



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2020/2021

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE SAN DIEGO COUNTY MENTAL HEALTH PLAN

CHART REVIEW FINDINGS REPORT

Review Dates: 6/8/2021 to 6/10/2020

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Chart Review – Non-Hospital Services

The medical records of ten (10) 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 Diego 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 **477** claims submitted for the months of **April, May and June of 2020**.

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Medical Necessity

FINDING 8.1.1.3b:

The actual interventions documented in the progress notes for the following Line numbers did not meet medical necessity criteria since the intervention(s) were not reasonably likely to result in at least one of the following: a) significantly diminish the impairment; b) prevent deterioration in an important area of life functioning; c) allow the child to progress developmentally; d) correct or ameliorate the mental health condition of a beneficiary who is under age 21. Specifically:

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

CORRECTIVE ACTION PLAN 8.1.1.3b:

The MHP shall submit a CAP that describes how the MHP will ensure that all SMHS interventions are reasonably likely to correct or reduce the beneficiary's documented mental health condition, prevent the condition's deterioration, or help a beneficiary who is under age 21 to progress developmentally as individually appropriate.

Assessment

FINDING 8.2.1.:

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

Assessments for three (3) beneficiaries were not completed within the update frequency requirement specified in the MHP's written documentation standards: The MHP standard is that Assessments should be updated annually.

- **Line number** ². The prior Assessment was completed on ³ while the current Assessment was completed on ⁴.
- **Line number** ⁵. The prior Assessment was completed on ⁶ while the current Assessment was completed on ⁷.
- **Line number** ⁸. The only Assessment submitted was completed on ⁹ although an updated Assessment was due by ¹⁰.

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CORRECTIVE ACTION PLAN 8.2.1:

The MHP shall submit a CAP that:

- 1) 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.
- 2) Planned Specialty Mental Health Services are not claimed in the absence of an assessment that substantiates those services.

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:

- **Line number** ¹¹. The most recent diagnoses determined on ¹² were not fully consistent with the beneficiary's presenting problems and behaviors as described in the Assessments completed on ¹³ and ¹⁴. Specifically:

While the beneficiary was diagnosed with Persistent Depressive Disorder (i.e, "Dysthymia") and Anxiety Disorder, his principle presenting problems/behaviors were "Explosive behavior, destroying property...refusing to attend school...anger outbursts including physical aggression...verbal aggression...and making vague threats...gets angry when his video games are taken away because they are like 'a drug to me'..."

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, including diagnoses which meet DSM criteria and are consistent with the beneficiary's documented presenting problems, history, and/or other clinical data.

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. Specifically:

- **Line numbers** ¹⁵: Although there was one or more written medication consent form in the medical record, there was no medication consent for each and every

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medication prescribed. *The MHP was given the opportunity to locate the medication consent(s) 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.

FINDING 8.3.2:

Written medication consents did not contain all of the required elements specified in the MHP Contract with the Department. The following required elements were not documented on the medication consent form, and/or documented to have been reviewed with the beneficiary, and/or provided in accompanying written materials to the beneficiary:

- 1) Reasonable alternative treatments available, if any: **Line number 16.**
- 2) Method of administration: **Line number 17.**
- 3) Possible side effects if taken longer than 3 months: **Line number 18.**

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 19:** The current Client Plan did not contain services sufficient to reasonably achieve the purpose and goals documented on the Plan:
The Assessment completed on ²⁰ indicated need to monitor risk and provide individual therapy sessions. Also on ²¹, the beneficiary requested Medication

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Support services and “1:1 therapy”, However, the Client Plan completed on ²² included Medication Support every 4-6 weeks and Case Management every 2-3 months, but did not include any individual or group therapy or counseling sessions with no further explanation.

CORRECTIVE ACTION PLAN 8.4.2a:

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

- 1) All Client Plans and actual services provided include interventions sufficient to reasonably attain the purpose and goals documented on the Plan.
- 2) 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 8.4.2b:

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 ²³**. Interventions documented on the ²⁴ Client Plan consisted of Individual Therapy one to four times per month, Family Therapy one to two times per month, and separate Collateral Family sessions one to four times per month. In addition, “Trauma Focused Cognitive Behavior Therapy” (TF-CBT) was documented as the primary treatment modality to be used during the therapy sessions. However, the beneficiary’s actual services claimed did not include any family sessions during the three-month chart review period, and the chart reviewer noted that the therapy sessions actually provided did not focus on the beneficiary’s underlying trauma – as would occur in the course of providing TF-CBT.
- **Line number ²⁵**. Client Plans completed on ²⁶ and ²⁷ included Individual Psychotherapy once per week, Case Management, Collateral, Family Therapy and/or Family Rehabilitation services once per month. However, actual services provided during the three-month chart review period consisted solely of Individual Psychotherapy sessions.

CORRECTIVE ACTION PLAN 8.4.2b:

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The MHP shall submit a CAP that describes how the MHP will ensure that services are provided in the amount, duration, and scope as specified in the Individualized Client Plan for each beneficiary.

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:

- **Line number** ²⁸. There was **no** Client Plan for one type of claimed service. *The MHP was given the opportunity to locate the service(s) 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 8.4.4:

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** ²⁹.
- One or more proposed intervention did not include an expected duration which met the requirements described in the MHP Contract and in MHSUDS INFORMATION NOTICE NO. 17-040. **Line number** ³⁰:
The current Client Plan completed on ³¹ contained expected durations which were not specific enough, but instead were recorded as a "3 – 6 month" ranges.

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.

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- 2) Mental health interventions proposed on client plans indicate both an expected frequency and a specific duration for each intervention.

Progress Notes

FINDING 8.5.2:

Two out of 477 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 number** ³². One progress note for a 74 minute ICC service provided on ³³ was not completed within the MHP's written timeliness standard of 14 days after its service provision.
- **Line number** ³⁴. One progress note's "Completion Timeliness" could not be determined for a Medication Support service provided on ³⁵ because the provider signed but did not date the note. Therefore, this note was also considered as late.
- **Line numbers** ³⁶. Fourteen progress notes did not match their corresponding claims in terms of amount of time to provide services, as is required by the MHP Contract. However, the MHP submitted separate documentation indicating that the claimed service times were derived from a set of CPT codes which the contract providers in question included with each service claim they submitted to the MHP:
 - **Line number** ³⁷. The progress notes for all 12 claims did not include the specific times which corresponded with the units of time claimed,
 - **Line number** ³⁸. Two progress notes documenting Assessment services provided on ³⁹ and ⁴⁰ of 2020 did not include the specific times which corresponded with the units of time claimed for those service dates.
- **Line number** ⁴¹. The service times documented on thirteen progress notes were recorded as a range instead of as the specific times claimed.
 - Nine progress notes with claims for 45 minutes on ⁴², and ⁴³ of 2020 had their service times recorded as "45 – 60 minutes"

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- Four progress notes with claims for 45 minutes on ⁴⁴, and ⁴⁵ of 2020 had their service times recorded as “60-75 minutes”

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.
 - 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.
- 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 progress notes contain documentation that is individualized for each service provided.
- 5) 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:

Documentation of services provided to, or on behalf of, a beneficiary by one or more persons at one point in time did not include all required components. Specifically:

- **Line number** ⁴⁶. The progress note for a group session provided on ⁴⁷ did not accurately document the number of group participants. However, the MHP submitted separate documentation listing the number of participants attending that session.

CORRECTIVE ACTION PLAN 8.5.3:

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

- 1) Contain the actual number of clients participating in a group activity, the number and identification of all group provider/facilitators, the correct type of service (e.g., Group Rehabilitation or Group Psychotherapy), and date of service.

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- 2) Document and differentiate the contribution, specific involvement, and units of direct service, travel and documentation times for each provider/facilitator whenever a claim represents services rendered by more than one (1) provider within the same activity or session, including groups, “team meetings” and “case consultations”.
- 3) Contain accurate and complete documentation of claimed service activities, that the documentation is consistent with services claimed, and that services are not claimed when billing criteria are not met.
- 4) Include a clinical rationale when more than one (1) provider renders services within the same group session or activity.

FINDING 8.5.4:

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

- **Line numbers** ⁴⁸: The type of Specialty Mental Health Service (SMHS) (e.g., Medication Support, Targeted Case Management, Individual Rehab) documented on 11 progress notes were not the same type of SMHS claimed:
 - **Line number** ⁴⁹. The content of progress notes for Case Management claims with service dates of ⁵⁰ and ⁵¹ of 2020 appear to describe what are primarily Individual Rehabilitation interventions rather than Case Management services.
 - **Line number** ⁵². The content of the progress note for a Case Management claim with a service date of ⁵³ and time of 74 minutes appears to describe Individual Rehabilitation interventions, i.e., “clinician provided some grounding techniques ... and mindfulness exercises ... and gave them to CLT for homework”.
- **Line number** ⁵⁴: The service activity (e.g., Assessment, Plan Development, Rehab) identified on the progress note was not consistent with a corresponding service activity proposed on the current client plan:
 - A case manager documented providing an Individual Rehabilitation session on ⁵⁵. However, the current client plan completed on ⁵⁶ included Individual Therapy and Family Rehabilitation, but not Individual Rehabilitation.

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CORRECTIVE ACTION PLAN 8.5.4:

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

- 1) Ensure that all Specialty Mental Health Services claimed are:
 - a) Documented in the medical record.
 - b) Actually provided to the beneficiary.
 - c) Claimed for the correct service modality billing code, and units of time.
- 2) Ensure that all progress notes:
 - a) Are accurate, complete and legible and meet the documentation requirements described in the MHP Contract with the Department.
 - b) Describe the type of service or service activity, the date of service and the amount of time to provide the service, as specified in the MHP Contract with the Department.
 - c) Are completed within the timeline and frequency specified in the MHP Contract with the Department, and as specified in the MHP's written documentation standards.

Provision of ICC Services and IHBS for Children and Youth

FINDING 8.6.1:

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 ⁵⁷.**

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.

⁵⁷ Line number(s) removed for confidentiality