



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2021/2022

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE MENDOCINO COUNTY MENTAL HEALTH PLAN

CHART REVIEW FINDINGS REPORT

Dates of Review: 4/5/2022 to 4/6/2022

**DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Mendocino MENTAL HEALTH PLAN
4/5/2022
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 Mendocino 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 400 claims submitted for the months of April, May and June of **2021**.

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Medical Necessity

FINDING 8.1.3:

The intervention(s) documented on the progress note(s) for the following Line number(s) did not meet medical necessity since the service provided did not specifically address the mental health condition or impairment identified in the assessment, and was solely:

- Clerical: **Line number ¹. RR10f, refer to Recoupment Summary for details.** The Progress note for the service claimed on ² as TCM for ³ minutes, describes the case manager faxing records associated with a request from the Department of Social Services.

CORRECTIVE ACTION PLAN 8.1.3:

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

- 1) Each progress note describes how services reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning.
- 2) Services provided and claimed are not solely clerical.

Client Plans

FINDING 8.4.2a:

One or more client plan(s) was not completed in accordance with the MHP's initial timeliness standards, or updated at least annually. Specifically:

- **Line number ⁴.** The initial Client Plan was completed late based on the MHP's documentation standards of timeliness. Based on the MHP's documentation standards, "providers have up to sixty (60) days to complete a client's Initial client plan."
- The beneficiary's case had an Episode Opening Date of ⁵, but the Initial Client Plan was not completed as signed until ⁶. This was prior to the Review Period, and there was no evidence that planned services were provided prior to the Client Plan completion.

CORRECTIVE ACTION PLAN 8.4.2a:

¹ Line number(s) removed for confidentiality

² Date(s) removed for confidentiality

³ Minutes(s) removed for confidentiality

⁴ Line number(s) removed for confidentiality

⁵ Date(s) removed for confidentiality

⁶ Date(s) removed for confidentiality

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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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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**⁷. One or more progress note was not completed within the MHP's written timeliness standard of 14 calendar days after provision of service. Five (1 percent) of all progress notes reviewed were completed late (99% compliance).

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.

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 numbers**⁸. While progress note(s) themselves did not accurately document the number of group participants or the units of time for services rendered by more than one provider on one or more group progress notes, the MHP was able to provide separate documentation listing the number of participants and the units of time for services rendered by more than one provider 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:

- 1) Contain the actual number of clients participating in a group activity.
- 2) Document and differentiate the units of direct service, travel and documentation times for each provider/facilitator whenever a claim represents services rendered by more than one (1) provider within the same activity or session, including groups, "team meetings" and "case consultations".

FINDING 8.5.3:

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

⁷ Line number(s) removed for confidentiality

⁸ Line number(s) removed for confidentiality

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- **Line number** ⁹: 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.**

The progress note for the service claimed as Collateral service on ¹⁰ for ¹¹ minutes, describes a Targeted Case Management service of providers having a conference with CPS staff regarding decisions about the client's newborn child.

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:
 - a) Actually provided to the beneficiary.
 - b) 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).
 - 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 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.

Although the MHP provided written policies and procedures that were written in a manner consistent with current state regulations and guidance (e.g. *Medi-Cal Manual For Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, Third Edition, January 2018*), a review of chart materials did not demonstrate that MHP staff have a clear practice of making written individualized determinations of eligibility for ICC services and IHBS.

Within chart records, although there was evidence of a variety of children's services being provided to children and youth, it was challenging to identify specific documentation that confirmed that determinations were made regarding a child's eligibility for ICC services and IHBS.

⁹ Line number(s) removed for confidentiality

¹⁰ Date(s) removed for confidentiality

¹¹ Minute(s) removed for confidentiality

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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.
- 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.