



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2021/2022

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

CHART REVIEW FINDINGS REPORT

Dates of Review: 9/27/2022 to 9/30/2022

**DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Los Angeles MENTAL HEALTH PLAN
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Chart Review – Non-Hospital Services

The medical records of forty (40) adult and forty (40) 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 Los Angeles 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 **1502** claims submitted for the months of July, August and September of **2021**.

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Medical Necessity

FINDING 8.1.2:

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:

Adult - Line numbers ¹. The intervention documented on the progress note did not meet the definition of a valid Specialty Mental Health Service (SMHS). **RR2c, refer to Recoupment Summary for details.**

- For **Line Numbers** ², Telecare Corporation was contracted to provide services to challenging clients who have either recently been released from jail or high risk individuals, who are also described as often not interested in services. As such, the following progress notes document times when the client is missing in action or “MIA” and subsequent outreach efforts and actions providers would take if they were able to locate client, but did not describe activities that met the definition of Specialty Mental Health Services.
- **Adult - Line Number** ³: Progress notes for seventeen (17) services (⁴) primarily claimed as Individual Rehabilitation and occasionally as Plan Development, only describe provider presenting information about client’s case at a team meeting (typically stated as a “morning meeting”) without any substantial update to the client’s plan. During discussion with MHP staff, these meetings were described as being “morning huddles” in which each case manager reviews assigned cases and their statuses. This type of activity does not meet the definition of a valid Specialty Mental Health Service. This activity is closest in approximation to Plan Development services, but does not meet the definition of this service in that it did not consist of “development of client plans, approval of client plans, and/or monitoring of a beneficiary’s progress.” (CCR, Title 9, 1810.232). It did not rise to the level of “monitoring of a beneficiary’s progress” as these claims were made during days when client was missing in action, “MIA”, and/or provider was unable to locate or reach client, therefore providers were unable to monitor the beneficiary’s progress.
- **Adult - Line Number** ⁵: For two (2) Plan Development claims (⁶), progress notes have no content that describes what, if any, SMHS was provided.

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- **Adult - Line Number ⁷:**
 - Progress notes for six (6) services (⁸) claimed as Plan Development or Collateral services only describe provider presenting information about client's case at a team meeting without any substantial update to the client's plan. As noted above in relation to Line Number ⁹ findings, this activity of presenting at a morning huddle, did not meet the definition of an SMHS.
 - For service claimed as a Collateral service (¹⁰), the progress note does not describe any specific SMHS being provided, only phone attempts to reach client.

Adult – Line Number ¹¹: For service claimed as a Collateral service (¹²), progress note does not describe any SMHS having been provided.

- **Adult - Line Number ¹³:** For three (3) TCM claims (¹⁴) progress notes describe provider purchasing items for a client at Home Depot, which does not meet the standard definition of a SMHS.
- **Adult - Line Number ¹⁵:** For an Individual Rehabilitation claim on ¹⁶, provider only left a phone message without any further documentation of a SMHS being provided.

CORRECTIVE ACTION PLAN 8.1.2:

The MHP shall submit a CAP that describes how the MHP will ensure that all actual SMHS interventions documented on progress notes 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.

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Assessment

FINDING 8.2.1.:

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

One or more assessments were not completed within both initial timeliness and update frequency requirements specified in the MHP's written documentation standards. Per the Los Angeles County Local Mental Health Plan *Short-Doyle/Medi-Cal Organization Provider's Manual for Specialty Mental Health Services Under the Rehabilitation Option and Targeted Case Management Services*, assessments for new and returning clients "must be completed within 60 days of the initiation of services" while updated assessments for continuous clients "must be completed every 3 years...from the date of the last assessment."

The following are specific findings from the chart sample:

- **Adult - Line Number** ¹⁷. Originally, no specific assessment was provided for review. MHP was able to provide various documents (care plans and progress notes) that included information pertaining to an overall assessment. However, reviewer was unable to determine timeliness of a specific assessment based on the varied sources of information.
- **Adult - Line Number** ¹⁸. With an Episode Opening Date of ¹⁹, the initial Assessment was not completed as signed until ²⁰.
- **Adult - Line Number** ²¹. With an Episode Opening Date of ²², the initial Assessment was not completed as signed until ²³.
- **Adult - Line Number** ²⁴. Prior Assessment was completed on ²⁵, and Current Assessment was completed as signed on ²⁶.

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- **Adult - Line Number** ²⁷. Prior Assessment was completed on ²⁸, and Current Assessment was completed as signed on ²⁹.
- **Adult - Line Number** ³⁰. With an Episode Opening Date of ³¹, the Initial Assessment was not completed as signed until ³².
- **Adult - Line Number** ³³. Prior Assessment available for review was completed as signed on ³⁴, and Current Assessment was completed as signed on ³⁵. MHP staff were unable to locate any additional Assessments between these two dates.
- **Adult - Line Number** ³⁶. Prior Assessment was completed on ³⁷, and Current Assessment was completed as signed on ³⁸.
- **Adult - Line Number** ³⁹. Prior Assessment was completed on ⁴⁰, and Current Assessment was completed as signed on ⁴¹.
- **Adult - Line Number** ⁴². Prior Assessment was completed on ⁴³, and Current Assessment was completed as signed on ⁴⁴.
- **Adult - Line Number** ⁴⁵. Prior Assessment was completed on ⁴⁶, and Current Assessment was completed as signed on ⁴⁷.
- **Child - Line number** ⁴⁸. The case was opened to the agency on ⁴⁹ and SMHS were provided the following day on ⁵⁰; however, the Initial

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Assessment, which was due on or by ⁵¹, was not completed as signed until ⁵².

- **Child - Line number ⁵³**. The prior assessment was signed completed on ⁵⁴. The Triennial Reassessment, which was due on or by ⁵⁵, was signed completed on ⁵⁶.

CORRECTIVE ACTION PLAN 8.2.1:

The MHP shall submit a CAP that describes how the MHP will ensure that assessments are completed in accordance with the initial timeliness and update frequency requirements specified in the MHP's written documentation standards.

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) History of or exposure to trauma: **Adult - Line numbers ⁵⁷**.
- b) Medical History, including relevant physical health conditions reported by the beneficiary or a significant support person. For children and adolescents, the history must include prenatal and perinatal events and relevant/significant developmental history:
Adult- Line numbers ⁵⁸. Regarding Adult - Line Number ⁵⁹, though a Medical History subject line was on Assessment, writer did not capture elements of medical history.
- c) Client Strengths; documentation of the beneficiary's strengths in achieving client plan goals related to their mental health needs and functional impairment(s):
Adult - Line number ⁶⁰.
- d) A Mental Status Examination (MSE): **Adult - Line number ⁶¹. Child - Line Numbers ⁶²**.

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CORRECTIVE ACTION PLAN 8.2.2:

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

- The signature of the person providing the service (or electronic equivalent)
 - **Adult - Line number** ⁶³. Though Assessment was completed and signed by a Psych Intern, MHP staff confirmed the MHP's policy that such assessments should also be co-signed by supervisor. This additional signature was not included on this Assessment.

CORRECTIVE ACTION PLAN 8.2.3:

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

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) **Adult - Line numbers** ⁶⁴ / **Child - Line number** ⁶⁵: 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.*
 - **Adult - Line number** ⁶⁶. There was no written medication consent form for Remeron and Zyprexa found in the medical record.

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- **Adult - Line number** ⁶⁷. There was no written medication consent form for Lexapro, Lithium, or Abilify found in the medical record.
 - **Child – Line number** ⁶⁸. There was no written medication consent form for Sertraline (Zoloft) found in the medical record.
- 2) **Child – Line number** ⁶⁹: The written medication consent form was not signed by the beneficiary nor was there documented evidence of verbal consent.

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) Reasonable alternative treatments available, if any: **Adult - Line numbers** ⁷⁰ / **Child – Line number** ⁷¹.
- 2) Method of administration: **Adult – Line number** ⁷².
- 3) Duration of taking the medication: **Adult – Line numbers** ⁷³.
- 4) Possible side effects if taken longer than 3 months: **Adult - Line number** ⁷⁴ / **Child – Line number** ⁷⁵.

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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.

FINDING 8.3.3:

Medication Consent(s) in the chart sample did not include the signature of the provider of service (or electronic equivalent) that includes the provider's professional degree, licensure, job title, and/or the date the provider completed and entered the document into the medical record. Specifically:

- The date of service:
 - **Child - Line number** ⁷⁶.
- The professional degree, licensure, or job title of person providing the service:
 - **Child - Line number** ⁷⁷.

CORRECTIVE ACTION PLAN 8.3.3:

The MHP shall submit a CAP that describes how the MHP will ensure that all Medication Consents include the:

- 1) Provider's signature (or electronic equivalent) that includes professional degree, licensure or title.
- 2) Date the signature was completed and the document was entered into the medical record.

Client Plans

FINDING 8.4.1:

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

- **Child - Line number** ⁷⁸: The current Client Plan did not contain services sufficient to reasonably achieve the purpose and goals documented on the Plan. Assessments dated ⁷⁹ indicated that the beneficiary met eligibility criteria for ICC services and IHBS due to the beneficiary's involvement with multiple child serving agencies and placement in a class designed to meet the unique

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needs of a child with a disability. However, these services were not included on the current Client Plan. In addition, a 2019 psychological evaluation (see also Line number ⁸⁰ below) concluded the beneficiary met criteria for a neurological and developmental disorder and provided specific treatment recommendations without any further evidence of communication with the assessing psychologist regarding diagnoses and treatment.

- **Child - Line numbers ⁸¹:** Although two (2) or more different individuals provided services on behalf of the beneficiary at the same point in time, the medical record, including services proposed on the Client Plan, lacked evidence for the coordination of care and communication among these separate providers.
 - **Child - Line number ⁸².** The beneficiary was diagnosed with adjustment disorder with depressed mood in a 2017 assessment and again in the Annual Assessment Update Progress Note signed completed ⁸³. However, a licensed psychologist diagnosed the beneficiary with autism spectrum disorder, with a severity “requiring substantial support” for both communication and repetitive behaviors, in addition to borderline intellectual functioning in a psychological evaluation report with evaluation dates of ⁸⁴. There is no further mention of these diagnoses within the medical record submitted for review.
 - **Child - Line number ⁸⁵.** A ⁸⁶ Assessment recorded symptoms of AWOLing, defiant behaviors, physical aggression, temper tantrums, verbal aggression, and inattentive behaviors with a primary and secondary diagnoses of PTSD and ADHD respectively. A ⁸⁷ Assessment Addendum listed diagnostic criteria specific to PTSD. However, in a ⁸⁸ Medication Support progress note the treating psychiatrist diagnosed the beneficiary with ADHD and oppositional defiant disorder (ODD), the latter of which is congruent with the symptoms identified in the December Assessment. Communication about the different diagnoses and treatment of either PTSD, ODD, or both was not evident in the documentation.

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CORRECTIVE ACTION PLAN 8.4.1:

Due to the transition to the new Documentation Standards that will take effect July 1, 2022, a CAP is not required for this item. However, please note that the MHP is expected to continue to ensure compliance with its policies and all current documentation requirements.

FINDING 8.4.1a:

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:

- **Child - Line number** ⁸⁹. MHS services, which “includes therapy/rehab (individual, family, or group), collateral and, in some instances, plan development services” were marked as needed interventions. Specifically mentioned were “1-2 Assessment contacts per week” and “Contact[ing] collateral sources.” However, there were no services provided during the three month review period (July through September of 2021) that specifically focused on treatment of the beneficiary's mental health diagnosis. The only services provided were eight Plan Development sessions, one Assessment, and one Collateral service, which also focused on “the client's comprehensive assessment.”
- **Child - Line number** ⁹⁰. (Provider #⁹¹) IHBS was listed as a needed intervention to occur once per week; however, during the three-month review period there was no evidence of IHBS services.
- **Child - Line number** ⁹². Individual Therapy was listed under every objective of the Client Plan to occur once per week. However, Individual Therapy was only provided twice during the three month review period.
- **Child - Line number** ⁹³. Interventions involving caregiver treatment participation were listed as needed for the two-year-old beneficiary. Family Therapy was reportedly to occur one to four times per month or as needed; however, no Family Therapy sessions were provided during the three month review period. Four Collateral sessions constituted the only treatment interventions which included the beneficiary's caregiver from July through September of 2021.

⁸⁹ Line number(s) removed for confidentiality

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⁹¹ Provider number removed for confidentiality

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CORRECTIVE ACTION PLAN 8.4.1a:

Due to the transition to the new Documentation Standards that will take effect July 1, 2022, a CAP is not required for this item. However, please note that the MHP is expected to continue to ensure compliance with its policies and all current documentation requirements.

FINDING 8.4.2:

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:

- **Adult - Line numbers** ⁹⁴. The Initial Client Plan was not completed until after one or more planned service was provided and claimed.
 - **Adult - Line number** ⁹⁵: The Initial Client Plan was completed on ⁹⁶, after planned services had been provided and claimed.
 - **Adult - Line number** ⁹⁷: Initial Client Plan was originally signed by an unlicensed MHW, but not completed as signed by an LCSW on ⁹⁸, after planned services had been provided and claimed.
- **Adult - Line number** ⁹⁹. The provider did not sign the Initial Client Plan, or a licensed provider did not sign / co-sign the Client Plan, if MHP policy requires a licensed signature. The evidence provided for Line number ¹⁰⁰ included one page from a Client Care/Coordination Plan, but this plan was not signed, and was missing sufficient information to determine its applicability.

CORRECTIVE ACTION PLAN 8.4.2:

Due to the transition to the new Documentation Standards that will take effect July 1, 2022, a CAP is not required for this item. However, please note that the MHP is expected to continue to ensure compliance with its policies and all current documentation requirements.

FINDING 8.4.2a:

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:

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- **Adult - Line number ¹⁰¹ / Chlid – Line number ¹⁰²:** 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. *During the review, MHP staff was given the opportunity to locate the document(s) in question but could not find written evidence of it in the medical record.*
 - **Adult – Line number ¹⁰³.** Current Client Plan was completed as signed on ¹⁰⁴, after the review period. There was no prior or initial Client Plan found in the medical record, and therefore, no client plan was in effect during the audit review period.
 - **Child – Line number ¹⁰⁵.** The ¹⁰⁶ initial Client Plan was updated on ¹⁰⁷ and therefore expired on ¹⁰⁸. The current Client Plan available for review was completed ¹⁰⁹ and updated on ¹¹⁰.
- **Adult - Line numbers ¹¹¹ / Child – Line numbers ¹¹²:** There was a **lapse** between the prior and current Client Plans. However, this occurred outside of the audit review period.
 - **Adult - Line number ¹¹³.** Prior Client Plan expired on ¹¹⁴; current Client Plan completed on ¹¹⁵.
 - **Adult - Line number ¹¹⁶.** Prior Client Plan expired on ¹¹⁷; current Client Plan completed on ¹¹⁸.
 - **Adult - Line number ¹¹⁹.** Prior Client Plan expired on ¹²⁰; current Client Plan completed on ¹²¹.

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- **Child - Line number** ¹²². Prior Client Plan expired on ¹²³; current Client Plan completed on ¹²⁴.
- **Child - Line number** ¹²⁵. Prior Client Plan expired on ¹²⁶; current Client Plan completed on ¹²⁷.
- **Child - Line number** ¹²⁸: There was a **lapse** between the prior and current Client Plans; however, there were no claims during this period. The Prior Client Plan expired on ¹²⁹; current Client Plan completed on ¹³⁰.
- **Child - Line number** ¹³¹: The medical record for the following line numbers indicated an acute change occurred in the beneficiary's mental health status (e.g. hospitalized, suicide attempt, multiple crisis intervention encounters, crisis stabilization). However, there was no evidence in the medical record of a review and/or update of the current Client Plan occurred in response to the change.
 - **Child - Line number** ¹³². The beneficiary was hospitalized for attempted suicide on ¹³³ and later progress notes documented recurring suicidal ideation and self-injurious behavior. While evidence of a safety plan was present in the medical record, the Client Plan did not reflect these changes in the beneficiary's mental health condition.

CORRECTIVE ACTION PLAN 8.4.2a:

Due to the transition to the new Documentation Standards that will take effect July 1, 2022, a CAP is not required for this item. However, please note that the MHP is expected to continue to ensure compliance with its policies and all current documentation requirements.

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FINDING 8.4.3:

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 as a result of the mental health diagnosis. **Adult - Line numbers** ¹³⁴ / **Child – Line numbers** ¹³⁵.
 - **Adult - Line number** ¹³⁶. Objectives for this client state that “client will increase ability to concentrate on tasks... from 3x/week to 6x/week”. Though written with language that sounds quantifiable (“from 3x/week to 6x/week”), the treatment objective of “increase ability to concentrate” was not specific, not written in observable terms, and not written using means of measurement (e.g. rating scales). .
 - **Adult - Line number** ¹³⁷. The goals and objectives associated with Generalized Anxiety Disorder were “to decrease symptoms” and “to decrease symptoms of anxiety...” with noted symptoms. These goals and objectives are non-specific and means of measurement was not noted.
 - **Child – Line numbers** ¹³⁸. The treatment objectives for these two beneficiaries, diagnosed with ADHD and major depressive disorder, were “Client will increase paying attention and staying on task from four times per week to seven times per week” and “Member will reduce difficulty concentrating due to depression from three times per day to once per day,” respectively. Increasing “paying attention and staying on task” and “reduc[ing] difficulty concentrating” are broad cognitive and behavioral descriptors that are not clearly defined in measurable terms.

CORRECTIVE ACTION PLAN 8.4.3:

Due to the transition to the new Documentation Standards that will take effect July 1, 2022, a CAP is not required for this item. However, please note that the MHP is expected to continue to ensure compliance with its policies and all current documentation requirements.

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FINDING 8.4.10:

- **Child - Line numbers** ¹³⁹: There was no documentation on the current Client Plan that the beneficiary or legal guardian was offered a copy of the Client Plan. For line number ¹⁴⁰, MHP submitted evidence that a copy of the Client Plan dated ¹⁴¹ was offered to the beneficiary. However, there was no documentation for the ¹⁴² Client Plan.

CORRECTIVE ACTION PLAN 8.4.10:

Due to the transition to the new Documentation Standards that will take effect July 1, 2022, a CAP is not required for this item. However, please note that the MHP is expected to continue to ensure compliance with its policies and all current documentation requirements.

FINDING 8.4.11:

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

- **Child - Line number** ¹⁴³: Missing provider's professional degree, licensure, or job title on the Client Plan in effect during the review period.

CORRECTIVE ACTION PLAN 8.4.11:

Due to the transition to the new Documentation Standards that will take effect July 1, 2022, a CAP is not required for this item. However, please note that the MHP is expected to continue to ensure compliance with its policies and all current documentation requirements.

Progress Notes

FINDING 8.5.1:

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:

- **Adult - Line numbers** ¹⁴⁴ / **Child - Line numbers** ¹⁴⁵. One or more progress note was not completed within the MHP's written timeliness standard of 5 days

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after provision of service. 349 (23 percent) of all progress notes reviewed were completed late (77% compliance).

- **Child - Line number** ¹⁴⁶. One progress note did not document the beneficiary's response to the interventions provided. Beneficiary behavior, as well as the intervention, response, and plan were not recorded on the ¹⁴⁷ Medication Support service progress note.
- **Child - Line number** ¹⁴⁸. One progress note for Collateral service provided on ¹⁴⁹ was missing the provider's professional degree, licensure or job title.

CORRECTIVE ACTION PLAN 8.5.1:

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.
- Interventions applied, the beneficiary's response to the interventions and the location of the interventions, as specified in the MHP Contract with the Department.
- The provider's/providers' professional degree, licensure or job title.

FINDING 8.5.3:

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

- **Child - Line numbers** ¹⁵⁰: The progress notes indicated duplicate claims and the documentation failed to provide evidence of another valid service. **RR2b, refer to Recoupment Summary for details.**
 - **Child - Line number** ¹⁵¹. MHP submitted documentation prior to the virtual onsite review reporting duplicate claims for the ¹⁵² Plan Development and ¹⁵³ Individual Therapy services.

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- **Child - Line number** ¹⁵⁴. Two claims were made for a forty minute Individual Therapy session provided on ¹⁵⁵; however, two separate progress notes, dated ¹⁵⁶, were identical in verbiage.
- **Child - Line numbers** ¹⁵⁷: There was no progress note in the medical record for the services claimed. **RR2a, refer to Recoupment Summary for details.**
 - **Child - Line number** ¹⁵⁸. Three claims were missing the associated Progress Notes. Two claims were made for each of the following dates ¹⁵⁹. MHP submitted one progress note each for Collateral (¹⁶⁰) and Plan Development services (delivered ¹⁶¹) that were previously provided for the virtual onsite review. *The MHP was given the opportunity to locate the documents in question but did not provide written evidence of the documents in the medical record.*
 - **Child – Line number** ¹⁶². Two claims were made on ¹⁶³. However, only one progress note, for Plan Development, was submitted for review. *The MHP was given the opportunity to locate the document in question but did not provide written evidence of the document in the medical record.*
- **Adult - Line numbers** ¹⁶⁴ / **Child – Line number** ¹⁶⁵: 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. **RR5, refer to Recoupment Summary for details.**
 - **Adult - Line number** ¹⁶⁶. For two services (¹⁶⁷) claimed as Mental Health services (Service Function 30), the progress note describes Targeted Case Management services being provided.
 - **Adult - Line number** ¹⁶⁸. For service claimed as Individual Rehabilitation (¹⁶⁹), the progress note describes provider primarily linking with others in attempt to locate client, which is a Targeted Case Management service.

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- **Adult - Line number** ¹⁷⁰. For six (6) services (¹⁷¹) claimed as either Plan Development or Collateral, the progress notes describe provider(s) either coordinating or attempting to coordinate with other services in efforts to locate client. These services are Targeted Case Management services.
- **Adult - Line number** ¹⁷². For ten (10) services (¹⁷³) claimed as either Collateral or Individual Rehabilitation services, the progress notes describe linkage to community services, which are Targeted Case Management services.
- **Adult - Line number** ¹⁷⁴ (**Provider** ¹⁷⁵). For two (2) services claimed as Individual Rehabilitation (¹⁷⁶), progress notes describe primarily linkage services, which are Targeted Case Management services.
- **Adult - Line number** ¹⁷⁷. For service claimed as Individual Rehabilitation (¹⁷⁸), the progress note describes provider working on “case management needs” coordinating with client’s housing provider, a Targeted Case Management service.
- **Adult - Line number** ¹⁷⁹ / **Child – Line numbers** ¹⁸⁰: 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.
 - **Adult - Line number** ¹⁸¹. For two services (¹⁸²) claimed as Assessment, progress notes describes case conference meetings, consistent with Plan Development service.
 - **Adult - Line number** ¹⁸³. For eleven services (¹⁸⁴) claimed as Collateral, progress notes describe case conference activities with content more in line with Plan Development services.
 - **Child - Line number** ¹⁸⁵: The ¹⁸⁶ Individual Rehabilitation service activity appeared to be the continuation of two concurrent Assessment services

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also claimed on ¹⁸⁷. The initial statement under the progress note summary stated, “ASW conducted the assessment process via HIPAA-compliant video conferencing...” The provider further documented, “ASW conducted the assessment process with the client and his adoptive mother...”

- **Child - Line number** ¹⁸⁸: The ¹⁸⁹ Individual Therapy service activity appeared to describe a Collateral session. The section of the note labeled “Intervention/Response” began with the following statement, “Therapist conducted collateral session with mother via Zoom” and proceeded to document work with mother: “Therapist guided mother in reflection exercise...,” “Therapist guided mother in problem solving exercise...,” and “Therapist also coached mother...”

CORRECTIVE ACTION PLAN 8.5.3:

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

- 1) Ensure that all Specialty Mental Health Services claimed are:
- 2)
 - 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.

Provision of ICC Services and IHBS for Children and Youth

FINDING 8.6.1:

- 1) 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:
 - **Child - Line numbers** ¹⁹⁰.
 - **Child - Line number** ¹⁹¹. The Adult Full Assessment, signed completed ¹⁹², documented beneficiary was a Transition Age Youth (TAY) enrolled in the Full Service Partnership (FSP) program indicating beneficiary involvement with an

¹⁸⁷ Date(s) removed for confidentiality

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intensive specialty mental health service and, therefore, meeting eligibility criteria for ICC and IHBS services.

- **Child - Line number** ¹⁹³. The beneficiary diagnoses and symptoms, which reportedly increased “more significantly since client started school,” appear to have necessitated an individualized ICC/IHBS determination. The beneficiary was diagnosed with Autism spectrum disorder (ASD) and conduct disorder. The Child/Adolescent Full Assessment, signed completed ¹⁹⁴, documented impairments such as “refusing participating in school activities, running away from the class...threatening a class peer...[and] experiencing bully by school peers.” Further, the Child/Adolescent Assessment Addendum, signed completed ¹⁹⁵, documented “Mother reportedly in consultation with school and also on the procedure of requesting for [Applied Behavioral Analysis] ABA therapy due to client’s autism straits [sic],” although completion of the Assessment Addendum occurred at the end of the review period.
- **Child - Line number** ¹⁹⁶. No evidence of an individualized determination for ICC/IHBS services was submitted.
- **Child - Line number** ¹⁹⁷. Beneficiary diagnoses and symptoms appear to have necessitated an individualized ICC/IHBS determination. The initial assessment, signed completed ¹⁹⁸, documented a comorbid diagnosis of ASD and attention-deficit hyperactivity disorder (ADHD) with symptoms “exacerbated by a diagnosis of Type 1 diabetes” contributing to the client “unable to engage in distance learning and is thus not currently attending school.” In addition, a ¹⁹⁹ Targeted Case Management progress note documented discussing ABA and regional center services with the parent.
- **Child - Line number** ²⁰⁰. The medical record documented the beneficiary received FSP indicating involvement with an intensive specialty mental health service and, therefore, meeting eligibility criteria for ICC and IHBS services.
- **Child - Line number** ²⁰¹. No evidence of an individualized determination for ICC/IHBS services was submitted.
- **Child - Line number** ²⁰². No evidence of an individualized determination for ICC/IHBS services was submitted.

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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.

FINDING 8.6.2:

The medical record for the following beneficiary who was receiving ICC services 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 ICC services should be modified:

- **Child - Line number** ²⁰³. The beneficiary was receiving ICC services during the three month review period (July, August, September) and Child and Family Team (CFT) meetings were recorded to occur "every 90 days" on the ²⁰⁴ Client Plan. An ICC Progress Note, signed completed ²⁰⁵, further indicated preparation for an upcoming CFT meeting with the statement, "ICC conducted record review service for purposes of preparing for CFT Meeting"; however, there was no evidence of a CFT meeting from July through September.

CORRECTIVE ACTION PLAN 8.6.2:

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

- 1) 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.

²⁰³ Line number(s) removed for confidentiality

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