DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF RIVERSIDE MENTAL HEALTH PLAN
APRIL 10-12, 2019
CHART REVIEW FINDINGS REPORT

Chart Review – Non-Hospital Services

The medical records of ten (10) adult and ten (10) child/adolescent Medi-Cal specialty mental health beneficiaries were reviewed for compliance with state and federal regulations; adherence to the terms of the contract between the Sonoma 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 521 claims submitted for the months of **April, May** and **June** of **2018**.

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Medical Necessity

REQUIREMENTS
The beneficiary must meet medical necessity criteria outlined in subsections (1-3) to be eligible for services. (CCR, title 9, § 1830.205(b).)
1) The beneficiary meets DSM criteria for an included ICD diagnosis for outpatient SMHS in accordance with the MHP contract. (MHSUDS IN Nos., 15-030, 16-016, 16-051, and 17-004E)
2) The beneficiary must have at least one of the following impairments as a result of the mental disorder or emotional disturbance (listed above in A1): 1. A significant impairment in an important area of functioning. 2. A probability of significant deterioration in an important area of life functioning. 3. A probability that the child will not progress developmentally as individually appropriate 4. For full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that SMHS can correct or ameliorate. (CCR, title 9, § 1830.205 (b)(2)(A-C).)
Reasons for Recoupment (RR): *Refer to the enclosed Recoupment Summary for additional details about disallowances.* RR2. Services, except for Crisis Intervention and/or services needed to establish medical necessity criteria, shall be provided, in accordance with the State Plan, to beneficiaries who meet medical necessity criteria, based on the beneficiary's need for services established by an Assessment. The MHP did not submit documentation substantiating the beneficiary's need for services was established by an Assessment. (MHSUDS IN No. 17-050, Enclosure 4)

FINDING 1A: The MHP did not submit documentation substantiating the beneficiary met the medical necessity criteria for SMHS and their need for services was established by an assessment.

- **Line number [1]:** The diagnosis was recorded on [2], prior to completion of the of an Assessment.

[1] Line number(s) removed for confidentiality
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- The MHP submitted a progress note with service date [3], with the statement, "Sfaff completed the assessment, care plan and diagnosis on this day." However, there was not a completed assessment submitted. There were no assessment elements described in the progress note.
- The MHP submitted a progress note with Service Date [4], with the statement, "Writer completed assessment this day." However, the Assessment the MHP submitted was submitted to the medical record after the review dates, on [5]. There were no assessment elements described in the progress note. **RR2, refer to Recoupment Summary for details.**

- **Line number [6].** There was no initial assessment found in the medical record. *The MHP staff were provided the opportunity, but were not able to locate the missing Assessment.*
  - In lieu of the Assessment, the MHP provided a Face Sheet with diagnoses and an Assessment progress note with service date [7] noting the Presenting Concern. All of the required elements for an Assessment were not addressed; therefore, the Assessment was not completed. **RR2, refer to Recoupment Summary for details.**

PLAN OF CORRECTION 1A:
The MHP shall submit a POC that describes how the MHP will ensure that beneficiarys meet medical necessity criteria for SMHS services and their need for services is established by an assessment.

Assessment

REQUIREMENTS
The MHP must establish written standards for (1) timeliness and (2) frequency of the Assessment documentation. (MHP Contract, Ex. A, Att. 9)

FINDING 2A:
Assessments were not completed in accordance with regulatory and contractual Requirements. Specifically, one or more assessments were not completed within the timeliness and/or frequency requirements specified in the MHP's written documentation standards. The following are specific findings from the chart sample:

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- **Line numbers** [8]. The updated assessments were completed late, according to the MHP policy standards for annual updates.
    - **Line number [9]:** The assessment was due [10]; however, it was signed by the ACSW and entered into the medical record on [11].
    - **Line number [12]:** The updated assessment was due on [13]; however, it was signed by the LMFT and entered into the medical record on [14].
    - **Line number [15]:** The updated assessment was due on [16]; however, it was signed by the MFTI and entered into the medical record on [17]. The next updated assessment was signed by the MFTI and entered into the medical record on [18].
    - **Line number [19]:** There were two Assessments covering the review period. The assessment signed by the MSW and entered into the medical record on [20] and the Assessment signed by the ACSW and entered into the medical record on on [21]. The Assessment entered into the medical record on [22] was late by the MHP's timeliness and frequency standards.

PLAN OF CORRECTION 2A:

The MHP shall submit a POC that describes how the MHP will ensure that assessments are completed in accordance with the timeliness and frequency requirements specified in the MHP's written documentation standards.

REQUIREMENTS
The MHP shall ensure that the following areas are included, as appropriate, as part of a comprehensive beneficiary record when an assessment has been performed:
a) Presenting Problem. The beneficiary's chief complaint, history of the presenting problem(s), including current level of functioning, relevant family history and current family information;

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b) Relevant conditions and psychosocial factors affecting the beneficiary's physical health and mental health; including, as applicable, living situation, daily activities, social support, cultural and linguistic factors and history of trauma or exposure to trauma;
c) Mental Health History. Previous treatment, including providers, therapeutic modality (e.g., medications, psychosocial treatments) and response, and inpatient admissions. If possible, include information from other sources of clinical data, such as previous mental health records, and relevant psychological testing or consultation reports;
d) Medical History. Relevant physical health conditions reported by the beneficiary or a significant support person. Include name and address of current source of medical treatment. For children and adolescents, the history must include prenatal and perinatal events and relevant/significant developmental history. If possible, include other medical information from medical records or relevant consultation reports;
e) Medications. Information about medications the beneficiary has received, or is receiving, to treat mental health and medical conditions, including duration of medical treatment. The assessment shall include documentation of the absence or presence of allergies or adverse reactions to medications, and documentation of an informed consent for medications;
f) Substance Exposure/Substance Use. Past and present use of tobacco, alcohol, caffeine, CAM (complementary and alternative medications) and over-the-counter, and illicit drugs;
g) Client Strengths. Documentation of the beneficiary's strengths in achieving client plan goals related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis;
h) Risks. Situations that present a risk to the beneficiary and/or others, including past or current trauma;
i) A mental status examination;
j) A complete diagnosis from the most current DSM, or a diagnosis from the most current ICD-code shall be documented, consistent with the presenting problems, history, mental status examination and/or other clinical data; and,
k) Additional clarifying formulation information, as needed.

(MHP Contract, Ex. A, Att. 9)

FINDINGS 2B:

One or more of the assessments reviewed did not thoroughly address all of the elements specified in the MHP Contract. Below are the specific findings pertaining to the charts in the review sample:

- Relevant conditions and psychosocial factors affecting the beneficiary's physical health and mental health, including history of trauma: **Line number [23].**
    - **Line number [24]:** The following statement "None recorded at the time of the Assessment," under the section "Psychosocial History" does not address relevant conditions and psychosocial factors which affect the beneficiary's physical health, including, as applicable; living situation, daily activities, social support, and cultural and linguistic factors.

- History of trauma or exposure to trauma: **Line number(s) [25].**
    - **Line number [26]:** There is no documentation with regard to trauma or exposure to trauma in the [27] assessment.
        - The statement "None recorded at the time of the Assessment," is recorded under the section "History of Abuse (Include physical, sexual, emotional, neglect, domestic violence).
        - The Harm Assessment section, including Current Harm Assessment (Within the psat 30 days) is blank under the area "Describe Past History of Harm."
    - **Line number [28]:** The [29] assessment documented "No" after the statement "New/updated client history of trauma information needed?"
- Substance Exposure/Substance Use: **Line number(s) [30].**
    - **Line number [31]:** Past and present use of substances is not addressed.
    - **Line number [32]**: Multiple substances are noted in the Diagnosis section; however, past and present use of substances is not addressed in body of Assessment [33].

- Client Strengths: **Line number(s) [34].**

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[24] Line number(s) removed for confidentiality
[25] Line number(s) removed for confidentiality
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- **Line number [35]:** There is no documentation in the [36] assessment of the beneficiary's strengths in achieving their goals related to their mental helath needs and functional impairment(s).
- **LIne number [37]:** There is no documentation in the [38] assessment of the beneficiary's strengths in achieving their goals related to their mental helath needs and functional impairment(s).
- **LIne number [39]:** There is no documentation in the [40] assessment of the beneficiary's strengths in achieving their goals related to their mental helath needs and functional impairment(s).
- **LIne number [41]:** There is no documentation in the [42] assessment of the beneficiary's strengths in achieving their goals related to their mental helath needs and functional impairment(s).

PLAN OF CORRECTION 2B:

The MHP shall submit a POC that describes how the MHP will ensure that every assessment thouroughly addresses all of the required elements specified in the MHP Contract with the Department.

Medication Consent

REQUIREMENTS
Medication consent for psychiatric medications shall include the following required elements: 1) The reasons for taking such medications. 2) Reasonable alternative treatments available, if any. 3) Type of medication. 4) Range of frequency (of administration). 5) Dosage. 6) Method of administration. 7) Duration of taking the medication. 8) Probable side effects. 9) Possible side effects if taken longer than 3 months. 10) Consent once given may be withdrawn at any time. (MHP Contract, Ex. A, Attachment 9)

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FINDING 3B:
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:

- Reasonable alternative treatments available, if any: **Line number(s) [43].**
- Range of Frequency: **Line number(s) [44].**
- Dosage: **Line number [45].**
- Method of administration (oral or injection): **Line number(s) [46].**
- Duration of taking each medication: **Line number(s) [47].**
- Possible side effects if taken longer than 3 months: **Line number(s) [48].**
- Consent once given may be withdrawn at any time: **Line number(s) [49].**

PLAN OF CORRECTION 3B:
The MHP shall submit a POC 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.

REQUIREMENTS
All entries in the beneficiary record shall include: 1) The date of service. 2) The signature of the person providing the service (or electronic equivalent). 3) The type of professional degree, licensure, or job title of the person providing the service. 4) The date the documentation was entered in the medical record. (MHP Contract, Ex. A, Attachment 9)

FINDING 3C:
Medication Consent(s) in the chart sample did not include the signature of the person providing the service (or electronic equivalent) that includes the provider's professional degree, licensure, job title. **Line number(s) [50].**

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PLAN OF CORRECTION 3C:
The MHP shall submit a POC that describes how the MHP will ensure that all documentation includes the signature of the qualified person (or electronic equivalent) with the professional degree, licensure or title of the person providing the service.

Client Plans

REQUIREMENTS
The MHP shall ensure that all medically necessary SMHS are sufficient in amount, duration, and scope to reasonably achieve the purpose for which the services are furnished. (MHP Contract, Ex. A, Attachment 2)

FINDING 4A-2
Services shall be provided in an amount, duration, and scope as specified in the individualized Client Plan for each beneficiary. The Client Plan did not clearly document the service intervention and the scope of the service based on the beneficiary's need for services:

- **LIne number [51].** The [52] Clinical Assessment and the [53] Psychiatric Assessment documented the need for Therapeutic Behavioral Support services. The [54] Client Plan referred for TBS services and the [55] Client Plan included TBS as a service intervention; however, there were no claims for TBS services during the review period.

PLAN OF CORRECTION 4A-2:
The MHP shall submit a POC that describes how the MHP will ensure that services shall be provided in an amount, duration, and scope as specified in the individualized Client Plan for each beneficiary.

The client plan shall be updated at least annually, or when there are significant changes in the beneficiary's condition.

(MHP Contract, Ex. A, Attachment 9)

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Reasons for Recoupment (RR): ***Refer to the enclosed Recoupment Summary for additional details about disallowances.***

RR4. Services shall be provided, in accordance with the State Plan, based on the beneficiary's need for services established by an Assessment and documented in the Client Plan. Services were claimed:
a) Prior to the initial Client Plan being in place; or
b) During the period where there was a gap or lapse between client plans; or
c) When the planned service intervention was not on the current client plan.

(MHSUDS IN No. 17-050, Enclosure 4)

FINDING 4B:
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). Below are the specific findings pertaining to the charts in the review sample:

- **Line number(s) [56]**: There was a **lapse** between the prior and current client plans. However, this occurred outside of the audit review period.
  - **Line number [57]:** The Client Plan expired [58], and the next Client Plan was not in effect until [59].
  - **Line number [60]:** The Client Plan expired [61], and the next Client Plan was not in effect until [62].
  - **Line number [63]:** The Client Plan expired [64], and the next Client Plan was not in effect until [65].
- **Line number(s) [66]**: There was no evidence found in the medical record that the client plan was reviewed and/or updated in response to the change in the beneficiary's mental health condition, impairments, and need for Speciality Mental Health Services.
  - **Line number [67]:** The progress note dated [68] documented, "Client was referred to writer to update client treatment plan…writer encouraged client to attend the recovery management group…writer reviewed client chart and updated client

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[65] Date(s) removed for confidentiality
[66] Line number(s) removed for confidentiality
[67] Line number(s) removed for confidentiality
[68] Date(s) removed for confidentiality

CCP [client care plan]." A second progress note, also on [69], documented that client had been attending the "Mastering Anxiety group." The Client Plan was signed [70], and is ***identical*** to the Client Plan signed [71]. Neither plan includes groups/therapy as service interventions.

- **Line number [72]:** Following the referral for a Psychiatric Evaluation, the Client Plan was not updated to reflect the medication support services goal. The beneficiary received medication during the review period.

- **Line number(s) [73]**: There was **no** Client Plan for one or more type of service being claimed. *During the review, MHP staff was given the opportunity to locate the service(s) in question on a Client Plan but could not find written evidence of it.* **RR4c, refer to Recoupment Summary for details**

  - **Line number [74]:** Individual Therapy was provided; however, this service intervention was not covered by the [75] Client Plan (specifically, claim dated [76]).

  - **Line number [77]:** Group Therapy and Individual therapy were provided; however, these service interventions were not covered by the [78] Client Plan.

  - **Line number [79]:** Group Rehabilitation services were provided; however, these services were not covered by the [80] Client Plan and the [81] Client Plan.

  - **Line number [82]:** Individual Therapy was provided; however, this service intervention was not covered by the [83] Client Plan and the [84] Client Plan.

  - **Line number [85]:** The [86] Student Treatment Plan provided for the review by the MHP was in Draft form, without interventions and without the provider and beneficiary signatures.

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[71] Date(s) removed for confidentiality
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- **Line number [87].** There were Intensive Care Coordination (ICC) and In Home Based Services (IHBS) provided during the review period; however, ICC services were not covered by the Client Plan signed [88].

- **Line number [89]:** In Home Based Services (IHBS), Intensive Care Coordination (ICC) and Family Team meeting (CFT) and Individual Therapy services were provided; however, these service interventions were not covered by the [90] Client Plan. The Client Plan consisted of Mental Health Case Management (MHCM), consultation, and linkage to Mental Health Services.

PLAN OF CORRECTION 4B:

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

1) Ensure that client plans are completed prior to planned services being provided.
2) Ensure that client plans are updated at least on an annual basis as required in the MHP Contract with the Department, and within the timelines and frequency specified in the MHP's written documentation standards.
3) Ensure that planned services are not claimed when the service provided is not included in the current client plan.
4) Ensure that client plans are reviewed and updated whenever there is a significant change in the beneficiary's condition.

REQUIREMENTS
The MHP shall ensure that Client Plans: a) Have specific observable and/or specific quantifiable goals/treatment objectives related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis. b) Identify the proposed type(s) of intervention/modality including a detailed description of the intervention to be provided. c) Have a proposed frequency of intervention(s). d) Have a proposed duration of intervention(s). e) Have interventions that focus and address the identified functional impairments as a result of the mental disorder (from Cal. Code Regs., tit. 9, § 1830.205(b). f) Have interventions that are consistent with the client plan goals. g) Be consistent with the qualifying diagnoses. (MHP Contract, Ex. A, Attachment 9)

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[89] Line number(s) removed for confidentiality
[90] Date(s) removed for confidentiality

FINDING 4C:
Client Plans did not include all of the required elements specified in the MHP Contract. Below are the specific findings pertaining to the charts in the review sample:

- One or more of the proposed interventions did not include a detailed description. In some cases, only a "type" or "category" of intervention was recorded on the client plan. **Line number(s) [91].**

  Examples:
  - **Line number [92]:** A list of services that will or may be offered to the beneficiary was documented under each goal. Specifically (Line 1), "Staff will provide case management, groups, therapy, resources, peer support, regular visits, and encouragement to promote mental health stability." A detailed description of the planned interventions was not provided.
  - **Line number [93]:** The plan portion of the [94] Assessment/Plan document did not provide a description of the service interventions.
  - **Line number [95]:** The Client Plan signed [96], did not provide detail regarding the group rehabilitation activities that were planned.
  - **Line number [97]:** The Client Plan signed [98], listed "Provide assessment, linkage to community resources, triage services, case management, monitor progress, family engagement, referral to support groups/therapy." A detailed description of the planned interventions was not provided.
  - **Line number [99]:** The Intervention statement under each goal on the [100] Client Plan, is ***identical*** in verbiage and not individualized.

    For example, the intervention statement under each goal (italics and underscore added) read: "Providers will engage client in mental health services *such as* Individual therapy, collateral services, *and/or* family therapy *as deemed appropriate by clinician* to assist client in processing clt's past history and developing self control skills to improve compliance with directives and decreased depressed mood. Providers will also provide *necessary* case management, coordination of service, behavioral management strategies, and linkage to outside resources *as applicable*. "
  - **Line number [101]:**

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[98] Date(s) removed for confidentiality
[99] Line number(s) removed for confidentiality
[100] Date(s) removed for confidentiality
[101] Line number(s) removed for confidentiality

- TCM, ICC and IHBS are listed on the Client Plan signed [102], without detail. The statement *"may be offered"* was used with interventions; therefore, it was not clear whether or not the intervention *will be offered* as part of the Client Plan.

- The TCM goal included a description that is consistent with a Rehabilitation activity. Specifically, "Case management may be used 1-4 times per month as needed to provide client additional support in demonstrating appropriate boundaries with others."

- One or more of the proposed interventions did not indicate an expected frequency. **Line number(s) [103].**
  - For example, **Line number [104]:** The frequency for services was documented "as needed", and did not indicate that there was a plan in place for how frequently a service intervention would be utilized.
  - For example, **Line number [105]:** The frequency of the medication support intervention on the [106] Client Plan, was documented "on a regular basis."
- One or more of the proposed interventions did not indicate an expected duration. **Line number(s) [107].**
  - For example, **Line number [108]:** The Rehabilitation services and Medication Support services on the [109] Client Plan did not include the intervention duration.
- One or more of the proposed interventions did not address the mental health needs and functional impairments identified as a result of the mental health condition. **Line number [110].**
  - **Line number [111]:** The purpose for utilizing medication support services (i.e. the mental health need) was not written into the goal statement on the [112] Client Plan. The goal read as follows, "[Name] will attend 10 out of 10 psychiatric appointments in the next 12 months."

PLAN OF CORRECTION 4C:
The MHP shall submit a POC that describes how the MHP will ensure that:

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[105] Line number(s) removed for confidentiality
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[108] Line number(s) removed for confidentiality
[109] Date(s) removed for confidentiality
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1) All 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) All 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.).
3) All mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.
4) All mental health interventions proposed on client plans are consistent with client plan goals/treatment objectives.
5) All mental health interventions/modalities proposed on client plans address the mental health needs and identified functional impairments of the beneficiary as a result of the mental disorder.

REQUIREMENTS
The MHP shall ensure that Client Plans are signed (or electronic equivalent) by: a) The person providing the service(s) or, b) A person representing a team or program providing the service(s) or, c) A person representing the MHP providing service(s). (CCR, title 9, § 1810.440(c).)
Services (i.e.,Plan Development) shall be provided within the scope of practice of the person delivering service, if professional licensure is required for the service. Services shall be provided under the direction of one or more of the following: A. Physician B. Psychologist C. Licensed Clinical Social Worker D. Licensed Marriage and Family Therapist E. Licensed Professional Clinical Counselor F. Registered Nurse, including but not limited to nurse practitioners, and clinical nurse specialists G. Waivered/Registered Professional when supervised by a licensed mental health professional in accordance with laws and regulations governing the registration or waiver. (CCR, title 9, § 1840.314(e); 1810.440(c); State Plan, Supplement 3, Attachment 3.1-A, pp. 2m-p; MHSUDS IN No. 17-040)
The Client Plan must be co-signed by the LMHP directing services, within their scope of practice under State law, if the individual providing services must be under the direction of an LMHP (from the categories above). (CCR, title 9, § 1840.314(e); 1810.440(c); State Plan, Supplement 3, Attachment 3.1-A, pp. 2m-p; MHSUDS IN No. 17-040)

Reasons for Recoupment (RR): ***Refer to the enclosed Recoupment Summary for additional details about disallowances.***

RR4. Services shall be provided, in accordance with the State Plan, based on the beneficiary's need for services established by an Assessment and documented in the Client Plan. Services were claimed:
a) Prior to the initial Client Plan being in place; or
b) During the period where there was a gap or lapse between client plans; or
c) When the planned service intervention was not on the current client plan.

(MHSUDS IN No. 17-050, Enclosure 4)

FINDING 4D:
The client plan was not signed (or electronic equivalent) by the appropriate staff, as specified in the MHP Contract and CCR, title 9, chapter 11, section 1810.440(c)(1)(A-C)**:**

- **Line number [113]**: The client plan was not signed (or electronic equivalent) by the person providing the services, the person representing the team or program providing the services, or the person representing the MHP providing services. **RR4c, refer to Recoupment Summary for details.**

PLAN OF CORRECTION 4D:
The MHP shall submit a POC that describes how the MHP will ensure that the signature and co-signature (if applicable) of an approved category of staff is obtained when required as specified in the MHP Contract and/or MHPs own policy.

REQUIREMENTS

The MHP shall ensure that Client Plans include documentation of the beneficiary's participation in and agreement with the Client Plan. (MHP Contract, Ex. A, Att. 9; CCR, title 9, § 1810(c)(2).)

The MHP shall ensure that Client Plans include the beneficiary's signature or the signature of the beneficiary's legal representative when:
a) The beneficiary is expected to be in long-term treatment, as determined by the MHP, and,
b) The client plan provides that the beneficiary will be receiving more than one (1) type of SMHS.

(CCR, title 9, § 1810.440(c)(2)(A).)

When the beneficiary's signature or the signature of the beneficiary's legal representative is required on the client plan and the beneficiary refuses or is unavailable for signature, the

[113] Line number(s) removed for confidentiality

client plan includes a written explanation of the refusal or unavailability of the signature. (CCR, title 9, § 1810.440(c)(2)(B).)

The MHP shall have a written definition of what constitutes a long-term care beneficiary. (MHP Contract, Ex. A, Att. 9)

FINDING 4E:

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

- **Line number(s) [114]**: The beneficiary or legal representative was required to sign the Client Plan per the MHP Contract with the Department (i.e., the beneficiary is in "long-term" treatment and receiving more than one type of SMHS), and/or per the MHP's written documentation standards; however, the signature was missing.

  Furthermore, the MHP did not have a written definition of what constitutes a "long-term" care beneficiary.

  - **Line number [115]:** On the [116] Client Plan, which extends into the review period, there was a note near to where the client/legal representative signature would go that stated, "See client care plan scanned into ELMR on [117]." *This signature document was requested; however, the MHP was not able to locate the requested document.*

  - **Line number [118]:** The Client Plan signed by the LCSW and entered into the medical record on [119], was missing the beneficiary/legal guardian signature.

PLAN OF CORRECTION 4E:

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

1) Ensure that the beneficiary's signature is obtained on the Client Plan, as specified in the MHP Contract with the Department and CCR, title 9, chapter 11, section 1810.440(c)(2)(A)(B).
2) Ensure that 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.

[114] Line number(s) removed for confidentiality
[115] Line number(s) removed for confidentiality
[116] Date(s) removed for confidentiality
[117] Date(s) removed for confidentiality
[118] Line number(s) removed for confidentiality
[119] Date(s) removed for confidentiality

3) Establish a written definition of what constitutes a "long-term" care beneficiary as part of the MHP's written documentation standards.

REQUIREMENTS
There is documentation in the Client Plan that a copy of the Client Plan was offered to the beneficiary.

FINDING 4G:
There was no documentation that the beneficiary or legal guardian was offered a copy of the Client Plan for the following: **Line number(s): [120].**

PLAN OF CORRECTION 4G:
The MHP shall submit a POC that describes how the MHP will:

1) Ensure that there is documentation substantiating that the beneficiary was offered a copy of the Client Plan.
2) Submit evidence that the MHP has an established process to ensure that the beneficiary is offered a copy of the Client Plan.

REQUIREMENTS
All entries in the beneficiary record (i.e., Client Plans) include: 1) Date of service. 2) The signature of the person providing the service (or electronic equivalent); 3) The person's type of professional degree, licensure or job title. 4) Relevant identification number (e.g., NPI number), if applicable. 5) The date the documentation was entered in the medical record. (MHP Contract, Ex. A, Att. 9)

FINDING 4H:
The Client Plan in the chart sample did not include the signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, job title.

[120] Line number(s) removed for confidentiality

- **Line number [121].** The [122] Client Plan.

PLAN OF CORRECTION 4H:
The MHP shall submit a POC that describes how the MHP will ensure that all documentation includes the signature (or electronic equivalent) with the professional degree, licensure or title of the person providing the service.

Progress Notes

REQUIREMENTS
The MHP shall ensure that progress notes describe how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning outlined in the client plan. Items that shall be contained in the client record related to the beneficiary's progress in treatment include: a) Timely documentation of relevant aspects of beneficiary care, including documentation of medical necessity; b) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions; c) Interventions applied, beneficiary's response to the interventions and the location of the interventions; d) The date the services were provided; e) Documentation of referrals to community resources and other agencies, when appropriate; f) Documentation of follow-up care, or as appropriate, a discharge summary; and g) The amount of time taken to provide services; and h) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, licensure, or job title. (MHP Contract, Ex. A, Attachment 9)

[121] Line number(s) removed for confidentiality
[122] Date(s) removed for confidentiality

Reasons for Recoupment (RR): ***Refer to the enclosed Recoupment Summary for additional details about disallowances.***

RR5. The MHP did not submit documentation substantiating that the focus of the intervention is to address the beneficiary's included mental health condition.

a) A significant impairment in an important area of life functioning;
b) A probability of significant deterioration in an important area of life functioning;
c) A probability the child will not progress developmentally as individually appropriate;
d) For full-scope Medi-Cal benificiaries under the age of 21 years, a condition as a result of the mental disorder that specialty mental health services can correct or ameliorate.

RR7. The progress note does not describe how services provided to the beneficiary reduced impairment, restored functioning, prevented significant deterioration in an important area of life functioning, or how services were necessary to correct or ameliorate a beneficiary's (under the age of 21) mental health condition.

RR8. The MHP did not submit a progress note corresponding to the claim submitted to DHCS for reimbursement, as follows:

a) No progress note submitted

b) The progress note provided by the MHP does not match the claim submitted to DHCS for reimbursement in terms of the following:
1) Specialty Mental Health Service claimed.
2) Date of service, and/or
3) Units of time.

RR15. The MHP did not submit documentation that a valid service was provided to, or on behalf of, the beneficiary:

a) No show / appointment cancelled, and no other eligible service documented (e.g., chart review to prepare for an appointment that turns out to be a "no show"), or
b) Service provided did not meet the applicable definition of a SMHS.

(MHSUDS IN No. 17-050, Enclosure 4)

FINDING 5A-1:

The progress note does not describe how services provided to the beneficiary reduced impairment, restored functioning, prevented significant deterioration in an important area of life functioning, or how services were necessary to correct or ameliorate a beneficiary's (under the age of 21) mental health condition.

- **Line number [123].** The progress note(s) documentation did not substantiate that the focus of the intervention was to address the beneficiary's included mental health condition and related functional impairment. **RR5a, refer to Recoupment Summary for details.**

[123] Line number(s) removed for confidentiality

- **LIne number [124].** The progress note did not describe how the intervention provided to the beneficiary reduced impairment, restored functioning, prevented significant deterioration in an important area of life functioning. **RR7, refer to Recoupment Summary for details.**

PLAN OF CORRECTION 5A-1:

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

1) Ensure that interventions are focused on a significant functional impairment that is directly related to the mental health condition, as specified in CCR, title 9, chapter 11, section 1830.205(b)(3)(A).

2) Ensure each progress note describes how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning

FINDING 5B:

Progress notes did not include timely documentation of relevant aspects of beneficiary care, including documentation of medical necessity, as required in the MHP Contract. One or more progress notes was not completed within the timeliness and/or frequency standards in accordance with the MHP Contract and the MHP's written documentation standards. Below are the specific findings pertaining to the charts in the review sample:

- **Line number(s) [125].** Progress notes associated with the line numbers did not include timely documentation of relevant aspects of beneficiary care, with provider signature required within 5 business days of the date of service, as specified by the MHP's Documentation Manual, October 1, 2014 provided for the review period.
- **Line number(s) [126].** The amount of time taken to provide services. There was a progress note in the medical record for the date of service claimed. However, the amount of time documented on the progress note to provide the service was less than the time claimed, or was missing on the progress note. **RR8b3, refer to Recoupment Summary for details.**
    - **Line number [127]:**
        - One progress note documented a Group Therapy service, and indicated that some of the group time was used to conduct the DHCS Adult Survey (not considered a SMHS activity, RR15b) with the group members.The total units of time claimed included the time taken to perform the DHCS Adult Survery.

[124] Line number(s) removed for confidentiality
[125] Line number(s) removed for confidentiality
[126] Line number(s) removed for confidentiality
[127] Line number(s) removed for confidentiality

- One progress note documented part of the service included speaking to beneficiary regarding their mental health goal and another part of the service included speaking to beneficiary about the beneficiary's boyfriend's travel arrangements and coordinating on his behalf (not considered a SMHS activity, RR15b).

- **Line number [128]:** One progress note documented services from two separate service categories. The progress note documented IHBS service activities and case management activities. The units of time did not appear to be allocated to each service category. The total units of time were claimed to IHBS.

- **Line number [129]:** The time claimed for one of the services provided exceeded the units of time documented on the progress note. Also, the documentation indicated the beneficiary "struggled to focus during the session and left multiple times."

- **Line number [130].** The progress note document provided to support claims for services was formatted with unit of time options (i.e. check boxes), limited to 30 minutes or 60 minutes. The documentation did not allow for a write in option for units of time, or for selection of units of time other than 30 minutes or 60 minutes, and thus may not have captured the exact number of minutes.

- **Line number(s) [131].** The provider's (and co-signer, if applicable) professional degree, licensure or job title.

PLAN OF CORRECTION 5B:

1) The MHP shall submit a POC that describes how the MHP will ensure that progress notes document**:**
    - Timely completion by the person providing the service and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP's written documentation standards.
    - The claim must accurately reflect the units of time taken to provide services. The exact number of minutes used by persons providing a reimbursable service shall be reported and billed.
    - The provider's/providers' professional degree, licensure or job title.

2) Documentation is individualized for each service provided.

[128] Line number(s) removed for confidentiality
[129] Line number(s) removed for confidentiality
[130] Line number(s) removed for confidentiality
[131] Line number(s) removed for confidentiality

3) Each progress note describes how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning.

4) All services claimed are 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).

5) Speciality Mental Health Services claimed are actually provided to the beneficiary.

REQUIREMENTS
Progress notes shall be documented at the frequency by type of service indicated below: a) Every Service Contact: i. Mental Health Services; ii. Medication Support Services; iii. Crisis Intervention; iv. Targeted Case Management; b) Daily: i. Crisis Residential; ii. Crisis Stabilization (1x/23hr); iii. Day Treatment Intensive; c) Weekly: i. Day Treatment Intensive: a clinical summary reviewed and signed by a physician, a licensed/waivered psychologist, clinical social worker, or marriage and family therapist; or a registered nurse who is either staff to the day treatment intensive program or the person directing the service; ii. Day Rehabilitation; iii. Adult Residential. (MHP Contract, Ex. A, Attachment 9)
Reasons for Recoupment (RR): ***Refer to the enclosed Recoupment Summary for additional details about disallowances.***

RR8. The MHP did not submit a progress note corresponding to the claim submitted to DHCS for reimbursement, as follows:

a) No progress note submitted

b) The progress note provided by the MHP does not match the claim submitted to DHCS for reimbursement in terms of the following:
1) Specialty Mental Health Service claimed.
2) Date of service, and/or
3) Units of time.

(MHSUDS IN No. 17-050, Enclosure 4)

FINDING 5D:

Progress notes were not documented according the frequentcy requirements specified in the MHP Contract. Below are the specific findings pertaining to the charts in the review sample:

- **Line number(s)** [132]: There was no progress note in the medical record for the service(s) claimed. **RR8a, refer to Recoupment Summary for details**.

  The MHP was given the opportunity to locate the documents in question but did not provide written evidence of them in the medical record.

- **Line number(s)** [133]: 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. **RR8b-1, refer to Recoupment Summary for details.**

- **Line number(s)** [134]: For Specialty Mental Health Services claimed, the service activity (e.g., Assessment, Plan Development, Rehabilitation) identified on the progress note was not consistent with the specific service activity documented in the body of the progress note.

  - **Line number** [135]:
    - Two progress notes documented Collateral service activities; however, Rehabilitation was the service activity claimed.

Date of Service	Service Function	Unit of Time
[136]	30	25
[137]	30	27

    - Two claims were submitted for Mental Health Services as Service Function "30". The progress note(s) associated with the date(s) and time(s) claimed documented In Home Based Services (IHBS) as the intervention, and should have been claimed as Service Function "57."

Date of Service	Service Function	Unit of Time
[138]	30	55
[139]	30	77

  - **Line number** [140]**:** Two claims were submitted for Mental Health Services as Service Function "30". The progress note(s) associated with the date(s) and time(s) claimed documented Therapeutic Behavioral Services and should have been claimed as Service Function "58."

Date of Service	Service Function	Unit of Time
[141]	30	165
[142]	30	105

[132] Line number(s) removed for confidentiality
[133] Line number(s) removed for confidentiality
[136] Date(s) removed for confidentiality
[137] Date(s) removed for confidentiality
[138] Date(s) removed for confidentiality
[139] Date(s) removed for confidentiality
[141] Date(s) removed for confidentiality
[142] Date(s) removed for confidentiality

PLAN OF CORRECTION 5D:
The MHP shall submit a POC that describes how the MHP will:

1) Ensure that all SMHS claimed are:
   a) Documented in the medical record.
   b) Claimed for the correct service modality billing code, and units of time.

2) Ensure the Specialty Mental Health Service acitivity identified on the progress note is consistent with the service activity documented in the body of the progress note.

REQUIREMENTS
All entries in the beneficiary record (i.e., Progress Notes) include: 1) Date of service. 2) The signature of the person providing the service (or electronic equivalent); 3) The person's type of professional degree, licensure or job title. 4) Relevant identification number (e.g., NPI number), if applicable. 5) The date the documentation was entered in the medical record. (MHP Contract, Ex. A, Att. 9)
Reasons for Recoupment (RR): *Refer to the enclosed Recoupment Summary for additional details about disallowances.* RR16. The service provided was not within the scope of practice of the person delivering the service. (MHSUDS IN No. 17-050, Enclosure 4)

FINDING 5E:
Documentation in the medical record did not meet the following requirements:

- **Line number [143].** The progress note was not signed by a provider whose scope of practice includes the provision of the service documented on the progress note(s); i.e., the provider's scope of practice did not include delivering psychotherapy.
  RR16a, refer to Recoupment Summary for details.

PLAN OF CORRECTION 5E:
The MHP shall submit a POC that describes how the MHP will ensure that**:**

[140] Line number(s) removed for confidentiality
[141] Date(s) removed for confidentiality
[142] Date(s) removed for confidentiality
[143] Line number(s) removed for confidentiality

1) All services claimed are provided by the appropriate and qualified staff within their scope of practice, if professional licensure is required for the service.
2) Staff adheres to the MHP's written documentation standards and policies and procedures for providing services within the staff's scope of practice.

REQUIREMENTS
The MHP must make individualized determinations of each child's/youth's need for ICC and IHBS, based on the child's/youth's strengths and needs. (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018)

FINDING 6A:

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 [144].** Assessments [145] and [146] were reviewed. There was no documentation available to ascertain that a determination of eligibility and need had been performed.

- **Line number [147].** The [148] Assessment documented that the beneficiary had involvement with multiple child serving systems (i.e., Legal / Child Protective Services, Individual Education Plan with placement in classroom for emotional behavioral challenges, School based counseling and community counseling, group home placement, etc.), indicating the beneficiary met eligibility criteria for ICC services and IHBS; however, these services were not included in the [149] Client Plan.

PLAN OF CORRECTION 6A:

The MHP shall submit a POC that describes how it will ensure that each beneficiary under the age of 22 who is authorized to receive Specialty Mental Health Services (SMHS) also receives an individualized determination of eligibility and need for ICC and IHBS prior to or during the development of the benficiary's Initial Client Plan, and that if appropriate, such services are included in their Client Plan.

[144] Line number(s) removed for confidentiality
[145] Date(s) removed for confidentiality
[146] Date(s) removed for confidentiality
[147] Line number(s) removed for confidentiality
[148] Date(s) removed for confidentiality
[149] Date(s) removed for confidentiality

Documentation of Cultural and Linguistic Services

REQUIREMENTS
The MHP shall make oral interpretation, available and free of charge for any language. (42 C.F.R. § 438.10(d)(2), (4)-(5).)
Items that shall be contained in the client record (i.e., progress notes) related to the beneficiary's progress in treatment include: a) Timely documentation of relevant aspects of beneficiary care, including documentation of medical necessity; b) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions; (MHP Contract, Ex. A, Attachment 9)

FINDING 7A:
The medical record did not include evidence that oral interpretation services were made available to the beneficiary and/or the beneficiary's parent(s)/legal guardian(s). Progress notes lacked relevant aspects of beneficiary care. Below are the specific findings pertaining to the charts in the review sample:

- **Line number [150]:** Four progress notes indicated language other than English preferred by the beneficiary; however, there was no documentation to support how the beneficiary's language needs were accommodated.

PLAN OF CORRECTION 7A:
The MHP shall submit a POC that describes how the MHP will ensure that**:**

1) All beneficiaries and their parents/legal guardians are offered oral interpretation services, when applicable.
2) There is documentation substantiating that beneficiaries and their parents/legal guardians are offered mental health interpreter services, when applicable.

[150] Line number(s) removed for confidentiality