



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2021/2022

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE BUTTE COUNTY MENTAL HEALTH PLAN

CHART REVIEW FINDINGS REPORT

Dates of Review: 5/3/2022 to 5/4/2022

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CHART REVIEW FINDINGS REPORT**

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 Butte 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 239 claims submitted for the months of April, May and June of **2021**.

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Assessment

FINDING 8.2.3:

One or more of the assessments reviewed did not include the signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, job title, or the date the documentation was entered into the medical record. Specifically:

- The type of professional degree, licensure, or job title of person providing the service:
 - **Line number ¹.**

CORRECTIVE ACTION PLAN 8.2.3:

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

- 1) The signature (or electronic equivalent) with the professional degree, licensure or title of the person providing the service.
- 2) The signature of the qualified person (or electronic equivalent) with the professional degree, licensure or title of the person providing the service.

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:

- 1) **Line number ²:** There was no written medication consent form found in the medical record covering the review period. *During the review, MHP staff was given the opportunity to locate the missing medication consent form but was unable to locate it in the medical record. The MHP has since completed a medical consent for all prescribed medications for this beneficiary; albeit following the review period on 4/25/2022.*

CORRECTIVE ACTION PLAN 8.3.1:

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

¹ Line number(s) removed for confidentiality

² Line number(s) removed for confidentiality

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- 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.

FINDING 8.3.2:

Written medication consents did not contain all of the required elements specified in the MHP Contract with the Department. The following required elements were not documented on the medication consent form, and/or documented to have been reviewed with the beneficiary, and/or provided in accompanying written materials to the beneficiary:

- 1) Type of medication: **Line number** ³.
- 2) Consent once given may be withdrawn at any time: **Line numbers** ⁴.

CORRECTIVE ACTION PLAN 8.3.2:

The MHP shall submit a CAP that describes how the MHP will ensure that every medication consent process addresses all of the required elements specified in the MHP Contract with the Department.

Client Plans

FINDING 8.4.1a:

Services claimed and documented on the beneficiary's progress notes were not sufficient and consistent in amount, duration or scope with those documented on the beneficiary's current Client Plan. Specifically:

- **Line numbers** ⁵.
 - **Line number** ⁶. Per the Client Plan completed on ⁷, Individual Therapy (bi-weekly) and Group Therapy, with a frequency of 1 time weekly were listed as needed interventions. However, none of these services were provided during the three-month review period. Furthermore, the MHP was unable to provide any documentation to confirm that these services were provided at any time before or following the review period.

³ Line number(s) removed for confidentiality

⁴ Line number(s) removed for confidentiality

⁵ Line number(s) removed for confidentiality

⁶ Line number(s) removed for confidentiality

⁷ Date(s) removed for confidentiality

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- **Line number** ⁸. Per the Client Plan completed on ⁹, Family Therapy, Individual Rehabilitation, Group Rehabilitation, and ICC, all with a frequency of 1-4 times monthly, were listed as needed interventions. However, none of these services were provided during the three-month review period. Furthermore, the MHP was unable to provide any documentation to confirm that these services were provided at any time before or following the review period.
- **Line number** ¹⁰. Per the Client Plan completed on ¹¹, TCM, ICC, and Collateral Services all with a frequency of 1-2 times monthly; and Rehabilitation Services, with a frequency of 1-4 times monthly, were listed as needed interventions. However, none of these services were provided during the three-month review period. Furthermore, the MHP was unable to provide any documentation to confirm that these services were provided at any time before or following the review period.

CORRECTIVE ACTION PLAN 8.4.1a:

Due to the transition to the new Documentation Standards that will take effect July 1, 2022, a CAP is not required for this item. However, please note that the MHP is expected to continue to ensure compliance with its policies and all current documentation requirements.

Progress Notes

FINDING 8.5.1:

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** ¹². One or more progress note was not completed within the MHP's written timeliness standard of 7 business days after provision of service. Nine (3.8 percent) out of all progress notes reviewed were completed late (96.2 % compliance).

CORRECTIVE ACTION PLAN 8.5.1:

The MHP shall submit a CAP that describes how the MHP will ensure that the MHP has written documentation standards for progress notes, including timeliness and frequency,

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⁹ Date(s) removed for confidentiality

¹⁰ Line number(s) removed for confidentiality

¹¹ Date(s) removed for confidentiality

¹² Line number(s) removed for confidentiality

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as required by the MHP Contract with the Department, and how it will ensure timely completion of all progress notes.

FINDING 8.5.3:

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

- **Line number** ¹³: 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. The content of Individual Therapy Progress Notes dated ¹⁴, read as Plan Development and not Individual Therapy. The MHP stated during the Virtual Onsite Review that this is how they have trained their staff to bill for no-shows when a substantial amount of time was spent on chart review and the client subsequently no-showed for the scheduled appointment.

CORRECTIVE ACTION PLAN 8.5.3:

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

- 1) Ensure that all Specialty Mental Health Services claimed are:
 - a) Documented in the medical record.
 - b) Claimed for the correct service modality billing code, and units of time.

Provision of ICC Services and IHBS for Children and Youth

FINDING 8.6.1:

- 1) The medical record associated with the following Line numbers did not contain evidence that the beneficiary received an individualized determination of eligibility and need for ICC services and IHBS, and that if appropriate, such services were included in their Client Plan.

MHP staff indicated that they utilize the Child and Adolescent Needs and Strengths (CANS) in order to assess for the need for ICC/IHBS services; however, they reported that during the review period, not all youth beneficiaries were receiving an individualized determination of eligibility and need for ICC/IHBS services. *Lastly, it should be noted that the MHP was given the opportunity to locate evidence of any formal (or informal) determination for the need for ICC/IHBS services; however, the MHP was unable to locate it in the medical record for the following:*

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¹⁴ Date(s) removed for confidentiality

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- **Line numbers** ¹⁵.

CORRECTIVE ACTION PLAN 8.6.1:

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

- 1) Training is provided to all staff and contract providers who have the responsibility for determining eligibility and need for ICC and IBHS.
- 2) Each beneficiary under age 22 who is authorized to receive Specialty Mental Health Services also receives an individualized determination of eligibility and need for ICC Service and IHBS prior to or during the development of the beneficiary's Initial Client Plan.

¹⁵ Line number(s) removed for confidentiality