



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2020/2021

**MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW
OF THE INYO COUNTY MENTAL HEALTH PLAN**

CHART REVIEW FINDINGS REPORT

Review Dates: 8/24/2021 to 8/26/2021

**DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Inyo MENTAL HEALTH PLAN
8/24/2021 to 8/26/2021
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 Inyo 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 161 claims submitted for the months of July, August and September of **2020**.

Contents

<i>Medical Necessity</i>	3
<i>Assessment</i>	4
<i>Medication Consent</i>	5
<i>Client Plans</i>	5
<i>Progress Notes</i>	9
<i>Provision of ICC Services and IHBS for Children and Youth</i>	11

**DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Inyo MENTAL HEALTH PLAN
8/24/2021 to 8/26/2021
CHART REVIEW FINDINGS REPORT**

Medical Necessity

FINDING 8.1.1:

The medical record associated with the following Line number(s) did not establish that the beneficiary met the medical necessity criteria outlined in CCR, title 9 1830.205(b).

The MHP did not submit documentation substantiating that the beneficiary met medical necessity criteria for the provision of Specialty Mental Health Services, as established by a current assessment, in accordance with the MHP Contract, Exhibit A, Attachment 2. Specifically:

- **Line number** ¹. The chart reviewer was unable to find one or more critical assessment elements in the medical record required to establish medical necessity. *The MHP was given the opportunity to locate a prior and/or current assessment in question but was unable to locate it/them in the medical record.*
 - **Line number** ². The MHP was unable to provide evidence of an Initial or current assessment. Although a Diagnostic Review Form dated ³ was submitted; it was not completed by a qualified provider, but rather an office staff member. As such, there was no evidence in the medical record to establish medical necessity. **RR2, refer to Recoupment Summary for further details.**

CORRECTIVE ACTION PLAN 8.1.1:

The MHP shall submit a CAP that describes how the MHP will ensure that the beneficiary meets medical necessity criteria and is eligible for the provision of Specialty Mental Health Services, as established by a current assessment.

FINDING 8.1.1.1:

The medical record associated with the following Line number(s) did not establish that the beneficiary met the medical necessity criteria outlined in CCR, title 9 1830.205(b).

- A) The medical record associated with the following Line number(s) did not establish that the beneficiary had a mental health diagnosis consistent with those included in the CCR, title 9, chapter 11, section 1830.205(b)(1)(A-R) and in the MHP Contract:

¹ Line number(s) removed for confidentiality

² Line number(s) removed for confidentiality

³ Date(s) removed for confidentiality

**DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Inyo MENTAL HEALTH PLAN
8/24/2021 to 8/26/2021
CHART REVIEW FINDINGS REPORT**

- 1) **Line number** ⁴. The Diagnostic Review Form dated ⁵ was not completed by a qualified provider, but rather an office staff member.

RR16, diagnosis determined by a provider whose scope of practice did not include diagnosis determinations, refer to Recoupment Summary for details.

CORRECTIVE ACTION PLAN 8.1.1.1:

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

- 1) A qualified provider within their scope of practice shall determine the beneficiary's diagnosis.
- 2) 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.

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/or update frequency requirements specified in the MHP's written documentation standards. Per the MHP's policy, initial assessments are to be completed within 60 days of the episode opening date for all beneficiaries. The MHP's policy also indicates that assessments are to be updated annually for all beneficiaries. The following are specific findings from the chart sample:
 - **Line number** ⁶. The initial assessment was due to be completed by ⁷, given that the episode opening date was ⁸. The MHP was given the opportunity to locate the initial assessment in question but was unable to locate it in the medical record.

⁴ Line number(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

**DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Inyo MENTAL HEALTH PLAN
8/24/2021 to 8/26/2021
CHART REVIEW FINDINGS REPORT**

- **Line number** ⁹. The initial assessment was due to be completed by ¹⁰, given that the episode opening date was ¹¹; however, the initial assessment was not finalized until ¹².
- **Line number** ¹³. The prior assessment was completed on ¹⁴. The updated assessment was due to be completed annually each year thereafter. The MHP was given the opportunity to locate a current assessment but was unable to locate any in the medical record. As such, there was no assessment in place covering the review period.

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.

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:

- 1) **Line number** ¹⁵: The written medication consent form in the medical record was not current, as there was a gap between 2014 and 2021, when the most recent Medication Consent had been completed. The MHP does not currently have written documentation standards in regard to Medication Consent update frequency.

CORRECTIVE ACTION PLAN 8.3.1:

⁹ Line number(s) removed for confidentiality

¹⁰ Date(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 Line number(s) removed for confidentiality

**DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Inyo MENTAL HEALTH PLAN
8/24/2021 to 8/26/2021
CHART REVIEW FINDINGS REPORT**

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

- 1) The MHP will develop written documentation standards in regard to update frequency for Medication Consents.
- 2) A written medication consent form is obtained and retained for each medication prescribed and administered under the direction of the MHP.
- 3) Written medication consent forms are completed in accordance with the MHP's written documentation standards.

Client Plans

FINDING 8.4.2b:

Services claimed and documented on the beneficiary's progress notes were not sufficient and consistent in amount, duration or scope with those documented on the beneficiary's current Client Plan. Specifically:

- **Line number ¹⁶.**
 - **Line number ¹⁷.** Per the Client Plan completed on ¹⁸, Group Rehabilitation with a frequency of one time monthly, was listed as a needed intervention. However, there is no evidence in the medical record that this service was offered or provided during the three-month review period.

CORRECTIVE ACTION PLAN 8.4.2b:

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

FINDING 8.4.3:

Client Plans were 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 ¹⁹:** 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.**

¹⁶ Line number(s) removed for confidentiality

¹⁷ Line number(s) removed for confidentiality

¹⁸ Date(s) removed for confidentiality

¹⁹ Line number(s) removed for confidentiality

DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Inyo MENTAL HEALTH PLAN
8/24/2021 to 8/26/2021
CHART REVIEW FINDINGS REPORT

CORRECTIVE ACTION PLAN 8.4.3:

The MHP shall submit a CAP that describes how the MHP will ensure that Client plans are completed prior to the provision of planned services.

FINDING 8.4.3a:

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 number** ²⁰: There was a **lapse** between the prior and current Client Plans. However, this occurred outside of the audit review period.
 - Line number ²¹. The prior Client Plan expired on ²²; however, current Client Plan was not completed until ²³.

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:

- One or more goal/treatment objective was not specific, observable, and/or quantifiable and related to the beneficiary's mental health needs and identified functional impairments. **Line numbers** ²⁴.
- One or more proposed intervention did not include an expected frequency or frequency range that was specific enough. **Line numbers** ²⁵.
 - **Line** ²⁶. Per the Client Plans completed on ²⁷ and ²⁸, Plan Development, TCM, and Medication Support services were all listed as needed interventions with a frequency of "ad hoc," or "as needed", which does not describe a specific time period.

²⁰ Line number(s) removed for confidentiality

²¹ Line number(s) removed for confidentiality

²² Date(s) removed for confidentiality

²³ Date(s) removed for confidentiality

²⁴ Line number(s) removed for confidentiality

²⁵ Line number(s) removed for confidentiality

²⁶ Line number(s) removed for confidentiality

²⁷ Date(s) removed for confidentiality

²⁸ Date(s) removed for confidentiality

DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Inyo MENTAL HEALTH PLAN
8/24/2021 to 8/26/2021
CHART REVIEW FINDINGS REPORT

- **Line** ²⁹. Per the Client Plan completed on ³⁰, Plan Development, TCM, and Medication Support services were all listed as needed interventions with a frequency of “ad hoc,” which is not a specific time period. Per the Client Plan completed on ³¹, TCM is listed as a needed intervention with a frequency of “ad hoc,” which is not a specific time period.
- **Line** ³². Per the Client Plan completed on ³³, Plan Development, TCM, and Medication Support services were all listed as needed interventions with a frequency of “ad hoc,” which is not a specific time period.
- **Line** ³⁴. Per the Client Plan completed on ³⁵, Plan Development, TCM, and Medication Support services were all listed as needed interventions with a frequency of “ad hoc,” which is not a specific time period.
- **Line** ³⁶. Per the Client Plans completed on ³⁷ and ³⁸, Plan Development, TCM, and Medication Support services were all listed as needed interventions with a frequency of “ad hoc,” which is not a specific time period.
- **Line** ³⁹. Per the Client Plan completed on ⁴⁰, Individual Rehabilitation was listed as a needed intervention with a frequency of “ad hoc,” which is not a specific time period.
- **Line** ⁴¹. Per the Client Plan completed on ⁴², TCM was listed as a needed intervention with a frequency of “ad hoc,” which is not a specific time period. The Client Plan completed on ⁴³ included Plan Development, TCM, and Medication Support services as needed services, all with a frequency of “ad hoc,” which is not a specific time period.
- One or more proposed intervention did not include an expected duration. **Line numbers** ⁴⁴.

²⁹ Line number(s) removed for confidentiality

³⁰ Date(s) removed for confidentiality

³¹ Date(s) removed for confidentiality

³² Line number(s) removed for confidentiality

³³ Date(s) removed for confidentiality

³⁴ Line number(s) removed for confidentiality

³⁵ Date(s) removed for confidentiality

³⁶ Line number(s) removed for confidentiality

³⁷ Date(s) removed for confidentiality

³⁸ Date(s) removed for confidentiality

³⁹ Line number(s) removed for confidentiality

⁴⁰ Date(s) removed for confidentiality

⁴¹ Line number(s) removed for confidentiality

⁴² Date(s) removed for confidentiality

⁴³ Date(s) removed for confidentiality

⁴⁴ Line number(s) removed for confidentiality

**DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Inyo MENTAL HEALTH PLAN
8/24/2021 to 8/26/2021
CHART REVIEW FINDINGS REPORT**

- **Line number** ⁴⁵. The Client Plans completed on ⁴⁶ and ⁴⁷ do not include an expected duration for each of the proposed services listed.
- **Line number** ⁴⁸. The Client Plans completed on ⁴⁹ and ⁵⁰ do not include an expected duration for each of the proposed services listed.

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.

FINDING 8.4.12:

One or more Client Plan did not include signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, job title, relevant identification number. Specifically:

- 1) **Line number** ⁵¹: Missing provider's professional degree, licensure, or job title on the Client Plan in effect during the review period.

CORRECTIVE ACTION PLAN 8.4.12:

The MHP shall submit a CAP that describes how the MHP will ensure that all documentation includes the provider signature (or electronic equivalent) with the professional degree, licensure, or job title.

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:

⁴⁵ Line number(s) removed for confidentiality

⁴⁶ Date(s) removed for confidentiality

⁴⁷ Date(s) removed for confidentiality

⁴⁸ Line number(s) removed for confidentiality

⁴⁹ Date(s) removed for confidentiality

⁵⁰ Date(s) removed for confidentiality

⁵¹ Line number(s) removed for confidentiality

DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Inyo MENTAL HEALTH PLAN
8/24/2021 to 8/26/2021
CHART REVIEW FINDINGS REPORT

- **Line numbers** ⁵². One or more progress note was not completed within the MHP's written timeliness standard of 7 days after provision of service. Fifteen (9.3 percent) of all progress notes reviewed were completed late (91.7% compliance).
- **Line numbers** ⁵³. One or more progress note was missing the provider's professional degree, licensure or job title. Six (3.7 percent) of all progress notes reviewed did not include the provider's professional degree, licensure or job title (96.3% compliance).

CORRECTIVE ACTION PLAN 8.5.2:

- 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.
 - 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 number** ⁵⁴. While the MHP was able to provide separate documentation listing the number of participants in each group, one or more group 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, 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.

FINDING 8.5.4:

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

- **Line number** ⁵⁵: For Mental Health Services claimed, the service activity (e.g., Assessment, Plan Development, Rehab) identified on the progress note was not

⁵² Line number(s) removed for confidentiality

⁵³ Line number(s) removed for confidentiality

⁵⁴ Line number(s) removed for confidentiality

⁵⁵ Line number(s) removed for confidentiality

**DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Inyo MENTAL HEALTH PLAN
8/24/2021 to 8/26/2021
CHART REVIEW FINDINGS REPORT**

consistent with the specific service activity actually documented in the body of the progress note.

- **Line number** ⁵⁶. The progress notes billed as Targeted Case Management, dated ⁵⁷ and ⁵⁸ respectively, although brief, describe Medication Support services and not TCM services.

CORRECTIVE ACTION PLAN 8.5.4:

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

- 1) Ensure that all progress notes:
 - a) Accurately 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.

It should be noted that the MHP does not currently have an ICC and/or IHBS policy in place that covered the review period, nor were they providing any intensive services to their youth beneficiaries during the review period.

- 2) The medical record 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** ⁵⁹.

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.

⁵⁶ Line number(s) removed for confidentiality

⁵⁷ Date(s) removed for confidentiality

⁵⁸ Date(s) removed for confidentiality

⁵⁹ Line number(s) removed for confidentiality

DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Inyo MENTAL HEALTH PLAN
8/24/2021 to 8/26/2021
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.