



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2020/2021

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE MONTEREY COUNTY MENTAL HEALTH PLAN

CHART REVIEW FINDINGS REPORT

Review Dates: 1/12/2021 to 1/14/2021

**DEPARTMENT OF HEALTH CARE SERVICES
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Chart Review – Non-Hospital Services

The medical records of ten 10 adult and ten 10 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 Monterey 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 **361 claims** submitted for the months of October, November and December of **2019**.

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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 update frequency requirements specified in the MHP's written documentation standards. Per the MHP's policy for the Annual Renewal of Services, assessments are to be updated annually, and may be completed up to 30 days prior to the anniversary month.

The following are specific findings from the chart sample:

- **Line number** ¹. The prior assessment was completed on ². The updated assessment was due on ³; however, it was not completed until ⁴.
- **Line number** ⁵. The prior assessment was completed on ⁶. The updated assessment was due on ⁷; however, it was not completed until ⁸.
- **Line number** ⁹. The prior assessment was completed on ¹⁰. The updated assessment was due on ¹¹; however, it was not completed until ¹².
- **Line number** ¹³. The prior assessment was completed on ¹⁴. The updated assessment was due on ¹⁵; however, it was not completed until ¹⁶.

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.

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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:

- i) A mental status examination: **Line numbers** ¹⁷.

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.

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 numbers** ¹⁸: There was no written medication consent form found in the medical record. *During the review, MHP staff was given the opportunity to locate the missing medication consent form but was unable to locate it in the medical record.*
- 2) **Line numbers** ¹⁹: Although there was a written medication consent form in the medical record, there was no medication consent for each of the medications prescribed. *The MHP was given the opportunity to locate the medication consents in question but was unable to locate it/them in the medical record.*

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.

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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:

- 3) Type of medication: **Line numbers** ²⁰.
- 7) Duration of taking each medication: **Line number** ²¹.

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:

The medical record did not include services that were sufficient to adequately “achieve the purpose for which the services are furnished”. Specifically:

- **Line number** ²²: Although two (2) or more different individuals provided services on behalf of the beneficiary at the same point in time, the medical record, including services proposed on the client plan, lacked evidence for the coordination of care and communication among these separate providers.

CORRECTIVE ACTION PLAN 8.4.2a:

The MHP shall submit a CAP that describes how the MHP will ensure that all Client Plans and actual services provided include documentation for the coordination of care when the beneficiary receives services from multiple providers at the same point in time in order to help “achieve the purpose for which the services are furnished”.

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:

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- **Line number** ²³: 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.**
- **Line number** ²⁴: There was **no** Client Plan for one or more type of claimed service. *The MHP was given the opportunity to locate the services on a client plan that was in effect during the review period but could not find written evidence of it.* **RR4c, 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 plans was not updated at least annually and/or when there were significant changes in the beneficiary's condition. Specifically:

- **Line number** ²⁵: There was a **lapse** between the prior and current Client Plans and, therefore, no client plan was in effect during a portion or all of the audit review period. **RR4b, refer to Recoupment Summary for details.**
- **Line number** ²⁶: There was a **lapse** between the prior and current Client Plans. However, this occurred outside of the audit review period.
 - **Line number** ²⁷. The prior Client Plan expired on ²⁸; whereas the current Client Plan was completed on ²⁹.
- **Line number** ³⁰: There was a **lapse** between the prior and current Client Plans. However, the claims during this period were for services that are reimbursable prior to an approved Client Plan.
 - **Line number** ³¹. The prior Client Plan expired on ³²; whereas the current Client Plan was completed on ³³.

CORRECTIVE ACTION PLAN 8.4.3a:

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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) 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 goal/treatment objective was not specific, observable, and/or quantifiable and related to the beneficiary's mental health needs and identified functional impairments. **Line numbers** ³⁴.
- One or more proposed intervention did not include an expected frequency or frequency range that was specific enough. **Line numbers** ³⁵.
 - **Line number** ³⁶. Per Client Plan completed on ³⁷, there is no expected frequency or frequency range for TCM services.
 - **Line number** ³⁸. Per Client Plan completed on ³⁹, there is no expected frequency or frequency range for collateral or group therapy services.
 - **Line number** ⁴⁰. Per Client Plan completed on ⁴¹, there is no expected frequency or frequency range for TCM services.
 - **Line number** ⁴². Per Client Plan completed on ⁴³, there is no expected frequency or frequency range for TCM services. The prior Client Plan completed on ⁴⁴, has an expected frequency for TCM services of "as needed," which is not a specific frequency.
 - **Line number** ⁴⁵. Per Client Plan completed on ⁴⁶, there is no expected frequency or frequency range for TCM services.

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- **Line number** ⁴⁷. Per Client Plan completed on ⁴⁸, the expected frequency or frequency range for TCM services is “as needed,” and is not a specific frequency.
- **Line number** ⁴⁹. Per Client Plan completed on ⁵⁰, there is no expected frequency or frequency range for TCM services.
- **Line number** ⁵¹. Per Client Plan completed ⁵², there is no expected frequency or frequency range for collateral services.
- **Line number** ⁵³. Per Client Plan completed on ⁵⁴, there is no expected frequency or frequency range for individual therapy or rehabilitation services.
- One or more proposed intervention did not include an expected duration. **Line numbers** ⁵⁵.
 - **Line number** ⁵⁶. None of the proposed interventions on the Client Plan completed on ⁵⁷ include an expected duration.
 - **Line number** ⁵⁸. None of the proposed interventions on the Client Plan completed on ⁵⁹ include an expected duration.
 - **Line number** ⁶⁰. None of the proposed interventions on the Client Plan completed on ⁶¹ include an expected duration.
 - **Line number** ⁶². None of the proposed interventions on the Client Plan completed on ⁶³ include an expected duration.
 - **Line number** ⁶⁴. The Client Plan completed on ⁶⁵ does not include an expected duration for medication support services.

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- **Line number** ⁶⁶. None of the proposed interventions on the Client Plan completed on ⁶⁷ include an expected duration.
- **Line number** ⁶⁸. None of the proposed interventions on the Client Plan completed on ⁶⁹ include an expected duration.
- **Line number** ⁷⁰. None of the proposed interventions on the Client Plan completed on ⁷¹ include an expected duration.
- **Line number** ⁷². None of the proposed interventions on the Client Plan completed on ⁷³ include an expected duration.
- **Line number** ⁷⁴. None of the proposed interventions on the Client Plan completed on ⁷⁵ include an expected duration.
- **Line number** ⁷⁶. None of the proposed interventions on the Client Plan completed on ⁷⁷ include an expected duration.
- **Line number** ⁷⁸. None of the proposed interventions on the Client Plan completed on ⁷⁹ include an expected duration.

CORRECTIVE ACTION PLAN 8.4.4:

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

- 1) Client plan goals/treatment objectives are specific, observable and/or quantifiable and relate to the beneficiary's documented mental health needs and functional impairments as a result of the mental health diagnosis.
- 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

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was required by the MHP Contract with the Department and/or by the MHP's written documentation standards:

- **Line numbers** ⁸⁰: There was no documentation of the beneficiary's or legal representative's participation in and agreement with the Client Plan.
 - **Line** ⁸¹. There is no documentation that the beneficiary or their legal representative participated in and agreed with the Client Plan completed on ⁸². *The MHP was given the opportunity to locate the document in question but did not provide written evidence of the document in the medical record.*
 - **Line** ⁸³. There is no documentation that the beneficiary or their legal representative participated in and agreed with the Client Plan completed on ⁸⁴. *The MHP was given the opportunity to locate the document in question but did not provide written evidence of the document in the medical record.*
 - **Line** ⁸⁵. There is no documentation that the beneficiary or their legal representative participated in and agreed with the Client Plan completed on ⁸⁶. *The MHP was given the opportunity to locate the document in question but did not provide written evidence of the document in the medical record.*
- **Line numbers** ⁸⁷: The beneficiary or legal representative was required to sign the Client Plan as required by the MHP Contract with the Department (i.e., the beneficiary is in "long-term" treatment and receiving more than one type of SMHS), and per the MHP's written documentation standards. However, the signature was missing. *The MHP was given the opportunity to locate the documents in question but did not provide written evidence of the document in the medical record.*

CORRECTIVE ACTION PLAN 8.4.7:

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

- 1) Each beneficiary's participation in and agreement with all client plans are obtained and documented.
- 2) The beneficiary's signature is obtained on the Client Plan,

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- 3) Services are not claimed when the beneficiary's:
- a) Participation in and agreement with the Client Plan is not obtained and the reason for refusal is not documented;
 - b) Signature is not obtained when required or not obtained and the reason for refusal is not documented.

FINDING 8.4.11:

Line numbers ⁸⁸: 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:

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** ⁸⁹. One or more progress note was not completed within the MHP's written timeliness standard of 3 days after provision of service. 72 or 19.9 percent of all progress notes reviewed were completed late.

CORRECTIVE ACTION PLAN 8.5.2:

- 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:
 - 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.

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Provision of ICC Services and IHBS for Children and Youth

FINDING 8.6.1:

- 1) While the MHP did furnish evidence that it has a standard procedure for providing and documenting individualized determinations of eligibility for ICC services and IHBS on behalf of Katie A. Subclass beneficiaries, the MHP has not yet updated their procedures to include an individualized determination of eligibility for ICC services and IHBS for *all* beneficiaries under age 22 that is based on their strengths and needs.
- 2) 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.
 - **Line numbers** ⁹⁰.

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.

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