



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2019/2020

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE HUMBOLDT COUNTY MENTAL HEALTH PLAN

CHART REVIEW FINDINGS REPORT

Review Dates: 7/7/2020 to 7/8/2020

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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 Humboldt 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 January, February, and March of **2019**.

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Medical Necessity

REQUIREMENTS
The beneficiary must meet medical necessity criteria outlined in subsections (1-3) to be eligible for services. (CCR, title 9, § 1830.205(b).)
1) The beneficiary meets DSM criteria for an included ICD diagnosis for outpatient SMHS in accordance with the MHP contract. (MHSUDS IN Nos., 15-030, 16-016, 16-051, and 17-004E)
The beneficiary must have at least one of the following impairments as a result of the mental disorder or emotional disturbance (listed above in A1):
<ol style="list-style-type: none"> 1. A significant impairment in an important area of functioning. 2. A probability of significant deterioration in an important area of life functioning. 3. A probability that the child will not progress developmentally as individually appropriate 4. For full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that SMHS can correct or ameliorate. (CCR, title 9, § 1830.205 (b)(2)(A-C).)
The proposed and actual intervention(s) meet the intervention criteria listed below:
<ol style="list-style-type: none"> b) The focus of the proposed and actual intervention(s) addresses the condition identified in No. 1b (1-3)above, or for full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that the SMHS can correct or ameliorate per No. 1 (b)(4). (CCR, title 9, § 1830.205(b) (3)(A).)
<ol style="list-style-type: none"> c) The expectation is that the proposed and actual intervention(s) will do at least one (1) of the following (A, B, C, or D): <ol style="list-style-type: none"> A. Significantly diminish the impairment. B. Prevent significant deterioration in an important area of life functioning. C. Allow the child to progress developmentally as individually appropriate. D. For full-scope MC beneficiaries under the age of 21 years, correct or ameliorate the condition. (CCR, title 9, § 1830.205 (b)(3)(B)(1-4).)
The condition would not be responsive to physical health care based treatment. (CCR, title 9, § 1830.205(b)(3)(C).)
<i>Reasons for Recoupment (RR): Refer to the enclosed Recoupment Summary for additional details about disallowances.</i>
<p>RR15. The MHP did not submit documentation that a valid service was provided to, or on behalf of, the beneficiary:</p> <ol style="list-style-type: none"> a) No show / appointment cancelled, and no other eligible service documented (e.g., chart review to prepare for an appointment that turns out to be a “no show”), or b) Service provided did not meet the applicable definition of a SMHS.

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(MHSUDS IN No. 18-054, Enclosure 4)

FINDING 1A-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 number 1. 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.**

The progress note for the Targeted Case Management (TCM) claim on ² for 60 minutes, describes the provider being informed about a plumbing repair for the client for passing inspection; there is no clear documentation on the progress note that a Specialty Mental Health Service was provided during this visit.

CORRECTIVE ACTION PLAN 1A-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

REQUIREMENTS
The MHP must establish written standards for (1) timeliness and (2) frequency of the Assessment documentation. (MHP Contract, Ex. A, Att. 9)

FINDING 2A:

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

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

¹ Line number(s) removed for confidentiality

² Date(s) removed for confidentiality

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MHP's documentation standards, reassessments are due on a "two year interval".

The following are specific findings from the chart sample:

- **Line Number** ³. The beneficiary's most recent assessment was completed as signed on ⁴, however, their prior assessment was completed as signed almost four years previously, on ⁵.

During the review, the MHP staff informed the reviewers that their usual policy and practice would have been to close this case after the client had not been presenting for ongoing treatment around 2015, and acknowledged that this gap in assessments was inconsistent with their practice.

- **Line Number** ⁶. The beneficiary's most recent assessment was completed as signed on ⁷, three months late. The prior assessment was completed as signed on ⁸.

CORRECTIVE ACTION PLAN 2A:

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.

REQUIREMENTS
All entries in the beneficiary record (i.e., Assessments) include: <ol style="list-style-type: none">1) Date of service.2) The signature of the person providing the service (or electronic equivalent).3) The person's type of professional degree, licensure, or job title.4) Relevant identification number (e.g., NPI number), if applicable.5) The date the documentation was entered in the medical record. (MHP Contract, Ex. A, Att. 9)

FINDING 2C:

³ Line number(s) removed for confidentiality

⁴ Date(s) removed for confidentiality

⁵ Date(s) removed for confidentiality

⁶ Line number(s) removed for confidentiality

⁷ Date(s) removed for confidentiality

⁸ Date(s) removed for confidentiality

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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:
 - During the review, MHP staff discussed their previous problem with their EHR failing to include licensure information on the Assessment Forms prior to 2018. Per the MHP, this problem has since been corrected.
 - **Line number** ⁹. The Assessment completed as signed on ¹⁰ by Anna Anguiano and submitted by Kelly Johnson, did not include the professional degree, licensure, or job title of either of these providers. The MHP was able to confirm that Anna Anguiano was an intern at the time, and Kelly Johnson had her LCSW degree and was her supervisor submitting the Assessment.
 - **Line number** ¹¹. Both the current assessment completed as signed on ¹² by Katherine Vaspeybroeck and the prior assessment completed as signed on ¹³ by Edward Peck, did not include the professional degree, licensure, or job title of these providers. The MHP was able to confirm that both providers had their ASW degrees at the time of their respective assessments and submitted documentation confirming this information.
 - **Line number** ¹⁴. The Assessment completed as signed on ¹⁵ by Dylan Mclure, did not include his professional degree, licensure, or job title. The MHP was able to confirm that Dylan Mclure had his ASW degree at the time, and submitted documentation confirming this information.

CORRECTIVE ACTION PLAN 2C:

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.

⁹ Line number(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

¹⁴ Line number(s) removed for confidentiality

¹⁵ Date(s) removed for confidentiality

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Medication Consent

REQUIREMENTS
Written medication consents shall include, but not be limited to, the following required elements: <ol style="list-style-type: none">1) The reasons for taking such medications.2) Reasonable alternative treatments available, if any.3) Type of medication.4) Range of frequency (of administration).5) Dosage.6) Method of administration.7) Duration of taking the medication.8) Probable side effects.9) Possible side effects if taken longer than 3 months.10) Consent once given may be withdrawn at any time. (MHP Contract, Ex. A, Att. 9)

FINDING 3B:

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** ¹⁶. The MHP's medication consent form only notes potential tardive dyskinesia side-effects when taking antipsychotic medications longer than 3 months, as opposed to describing additional possible side effects of any psychotropic medications after 3 months of use.

CORRECTIVE ACTION PLAN 3B:

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.

¹⁶ Line number(s) removed for confidentiality

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Client Plans

REQUIREMENTS
The client plan has been updated at least annually and/or when there are significant changes in the beneficiary's condition. MHP Contract, Ex. A, Att. 2)

FINDING 4B-2:

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

- **Line numbers** ¹⁷: There was a **lapse** between the prior and current Client Plans. However, this occurred outside of the audit review period.
 - **Line number** ¹⁸. The prior Client Plan expired on ¹⁹; the current Client Plan was completed as signed on ²⁰.

CORRECTIVE ACTION PLAN 4B-2:

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.

REQUIREMENTS
C. The MHP shall ensure that Client Plans: <ol style="list-style-type: none">1) Have specific observable and/or specific quantifiable goals/treatment objectives related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis.2) Identify the proposed type(s) of intervention/modality including a detailed description of the intervention to be provided.3) Have a proposed frequency of the intervention(s).4) Have a proposed duration of intervention(s).5) Have interventions that focus and address the identified functional impairments as a result of the mental disorder or emotional disturbance (CCR, title. 9, § 1830.205(b)).

¹⁷ Line number(s) removed for confidentiality

¹⁸ Line number(s) removed for confidentiality

¹⁹ Date(s) removed for confidentiality

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| 6) Have interventions that are consistent with client plan goal(s)/treatment objective(s). |
| 7) Have interventions consistent with the qualifying diagnosis. |

MHP Contract, Ex. A, Att. 9)

FINDING 4C:

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

- One or more proposed interventions did not include an expected frequency or frequency range that was specific enough. **Line numbers** ²¹.
 - **Line number** ²². For the majority of listed interventions, the expected frequency or frequency range could not be clearly identified or the frequency was listed “as needed”.
 - **Line number** ²³. For several listed interventions, the expected frequency or frequency range was listed as “as needed” or “as indicated”, which are insufficient descriptions of the expected frequency.
 - **Line number** ²⁴. For the listed interventions, the expected frequency or frequency range either could not be clearly identified, or was listed as “at each MD appointment”, which does not provide clear information on the expected frequency of proposed interventions.

CORRECTIVE ACTION PLAN 4C:

The MHP shall submit a CAP that describes how the MHP will ensure that Mental Health interventions proposed on client plans indicate an expected frequency for each intervention.

Progress Notes

REQUIREMENTS
Items that shall be contained in the client record (i.e., Progress Notes) related to the beneficiary’s progress in treatment include all of the following: <ul style="list-style-type: none">a) Timely documentation of relevant aspects of client care, including documentation of medical necessity;

²¹ Line number(s) removed for confidentiality

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- b) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions;
- c) Interventions applied, beneficiary's response to the interventions and the location of the interventions;
- d) The date the services were provided;
- e) Documentation of referrals to community resources and other agencies, when appropriate;
- f) Documentation of follow-up care, or as appropriate, a discharge summary; and
- g) The amount of time taken to provide services; and
- h) The signature of the person providing the service (or electronic equivalent) with the person's type of professional degree, licensure, or job title.

(MHP Contract, Ex. A, Att. 9)

FINDING 5B:

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** ²⁵. One or more progress note was not completed within the MHP's written timeliness standard of one (1) business days after provision of service. **92 or 38 percent** of all progress notes reviewed were completed late.

CORRECTIVE ACTION PLAN 5B:

- 1) 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.

REQUIREMENTS

²⁵ Line number(s) removed for confidentiality

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Progress notes shall be documented at the frequency by types of service indicated below:

- a) Every service contact for:
 - i. Mental health services;
 - ii. Medication support services;
 - iii. Crisis intervention;
 - iv. Targeted Case Management;

- b) Daily for:
 - i. Crisis residential;
 - ii. Crisis stabilization (one per 23/hour period);
 - iii. Day Treatment Intensive;
 - iv. Therapeutic Foster Care

- c) Weekly:
 - i. Day Treatment Intensive: (clinical summary);
 - ii. Day Rehabilitation;
 - iii. Adult Residential.

(MHP Contract, Ex.A, Att. 9); (CCR, title 9, §§ 1840.316(a-b);1840.318(a-b), 840.320(a-b),)

Reasons for Recoupment (RR): Refer to the enclosed Recoupment Summary for additional details about disallowances.

RR8. The MHP did not submit a progress note corresponding to the claim submitted to DHCS for reimbursement, as follows:

- a) No progress note submitted
- b) The progress note provided by the MHP does not match the claim submitted to DHCS for reimbursement in terms of the following:
 - 1) Specialty Mental Health Service claimed.
 - 2) Date of service, and/or
 - 3) Units of time.

(MHSUDS IN No. 18-054, Enclosure 4)

FINDING 5D:

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

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- **Line numbers** ²⁶. The type of Specialty Mental Health Service (SMHS) (e.g., Medication Support, Targeted Case Management) documented on the progress note was not the same type of SMHS claimed. **RR8b1, refer to Recoupment Summary for details.**
 - **Line number** ²⁷. For services claimed as Plan Development on ²⁸ (44 Units of Time), ²⁹ (52 Units of Time), ³⁰ (59 Units of Time), and ³¹ (36 minutes), progress notes describe a Targeted Case Management service being provided.
 - **Line number** ³². For the service claimed as Plan Development on ³³ (45 Units of Time), the progress note describes a Targeted Case Management service being provided.
- **Line number** ³⁴. 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.
 - **Line number** ³⁵. For the service claimed as Plan Development on ³⁶ (95 Units of Time), the progress note describes a Rehabilitation service being provided.

CORRECTIVE ACTION PLAN 5D:

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

- 1) Ensure that all Specialty Mental Health Services claimed are:
 - a) 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.

²⁶ Line number(s) removed for confidentiality

²⁷ Line number(s) removed for confidentiality

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