DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF MARIPOSA MENTAL HEALTH PLAN
JUNE 3-4, 2019
CHART REVIEW FINDINGS REPORT

Chart Review – Non-Hospital Services

The medical records of five (5) adult and five (5) child/adolescent Medi-Cal specialty mental health beneficiaries were reviewed for compliance with state and federal regulations; adherence to the terms of the contract between the Sonoma 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__**267**__claims submitted for the months of July, August, and September of **2018**.

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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 MHP Contract requirements, specifically:

One or more assessments were not completed within the timeliness and/or frequency requirements specified in the MHP's written documentation standards. The following are specific findings from the chart sample:

- **Line numbers [1]**: The updated assessments were completed late.
  - **Line number [2]:** The current assessment was completed as signed on [3]; however, as it was a reassessment it was due on [4], based on the MHP's policy of a one-year reassessment period for children under the age of 18.
  - **Line number [5]:** The current assessment was completed as signed on [6]; however, as it was a reassessment it was due on [7], based on the MHP's policy of a one-year reassessment period for children under the age of 18.

PLAN OF CORRECTION 2A:
The MHP shall submit a POC that describes how the MHP will ensure that assessments are completed in accordance with the timeliness and frequency requirements specified in the MHP's written documentation standards.

REQUIREMENTS
The MHP shall ensure that the following areas are included, as appropriate, as part of a comprehensive beneficiary record when an assessment has been performed: a) Presenting Problem. The beneficiary's chief complaint, history of the presenting problem(s), including current level of functioning, relevant family history and current family information;

[1] Line number(s) removed for confidentiality
[2] Line number(s) removed for confidentiality
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[6] Date(s) removed for confidentiality
[7] Date(s) removed for confidentiality

b) Relevant conditions and psychosocial factors affecting the beneficiary's physical health and mental health; including, as applicable, living situation, daily activities, social support, cultural and linguistic factors and history of trauma or exposure to trauma;
c) Mental Health History. Previous treatment, including providers, therapeutic modality (e.g., medications, psychosocial treatments) and response, and inpatient admissions. If possible, include information from other sources of clinical data, such as previous mental health records, and relevant psychological testing or consultation reports;
d) Medical History. Relevant physical health conditions reported by the beneficiary or a significant support person. Include name and address of current source of medical treatment. For children and adolescents, the history must include prenatal and perinatal events and relevant/significant developmental history. If possible, include other medical information from medical records or relevant consultation reports;
e) Medications. Information about medications the beneficiary has received, or is receiving, to treat mental health and medical conditions, including duration of medical treatment. The assessment shall include documentation of the absence or presence of allergies or adverse reactions to medications, and documentation of an informed consent for medications;
f) Substance Exposure/Substance Use. Past and present use of tobacco, alcohol, caffeine, CAM (complementary and alternative medications) and over-the-counter, and illicit drugs;
g) Client Strengths. Documentation of the beneficiary's strengths in achieving client plan goals related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis;
h) Risks. Situations that present a risk to the beneficiary and/or others, including past or current trauma;
i) A mental status examination;
j) A complete diagnosis from the most current DSM, or a diagnosis from the most current ICD-code shall be documented, consistent with the presenting problems, history, mental status examination and/or other clinical data; and,
k) Additional clarifying formulation information, as needed.

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

FINDINGS 2B:

One or more of the assessments reviewed did not address all of the elements specified in the MHP Contract. Below are the specific findings pertaining to the charts in the review sample:

- A full diagnosis from the current ICD code: **Line numbers [8].**

[8] Line number(s) removed for confidentiality

- **Line number [9]:** The assessment dated [10] did not include a full diagnosis, nor did it have a Diagnosis Form clearly linked in time with this assessment.
- **Line number [11]**: The assessment dated [12] did not include a full diagnosis, nor did it have a Diagnosis Form clearly linked in time with this assessment.

  During the review, MHP staff were given the opportunity to locate a diagnosis that was linked to the above named assessment and were unable to locate it /them in the medical record.

PLAN OF CORRECTION 2B:
The MHP shall submit a POC that describes how the MHP will ensure that every assessment contains all of the required elements specified in the MHP Contract with the Department, and that a full diagnosis from the current ICD code is included with all assessments and linked in time.

Client Plans

REQUIREMENTS
The MHP shall ensure that all medically necessary SMHS are sufficient in amount, duration, and scope to reasonably achieve the purpose for which the services are furnished. (MHP Contract, Ex. A, Attachment 2)

FINDING 4A-2:
Services were not provided in an amount, duration, and scope as specified in the individualized Client Plan for each beneficiary. Below are the specific findings pertaining to the charts in the review sample:

- **Line number [13]:** Intensive Care Coordination (ICC) and Intensive Home-Based Service (IHBS) were listed on the Client Plan to be received on a monthly basis. However, there was no documented evidence that the client was receiving these services or receiving a Child and Family Team (CFT) meeting, based on review of claimed services during the audit period. *During the onsite review, MHP staff reviewed the client's medical record and confirmed that there was no evidence that the appropriate ICC/IHBS referral process to initiate services took place for this client.*

PLAN OF CORRECTION 4A-2:

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[10] Date(s) removed for confidentiality
[11] Line number(s) removed for confidentiality
[12] Date(s) removed for confidentiality
[13] Line number(s) removed for confidentiality

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

REQUIREMENTS
The client plan shall be updated at least annually, or when there are significant changes in the beneficiary's condition. (MHP Contract, Ex. A, Attachment 9)
Reasons for Recoupment (RR): ***Refer to the enclosed Recoupment Summary for additional details about disallowances.*** RR4. Services shall be provided, in accordance with the State Plan, based on the beneficiary's need for services established by an Assessment and documented in the Client Plan. Services were claimed: a) Prior to the initial Client Plan being in place; or b) During the period where there was a gap or lapse between client plans; or c) When the planned service intervention was not on the current client plan. (MHSUDS IN No. 17-050, Enclosure 4)

FINDING 4B:
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). Below are the specific findings pertaining to the charts in the review sample:

- **Line number [14]:** The initial client plan was not completed until after planned treatment services were claimed. **RR4a, refer to Recoupment Summary for details.**
  - The client plan was effective as signed on [15]. Individual therapy services were claimed on [16], prior to the completion of the client plan. The beneficiary previously had opened to services on [17], but then was closed to services on [18], due to non-response by client. Seven months later, the beneficiary was again reopened to services with a new assessment on [19], however, a client plan was not completed at this time per the MHP.

[14] Line number(s) removed for confidentiality
[15] Date(s) removed for confidentiality
[16] Date(s) removed for confidentiality
[17] Date(s) removed for confidentiality
[18] Date(s) removed for confidentiality
[19] Date(s) removed for confidentiality

- **Line numbers** [20]: There was a **lapse** between the prior and current client plans. However, this occurred outside of the audit review period. The prior client plan expired on [21], and the current plan was not effective until [22].

PLAN OF CORRECTION 4B:

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

1) Ensure that client plans are completed prior to planned services being provided.
2) Ensure that client plans are updated at least on an annual basis as required in the MHP Contract with the Department, and within the timelines and frequency specified in the MHP's written documentation standards.

[20] Line number(s) removed for confidentiality
[21] Date(s) removed for confidentiality
[22] Date(s) removed for confidentiality

REQUIREMENTS
The MHP shall ensure that Client Plans: a) 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. b) Identify the proposed type(s) of intervention/modality including a detailed description of the intervention to be provided. c) Have a proposed frequency of intervention(s). d) Have a proposed duration of intervention(s). e) Have interventions that focus and address the identified functional impairments as a result of the mental disorder (from Cal. Code Regs., tit. 9, § 1830.205(b). f) Have interventions that are consistent with the client plan goals. g) Be consistent with the qualifying diagnoses. (MHP Contract, Ex. A, Attachment 9)

FINDING 4C:
Client Plans did not include all of the required elements specified in the MHP Contract. Below are the specific findings pertaining to the charts in the review sample:

- One or more of the proposed interventions did not indicate an expected frequency. **Line numbers [23].** In the noted line numbers, "Ad Hoc" was listed as the expected frequency on some of the proposed interventions.
- One or more of the proposed interventions did not indicate an expected duration. **Line numbers [24].**

PLAN OF CORRECTION 4C:
The MHP shall submit a POC that describes how the MHP will ensure that all mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.

Progress Notes

REQUIREMENTS
The MHP shall ensure that progress notes describe how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning outlined in the client plan. (MHP Contract, Ex. A, Attachment 9)
Reasons for Recoupment (RR): ***Refer to the enclosed Recoupment Summary for additional details about disallowances.***

[23] Line number(s) removed for confidentiality
[24] Line number(s) removed for confidentiality

RR5. The MHP did not submit documentation substantiating that the focus of the intervention is to address the beneficiary's included mental health condition.

a) A significant impairment in an important area of life functioning;
b) A probability of significant deterioration in an important area of life functioning;
c) A probability the child will not progress developmentally as individually appropriate;
d) For full-scope Medi-Cal benificiaries under the age of 21 years, a condition as a result of the mental disorder that specialty mental health services can correct or ameliorate.

(MHSUDS IN No. 17-050, Enclosure 4)

FINDING 5A:

The progress note does not describe how services provided to the beneficiary reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning outlined in the client plan. Furthermore, the progress note does not substantiate that the focus of the service was an intervention to address the beneficiary's included mental health condition.

Line number [25]. RR5a, refer to Recoupment Summary for details.

- **Line number [26]:** Progress notes for visits on [27] did not describe how services addressed impairments specific to the beneficiary's included mental health condition. Additionally, these progress notes described service that appeared to be primarily for transportation purposes. For example, the progress note on [28] describes the writer primarily transporting beneficiary to the beneficiary's appointment with their clinician. The MHP should refer beneficiaries to their managed care plan and FFS providers for transportation services.

PLAN OF CORRECTION 5A:

The MHP shall submit a POC that describes how the MHP will ensure that interventions are focused on a significant functional impairment that is directly related to the mental health condition, as specified in CCR, title 9, chapter 11, sections 1830.205(a)(b).

[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

REQUIREMENTS
Items that shall be contained in the client record related to the beneficiary's progress in treatment include: a) Timely documentation of relevant aspects of beneficiary care, including documentation of medical necessity; 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); the person's type of professional degree, licensure, or job title. (MHP Contract, Ex. A, Attachment 9)

FINDING 5B:

Progress notes did not include timely documentation of relevant aspects of beneficiary care, including documentation of medical necessity, as required in the MHP Contract. One or more progress notes was not completed within the timeliness and/or frequency standards in accordance with the MHP Contract and the MHP's written documentation standards. Below are the specific findings pertaining to the charts in the review sample:

- Progress notes associated with the following line numbers did not include timely documentation of relevant aspects of beneficiary care, as specified by the MHP's documentation standards that progress notes be completed "by 10:00 A.M. of the following day." **Line numbers [29].**
  Note: Overall, more than 50 percent of progress notes were not timely, based on the MHP's standard of timely documentation.

PLAN OF CORRECTION 5B:

[29] Line number(s) removed for confidentiality

The MHP shall submit a POC that describes how the MHP will ensure that progress notes document timely completion by the person providing the service and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP's written documentation standards.

REQUIREMENTS
When services are being provided to, or on behalf of, a beneficiary by two or more persons at one point in time, do the progress notes include: 1) Documentation of each person's involvement in the context of the mental health needs of the beneficiary. 2) The exact number of minutes used by persons providing the service. 3) Signature(s) of person(s) providing the services. (CCR, title 9, § 1840.314(c).)

FINDING 5C:

Documentation of services being provided to, or on behalf of, a beneficiary by two or more persons at one point in time did not include all required components.

As stated in MHSUDS IN No. 17-040, "The progress note should include the total number of group participants (Medi-Cal and non-Medi-Cal participants) …"

- **Line number** [30]: Progress notes did not accurately document the number of group participants. Progress notes as seen from Electronic Health Records (EHR) notes, submitted by the MHP, list the number of participants in group progress notes as "1" participant.

  The progress notes for groups held on [31] did not display the correct number of group participants. EHR progress notes for these group notes consistently list the number of participants as "1". However, an additional review of billing records corrobated the actual participants present in each group.

PLAN OF CORRECTION 5C:

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

1) All group progress notes document the number of clients in the group, number of staff, units of time, type of service and dates of service (DOS).
2) The number of clients in the group, number of staff, units of time, type of service and dates of service (DOS) documented on the group progress notes are accurate and consistent with the documentation in the medical record and that services are not claimed when billing criteria are not met.

[30] Line number(s) removed for confidentiality
[31] Date(s) removed for confidentiality

REQUIREMENTS
Progress notes shall be documented at the frequency by type of service indicated below: a) Every Service Contact: i. Mental Health Services; ii. Medication Support Services; iii. Crisis Intervention; iv. Targeted Case Management; b) Daily: i. Crisis Residential; ii. Crisis Stabilization (1x/23hr); iii. Day Treatment Intensive; c) Weekly: i. Day Treatment Intensive: a clinical summary reviewed and signed by a physician, a licensed/waivered psychologist, clinical social worker, or marriage and family therapist; or a registered nurse who is either staff to the day treatment intensive program or the person directing the service; ii. Day Rehabilitation; iii. Adult Residential. (MHP Contract, Ex. A, Attachment 9)
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.

FINDING 5D:
Progress notes were not documented according to the frequency requirements specified in the MHP Contract. Below are the specific findings pertaining to the charts in the review sample:

- **Line numbers** [32]: 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** [33]**:** The service provided on [34] was claimed as Collateral, but describes a Targeted Case Management service.
- **Line number** [35]: 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.
  - Specifically, services on [36] were claimed as Collateral Services but appear to be more consistent with Case Conferences / Plan Development. The service on [37] was claimed as Individual Therapy, but describes treatment plan revision, and should be claimed as Plan Development.

PLAN OF CORRECTION 5D:
The MHP shall submit a POC that describes how the MHP will:

1) Ensure that all SMHS claimed are:
   a) 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 as specified in the MHP Contract.

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

RR11. The service provided was solely for one of the following:

a) Academic educational service
b) Vocational service that has work or work training as its actual purpose
c) Recreation
d) Socialization that consists of generalized group activities that do not provide systematic individualized feedback to the specific targeted behaviors
e) Transportation

[32] Line number(s) removed for confidentiality
[33] Line number(s) removed for confidentiality
[34] Date(s) removed for confidentiality
[35] Line number(s) removed for confidentiality
[36] Date(s) removed for confidentiality
[37] Date(s) removed for confidentiality

f) Clerical
g) Payee Related

(MHSUDS IN No. 17-050, Enclosure 4)

FINDING 5E2:

The progress note(s) for the following Line number(s) indicate that the service provided was solely for**:**

- Transportation: **RR11e, refer to Recoupment Summary for details. Line numbers** [38]. The MHP should refer beneficiaries to their managed care plan and FFS providers for transportation services.

    - **Line number** [39]**:** Progress notes for services on [40] appear to be primarily for transportation purposes. For example, the progress note on [41] describes the writer primarily transporting the client to their psychiatrist appointment. This appears to have included time spent by the writer looking for the client as client was not originally at their board and care residence.

    - **Line number** [42]**:** Progress notes for serices on [43] appear to be primarily for transportation purposes. For example, the progress note on [44] describes the writer transporting the beneficiary back to their residence after an appointment with their clinician.

    - **Line number** [45]**:** Progress notes for services on [46] appear to be primarily for transportation purposes. For example, the progress note on [47] describes the writer transporting the beneficiary back to their sober living facility after a therapist appointment.

    - **Line number** [48]**:** A progress note for service on [49] appears to be primarily for transportation purposes. The progress note describes the writer transporting the beneficiary from school to the Behavioral Health clinic.

PLAN OF CORRECTION 5E2:
The MHP shall submit a POC that describes how the MHP will ensure that:

[38] Line number(s) removed for confidentiality
[39] Line number(s) removed for confidentiality
[40] Date(s) removed for confidentiality
[41] Date(s) removed for confidentiality
[42] Line number(s) removed for confidentiality
[43] Date(s) removed for confidentiality
[44] Date(s) removed for confidentiality
[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

1) Each progress note describes how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning, as outlined in the client plan.
2) Services provided and claimed are not solely transportation.
3) All services claimed are appropriate, relate to the qualifying diagnosis and identified functional impairments and are medically necessary as delineated in the CCR, title 9, chapter 11, sections 1830.205(a)(b).

Provision of ICC and IHBS to Children and Youth

REQUIREMENTS
Each participating provider in a CFT meeting may claim for the time they have contributed to the CFT meeting, up to the length of the meeting, plus documentation and travel time, in accordance with CCR, tit. 9, § 1840.316(b)(3). (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018)

FINDING 6E:
One or more claim was submitted for Targeted Case Management (Service Function "01") but the progress note associated with the date and time claimed indicated that the service provided was actually for participation in an ICC "team" meeting, or for providing another ICC-specific service activity, and should have been claimed as an ICC case management service (Service Function "07").

- **Line number** [50]: The service performed on [51] was claimed as Case Management, but appears to be an ICC-specific service activity, as it describes the coordination of care between MHP Children's team staff, Group Home staff, and client's guardian.

PLAN OF CORRECTION 6E:
The MHP shall submit a POC that describes how it will ensure that the service activity described in the body of all progress notes is consistent with the specific service activity claimed - i.e., all claims submitted must be accurate and consistent with the actual service provided in terms of type of service, date of service and time of service.

[50] Line number(s) removed for confidentiality
[51] Date(s) removed for confidentiality