



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2021/2022

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE NAPA COUNTY MENTAL HEALTH PLAN

CHART REVIEW FINDINGS REPORT

Dates of Review: 7/1/2020 to 9/30/2020

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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 Napa 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 180 claims submitted for the months of July, August and September of **2020**.

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Assessment

FINDING 8.2.1:

Assessments were not completed in accordance with regulatory and contractual requirements, specifically:

- 1) One assessment was not completed within the update frequency requirements specified in the MHP's written documentation standards. Per the Napa County HHS Mental Health Division Documentation Manual, "Assessments should be completed as soon as possible but no later than 60 days from the individual's first face to face assessment service."

The following are specific findings from the chart sample:

Line number ¹. The assessment MHP provided for the virtual on-site review was the MH Children's Reassessment, signed completed on ². Based on the provided ³ episode opening date (EOD) and the MHP policy, the initial assessment following the first face-to-face service should have been dated on or by ⁴.

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.

Client Plans

FINDING 8.4.1:

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

- **Line number** ⁵: The current Client Plan did not contain services sufficient to reasonably achieve the purpose and goals documented on the Plan.

The Comprehensive Assessment (dated ⁶), Client Plan (dated ⁷), and Individual Therapy progress note (dated ⁸) all documented the beneficiary had

¹ Line number(s) removed for confidentiality

² Date(s) removed for confidentiality

³ Date(s) removed for confidentiality

⁴ Date(s) removed for confidentiality

⁵ Line number(s) removed for confidentiality

⁶ Date(s) removed for confidentiality

⁷ Date(s) removed for confidentiality

⁸ Date(s) removed for confidentiality

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an open child welfare case; and every progress note submitted for review stated, “Therapist will provide Intensive Care Coordination and Child Family Team services as needed to provide active coordination of services, planning, and monitoring.” However, ICC/IHBS services were not included on the current Client Plan, nor were they provided during the three-month review period.

CORRECTIVE ACTION PLAN 8.4.1:

Due to the transition to the new Documentation Standards that will be effective 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.

FINDING 8.4.1a:

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** ⁹. Weekly Individual Rehabilitation and Collateral services were listed as needed interventions on Client Plans signed completed on ¹⁰, ¹¹, and ¹²; however, during the three-month review period Targeted Case Management (TCM) and Medication Support were the only services provided.
- **Line number** ¹³. Interventions documented on the Client Plan signed completed on ¹⁴ included weekly Family Therapy, Individual Rehabilitation, and Intensive Care Coordination, monthly Collateral and TCM, and Individual Therapy as needed; however, no services were provided in September.
- **Line number** ¹⁵. Weekly Individual Rehabilitation and monthly TCM services were listed as needed interventions on the Client Plan signed completed on ¹⁶; however, neither were provided during the three-month review period, despite both the assessment and plan documenting “repeated challenges of behaviors in the class” and “school reports that...[the beneficiary’s] behaviors have worsened,” changes that could have benefitted by the provision of TCM services as recommended on the Plan.

CORRECTIVE ACTION PLAN 8.4.1a:

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

⁹ Line number(s) removed for confidentiality

¹⁰ Date(s) removed for confidentiality

¹¹ Date(s) removed for confidentiality

¹² Date(s) removed for confidentiality

¹³ Line number(s) removed for confidentiality

¹⁴ Date(s) removed for confidentiality

¹⁵ Line number(s) removed for confidentiality

¹⁶ Date(s) removed for confidentiality

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expected to continue to ensure compliance with its policies and all current documentation requirements.

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** ¹⁷. The initial Client Plan was completed late based on the MHP's documentation standards of timeliness. Per the Napa County HHS Mental Health Division Documentation Manual, "The WRP [Wellness and Recovery Plan] must be completed within 60 days from the first face to face service..." Based on the beneficiary's ¹⁸ EOD, the Client Plan signed completed on ¹⁹ should have been completed on or by ²⁰. However, the ²¹ Client Plan was completed prior to the audit period.
- **Line number** ²²: There was a **lapse** between the prior and current Client Plans. However, there were no claims during this period. Prior Client Plan expired on ²³; current Client Plan was completed on ²⁴.

CORRECTIVE ACTION PLAN 8.4.2a:

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.

FINDING 8.4.3:

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 as a result of the mental health diagnosis.

Line number ²⁵.

CORRECTIVE ACTION PLAN 8.4.3:

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

¹⁷ Line number(s) removed for confidentiality

¹⁸ Date(s) removed for confidentiality

¹⁹ Date(s) removed for confidentiality

²⁰ Date(s) removed for confidentiality

²¹ Date(s) removed for confidentiality

²² Line number(s) removed for confidentiality

²³ Date(s) removed for confidentiality

²⁴ Date(s) removed for confidentiality

²⁵ Line number(s) removed for confidentiality

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expected to continue to ensure compliance with its policies and all current documentation requirements.

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** ²⁶. One or more progress note was not completed within the MHP's written timeliness standard of five business days after provision of service. 59 or 67 percent of all progress notes reviewed were completed late.
- **Line number** ²⁷. One or more progress note did not match its corresponding claim in terms of service date. The MHP reported during the virtual on-site review that two claims both dated ²⁸, for ²⁹ minutes and ³⁰ minutes, were billing errors belonging to another beneficiary.

A third claim for Individual Rehab on ³¹ was billed to the incorrect date; the MHP later submitted an ³² Individual Rehab progress note, which was the correct date of service. **RR6, refer to Recoupment Summary for details.**

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.
- 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.
- 3) The MHP shall submit a CAP that describes how the MHP will ensure that Specialty Mental Health Services claimed are accurate and are actually provided to the beneficiary.

FINDING 8.5.3:

²⁶ Line number(s) removed for confidentiality

²⁷ Line number(s) removed for confidentiality

²⁸ Date(s) removed for confidentiality

²⁹ Minutes(s) removed for confidentiality

³⁰ Minutes(s) removed for confidentiality

³¹ Date(s) removed for confidentiality

³² Date(s) removed for confidentiality

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

- **Line number** ³³: For Mental Health Services claimed, the Individual Rehab service activity identified on the ³⁴ progress note was not consistent with the specific service activity actually documented in the body of the progress note, which appeared to describe Individual Therapy.

The intervention states, “explored [client’s] beliefs about mental illness, psychotropic medications, and definitions of normal. Attempted to find middle ground between confrontation and appearing to confirm client’s beliefs. Examined ‘normalcy’ ...from a CBT perspective...”

CORRECTIVE ACTION PLAN 8.5.3:

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 units of time.

Provision of ICC Services and IHBS for Children and Youth

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 ³⁵. Weekly ICC and quarterly Child and Family Team (CFT) meetings were listed as needed interventions on the client plan signed completed ³⁶. However, there were no claims for ICC services nor documented evidence of CFT meetings during the review period from July 1 through September 31 of 2020, specifically the month of September following Assessment and Plan Development services delivered in July and August.

The MHP was given the opportunity to locate evidence of ICC services and CFT meetings for the month of September and submitted an ICC tracking log; however, the beneficiary in question was not among those listed.

CORRECTIVE ACTION PLAN 8.6.2:

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

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

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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.