



**CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

**FISCAL YEAR 2020/2021**

**MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW**

**OF THE MODOC COUNTY MENTAL HEALTH PLAN**

**CHART REVIEW FINDINGS REPORT**

**Review Dates: 9/14/2021 to 9/16/2021**

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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 Modoc 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 205 claims submitted for the months of April, May and June of **2020**.

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***Medical Necessity***

**FINDING 8.1.1.3b:**

The actual intervention documented in the progress note for the following Line number did not meet medical necessity criteria since the intervention was 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:

**Line number** <sup>1</sup>. The intervention documented on the progress note did not meet the definition of a valid Specialty Mental Health Service. **RR15b, refer to Recoupment Summary for details.**

**CORRECTIVE ACTION PLAN 8.1.1.3b:**

The MHP shall submit a CAP that describes how the MHP will ensure that all SMHS interventions 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.

***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 Assessment and Reassessment Standards policy, "Reassessments are completed at least annually; and may be completed more frequently as needed."

The following are specific findings from the chart sample:

**Line number** <sup>2</sup>. The prior assessment was completed <sup>3</sup>. The annual reassessment, which was due on <sup>4</sup>, was completed on <sup>5</sup>.

**CORRECTIVE ACTION PLAN 8.2.1:**

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<sup>1</sup> Line number(s) removed for confidentiality

<sup>2</sup> Line number(s) removed for confidentiality

<sup>3</sup> Date(s) removed for confidentiality

<sup>4</sup> Date(s) removed for confidentiality

<sup>5</sup> Date(s) removed for confidentiality

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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 8.3.1:**

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** <sup>6</sup>: One written medication consent form in the medical record was not current per the MHP's documentation standards. Consent for Subutex, which was documented to "Start" in the <sup>7</sup> Medication Support progress note, was signed after the review period on <sup>8</sup>.
- 2) **Line number** <sup>9</sup>: Although there was one or more written medication consent forms in the medical record, there was no medication consent for each and every medication prescribed. *The MHP was given the opportunity to locate the medication consents in question, but reported having no documented consent for the prescription of Tramadol.*

#### **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:

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<sup>6</sup> Line number(s) removed for confidentiality

<sup>7</sup> Date(s) removed for confidentiality

<sup>8</sup> Date(s) removed for confidentiality

<sup>9</sup> Line number(s) removed for confidentiality

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Duration of taking the medication: Every prescription for **Line numbers** <sup>10</sup> had a duration of “Indefinite,” which, as discussed during the virtual onsite review, is not individualized for each beneficiary nor does it take into account monitoring for progress or change in the clients’ condition.

**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 8.4.2b:**

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** <sup>11</sup>. Interventions documented on the <sup>12</sup> Client Plan consisted of interventions to be provided monthly and quarterly. Monthly interventions included case management and individual rehabilitative services. Quarterly interventions included collateral, individual therapy, plan development, intensive care coordination (ICC), and intensive home-based services (IHBS). However, the only services claimed during the three-month review period were individual rehabilitation.

**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** <sup>13</sup>. The Initial Client Plan was not completed until after one or more planned services were provided and claimed. The episode opening date

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<sup>10</sup> Line number(s) removed for confidentiality

<sup>11</sup> Line number(s) removed for confidentiality

<sup>12</sup> Date(s) removed for confidentiality

<sup>13</sup> Line number(s) removed for confidentiality

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was <sup>14</sup>. The Client Plan was initiated on <sup>15</sup> and completed and signed on <sup>16</sup>, but planned services had been claimed prior to this date, specifically: individual therapy on <sup>17</sup> and individual rehabilitation on <sup>18</sup>, and <sup>19</sup>. **RR4a, refer to Recoupment Summary for details.**

**CORRECTIVE ACTION PLAN 8.4.3:**

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

- 1) Client plans are completed prior to the provision of planned services.
- 2) Planned services are not claimed when the service provided is not included on a current Client Plan.

**FINDING 8.4.3a:**

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 numbers <sup>20</sup>:** The initial Client Plan was completed late based on the MHP's documentation standards of timeliness, which specify that the Client Plan is to be "Completed within 60 calendar days of the initial assessment appointment."
  - **Line number <sup>21</sup>.** The beneficiary's case was opened to the agency on <sup>22</sup>, but the Initial Client Plan was not completed until <sup>23</sup>.
  - **Line number <sup>24</sup>.** The beneficiary's case was opened to the agency on <sup>25</sup>, but the Initial Client Plan was not completed until <sup>26</sup>.
- **Line number <sup>27</sup>:** 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.

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<sup>14</sup> Date(s) removed for confidentiality

<sup>15</sup> Date(s) removed for confidentiality

<sup>16</sup> Date(s) removed for confidentiality

<sup>17</sup> Date(s) removed for confidentiality

<sup>18</sup> Date(s) removed for confidentiality

<sup>19</sup> Date(s) removed for confidentiality

<sup>20</sup> Line number(s) removed for confidentiality

<sup>21</sup> Line number(s) removed for confidentiality

<sup>22</sup> Date(s) removed for confidentiality

<sup>23</sup> Date(s) removed for confidentiality

<sup>24</sup> Line number(s) removed for confidentiality

<sup>25</sup> Date(s) removed for confidentiality

<sup>26</sup> Date(s) removed for confidentiality

<sup>27</sup> Line number(s) removed for confidentiality

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- **Line number** <sup>28</sup>. On <sup>29</sup> the treating clinician updated the beneficiary's Diagnostic Review Form by adding borderline personality disorder (BPD) to the existing diagnoses of major depressive disorder, posttraumatic stress disorder, and cannabis use disorder. However, there was no documentation of an updated Client Plan reflecting the change in diagnosis and requisite changes in treating BPD.

**CORRECTIVE ACTION PLAN 8.4.3a:**

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

- 1) 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.
- 2) Client Plans are reviewed and updated whenever there is a significant change in the beneficiary's mental health condition.

**FINDING 8.4.4:**

Client Plans did not include all of the required elements identified in the MHP Contract. Specifically:

- One or more proposed interventions did not include a detailed description. Instead, only a "type" or "category" of intervention was recorded. **Line numbers** <sup>30</sup>.
- One or more proposed intervention did not include an expected frequency or frequency range that was specific enough. **Line numbers** <sup>31</sup>.
  - **Line number** <sup>32</sup>. On the Client Plan completed and signed on <sup>33</sup>, the frequency range for all interventions were recorded as "Ad Hoc", which is not a specific description of time.
  - **Line number** <sup>34</sup>. On the Client Plan completed and signed on <sup>35</sup> and updated on <sup>36</sup>, the frequencies for Rehabilitative Therapy and Case Management were listed as "Ad Hoc", which is not a specific description of time.
- The proposed interventions did not include an expected duration for **Line numbers** <sup>37</sup>:

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<sup>28</sup> Line number(s) removed for confidentiality

<sup>29</sup> Date(s) removed for confidentiality

<sup>30</sup> Line number(s) removed for confidentiality

<sup>31</sup> Line number(s) removed for confidentiality

<sup>32</sup> Line number(s) removed for confidentiality

<sup>33</sup> Date(s) removed for confidentiality

<sup>34</sup> Line number(s) removed for confidentiality

<sup>35</sup> Date(s) removed for confidentiality

<sup>36</sup> Date(s) removed for confidentiality

<sup>37</sup> Line number(s) removed for confidentiality

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- Client Plans had a “Target Date” of one year; however, no expected duration was recorded for each individual intervention.

**CORRECTIVE ACTION PLAN 8.4.4:**

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

- 1) Mental health interventions/modalities proposed on client plans include a detailed description of the interventions to be provided and do not just identify a type or modality of service (e.g. “therapy”, “medication”, “case management”, etc.).
- 2) Mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.

**FINDING 8.4.7:**

There was no documentation of the beneficiary’s or legal representative’s degree of participation in and agreement with the Client Plan, and there was no written explanation of the beneficiary’s refusal or unavailability to sign the Plan, if a signature was required by the MHP Contract with the Department and/or by the MHP’s written documentation standards:

- **Line number** <sup>38</sup>: There was no documentation of the beneficiary’s participation in and agreement with the Client Plan dated <sup>39</sup>. The provider recorded “COVID-19” on the line designated for the beneficiary’s signature. Due to an emergency situation such as COVID-19 a signature may be unobtainable; however, agreement with the Client Plan, in absence of a signature, should be documented within the client record. *The MHP was given the opportunity to locate documentation outside of the review period providing evidence the beneficiary agreed to the Client Plan but was unable to locate it in the medical record.*

**CORRECTIVE ACTION PLAN 8.4.7:**

The MHP shall submit a CAP that describes how the MHP will ensure that each beneficiary’s participation in and agreement with all client plans are obtained and documented.

**FINDING 8.4.11:**

**Line numbers** <sup>40</sup>: 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 8.4.11:**

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<sup>38</sup> Line number(s) removed for confidentiality

<sup>39</sup> Date(s) removed for confidentiality

<sup>40</sup> Line number(s) removed for confidentiality

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

- 1) Ensure that there is documentation on the Client Plan substantiating that the beneficiary was offered a copy of the Client Plan.
- 2) Submit evidence that the MHP has an established process to document that each beneficiary is offered a copy of their current Client Plan.

### ***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:

- **Line numbers** <sup>41</sup>. One or more progress notes was not completed within the MHP's written timeliness standard of 24 hours after provision of service. Sixteen (7 percent) of all progress notes reviewed were completed late (92% compliance).
- **Line numbers** <sup>42</sup>. One or more progress notes was missing the provider's professional degree, licensure or job title. Twenty-two (10 percent) of all progress notes reviewed did not include the provider's professional degree, licensure or job title (90% 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.
- 2) 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 8.5.4:**

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

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<sup>41</sup> Line number(s) removed for confidentiality

<sup>42</sup> Line number(s) removed for confidentiality

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- **Line number** <sup>43</sup>: 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. Seven progress note’s mental health service descriptors did not match the content.

Claims for individual rehabilitation dated <sup>44</sup>, and <sup>45</sup> had progress notes detailing family rehabilitation and/or family therapy. While the MHP reported during the virtual onsite review that their EHR “does not allow family therapy,” no documentation was present within the progress notes providing an explanation of the incorrect service designated.

**CORRECTIVE ACTION PLAN 8.5.4:**

The MHP shall submit a CAP that describes how the MHP will ensure that all Specialty Mental Health Services claimed are claimed for the correct service modality billing code, type of service, 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 number(s) 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 number** <sup>46</sup>. The MHP failed to provide evidence that a determination of the appropriateness of ICC and IHBS services was made at the time the beneficiary was evaluated for and receiving services.
  - **Line number** <sup>47</sup>. The MHP failed to provide evidence that a determination of the appropriateness of ICC and IHBS services was made at the time the beneficiary was evaluated for and receiving services. However, the MHP documented on the beneficiary’s <sup>48</sup> Client Discharge Summary that, “ICC/IHBS Not needed”.

**CORRECTIVE ACTION PLAN 8.6.1:**

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

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<sup>43</sup> Line number(s) removed for confidentiality

<sup>44</sup> Date(s) removed for confidentiality

<sup>45</sup> Date(s) removed for confidentiality

<sup>46</sup> Line number(s) removed for confidentiality

<sup>47</sup> Line number(s) removed for confidentiality

<sup>48</sup> Date(s) removed for confidentiality

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- 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.

**FINDING 8.6.2:**

- 1) 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:
  - **Line number** <sup>49</sup>. The beneficiary received IHBS, as designated in the Client Plan, on <sup>50</sup>, and <sup>51</sup>; however, there was no documented evidence of Child and Family Team (CFT) meetings occurring during the review period.

The MHP did report during the virtual on-site, that they are holding weekly treatment team meetings, which include billable but unclaimed CFT meetings. *The MHP was given the opportunity to locate documentation outside of the review period providing evidence of such meetings, but was unable to locate it in the medical record.*

**CORRECTIVE ACTION PLAN 8.6.2:**

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

- 1) Written documentation is in place describing the process for reassessing and documenting the eligibility and need for IHBS and ICC services at least every 90-days for all beneficiaries who are already receiving ICC services.
- 2) All staff and contract providers who have the responsibility for determining eligibility and need for the provision of ICC services receive training about ICC service requirements.
- 3) 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.

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<sup>49</sup> Line number(s) removed for confidentiality

<sup>50</sup> Date(s) removed for confidentiality

<sup>51</sup> Date(s) removed for confidentiality