



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2021/2022

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE MADERA COUNTY MENTAL HEALTH PLAN

CHART REVIEW FINDINGS REPORT

Dates of Review: 3/8/2022 to 3/10/2022

**DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Madera MENTAL HEALTH PLAN
3/8/2022 to 3/10/2022
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 Madera 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 283 claims submitted for the months of July, August and September of **2020**.

Contents

<i>Assessment</i>	3
<i>Medication Consent</i>	3
<i>Progress Notes</i>	5
<i>Provision of ICC Services and IHBS for Children and Youth</i>	6

**DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Madera MENTAL HEALTH PLAN
3/8/2022 to 3/10/2022
CHART REVIEW FINDINGS REPORT**

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 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 1.** The prior assessment was completed on 9/5/2019. The updated assessment was due to be completed every year thereafter; however, the updated assessment was not finalized until 9/21/2020.
- **Line 2.** The prior assessment was completed on 4/9/2019. The updated assessment was due to be completed every year thereafter; however, the updated assessment was not finalized until 5/1/2020.
- **Line 4.** The prior assessment was completed on 7/10/2019. The updated assessment was due to be completed every year thereafter; however, the updated assessment was not finalized until 8/7/2020.

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.

Medication Consent

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) The reason for taking each medication: **Line number 6.**
- 2) Reasonable alternative treatments available, if any: **Line number 6.**
- 3) Range of Frequency (of administration): **Line number 6.**

**DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Madera MENTAL HEALTH PLAN
3/8/2022 to 3/10/2022
CHART REVIEW FINDINGS REPORT**

- 4) Method of administration: **Line number 6.**
- 5) Duration of taking the medication: **Line number 6.**
- 6) Possible side effects if taken longer than 3 months: **Line numbers 3 and 6.**
- 7) Consent once given may be withdrawn at any time: **Line numbers 3 and 6.**

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:

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 2:** There was a lapse between the prior and current Client Plans. However, this occurred outside of the audit review period.
 - Line number 2. Prior Client Plan expired on 4/9/2020; however, the current Client Plan was completed on 5/1/2020.

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.

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. **Line numbers 2, 4, 5, and 6.**

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

**DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Madera MENTAL HEALTH PLAN
3/8/2022 to 3/10/2022
CHART REVIEW FINDINGS REPORT**

expected to continue to ensure compliance with its policies and all current documentation requirements.

FINDING 8.4.10:

Line numbers 1, 2, 3, 6, 8, and 9: 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 8.4.10:

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.

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:

- **Line numbers 1, 3, 5, 8, 9, and 10.** One or more progress note was not completed within the MHP's written timeliness standard of 24 hours after provision of service and final approval within 5 business days. 44 or 15.5 percent of all progress notes reviewed were completed late (84.5% compliance).
- **Line number 6.** One or more progress note did not match its corresponding claim in terms of amount of time to provide services: The service time was entirely missing on the Progress Notes. It should be noted that the MHP was able to provide evidence (i.e. 1500 Health Insurance Claim Form) demonstrating the MHP's Professional Fee for Service rate that directly corresponded to the service time, in lieu of displaying the service time on these particular Progress Notes.
- **Line number 1.** One or more progress note was missing the provider's professional degree, licensure or job title. 4 or 1.4 percent of all progress notes reviewed did not include the provider's professional degree, licensure or job title.

CORRECTIVE ACTION PLAN 8.5.1:

- 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:

DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Madera MENTAL HEALTH PLAN
3/8/2022 to 3/10/2022
CHART REVIEW FINDINGS REPORT

- 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 8.5.2:

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 2.** While progress notes themselves did not accurately document the number of group participants on one or more group progress notes, the MHP was able to provide separate documentation listing the number of participants in each group.

CORRECTIVE ACTION PLAN 8.5.2:

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.

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.

Although the MHP has developed and is now utilizing a screening tool to assess for eligibility and need for ICC/IHBS services, MHP staff indicated that during the review period, not all youth beneficiaries were receiving an individualized determination of eligibility and need for ICC/IHBS services.

DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Madera MENTAL HEALTH PLAN
3/8/2022 to 3/10/2022
CHART REVIEW FINDINGS REPORT

Lastly, it should be noted that the MHP was given the opportunity to locate evidence of any formal (or informal) determination for the need for ICC/IHBS services; however, the MHP was unable to locate it in the medical record for the following:

- **Line numbers 8, 9, and 10.**

2) **Line number 8.** The Assessment dated 10/4/2019 documented that the beneficiary had involvement with multiple child serving systems (i.e., Legal/Child Protective Services, foster home placement, mental health services, etc.), and was referred for an assessment according to the Katie A program, indicating the beneficiary met eligibility criteria for ICC services and IHBS; however, these services were not included in the 12/4/2019 Client Plan.

CORRECTIVE ACTION PLAN 8.6.1:

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

- 1) Training is provided to all staff and contract providers who have the responsibility for determining eligibility and need for ICC and IBHS.
- 2) 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.