



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2020-21

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE CALAVERAS COUNTY MENTAL HEALTH PLAN

CHART REVIEW FINDINGS REPORT

Review Dates: 11/30/2020 to 12/1/2020

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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 Calaveras 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 133 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 for the following Line number does not meet medical necessity criteria since the intervention was 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 intervention documented on the Progress Note does not meet the definition of a valid Specialty Mental Health Service.

- ² (SF 30, Case Management): Case worker “administered a 10-panel presumptive urine analysis test to assist the client with compliance with the terms of probation and to increase accountability.”

RR15b, refer to Recoupment Summary for a summary of details.

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.

Assessment

FINDING 8.2.1:

Assessments were not completed in accordance with regulatory and contractual requirements. Specifically:

Several assessments were not completed within update frequency requirements specified in the MHP’s written documentation standards.

According to the MHP’s policy, initial Assessments are to be completed within 60 days of the initial contact with the beneficiary, and they are to be renewed at least annually for adults 18 years and older, and every 6 months for youth.

The following are specific findings from the chart sample:

¹ Line number(s) removed for confidentiality

² Date(s) removed for confidentiality

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- **Line ³** – The MHP provided an initial Adult Assessment completed on ⁴. The MHP was given the opportunity to locate yearly updated Assessments for the years 2018 and 2019; however, they were unable to locate these documents. During the In-Person Review, the MHP acknowledged that they are aware of this issue, and in order to address it, they have created a medical chart documentation checklist.
- **Line ⁵** – The MHP provided an initial Child/Youth Comprehensive Intake Assessment completed on ⁶ and an updated Assessment completed on ⁷; however, they were unable to locate a yearly Assessment update for the year 2018, or 6-month updates in accordance with the MHP’s youth Assessment policy.
- **Line ⁸** – The MHP provided an initial Child/Youth Comprehensive Intake Assessment completed on ⁹; however, they were unable to locate a 6-month update, in accordance with the MHP’s youth Assessment policy.
- **Line ¹⁰** – The MHP provided a Child/Youth Comprehensive Intake Assessment completed on ¹¹; however, they were unable to locate both 6-month and yearly Assessment updates for the year 2019, in accordance with the MHP’s youth Assessment policy.
- **Line ¹²** – The MHP provided an initial Child/Youth Comprehensive Intake Assessment completed on ¹³; however, they were unable to locate both 6-month and yearly Assessment updates, in accordance with the MHP’s youth Assessment policy.

During the In-Person Review, MHP staff said that they were aware of this issue, and that the contracted provider responsible for Assessment updates was informed that the documents are missing from the beneficiary’s medical record.

CORRECTIVE ACTION PLAN 8.2.1:

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⁴ Date(s) removed for confidentiality

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⁷ Date(s) removed for confidentiality

⁸ Line number(s) removed for confidentiality

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¹¹ Date(s) removed for confidentiality

¹² Line number(s) removed for confidentiality

¹³ Date(s) removed for confidentiality

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

FINDING 8.2.2:

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

- a) Relevant conditions and psychosocial factors affecting the beneficiary's physical health and mental health, including history of or exposure to trauma:
Line numbers: ¹⁴.
- b) Medical History: **Line numbers:** ¹⁵.
- c) Medications: **Line number:** ¹⁶.
- d) Substance Exposure/Substance Use: **Line number:** ¹⁷.
- e) Risks: **Line numbers:** ¹⁸.

*Please Note: In general, for **Line numbers** ¹⁹, in regard to the Assessment elements that were present, many of them lacked significant comprehensive details. Reviewers found that on some Assessment forms, which utilize check boxes with additional space on which the form instructs the provider to enter supplemental/explanatory narrative, the narrative spaces were either left blank or contain very little 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 is no documentation in the medical record of a written explanation

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regarding the beneficiary's refusal or unavailability to sign the medication consent. Specifically:

Line number: ²⁰. There was no written medication consent form found in the medical record, although Medication Support Progress notes completed during the review period indicate that Remeron, Seroquel, and Lexapro were prescribed.

MHP staff was given the opportunity to find the missing medication consent form in the medical record but was unable to locate it.

CORRECTIVE ACTION PLAN 8.3.1:

The MHP shall submit a CAP to address actions it will implement to ensure that a written medication consent form is obtained and retained for each medication prescribed and administered under the direction of the MHP.

Client Plans

FINDING 8.4.2b:

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:

The following services are recorded on the current Client Plan for corresponding Line numbers; however, DHCS chart reviewers received no evidence that these services occurred during the Review period and in accordance with the frequency described in the Client Plan:

- **Line ²¹ – Plan Development** (frequency=quarterly/as needed), **Collateral** (frequency=quarterly/as needed), **Group Rehab** (frequency=weekly/as needed), and **Case Management** (frequency=quarterly/as needed).
- **Line ²² – Plan Development** (frequency=quarterly/or as needed) and **Case Management** (frequency=quarterly/or as needed).
- **Line ²³ – IHBS** (frequency=weekly/or as needed).
- **Line ²⁴ – Medication Management** (frequency=monthly/if prescribed).

²⁰ Line number(s) removed for confidentiality

²¹ Line number(s) removed for confidentiality

²² Line number(s) removed for confidentiality

²³ Line number(s) removed for confidentiality

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According to a Line ²⁵ Medication Consent form completed on ²⁶, the beneficiary was prescribed Strattera 10mg.

- **Line ²⁷ – Group Rehab** (frequency=every two weeks/or as needed), **Plan Development** (frequency=quarterly/or as needed), **Group Therapy** (frequency=weekly/or as needed), and **ICC** (frequency=monthly/at least once every 90 days/or as needed).

According to a statement from the MHP, **ICC services** were included in the Line ²⁸ Client Plan, due to a number of concerns regarding the beneficiary and beneficiary's family's condition, including their living situation and willingness to participate. "We have not provided sufficient documentation in the case file to convey this fact." In addition, MHP staff stated that they are aware that documentation of ICC criteria should be part of the plan development process.

CORRECTIVE ACTION PLAN 8.4.2b:

The MHP shall submit a CAP that describes how the MHP will ensure that services are provided in the amount, duration, and scope as specified in the Individualized Client Plan for each beneficiary.

FINDING 8.4.3:

Several Client Plans were not updated at least annually, as required in the MHP Contract with the Department and/or as specified in the MHP's documentation standards. Specifically:

- **Line number: ²⁹**. There was a **lapse** between the prior and current Client Plan and, therefore, no client plan was in effect during a portion of the audit review period.

The prior Client Plan was finalized by a licensed mental health professional on ³⁰. It is noted on the document that the plan is to be in effect from ³¹ through ³² (one year). The MHP submitted an updated Client Plan that was finalized by a licensed mental health provider on ³³. One (1) claim for SMHS was found during the one month lapse, dated ³⁴ (Individual Therapy).

RR4b, refer to Recoupment Summary for summary of details

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It should be noted that, according to MHP Policy, children and youth Client Plans should be renewed “every six months or more frequently if deemed necessary.” The MHP did not follow this policy for **Line** ³⁵.

- **Line number:** ³⁶. There was a **lapse** between the prior and current Client Plans. However, this occurred outside of the audit review period.

The prior Line ³⁷ Client Plan expired on ³⁸, while the current Client Plan was completed on ³⁹.

During the In-Person Review, the MHP stated that no Client Plan was made or updated during 2018 because no service was provided, and the beneficiary’s file should have been closed. According to the MHP, the beneficiary resumed services in January of 2019.

- **Line number:** ⁴⁰. There was a **lapse** between the prior and current Client Plans. However, there were no claims during this period.

The prior Line ⁴¹ Client Plan expired on ⁴², while the current Client Plan was completed on ⁴³.

CORRECTIVE ACTION PLAN 8.4.3:

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

- 1) 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.
- 2) 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:

³⁵ Line number(s) removed for confidentiality
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⁴¹ Line number(s) removed for confidentiality
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⁴³ Date(s) removed for confidentiality

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- One or more proposed intervention does not include an expected frequency that is specific enough. **Line numbers:** ⁴⁴.
 - According to the MHP policy on Client Plan intervention frequency, the phrase “as needed” may be used to describe the frequency if it is used in conjunction with a “quantifiable measurement, i.e., once a week or more as needed,” indicating that the actual frequency may be higher than that which is recorded on the treatment plan. The policy could be made more clearly explicit by adding the phrase “at least weekly/monthly/quarterly or more often if needed.”
 - It would be more clear if frequencies were written in the medical record as “At least weekly (or monthly, or quarterly) and more often if needed.”
- One or more proposed intervention did not include an expected duration: **Line numbers** ⁴⁵.

CORRECTIVE ACTION PLAN 8.4.4:

The MHP shall submit a CAP that describes how the MHP will ensure that 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 do not include all required elements specified in the MHP Contract, and/or are not in accordance with the MHP’s written documentation standards. Specifically:

- **Line numbers:** ⁴⁶. Thirty-one (31) or 23 percent of all progress notes were not completed within the MHP’s written timeliness standard of within two (2) days from the date of service.
 - **Line** ⁴⁷ – ⁴⁸
 - **Line** ⁴⁹ – ⁵⁰

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⁴⁹ Line number(s) removed for confidentiality

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- **Line 51 – 52**
- **Line 53 – 54**
- **Line 55 – 56**
- **Line 57 – 58**
- **Line numbers: 59.** Twenty-four (24) or 18 percent of all progress notes reviewed do not include the provider’s professional degree, licensure, or job title.
 - **Line 60 – 61**
 - **Line 62 – 63**
 - **Line 64 – 65**
 - **Line 66 – 67**
 - **Line 68 – 69**

While the Progress Notes for the dates above do not include the providers’ degree/title/licensure, in order to determine whether providers were appropriately credentialed for the services they were providing during the Review period, the MHP was able to submit evidence of each provider’s credentials at the times these services were rendered.

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.

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- The provider's professional degree, licensure or job title.

FINDING 8.5.4:

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

- **Line number:** ⁷⁰. The type of Specialty Mental Health Service (SMHS) documented on the Progress Note was not the same type of SMHS claimed.
 - ⁷¹ was claimed as Individual Rehab (SF=30), but the content of the Progress Note describes Targeted Case Management (SF=1).
 - ⁷² was claimed as Individual Rehab (SF=30), but the content of the Progress Notes described Targeted Case Management (SF=1).

RR8b1, refer to Recoupment Summary for summary of details.

CORRECTIVE ACTION PLAN 8.5.4:

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

- Ensure that all Specialty Mental Health Services claimed are claimed for the correct service modality billing code, and units of time.
- Ensure that Progress Notes accurately describe the type of service or service activity, the date of the service and the amount of time to provide the service, as specified in the MHP Contract with the Department.

Provision of ICC Services and IHBS for Children and Youth

FINDING 8.6.1:

- The medical records associated with the following Line numbers do 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:

Line numbers: ⁷³.

⁷⁰ Line number(s) removed for confidentiality

⁷¹ Date(s) removed for confidentiality

⁷² Date(s) removed for confidentiality

⁷³ Line number(s) removed for confidentiality

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During the Review, the MHP provided the following statement regarding documentation of ICC/IHBS services: “It has not been our practice to document the specific inclusion or exclusion of ICC services. We are now aware that documentation of ICC criteria should be a part of the plan development process and will be included in intake assessment/reassessment, case presentations, and treatment plan development moving forward.”

CORRECTIVE ACTION PLAN 6A:

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 IHBS.
- 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, and evidence for the individualized determination is documented in the medical record.