



**CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

**FISCAL YEAR 2020/2021**

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

**OF THE MONO COUNTY MENTAL HEALTH PLAN**

**CHART REVIEW FINDINGS REPORT**

**Review Dates: 9/7/2021 to 9/9/2021**

**DEPARTMENT OF HEALTH CARE SERVICES  
REVIEW OF Mono MENTAL HEALTH PLAN  
9/7/2021  
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 Mono 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 171 claims submitted for the months of July, August, and September of **2019**.

**Contents**

<i>Medical Necessity</i> .....	3
<i>Assessment</i> .....	3
<i>Medication Consent</i> .....	5
<i>Client Plans</i> .....	6
<i>Progress Notes</i> .....	8

DEPARTMENT OF HEALTH CARE SERVICES  
REVIEW OF Mono MENTAL HEALTH PLAN  
9/7/2021  
CHART REVIEW FINDINGS REPORT

***Medical Necessity***

**FINDING 8.1.1.3b:**

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:

- 1) **Line number** <sup>1</sup>. The progress note indicated a “no-show” or cancelled appointment and the documentation failed to provide evidence of another valid service. **RR15a, refer to Recoupment Summary for details.**

For services claimed <sup>2</sup>, and <sup>3</sup> the associated progress notes indicate the clinician cancelled appointments. During the virtual on-site, MHP staff confirmed that these claims were billed in error.

**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:

- 1) One or more assessments were not completed within update frequency requirements specified in the MHP’s written documentation standards.  
Per the MHP’s Policy and Procedure, “Clinical Documentation Standards for Mental Health”, assessments must be updated “annually”.

The following are specific findings from the chart sample:

- **Line number** <sup>4</sup>: The Prior Assessment update available for review was completed as signed on <sup>5</sup>. There was no Assessment Update available for

---

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

<sup>2</sup> Date(s) removed for confidentiality

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

<sup>4</sup> Line number(s) removed for confidentiality

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

**DEPARTMENT OF HEALTH CARE SERVICES  
REVIEW OF Mono MENTAL HEALTH PLAN  
9/7/2021  
CHART REVIEW FINDINGS REPORT**

review as would have been expected by <sup>6</sup>, based on the annual assessment update requirement.

- **Line number <sup>7</sup>**: Current Assessment available for review was completed as signed on <sup>8</sup>. The only prior assessment available for review was completed as signed on <sup>9</sup>. Based on the MHP's update requirement, the Assessment Update completed on <sup>10</sup> is considered late.
- **Line number <sup>11</sup>**: The Prior Assessment available for review was completed as signed on <sup>12</sup>. There were no Assessment Updates available for review after that date.
- **Line number <sup>13</sup>**: The Current Assessment was completed as signed on <sup>14</sup>. The Prior Assessment was completed as signed on <sup>15</sup>. Based on the MHP's annual assessment update requirement, the Current Assessment is considered late.

*In all of the above instances, the MHP was given the opportunity to locate Assessment Updates that might clarify the gaps in timeliness, but were unable to locate them in the medical record.*

**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 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: **Line number <sup>16</sup>**. The Assessment update completed on <sup>17</sup>, was missing any description regarding the beneficiary's history of or exposure to trauma.

---

<sup>6</sup> Date(s) removed for confidentiality

<sup>7</sup> Line number(s) removed for confidentiality

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

<sup>9</sup> Date(s) removed for confidentiality

<sup>10</sup> Date(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

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

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

<sup>16</sup> Line number(s) removed for confidentiality

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

**DEPARTMENT OF HEALTH CARE SERVICES  
REVIEW OF Mono MENTAL HEALTH PLAN  
9/7/2021  
CHART REVIEW FINDINGS REPORT**

**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 type of professional degree, licensure, or job title of person providing the service:
  - **Line number** <sup>18</sup>. The Assessment completed as signed on <sup>19</sup>, was missing the professional degree, licensure, or job title of person providing the service.
- The date the documentation was entered in the medical record:
  - **Line number** <sup>20</sup>. The MHP submitted an Assessment completed by Annie Linaweaver, MFT, but the document was missing the date it was entered in the medical record.

**CORRECTIVE ACTION PLAN 8.2.3:**

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

- 1) The signature (or electronic equivalent) with the professional degree, licensure or title of the person providing the service.
- 2) The date the signature was completed and the document was entered into the medical record.

***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) Type of medication: **Line number** <sup>21</sup>.

---

<sup>18</sup> Line number(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

**DEPARTMENT OF HEALTH CARE SERVICES  
REVIEW OF Mono MENTAL HEALTH PLAN  
9/7/2021  
CHART REVIEW FINDINGS REPORT**

- 2) Range of Frequency (of administration): **Line number** <sup>22</sup>.
- 3) Dosage: **Line numbers** <sup>23</sup>.
- 4) Method of administration: **Line number** <sup>24</sup>.
- 5) Duration of taking the medication: **Line number** <sup>25</sup>.
  - Specifically: The Medication Consent for Line number <sup>26</sup> had spaces available for entry of the noted elements, but had been left blank by the provider. The Medication Consent for Line number <sup>27</sup> notes a duration of “ongoing” which is not a specific period of time.

**PLEASE NOTE:** During the review, MHP staff explained that the MHP utilized Kings View Tele Psychiatry services through the end of the review period. The above findings are associated with Medication Consents provided by Kings View Tele Psychiatry.

Following the review period, the MHP has since transitioned to utilizing North American Mental Health Tele Psychiatry services and provided a template of the Medication Consent used by this provider for DHCS approval.

DHCS reviewers provided technical assistance, noting that the new provider’s Medication Consent template is missing the elements of discussing reasonable alternative treatments available; and possible side effects that may occur to beneficiaries taking such medication beyond three (3) months (beyond just a discussion of potential tardive dyskinesia).

**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 8.4.3:**

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:

---

<sup>22</sup> Line number(s) removed for confidentiality

<sup>23</sup> Line number(s) removed for confidentiality

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

<sup>25</sup> Line number(s) removed for confidentiality

<sup>26</sup> Line number(s) removed for confidentiality

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

**DEPARTMENT OF HEALTH CARE SERVICES**  
**REVIEW OF Mono MENTAL HEALTH PLAN**  
**9/7/2021**  
**CHART REVIEW FINDINGS REPORT**

- **Line number** <sup>28</sup>: The Initial Client Plan was not completed until after one or more planned service was provided and claimed. **RR4a, refer to Recoupment Summary for details.**

The Initial Client Plan was completed as signed on <sup>29</sup>. Six (6) Individual Therapy service sessions were provided and claimed prior to this date (service dates: <sup>30</sup> and <sup>31</sup>).

**CORRECTIVE ACTION PLAN 8.4.3:**

The MHP shall submit a CAP that describes how the MHP will ensure that Client plans are completed prior to the provision of planned services.

**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 number** <sup>32</sup>. The initial Client Plan was completed late based on the MHP's documentation standards of timeliness, of "within 60 days of the date of the client's intake".

The beneficiary's care had an Episode Opening Date of <sup>33</sup>, but the Initial Client Plan was not listed as being effective until <sup>34</sup>. This was after the Review Period, and no planned services were provided prior to the Client Plan completion.

**CORRECTIVE ACTION PLAN 8.4.3a:**

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

**FINDING 8.4.4:**

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

- One or more proposed intervention did not include an expected frequency or frequency range that was specific enough. **Line number** <sup>35</sup>. Treatment plans

---

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

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

<sup>30</sup> Date(s) removed for confidentiality

<sup>31</sup> Date(s) removed for confidentiality

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

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

<sup>34</sup> Date(s) removed for confidentiality

<sup>35</sup> Line number(s) removed for confidentiality

**DEPARTMENT OF HEALTH CARE SERVICES**  
**REVIEW OF Mono MENTAL HEALTH PLAN**  
**9/7/2021**  
**CHART REVIEW FINDINGS REPORT**

included medication support interventions with listed frequency of “as needed” which is not a specific unit of time.

- One or more proposed intervention did not include an expected duration. **Line number** <sup>36</sup>.

For the noted Line Numbers, there were proposed Interventions with listed duration of “over the next 6-12 months” which is not specific enough as an expected duration for interventions.

**CORRECTIVE ACTION PLAN 8.4.4:**

The MHP shall submit a CAP that describes how the MHP will ensure that Mental Health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.

***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>37</sup>. One or more progress note was not completed within the MHP’s written timeliness standard of 12 business days after provision of service. Noted that this standard of 12 business days for progress note timeliness was in effect at time of the review period. MHP has since changed to a 5 business day timeliness standard. Forty-three (25 percent) of all progress notes reviewed were completed late (75% compliance).
- **Line numbers** <sup>38</sup>. One or more progress note was missing the provider’s professional degree, licensure or job title. Sixty-four (37 percent) of all progress notes reviewed did not include the provider’s professional degree, licensure or job title (63% compliance).

MHP staff confirmed that the Electronic Health Record (EHR) does not currently populate progress note signatures with the professional degree, licensure, or job title of case managers specifically.

**CORRECTIVE ACTION PLAN 8.5.2:**

- 1) The MHP shall submit a CAP that describes how the MHP will ensure that progress notes document:

---

<sup>36</sup> Line number(s) removed for confidentiality

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

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



**DEPARTMENT OF HEALTH CARE SERVICES**  
**REVIEW OF Mono MENTAL HEALTH PLAN**  
**9/7/2021**  
**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.
  - 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:

- **Line numbers** <sup>39</sup>: 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.
  - **Line number** <sup>40</sup>: There were six (6) Progress Notes that were described as Plan Development notes, but claimed as Targeted Case Management. MHP staff indicated that this was due to a claiming error created by their old Electronic Health Record in effect at time of the review. This claiming error is created in that all Plan Development progress notes transfer to their claiming system as Targeted Case Management billing codes. This systems error results in an under billing of services by the MHP.
- **Line number** <sup>41</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.

The Service claimed as a Collateral service on <sup>42</sup>, describes a Case Conference between an MFTI and a psychiatrist, which is consistent with a Plan Development service.

**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 and service activity.

---

<sup>39</sup> Line number(s) removed for confidentiality

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

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

<sup>42</sup> Date(s) removed for confidentiality