type of service or service activity, the date of service and the amount of time to provide the service, as specified in the MHP Contract with the Department.

⁴⁴ Line number(s) removed for confidentiality

⁴⁵ Line number(s) removed for confidentiality

⁴⁶ Date(s) removed for confidentiality

⁴⁷ Line number(s) removed for confidentiality

⁴⁸ Date(s) removed for confidentiality