CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2020/2021

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE LASSEN COUNTY MENTAL HEALTH PLAN

CHART REVIEW FINDINGS REPORT

Review Dates: 11/8/2021 to 11/9/2021

DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Lassen MENTAL HEALTH PLAN
Select Date of Review
CHART REVIEW FINDINGS REPORT
11/9/2021

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 Lassen 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 227 claims submitted for the months of July, August and September of **2020**.

Contents

Assessment

FINDING 8.2.1.:
Assessments were not completed in accordance with regulatory and contractual requirements, specifically:

1) One or more assessments were not completed within the initial timeliness and update frequency requirements specified in the MHP's written documentation standards.

   Per the MHP's Clinical Assessment and Reassessments policy (policy number BH 18-06), "Initial assessment will be completed no later than 7 days from the appointment" and "Reassessments are completed at least annually, and may be completed more frequently, as needed." Due to the premature ending of the virtual onsite review, the MHP staff were unavailable to provide an explanation for the late initial and updated assessments listed below.

   The following are specific findings from the chart sample:

   Late Initial Assessments

   Line number [1]. The episode opening date (EOD) was [2]. The initial assessment was signed and completed on [3].

   Line number [4]. The EOD was [5]. The initial assessment was signed and completed on [6].

   Line number [7]. The EOD was [8]. The initial assessment was signed and completed on [9].

   Late Updated Assessments

   Line number [10]. The assessment MHP provided for the initial virtual review was the Lassen County Behavioral Health Annual Re-Assessment dated [11]. Based on MHP policy the current re-assessment should be dated on or by [12]. In response

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to requests for an updated assessment MHP submitted the previously reviewed [13] Annual Re-Assessment.

Line number [14]. The assessment MHP provided was dated [15]. Based on MHP policy the current assessment should be dated on or by [16]. In response to requests for an updated assessment MHP submitted a California Child and Adolescent Needs and Strengths-50 (CANS-50) assessment dated [17]. However, MHP's Clinical Assessment and Reassessments policy lists a number of "required components" of the initial clinical assessment and reassessment which are not inherent to the CANS-50 assessment. The CANS-50 is a single tool and not a "comprehensive" assessment as delineated by MHP policy.

Two significant required components of reassessments, as listed in MHP policy, which are absent from the CANS-50 are "A complete diagnosis, including any changes" and "Determination of current need for Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS)."

Further, MHP policy "has determined that only Licensed Practitioners of the Healing Arts (LPHAs) may conduct assessments and assign a diagnosis," whereas anyone certified by the Praed Foundation including, "health and mental health providers, child welfare case workers, probation officers, and family advocates"[18] may complete a CANS-50 assessment.

Line number [19]. The most recent Assessment update provided by the MHP was dated [20]. In response to requests for an updated assessment, MHP submitted a CANS-50 assessment dated [21]. However, as mentioned under Line [22], the CANS-50 is not a comprehensive assessment, as required by MHP policy.

Line number [23]. The assessment MHP provided was dated [24]. In response to requests for an updated assessment, MHP submitted a CANS-50 assessment dated [25].

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[14] Line number(s) removed for confidentiality
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[16] Date(s) removed for confidentiality
[17] Date(s) removed for confidentiality
[18] Child and Adolescent Needs and Strengths Standard CANS Comprehensive 3.0 Ages 6 through 20, 2021, p. 5.
[19] Line number(s) removed for confidentiality
[20] Date(s) removed for confidentiality
[21] Date(s) removed for confidentiality
[22] Line number(s) removed for confidentiality
[23] Line number(s) removed for confidentiality
[24] Date(s) removed for confidentiality
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Line number [26]. The assessment MHP provided was dated [27]. The current assessment should be dated on or by [28]. In response to requests for an updated assessment, MHP submitted a CANS-50 assessment dated [29].

CORRECTIVE ACTION PLAN 8.2.1:

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) Medications, including medication for medical conditions, and documentation of adverse reactions: **Line number [30].** There is no documentation of medications, as required by MHP policy, within the assessment dated [31].
b) A Mental Status Examination: **Line number [32].** All items under the Mental Status Exam heading are blank on the assessment dated [33].

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.

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:

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- The signature of the person providing the service (or electronic equivalent)
  - **Line numbers [34].**
- The type of professional degree, licensure, or job title of person providing the service:
  - **Line numbers [35].**
- The date the documentation was entered in the medical record:
  - **Line numbers [36].**

In response to follow-up questions concerning the provider's missing signature, title, and date, the MHP provided evidence of the required elements recorded within their EHR as well as the following written response; "This was discussed and demonstrated during our Zoom Meeting. The Signature is not on the Assessment itself but is available in another portion of the EHR."

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.
3) The date the signature was completed and the document was entered into the medical record.

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 [37]**: Although there was a written medication consent form in the medical record, there was no specific medication consent form for Risperidone.

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The MHP was given the opportunity to locate the medication consent in question and submitted documentation, in a [38] psychiatry progress note, of the beneficiary expressing interest in Risperidone; however, this occurred prior to the onset of COVID-19 and Executive Order N-55-20, dated 4/23/20, which waived the requirement for client signatures on psychiatric medication consents.

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.

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:

Duration of taking the medication: Every prescription for **Line numbers [39]** had a duration of "ongoing," which does not describe a specific increment of time.

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 8.4.2a:
The medical record did not include services that were sufficient to adequately "achieve the purpose for which the services are furnished". Specifically:

- **Line number [40]**: The current Client Plan did not contain services sufficient to reasonably achieve the purpose and goals documented on the Plan.

  Following the virtual onsite review, the MHP submitted upon request evidence of an ICC/IHBS determination completed on [41], indicating the "child would

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[40] Line number(s) removed for confidentiality
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benefit from receiving medically necessary ICC and/or IHBS service;" however, ICC/IHBS services were not included on the current Client Plan, also dated [42], nor was there evidence that those services were provided at any time during the chart review period.

CORRECTIVE ACTION PLAN 8.4.2a:
The MHP shall submit a CAP that describes how the MHP will ensure that all Client Plans and actual services provided include interventions sufficient to reasonably attain the purpose and goals documented on the Plan.

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:

- **Line number [43].** Interventions documented on the [44] Client Plan included Individual Therapy, Individual Rehabilitation, Case Management, and Socialization Group up to once per week, Collateral and Group Therapy up to twice per week, and Medication Support Services to be determined by medication support staff. However, an assessment on [45] was the only service provided in July and crisis intervention on [46] was the only service provided in August.
- **Line number [47].** Interventions documented on the [48] Client Plan included Individual Therapy and Case Management up to once per week, Group Therapy and Collateral up to twice per week, and Medication Support to be determined by medication support staff. During the month of September the only service provided was Medication Support on [49].
- **Line number [50].** Interventions documented on the [51] Client Plan included Individual Therapy once per week and Individual Rehabilitation, Collateral, and Case Management up to twice per week. The only service provided in July

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[50] Line number(s) removed for confidentiality
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was a single Collateral session, dated [52], and no services were provided in September.

During the meeting with the MHP, additional information was requested, however, the MHP did not provide evidence that the proposed services for Line numbers [53] were being provided at the planned frequency.

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 8.4.3a:
One or more client plans was not updated at least annually and/or when there were significant changes in the beneficiary's condition. Specifically:

- **Line number [54]**: There was a **lapse** between the prior and current Client Plans. However, this occurred outside of the audit review period.
  - **Line number [55].** The prior Client Plan expired on [56]; the current Client Plan was completed on [57].
  - **Line number [58].** The prior Client Plan expired on [59]; the current Client Plan was completed on [60].

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.

FINDING 8.4.4:
Client Plans did not include all of the required elements identified in the MHP Contract. Specifically:

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[57] Date(s) removed for confidentiality
[58] Line number(s) removed for confidentiality
[59] Date(s) removed for confidentiality
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- One or more goal/treatment objectives was not specific, observable, and/or quantifiable and related to the beneficiary's mental health needs and identified functional impairments.
    - **Line number [61].** The beneficiary, diagnosed with a severe and persistent mental illness (SPMI), had the following treatment objectives, "[Client] will maintain his happiness at a 5 or higher 7 out of 7 days per week," and "[Client] will stop and think before he makes a financial decision 100% of the time. These treatment objectives lack specificity in addressing the identified functional impairments, despite the use of numerical rating for the occurrence of happiness and cognitive control.
- One or more proposed interventions did not include an expected frequency or frequency range that was specific enough.
    - **Line numbers [62].** For each of the preceding line numbers the expected frequency for medication support services was documented as "to be determined by" the treating psychiatrist or medication support staff.

      The MHP responded during the virtual onsite review and in writing, "This was discussed during our Zoom meeting, our Therapists feel it is out of their scope to determine the frequency of Medication Support Services and leave that up to the Psychiatrist to determine." The MHP further explained during the virtual onsite review that staff psychiatrists may enter this information in their progress notes. The MHP was given the opportunity to locate additional documentation, but did not provide evidence of psychiatry progress notes documenting the planned frequency of services.
- One or more client plan was not consistent with the qualifying diagnosis.
    - **Line number [63].** "Attention Deficit Disorder Combined Presentation" (ADHD) was the primary, and only, diagnosis recorded on the [64] Client Assessment, based on several identified symptoms meeting DSM criteria. Two Client Plans completed on [65] and [66] reflected the ADHD diagnosis.

      However, the ADHD diagnosis was incongruent with the explanation for medical necessity in the concluding paragraph of the 2019 assessment which states, "This writer is making an initial diagnosis of Attention Deficit Disorder Combined Presentation F90.2. Client meets medical necessity in that he becomes aggressive and has meltdowns, and lacks social interaction skills." The concluding paragraph in the 2019 assessment

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appeared to address symptoms of conduct disorder, oppositional and defiant behavior, and "sexualized behavior," as well as concerns for harm to self or others, which was also documented in the Client Assessment but not diagnosed.

Consistent with the aforementioned statement meeting medical necessity, the 2019 and 2020 Client Plan goals and objectives focused on anger management, conflict resolution, and emotional dysregulation, and not on ADHD symptomology.

CORRECTIVE ACTION PLAN 8.4.4:
The MHP shall submit a CAP that describes how the MHP will ensure that:

1) Client plan goals/treatment objectives are specific, observable and/or quantifiable and relate to the beneficiary's documented mental health needs and functional impairments as a result of the mental health diagnosis.
2) Mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.
3) Client plans are consistent with the qualifying diagnosis.

FINDING 8.4.7:
There was no documentation of the beneficiary's or legal representative's degree of participation in and agreement with the Client Plan, and there was no written explanation of the beneficiary's refusal or unavailability to sign the Plan, if a signature was required by the MHP Contract with the Department and/or by the MHP's written documentation standards**:**

- **Line number [67]:** Although the signature requirement for client plans have been temporarily waived during the COVID-19 public health emergency, DHCS's May 20, 2020 guidelines for behavioral health programs during COVID-19 stipulated, "If a signature cannot be obtained, for any reason, the reason for the missing signature should be documented in the client record."[68]

  For Line number [69], the beneficiary's signature was not present on the Client Plan, dated [70], and there was no supporting documentation within the medical record of the beneficiary's participation in and agreement with the Client Plan.

CORRECTIVE ACTION PLAN 8.4.7:

[67] Line number(s) removed for confidentiality
[68] Department of Health Care Services, Behavioral Health Information Notice No: 20-009, p. 18
[69] Line number(s) removed for confidentiality
[70] Date(s) removed for confidentiality

The MHP shall submit a CAP that describes how the MHP will ensure that each beneficiary's participation in and agreement with all client plans are obtained and documented.

FINDING 8.4.11:
Line numbers [71]: There was no documentation on the current Client Plan that the beneficiary or legal guardian was offered a copy of the Client Plan.

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.

FINDING 8.4.12:
One or more Client Plan did not include the signature of the person providing the service (or electronic equivalent) and the date the documentation was entered into the medical record. Specifically:

1) **Line numbers** [72]: Missing Provider's completion date on the Initial Client Plan (date provider completed the Plan).
2) **Line numbers** [73]: Missing Provider's completion date on the Update Client Plan (date provider completed the Plan).
3) **Line numbers** [74]: Missing Provider's signature on the Initial Client Plan (or electronic equivalent).
4) **Line numbers** [75]: Missing Provider's signature on the Update Client Plan (or electronic equivalent).

In response to several questions regarding the lack of provider signatures on client plans, MHP staff demonstrated that they have an internal process of finalizing assessments, but currently have no capability for that signature to be displayed either in the EHR or on a printed copy of the assessment.

CORRECTIVE ACTION PLAN 8.4.12:
The MHP shall submit a CAP that describes how the MHP will ensure that all documentation includes**:**

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1) The date of service.
2) The provider signature (or electronic equivalent) with the professional degree, licensure, or job title.
3) The date the provider completed the document and entered it into the medical record, as evidenced by a signature date (or electronic equivalent).

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 [76].** One or more progress notes were not completed within the MHP's written timeliness standard of within the same day of service and no later than 48 hours after provision of service if unavoidable circumstances necessitate a late entry. 54 (19 percent) of all progress notes reviewed were completed late (81% compliance).
- **Line numbers [77].** Progress note **"**Completion Timeliness" could not be determined because the provider signed but did not date the note. Therefore, the note was considered late.16 (1 percent) of all progress notes reviewed did not include provider signature completion date or electronic equivalent (99% compliance).
- **Line numbers [78].** One or more progress notes did not match its corresponding claim in terms of amount of time to provide services: The service time documented on the Progress Note was less than the time claimed, or the service time was entirely missing on the Progress Note. **RR8b3, refer to Recoupment Summary for details.**
    - Documented time on progress notes did not match corresponding claims.
        - **Line number [79].** The documented time on one progress note did not match the corresponding claim.
            - The [80] claim for assessment services was for [81] minutes. However, both the [82] Annual Re-Assessment document and

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the corresponding [83] Assessment progress note documented [84] total minutes.

- **Line number [85].** The documented time on three progress notes did not match their corresponding claims.
  - The [86] claim for crisis intervention services was for [87] minutes. However, the [88] crisis intervention progress note, signed and completed on [89], documented [90] total elapsed minutes.
  - The [91] claim for plan development services was for [92] minutes. However, the [93] treatment planning progress note documented [94] total minutes.
  - The [95] claim for individual rehabilitation services was for [96] minutes. However, the [97] individual rehabilitation progress note documented a total time of [98] minutes.
- **Line number [99].** The documented time on three progress notes did not match their corresponding claims.
  - The [100] claim for case management services was for [101] minutes. However, the [102] case management progress note, signed and completed on [103], documented [104] minutes.

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[89] Date(s) removed for confidentiality
[90] Minute(s) removed for confidentiality
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[99] Line number(s) removed for confidentiality
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[101] Minute(s) removed for confidentiality
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- The [105] claim for medication support services was for [106] minutes. However, the [107] nursing note documented [108] total minutes.
- The [109] claim for case management services was for [110] minutes. However, the [111] case management progress note, signed and completed on [112], documented the time of service from [113] to [114] and [115] minutes of note time for [116] total minutes.

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  - MHP provided the following written response for the Lines [117], "These items were addressed in our Zoom Meeting. Our Fiscal department has looked into these items and is unsure about what happened when the billings crossed into the state system as in our systems the minutes billed matched the service activity." No further documentation was provided to clarify the discrepancy in the units of time submitted with the claims versus the units of time recorded on progress notes.

- The psychiatry progress notes for **Line numbers [118]** had no recorded unit of time on the progress notes.
  - **Line number [119]:** psychiatry notes dated [120]
  - **Line number [121]:** psychiatry notes dated [122]
  - **Line number [123]:** psychiatry note dated [124]

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- **Line number [125]:** psychiatry notes dated [126]
- **Line number [127]:** psychiatry notes dated [128]
- **Line number [129]:** psychiatry notes dated [130]
- **Line number [131]:** psychiatry notes dated [132]
- **Line number [133]: [134]**

- MHP Progress Notes Policy No. 18-15 Revision 2, states progress notes are to document duration of service. In response to the missing units of time the MHP has submitted screen shots of their EHR depicting a "Client Chart" tab and the heading "Activity History" which has recorded the date, start and ending times of provided Medication Support services, and a staff number.

  While the date and times listed correspond with the claims, it could not be ascertained from submitted documentation if the staff number on the submitted screen shot belongs to the treating psychiatrists who completed the progress notes.

- **Line numbers [135].** One or more progress note was missing the provider's signature (or electronic equivalent).
  - In response to questions regarding the lack of this specific provider's signature on progress notes, MHP staff acknowledged that they currently do not have the capability for the provider's signature to be displayed either in the EHR or on a printed copy of the progress note.
- **Line numbers [136].** One or more progress note was missing the provider's professional degree, licensure or job title.30 (13 percent) of all progress notes reviewed did not include the provider's professional degree, licensure or job title (87% compliance).
  - In response to questions regarding the specific provider's professional degree, licensure or job title, the MHP acknowledged that the provider's

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[129] Line number(s) removed for confidentiality
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[131] Line number(s) removed for confidentiality
[132] Date(s) removed for confidentiality
[133] Line number(s) removed for confidentiality
[134] Date(s) removed for confidentiality
[135] Line number(s) removed for confidentiality
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actual credentials are not present on the documents themselves, or accessible within the EHR.

CORRECTIVE ACTION PLAN 8.5.2:

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, as required by the MHP Contract with the Department.
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.
    - Date the progress note was completed and entered into the medical record in order to determine completion timeliness, as specified in the MHP Contract with the Department.
    - The provider's/providers' professional degree, licensure or job title.
3) The MHP shall submit a CAP that describes how the MHP will ensure that both service dates and times recorded on progress notes match their corresponding claims.

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 [137].** A claim for one Group Psychotherapy session was not properly apportioned to all group participants. The [138] Group Therapy note for Line [139] has a documented duration of [140] minutes and a corresponding claim for [141] minutes. However, three group members are present. The claim for the beneficiary should be for [142] minutes. **RR12, refer to Recoupment Summary for details.**

CORRECTIVE ACTION PLAN 8.5.3:

The MHP shall submit a CAP that describes how the MHP will ensure that progress notes contain accurate and complete documentation of claimed service activities, that

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the documentation is consistent with services claimed, and that services are not claimed when billing criteria are not met.

FINDING 8.5.4:
Progress notes were not documented according to the frequency requirements specified in the MHP Contract. Specifically:

- **Line numbers [143]**: There was no progress note in the medical record for the services claimed. **RR8a, refer to Recoupment Summary for details**.
    - **Line [144].** There was no progress note for a mental health service (service function 30) provided on [145] for [146] minutes. The MHP submitted a progress note for case management (service function 1) for [147] minutes for that date.
    - **Line [148].** There was no progress note for a mental health service (service function 30) provided on [149] for [150] minutes. The MHP submitted a progress note for case management (service function 1) for [151] minutes for that date.
    - **Line [152].** There were no progress notes provided for two targeted case management claims, both dated [153], for [154] minutes and [155] minutes respectively. In response to a questions sent following the virtual onsite review, the MHP responded, "During our Zoom call the date of service that was discussed for this item was [156] (note: this is the incorrect date) so a screen shot of our service activity for this date was uploaded to MoveIT." The date of these services was [157] not [158]. The screen shot erroneously

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[148] Line number(s) removed for confidentiality
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[151] Minute(s) removed for confidentiality
[152] Line number(s) removed for confidentiality
[153] Date(s) removed for confidentiality
[154] Minute(s) removed for confidentiality
[155] Minute(s) removed for confidentiality
[156] Date(s) removed for confidentiality
[157] Date(s) removed for confidentiality
[158] Date(s) removed for confidentiality

demonstrated a service provided on [159] for [160] minutes, and did not address the two claims dated [161] for [162] minutes and [163] minutes.

The MHP was given the opportunity to locate the document(s) in question but did not provide written evidence of the document(s) in the medical record.

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:
   a) Documented in the medical record.
   b) Actually provided to the beneficiary.
   c) Claimed for the correct service modality billing code, and units of time.
2) Ensure that all progress notes:
   a) 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 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 number [164].** The Medical Necessity Determination and Recommendation for Level of Service dated [165] documented that the beneficiary was "Placed out of home by CPS or Probation" indicating the beneficiary met eligibility criteria for ICC services and IHBS; however, these services were not included in the [166] Client Plan.

     The MHP responded to requests for additional evidence by stating that the evidence of determination for Line [167] was "Uploaded to MoveIT;" however, the uploaded "Lassen County ICC & IHBS Eligibility" form was signed as completed

[159] Date(s) removed for confidentiality
[160] Minute(s) removed for confidentiality
[161] Date(s) removed for confidentiality
[162] Minute(s) removed for confidentiality
[163] Minute(s) removed for confidentiality
[164] Line number(s) removed for confidentiality
[165] Date(s) removed for confidentiality
[166] Date(s) removed for confidentiality
[167] Line number(s) removed for confidentiality

on [168], which is well after the review period of July 1, 2020 through September 30, 2020.

- **Line number [169].** The beneficiary, diagnosed with SPMI, was assessed as having a probability of significant deterioration in five out of five important areas of life functioning on the [170] Medical Necessity Determination and Recommendation for Level of Service form indicating the beneficiary met eligibility criteria for ICC services and IHBS. In addition, the beneficiary was hospitalized at Restpadd early in the review period, from July 10th through the 13th, indicating a potential need for ICC and IHBS evaluation; however, these services were not included in the [171] Client Plan.

  The MHP responded to requests for additional evidence by stating the evidence of determination for Line [172] was "Uploaded to MoveIT;" however, no such document was found among the uploaded files following the virtual onsite review.

CORRECTIVE ACTION PLAN 8.6.1:
The MHP shall submit a CAP that describes how it will ensure that 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.

[168] Date(s) removed for confidentiality
[169] Line number(s) removed for confidentiality
[170] Date(s) removed for confidentiality
[171] Date(s) removed for confidentiality
[172] Line number(s) removed for confidentiality