



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2019/2020

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE SAN FRANCISCO COUNTY MENTAL HEALTH PLAN

CHART REVIEW FINDINGS REPORT

Review Dates: 10/20/2020 to 10/22/2020

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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 San Francisco 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 536 claims submitted for the months of April, May and June of **2019**.

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Medical Necessity

FINDING 1A-3b:

The actual interventions documented in the progress note(s) for the following Line number(s) do 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:

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

- **Line ²** – MH Group psychosocial rehab progress notes fail to describe how group activities assisted the beneficiary in improving, maintaining, or restoring skills found to be impaired in the beneficiary’s Assessment and included on the beneficiary Plan of Care
 - ³ – Spirituality Group
 - ⁴ – Movie Group
 - ⁵ – Healthy Living Group: Proteins and Diabetes

CORRECTIVE ACTION PLAN 1A-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.

FINDING 1A-3b1:

The intervention(s) documented on the progress note(s) for the following Line number(s) do not meet medical necessity since the service provided was solely:

- **Clerical: Line number ⁶.** **RR11f, refer to Recoupment Summary for details.**
 - ⁷ – MHP Service Code: Plan Development. The note describes the author’s communication with various contacts to inform them that the client was found to have lice.

¹ Line number(s) removed for confidentiality

² Line number(s) removed for confidentiality

³ Date(s) removed for confidentiality

⁴ Date(s) removed for confidentiality

⁵ Date(s) removed for confidentiality

⁶ Line number(s) removed for confidentiality

⁷ Date(s) removed for confidentiality

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- ⁸ – MHP Service Code: MH Individual Psychosocial Rehab. The note describes the author’s communication with the client to inform that a Mental Health Month celebration was happening later that day.

CORRECTIVE ACTION PLAN 1A-3b1:

The MHP shall submit a CAP that describes how the MHP will ensure that Services provided and claimed are not solely transportation, clerical, or payee related

Assessments

FINDING 2A:

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

One or more assessments were not completed within the initial timeliness and/or update frequency requirements specified in the MHP’s written documentation standards.

According to MHP policy, an Initial Assessment is due within 60 days of the Episode Opening Date (EOD) “or prior to first planned service – whichever comes first.” The following Line Numbers do not meet the MHP’s written standards for Initial Assessment timeliness:

- **Line ⁹:** EOD – ¹⁰, Initial Assessment – ¹¹
During the in-person Review, the MHP explained that it is their belief that the Assessment was left in “draft” mode on the Electronic Health Record system in error, and that the Assessment was otherwise submitted timely.
- **Line ¹²:** EOD – ¹³, Initial Assessment – ¹⁴

According to the MHP policy, an updated Assessment occurs each year during the 30-day period before the anniversary of the episode opening date. The following Line Numbers do not meet the MHP’s written standards for Updated Assessment timeliness:

⁸ Date(s) removed for confidentiality

⁹ Line number(s) removed for confidentiality

¹⁰ Date(s) removed for confidentiality

¹¹ Date(s) removed for confidentiality

¹² Line number(s) removed for confidentiality

¹³ Date(s) removed for confidentiality

¹⁴ Date(s) removed for confidentiality

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- **Line** ¹⁵: EOD – ¹⁶, Updated Assessment – ¹⁷
- **Line** ¹⁸: EOD – ¹⁹, Updated Assessment – ²⁰

CORRECTIVE ACTION PLAN 2A:

The MHP shall submit a CAP that provides evidence that the MHP has written documentation standards for assessments, including required elements or timeliness and frequency as required in the MHP Contract with the Department.

FINDING 2B:

One or more of the Assessments reviewed does not address all of the required elements specified in the MHP Contract. Specifically:

- a) Mental Health History: **Line number** ²¹.
- b) Medical History: **Line numbers** ²².
- c) Medications: **Line number** ²³.
- d) Risks, specific to whether the beneficiary experienced past or current trauma: **Line numbers** ²⁴.
- e) A mental status examination: **Line number** ²⁵

CORRECTIVE ACTION PLAN 2B:

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 Consents

FINDING 3A:

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

¹⁵ Line number(s) removed for confidentiality

¹⁶ Date(s) removed for confidentiality

¹⁷ Date(s) removed for confidentiality

¹⁸ Line number(s) removed for confidentiality

¹⁹ Date(s) removed for confidentiality

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²¹ Line number(s) removed for confidentiality

²² Line number(s) removed for confidentiality

²³ Line number(s) removed for confidentiality

²⁴ Line number(s) removed for confidentiality

²⁵ Line number(s) removed for confidentiality

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medication, and there is 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** ²⁶: 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.*
 - Line** ²⁷ – Medication Orders for ²⁸, a Progress Note dated ²⁹, and an Assessment signed on ³⁰ indicate that on these dates the beneficiary was prescribed perphenazine and benztropine.
 - **Line** ³¹ – The beneficiary was prescribed or obtained a refill for olanzapine, mirtazapine, and Lexapro.
- 2) **Line number** ³²: The written medication consent form was not signed by the beneficiary. *During the review, MHP staff was given the opportunity to locate the signed medication consent form but was unable to locate it in the medical record.*

CORRECTIVE ACTION PLAN 3A:

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.

Client Plans

FINDING 4B-1:

Client Plans were not completed prior to the delivery of planned services and/or were not updated at least annually or reviewed and updated when there was a significant change in the beneficiary's condition (as required in the MHP Contract with the Department and/or as specified in the MHP's documentation standards). Specifically:

- **Line number** ³³: The Initial Client Plan was not completed until after one or more planned service ³³ was provided and claimed. **RR4a, refer to Recoupment Summary for details.**

²⁶ Line number(s) removed for confidentiality

²⁷ Line number(s) removed for confidentiality

²⁸ Date(s) removed for confidentiality

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³¹ Line number(s) removed for confidentiality

³² Line number(s) removed for confidentiality

³³ Line number(s) removed for confidentiality

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- ³⁴ – MHP Service Code: Individual Therapy
- ³⁵ – MHP Service Code: Individual Therapy

After given the opportunity to locate the service(s) on a client plan, the MHP was unable to provide a Plan of Care that was completed before the planned services stated above were provided.

- **Line numbers** ³⁶: There was **no** Client Plan for one or more type of claimed service. **RR4c, refer to Recoupment Summary for details.**
 - **Line** ³⁷ – The following treatment modalities/interventions were not clearly established on the beneficiary Plan of Care:
 - Individual Therapy (8 claims)
 - Medication Support (13 claims)
 - **Line** ³⁸ – The following treatment modalities/interventions were not clearly established on the beneficiary Plan of Care:
 - Individual Rehab (8 claims)
 - Medication Support (2 claims)

After given the opportunity to locate the service(s) on a client plan, the MHP was unable to provide Plans of Care for Lines ³⁹ and ⁴⁰ that were in effect during the review period, and which included the treatment modalities/interventions indicated above.

CORRECTIVE ACTION PLAN 4B-1:

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 4C:

Client Plans do not include all of the required elements specified in the MHP Contract. Specifically:

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³⁵ Date(s) removed for confidentiality

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⁴⁰ Line number(s) removed for confidentiality

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- One or more goal/treatment objective is not specific, observable, and/or quantifiable and related to the beneficiary’s mental health needs and identified functional impairments: **Line numbers** ⁴¹.
- One or more proposed intervention does not include a detailed description. Instead, only a “type” or “category” of intervention was recorded: **Line numbers** ⁴².
- One or more proposed intervention does not include a specific expected frequency or frequency range: **Line numbers** ⁴³.
- One or more proposed intervention does not include an expected duration: **Line numbers** ⁴⁴.
- One or more proposed intervention does not address the mental health needs and functional impairments identified as a result of the mental disorder: **Line numbers** ⁴⁵.
- One or more client plan does not address the mental health needs and functional impairments identified as a result of the mental disorder: **Line numbers** ⁴⁶.
- One or more proposed intervention is not consistent with client plan goals/treatment objectives: **Line numbers** ⁴⁷.
- One or more client plan is not consistent with the qualifying diagnosis: **Line numbers** ⁴⁸.

CORRECTIVE ACTION PLAN 4C:

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/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) Mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.

⁴¹ Line number(s) removed for confidentiality

⁴² Line number(s) removed for confidentiality

⁴³ Line number(s) removed for confidentiality

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⁴⁸ Line number(s) removed for confidentiality

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- 4) 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.
- 5) Mental health interventions proposed on client plans are consistent with client plan goals/treatment objectives.
- 6) Client plans are consistent with the qualifying diagnosis.

FINDING 4E:

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

- **Line numbers** ⁴⁹: The beneficiary or legal representative was required to sign the Client Plan per the MHP's written documentation standards. However, the signature was missing.
 - **Line** ⁵⁰ – Client Plan dated ⁵¹
 - **Line** ⁵² – Client Plan dated ⁵³

CORRECTIVE ACTION PLAN 4E:

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 in accordance with the MHP policy.
- 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.

⁴⁹ Line number(s) removed for confidentiality

⁵⁰ Line number(s) removed for confidentiality

⁵¹ Date(s) removed for confidentiality

⁵² Line number(s) removed for confidentiality

⁵³ Date(s) removed for confidentiality

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Progress Notes

FINDING 5B:

Progress notes do not include all required elements specified in the MHP Contract, and/or are not in accordance with the MHP's written documentation standards. Specifically:

- **Line numbers ⁵⁴:** One or more progress note was not completed within the MHP's written timeliness standard of 5 days after provision of service. One hundred twenty (120), or 22% of all progress notes reviewed were completed late.
 - **Line ⁵⁵ – ⁵⁶**
 - **Line ⁵⁷ – ⁵⁸ (Med Support, RN), ⁵⁹ (Med Support, NP)**
 - **Line ⁶⁰ –** Dates for Line ⁶¹ included all Progress Notes submitted for Targeted Case Management claims (x45).
 - **Line ⁶² – ⁶³**
 - **Line ⁶⁴ – ⁶⁵**
 - **Line ⁶⁶ – ⁶⁷**
 - **Line ⁶⁸ – ⁶⁹**
 - **Line ⁷⁰ – ⁷¹**
 - **Line ⁷² – ⁷³**

⁵⁴ Line number(s) removed for confidentiality

⁵⁵ Line number(s) removed for confidentiality

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- **Line** ⁷⁴ – ⁷⁵
- **Line** ⁷⁶ – ⁷⁷ (Individual Therapy), ⁷⁸

- **Line numbers** ⁷⁹: One or more progress note was missing the provider’s professional degree, licensure or job title. Thirteen (13), or 2% of all progress notes reviewed do not include the provider’s professional degree, licensure, or job title.
 - **Line** ⁸⁰ – ⁸¹

According to MHP policy, progress notes must contain a co-signature by a licensed professional of the healing arts (LPHA) for unlicensed staff. Co-signatures for the Line ⁸² claims stated above did not include the professional degree, licensure, or job title with the co-signature.
 - **Line** ⁸³ – ⁸⁴

- **Line number** ⁸⁵: All 13 claims submitted for this line number have associated progress notes wherein the “Completion Timeliness” could not be determined because, while the Progress Notes contain the date of service, they do not contain a date of completion.

CORRECTIVE ACTION PLAN 5B:

- 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.
 - Date the progress note was completed and entered into the medical record in order to determine completion timeliness, as specified in the MHP Contract with the Department.

⁷⁴ Line number(s) removed for confidentiality

⁷⁵ Date(s) removed for confidentiality

⁷⁶ Line number(s) removed for confidentiality

⁷⁷ Date(s) removed for confidentiality

⁷⁸ Date(s) removed for confidentiality

⁷⁹ Line number(s) removed for confidentiality

⁸⁰ Line number(s) removed for confidentiality

⁸¹ Date(s) removed for confidentiality

⁸² Line number(s) removed for confidentiality

⁸³ Line number(s) removed for confidentiality

⁸⁴ Date(s) removed for confidentiality

⁸⁵ Line number(s) removed for confidentiality

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- The provider's/providers' professional degree, licensure or job title.

Documentation of Cultural and Linguistic Services

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).

Specifically:

- **Line number ⁸⁶:** There was no evidence in the medical record that language interpretation services were offered or provided to the beneficiary and/or to the beneficiary's parent or legal guardian whose preferred language was not English.

CORRECTIVE ACTION PLAN 7A:

The MHP shall submit a CAP 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 language interpreter services, when applicable.

⁸⁶ Line number(s) removed for confidentiality