



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2021/2022

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE LAKE COUNTY MENTAL HEALTH PLAN

CHART REVIEW FINDINGS REPORT

Review Dates: 11/2/2021 to 11/4/2021

**DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Lake MENTAL HEALTH PLAN
11/4/2021
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 Lake 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 185 claims submitted for the months of January, February and March of **2020**.

Contents

<i>Medical Necessity</i>	3
<i>Assessment</i>	4
<i>Medication Consent</i>	6
<i>Client Plans</i>	7
<i>Progress Notes</i>	9
<i>Provision of ICC Services and IHBS for Children and Youth</i>	12

DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Lake MENTAL HEALTH PLAN
11/4/2021
CHART REVIEW FINDINGS REPORT

Medical Necessity

FINDING 8.1.1.1:

Line numbers ¹. The diagnosis was not linked in time as an addendum to the assessment. Specifically:

- **Line number** ². Diagnosis completed on ³; Crisis Assessment completed on ⁴.
- **Line number** ⁵. Diagnosis completed on ⁶; Assessment completed on ⁷.

CORRECTIVE ACTION PLAN 8.1.1.1:

The MHP shall submit a CAP that describes how the MHP will ensure that the diagnosis is linked in time to the assessment and is consistent with the presenting problems, history, mental status examination and/or other clinical data documented in the assessment.

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 numbers** ⁸. The intervention documented on the progress note did not meet the definition of a valid Specialty Mental Health Service. **RR15b, refer to Recoupment Summary for 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.

FINDING 8.1.1.3b1:

The interventions documented on the progress notes for the following Line numbers did not meet medical necessity since the service provided did not specifically address the

¹ Line number(s) removed for confidentiality

² Line number(s) removed for confidentiality

³ Date(s) removed for confidentiality

⁴ Date(s) removed for confidentiality

⁵ Line number(s) removed for confidentiality

⁶ Date(s) removed for confidentiality

⁷ Date(s) removed for confidentiality

⁸ Line number(s) removed for confidentiality

DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Lake MENTAL HEALTH PLAN
11/4/2021
CHART REVIEW FINDINGS REPORT

mental health condition or impairment identified in the assessment, and was solely Transportation:

- **Line numbers ⁹. RR11e, refer to Recoupment Summary for details.**

CORRECTIVE ACTION PLAN 8.1.1.3b1:

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

- 1) Services provided and claimed are not solely transportation, clerical or payee related.
- 2) All services claimed are appropriate, relate to the qualifying diagnosis and identified functional impairments and are medically necessary as delineated in the CCR, title 9, sections 1810.247, 1810.345(a), 1810.335(a)(2), 1830.205(b)(3), and MHSUDS IN. NO. 20-061, Enclosure 4.

Assessment

FINDING 8.2.1.:

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

- 1) Two assessments were not completed within the MHP's initial timeliness standard of no more than ten (10) business days after the beneficiary's Episode Opening Date unless documented otherwise. Specifically:
 - **Line number ¹⁰.** The beneficiary's Episode Opening Date was ¹¹, while the Initial Assessment was not completed until ¹², with no documentation of why the completion date was late.
 - **Line number ¹³.** The beneficiary's Episode Opening Date was ¹⁴, while the Initial Assessment was not completed until ¹⁵, with no documentation of why the completion date was late.
- 2) Seven assessments were not completed within the MHP's annual update frequency requirement that was specified on each of the following beneficiaries' Client Plans. Specifically:

⁹ Line number(s) removed for confidentiality

¹⁰ Line number(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

**DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Lake MENTAL HEALTH PLAN
11/4/2021
CHART REVIEW FINDINGS REPORT**

- **Line number** ¹⁶. The beneficiary's Assessment was completed on ¹⁷ with no more recent Assessment submitted by the MHP.
- **Line number** ¹⁸. The beneficiary's prior Assessment was completed on ¹⁹ with no more recent Assessment submitted by the MHP.
- **Line number** ²⁰. The beneficiary's prior Assessment was completed on ²¹ while the only other Assessment submitted was a Crisis Assessment completed on ²².
- **Line number** ²³. The beneficiary's prior Assessment was completed on ²⁴, with no more recent Assessment submitted by the MHP.
- **Line number** ²⁵. The beneficiary's prior Assessment was completed on ²⁶, while the only other Assessment submitted was a Crisis Assessment completed on ²⁷.
- **Line number** ²⁸. The beneficiary's prior Assessment was completed on ²⁹, while the current Assessment was not completed until ³⁰.
- **Line number** ³¹. The beneficiary's prior Assessment was completed on ³², while the only other Assessment submitted was a Crisis Assessment completed on ³³.
- **Line number** ³⁴. The beneficiary's prior Assessment was completed on ³⁵, while the only other Assessment submitted was a CANS Assessment completed on ³⁶.

The MHP was given the opportunity to locate additional assessments in question or to provide a written explanation obtained from the medical records of the beneficiaries' indicated above, but did not provide that documentation.

CORRECTIVE ACTION PLAN 8.2.1:

-
- ¹⁶ Line number(s) removed for confidentiality
 - ¹⁷ Date(s) removed for confidentiality
 - ¹⁸ Line number(s) removed for confidentiality
 - ¹⁹ Date(s) removed for confidentiality
 - ²⁰ Line number(s) removed for confidentiality
 - ²¹ Date(s) removed for confidentiality
 - ²² Date(s) removed for confidentiality
 - ²³ Line number(s) removed for confidentiality
 - ²⁴ Date(s) removed for confidentiality
 - ²⁵ Line number(s) removed for confidentiality
 - ²⁶ Date(s) removed for confidentiality
 - ²⁷ Date(s) removed for confidentiality
 - ²⁸ Line number(s) removed for confidentiality
 - ²⁹ Date(s) removed for confidentiality
 - ³⁰ Date(s) removed for confidentiality
 - ³¹ Line number(s) removed for confidentiality
 - ³² Date(s) removed for confidentiality
 - ³³ Date(s) removed for confidentiality
 - ³⁴ Line number(s) removed for confidentiality
 - ³⁵ Date(s) removed for confidentiality
 - ³⁶ Date(s) removed for confidentiality

**DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Lake MENTAL HEALTH PLAN
11/4/2021
CHART REVIEW FINDINGS REPORT**

The MHP shall submit a CAP that:

- 1) 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.
- 2) Planned Specialty Mental Health Services are not claimed in the absence of an assessment that substantiates those services.

FINDING 8.2.2:

One or more 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, including living situation, social support, and cultural/linguistic factors: **Line numbers** ³⁷.
- b) Mental Health History, including previous treatment and inpatient admissions: **Line numbers** ³⁸.
- c) Medical History, including significant developmental history: **Line numbers** ³⁹.
- d) Medications, including medication for medical conditions, and documentation of adverse reactions: **Line numbers** ⁴⁰.
- e) Substance Exposure/Substance Use, including use of tobacco, alcohol, over the counter and illicit drugs: **Line numbers** ⁴¹.
- f) Client Strengths: **Line numbers** ⁴².
- g) Risks: **Line numbers** ⁴³.
- h) A Mental Status Examination: **Line numbers** ⁴⁴.

CORRECTIVE ACTION PLAN 8.2.2:

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

Medication Consent

FINDING 8.3.1:

³⁷ Line number(s) removed for confidentiality

³⁸ Line number(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

⁴² Line number(s) removed for confidentiality

⁴³ Line number(s) removed for confidentiality

⁴⁴ Line number(s) removed for confidentiality

DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Lake MENTAL HEALTH PLAN
11/4/2021
CHART REVIEW FINDINGS REPORT

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** ⁴⁵: There was no written medication consent form found in the medical record. *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.*
- 2) **Line numbers** ⁴⁶: Although there was a written medication consent form in the medical record, there was no medication consent for each and every medication prescribed during the chart review period. *The MHP was given the opportunity to locate the medication consent(s) in question but was unable to locate it/them in the medical record.*

CORRECTIVE ACTION PLAN 8.3.1:

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.

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) Duration of taking the medication: **Line number** ⁴⁷.
- 2) Possible side effects if taken longer than 3 months: **Line number** ⁴⁸.
- 3) Consent once given may be withdrawn at any time: **Line number** ⁴⁹.

CORRECTIVE ACTION PLAN 8.3.2:

⁴⁵ Line number(s) removed for confidentiality

⁴⁶ Line number(s) removed for confidentiality

⁴⁷ Line number(s) removed for confidentiality

⁴⁸ Line number(s) removed for confidentiality

⁴⁹ Line number(s) removed for confidentiality

DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Lake MENTAL HEALTH PLAN
11/4/2021
CHART REVIEW FINDINGS REPORT

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 8.4.3:

One Client Plan was not completed prior to the delivery of planned services and/or were not updated at least annually or reviewed and updated when there was a significant change in the beneficiary's condition (as required in the MHP Contract with the Department and/or as specified in the MHP's documentation standards). Specifically:

- **Line number** ⁵⁰: The Initial Client Plan was not completed until after one or more planned service was provided and claimed. **RR4a, refer to Recoupment Summary for details.**

CORRECTIVE ACTION PLAN 8.4.3:

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) Planned services are not claimed when the service provided is not included on a current Client Plan.

FINDING 8.4.3a:

Three client plans were not updated at least annually. Specifically:

- **Line number** ⁵¹: 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.**
- **Line number** ⁵²: There was a **lapse** between the prior and current Client Plans. However, this occurred outside of the audit review period.
 - Prior Client Plan expired on ⁵³; current Client Plan completed on ⁵⁴.
- **Line number** ⁵⁵: There was a **lapse** between the prior and current Client Plans. However, there were no claims during this period.
 - Prior Client Plan expired on ⁵⁶; current Client Plan completed on ⁵⁷.

⁵⁰ Line number(s) removed for confidentiality

⁵¹ Line number(s) removed for confidentiality

⁵² Line number(s) removed for confidentiality

⁵³ Date(s) removed for confidentiality

⁵⁴ Date(s) removed for confidentiality

⁵⁵ Line number(s) removed for confidentiality

⁵⁶ Date(s) removed for confidentiality

⁵⁷ Date(s) removed for confidentiality

DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Lake MENTAL HEALTH PLAN
11/4/2021
CHART REVIEW FINDINGS REPORT

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.

FINDING 8.4.11:

Line numbers ⁵⁸: There was no documentation on the current Client Plan that the beneficiary or legal guardian was offered a copy of the Client Plan. Specifically:

- **Line number** ⁵⁹. Plans completed on ⁶⁰ and ⁶¹.

CORRECTIVE ACTION PLAN 8.4.11:

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

- 1) Ensure that there is documentation on the Client Plan substantiating that the beneficiary was offered a copy of the Client Plan.
- 2) Submit evidence that the MHP has an established process to document that each beneficiary is offered a copy of their current Client Plan.

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** ⁶². One or more progress note was not completed within the MHP's written timeliness standard of five (5) business days after provision of service. Twenty Six (14 percent) of all progress notes reviewed were completed late (86% compliance).
- **Line numbers** ⁶³. Eight (4 percent) of all progress notes reviewed contained the exact same verbiage, and therefore those progress notes were not individualized in terms of the specific interventions applied, as specified in the MHP Contract with the Department (96% compliance):
 - Line number ⁶⁴:

⁵⁸ Line number(s) removed for confidentiality

⁵⁹ Line number(s) removed for confidentiality

⁶⁰ Date(s) removed for confidentiality

⁶¹ Date(s) removed for confidentiality

⁶² Line number(s) removed for confidentiality

⁶³ Line number(s) removed for confidentiality

⁶⁴ Line number(s) removed for confidentiality

**DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Lake MENTAL HEALTH PLAN
11/4/2021
CHART REVIEW FINDINGS REPORT**

Service Function Code	1	Service Date	⁶⁵	Time	⁶⁶ min
Service Function Code	1	Service Date	⁶⁷	Time	⁶⁸ min
Service Function Code	1	Service Date	⁶⁹	Time	⁷⁰ min

○ Line number ⁷¹:

Service Function Code	1	Service Date	⁷²	Time	⁷³ min
Service Function Code	1	Service Date	⁷⁴	Time	⁷⁵ min
Service Function Code	1	Service Date	⁷⁶	Time	⁷⁷ min
Service Function Code	1	Service Date	⁷⁸	Time	⁷⁹ min
Service Function Code	1	Service Date	⁸⁰	Time	⁸¹ min

CORRECTIVE ACTION PLAN 8.5.2:

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

- 1) 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.
- 2) Progress notes contain documentation that is individualized for each service provided.
- 3) Specialty Mental Health Services claimed are accurate and are actually provided to the beneficiary.

FINDING 8.5.3:

⁶⁵ Date(s) removed for confidentiality
⁶⁶ Minute(s) removed for confidentiality
⁶⁷ Date(s) removed for confidentiality
⁶⁸ Minute(s) removed for confidentiality
⁶⁹ Date(s) removed for confidentiality
⁷⁰ Minute(s) removed for confidentiality
⁷¹ Line number(s) removed for confidentiality
⁷² Date(s) removed for confidentiality
⁷³ Minute(s) removed for confidentiality
⁷⁴ Date(s) removed for confidentiality
⁷⁵ Minute(s) removed for confidentiality
⁷⁶ Date(s) removed for confidentiality
⁷⁷ Minute(s) removed for confidentiality
⁷⁸ Date(s) removed for confidentiality
⁷⁹ Minute(s) removed for confidentiality
⁸⁰ Date(s) removed for confidentiality
⁸¹ Minute(s) removed for confidentiality

DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Lake MENTAL HEALTH PLAN
11/4/2021
CHART REVIEW FINDINGS REPORT

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** ⁸². While the MHP was able to provide separate documentation listing the number of participants in each group, nine (5 percent) of all group progress notes reviewed did not accurately document the number of participants in the group; i.e., on the progress note participants were recorded as “1”. (95% compliance).

CORRECTIVE ACTION PLAN 8.5.3:

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

- 1) 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.
- 2) Contain accurate and complete documentation of claimed service activities, that the documentation is consistent with services claimed, and that services are not claimed when billing criteria are not met.
- 3) Include a clinical rationale when more than one (1) provider renders services within the same group session or activity.

FINDING 8.5.4:

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

- **Line number** ⁸³: 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. Specifically:

Progress Note Service Date ⁸⁴, Time ⁸⁵ min. Claimed as Plan Development but note content documented a Collateral service.

Progress Note Service Date ⁸⁶, Time ⁸⁷ min. Claimed as Plan Development but note content documented an Individual Therapy session. .

Progress Note Service Date ⁸⁸, Time ⁸⁹ min. Claimed as Plan Development but note content documented an Individual Therapy session.

⁸² Line number(s) removed for confidentiality

⁸³ Line number(s) removed for confidentiality

⁸⁴ Date(s) removed for confidentiality

⁸⁵ Minute(s) removed for confidentiality

⁸⁶ Date(s) removed for confidentiality

⁸⁷ Minute(s) removed for confidentiality

⁸⁸ Date(s) removed for confidentiality

⁸⁹ Minute(s) removed for confidentiality

DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Lake MENTAL HEALTH PLAN
11/4/2021
CHART REVIEW FINDINGS REPORT

Progress Note Service Date ⁹⁰, Time ⁹¹ min. Claimed as Plan Development but note content documented a Collateral “Supportive” and “Psychoeducation” session.

Progress Note Service Date ⁹², Time ⁹³ min. Claimed as Plan Development but note content documented a Collateral service.

Progress Note Service Date ⁹⁴ Time ⁹⁵ min. Claimed as Plan Development but note content documented a Collateral service.

CORRECTIVE ACTION PLAN 8.5.4:

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

- 1) Ensure that all Specialty Mental Health Services claimed are claimed for the correct service modality billing code, and units of time.
- 2) Ensure that all progress notes:
 - a) Are accurate, complete and legible and meet the documentation requirements described in the MHP Contract with the Department.
 - b) 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.

Provision of ICC Services and IHBS for Children and Youth

FINDING 8.6.1:

- 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.
- 2) The medical records 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: **Line numbers** ⁹⁶.

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.

⁹⁰ Date(s) removed for confidentiality

⁹¹ Minute(s) removed for confidentiality

⁹² Date(s) removed for confidentiality

⁹³ Minute(s) removed for confidentiality

⁹⁴ Date(s) removed for confidentiality

⁹⁵ Minute(s) removed for confidentiality

⁹⁶ Line number(s) removed for confidentiality

DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Lake MENTAL HEALTH PLAN
11/4/2021
CHART REVIEW FINDINGS REPORT

- 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.

FINDING 8.6.2:

- 1) The MHP did not furnish evidence that it has a specific procedure for beneficiaries under age 22 who are receiving ICC services to receive a reassessment, during a CFT or other meeting, of the strengths and needs of these beneficiaries and their families at least every 90-days for the purpose of determining if ICC services and/or IBHS should be increased, reduced or otherwise modified.
- 2) The medical record for the following beneficiary who received one or more ICC service did not contain evidence that the MHP had reassessed the strengths and needs of the beneficiary, at least every 90 days, for the purpose of determining if those services should be modified: **Line number** ⁹⁷.
- 3) The medical record for the following beneficiary whose current Client Plan included the provision of ICC services contained no evidence that those services were actually provided during the chart review period. Nor did the medical record for this beneficiary contain evidence that the MHP had reassessed the strengths and needs of the beneficiary, at least every 90 days, for the purpose of determining if ICC services should be modified: **Line number** ⁹⁸.

CORRECTIVE ACTION PLAN 8.6.2:

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

- 1) Written documentation is in place describing the process for reassessing and documenting the eligibility and need for IHBS and ICC services at least every 90-days for all beneficiaries who are already receiving ICC services.
- 2) All staff and contract providers who have the responsibility for determining eligibility and need for the provision of ICC services receive training about ICC service requirements.
- 3) All beneficiaries under age 22 who receive ICC services have a case consultation, team or CFT meeting at least every 90 days to discuss the beneficiaries' current strengths and needs.

⁹⁷ Line number(s) removed for confidentiality

⁹⁸ Line number(s) removed for confidentiality