



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2020/2021

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE DEL NORTE COUNTY MENTAL HEALTH PLAN

CHART REVIEW FINDINGS REPORT

Review Dates: 10/19/2021 to 10/21/2021

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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 Del Norte 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 175 claims submitted for the months of July, August and September of **2020**.

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Assessment

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.

Per the MHP's Documentation Manual, "An updated assessment must be completed annually..."

The following are specific findings from the chart sample:

- **Line Number 1:** The Current Assessment was completed as signed on ²; however, the Prior Assessment was completed as signed on ³.

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 initial timeliness and update frequency requirements specified in the MHP's written documentation standards.

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 4: The written medication consent form in the medical record was not current per the MHP's written documentation standards. The medication consent form completed as signed on ⁵ indicates, "This consent is valid for 2 years from the signature date."

The MHP was given the opportunity to locate an updated medication consent following this 2-year expiration period but was unable to locate it/them in the medical record. During the virtual on-site, MHP staff discussed plans to

¹ Line number(s) removed for confidentiality

² Date(s) removed for confidentiality

³ Date(s) removed for confidentiality

⁴ Line number(s) removed for confidentiality

⁵ Date(s) removed for confidentiality

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implement a revised medication consent form that removes this 2-year expiration period, and provided a draft copy of this new version.

CORRECTIVE ACTION PLAN 8.3.1:

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

- 1) 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:

Possible side effects if taken longer than 3 months: **Line numbers** ⁶.

As noted above, during the virtual on-site the MHP outlined plans to implement a new version of their medication consent form. During the chart review period, the medication consent form that was in use only reviewed tardive dyskinesia as a possible side effect if certain antipsychotic medications were taken longer than 3 months.

However, the MHP's draft version of a new Medication Consent form is more inclusive of other possible side-effects that may occur after medications are taken longer than 3 months.

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 8.4.3a:

One or more client plan(s) was not completed in accordance with the MHP's initial timeliness standards, or updated at least annually. Specifically:

- **Line numbers** ⁷. The initial Client Plan was completed late based on the MHP's documentation standards of timeliness. Based on the MHP's

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documentation standards, the initial client plan “shall be completed within 30 days of the client’s entry to a program”.

- **Line number** ⁸: The beneficiary’s chart indicated an Episode Opening Date of ⁹, but the Initial Client Plan was completed as signed on ¹⁰. This was prior to the Review Period, and no planned services were provided prior to the Client Plan completion.
- **Line number** ¹¹: The beneficiary’s chart indicated an Episode Opening Date of ¹², but the Initial Client Plan was completed as signed on ¹³. This was prior to the Review Period, and no planned services were provided prior to the Client Plan completion.
- **Line numbers** ¹⁴: There was a **lapse** between the prior and current Client Plans. However, there were no claims during this period.
- **Line number** ¹⁵. The prior Client Plan expired on ¹⁶; the current Client Plan was completed on ¹⁷.

CORRECTIVE ACTION PLAN 8.4.3a:

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

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** ¹⁸. One or more progress notes were not completed within the MHP’s written timeliness standard of 5 days after provision of service. Sixteen (9 percent) of all progress notes reviewed were completed late (91% compliance).

⁸ Line number(s) removed for confidentiality

⁹ Date(s) removed for confidentiality

¹⁰ Date(s) removed for confidentiality

¹¹ Line number(s) removed for confidentiality

¹² Date(s) removed for confidentiality

¹³ Date(s) removed for confidentiality

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- **Line numbers** ¹⁹. One or more progress notes were missing the provider's professional degree, licensure or job title. Nineteen (11 percent) of all progress notes reviewed did not include the provider's professional degree, licensure or job title (89% compliance).

During the virtual on-site, it was explained to MHP staff that these nineteen notes that were missing the professional degree, licensure, or job title, were all completed by the same provider, who is a Mental Health Specialist (MHS).

Upon further review, MHP staff were able to determine that the initial set-up process for this provider's electronic signature failed to include the staff member's credentials, thus failing to input this information with their signature. MHP staff indicated that they have the capability to correct this by adding this information to the electronic signature profile, and that the credentials can be added retroactively to progress notes.

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

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 numbers** ²⁰. While the MHP was able to provide separate documentation listing the number of participants in each group, one or more progress notes did not accurately document the number of participants in the 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.

Provision of ICC Services and IHBS for Children and Youth

FINDING 8.6.1:

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- 1) The MHP did not furnish evidence that it has a standard procedure for providing and documenting individualized determinations of eligibility for ICC services and IHBS on behalf of beneficiaries under age 22 that is based on their strengths and needs.

During the virtual on-site, the MHP staff discussed their process for making referrals for consideration of ICC services or IHBS. The MHP uses a referral process, "Pathways to Wellbeing Referral" in conjunction with an eligibility process, when considering a child for ICC services or IHBS. A child is referred for ICC services or IHBS based on the level of severity of symptoms, not only depending on Katie A. subclass criteria.

Although there was evidence that the MHP made a referral for ICC services and IHBS for one of the children within the review sample, these determinations were not seen within the complete sample. There was insufficient evidence that determinations are made for every child regarding consideration for ICC services and/or IHBS. With a referral-only system for ICC/IHBS, the MHP currently does not have a standard procedure regarding making individualized determinations of eligibility for ICC services and IHBS on behalf of beneficiaries under age 22.

- 2) The medical record associated with the following Line number(s) 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:
- **Line numbers** ²¹.
 - **Line number** ²². There was evidence within the chart that the beneficiary may have benefited from consideration for ICC services. This beneficiary was experiencing problems with being bullied at school, and there are examples in the chart of an MHP clinician attending 504 meetings between the school and the parents/guardians, demonstrating the possible benefit that the client may have experienced from coordination between these child-serving systems.
 - **Line number** ²³. During the review period, there was evidence of possible benefit the beneficiary may have received from ICC services, as there was a Child Welfare Services case opened regarding the beneficiary, and the case may have benefited from coordination between these child-serving systems.
 - **Line number** ²⁴. Prior to the review period, this beneficiary had been evaluated twice in an emergency room for psychotic symptoms. During the review period, the client was hospitalized at a Psychiatric Health

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Facility (PHF) and later re-evaluated for additional 5150 status after unsuccessful treatment at this PHF. Based on the severity of their symptomatology, the beneficiary may have met criteria for consideration of ICC services and/or IHBS.

- **Line number** ²⁵. During the review period, there was evidence of possible benefit the beneficiary may have received from ICC services, as there was a Child Welfare Services case opened regarding the beneficiary, and the case may have benefited from coordination between these child-serving systems.

CORRECTIVE ACTION PLAN 8.6.1:

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

- 1) Written documentation is in place describing the process for determining and documenting eligibility and need for ICC Services and IHBS.
- 2) Training is provided to all staff and contract providers who have the responsibility for determining eligibility and need for ICC and IBHS.
- 3) 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.

²⁵ Line number(s) removed for confidentiality