



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2019/2020

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE SAN MATEO COUNTY MENTAL HEALTH PLAN

CHART REVIEW FINDINGS REPORT

Review Dates: 7/21/2020 to 7/23/2020

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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 Mateo 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 458 claims submitted for the months of January, February and March of **2019**.

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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)
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):
<ol style="list-style-type: none"> 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).)
The proposed and actual intervention(s) meet the intervention criteria listed below:
<ol style="list-style-type: none"> b) The focus of the proposed and actual intervention(s) addresses the condition identified in No. 1b (1-3)above, or for full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that the SMHS can correct or ameliorate per No. 1 (b)(4). (CCR, title 9, § 1830.205(b) (3)(A).)
<ol style="list-style-type: none"> c) The expectation is that the proposed and actual intervention(s) will do at least one (1) of the following (A, B, C, or D): <ol style="list-style-type: none"> A. Significantly diminish the impairment. B. Prevent significant deterioration in an important area of life functioning. C. Allow the child to progress developmentally as individually appropriate. D. For full-scope MC beneficiaries under the age of 21 years, correct or ameliorate the condition. (CCR, title 9, § 1830.205 (b)(3)(B)(1-4).)
The condition would not be responsive to physical health care based treatment. (CCR, title 9, § 1830.205(b)(3)(C).)
<i>Reasons for Recoupment (RR): Refer to the enclosed Recoupment Summary for additional details about disallowances.</i>
RR11 The service provided was solely for one of the following: <ol style="list-style-type: none"> a) Academic educational service; b) Vocational service that has work or work training as its actual purpose; c) Recreation; d) Socialization that consists of generalized group activities that do not provide systematic individualized feedback to the specific targeted behaviors; e) Transportation;

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- f) Clerical;
- g) Payee Related.

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. 20-007, Enclosure 4)

FINDING 1A-3b:

The actual interventions documented in the progress note(s) for the following Line number(s) 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 number 1. The intervention documented on the progress note did not meet the definition of a valid Specialty Mental Health Service. **RR15b, refer to Recoupment Summary for details.**

- **Line 2:** ³ SF ⁴ UOT ⁵
 - Staff contacted the caregiver to share when a letter would be completed and an appointment was rescheduled. There were no specialty mental health interventions provided.
- **Line 6:** ⁷ SF ⁸ UOT ⁹
 - Staff interpreted a letter to an immigration attorney for the caregiver. There were no specialty mental health interventions provided.

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

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mental health condition, prevent the condition's deterioration, or help a beneficiary who is under age 21 to progress developmentally as individually appropriate.

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FINDING 1A-3b1:

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

Clerical: **Line numbers** ¹⁰. **RR11f, refer to Recoupment Summary for details.**

- **Line** ¹¹: ¹² SF ¹³ UOT ¹⁴
 - Staff received a voice mail from the beneficiary and left a voice mail for the beneficiary.

- **Line** ¹⁵: ¹⁶ SF ¹⁷ UOT ¹⁸
 - Staff sent a copy of lab results to beneficiary's PCP.

CORRECTIVE ACTION PLAN 1A-3b1:

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

- 1) Each progress note describes how services reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning.
- 2) Services provided and claimed are not solely transportation, clerical or payee related.
- 3) 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, sections 1810.247, 1810.345(a), 1810.335(a)(2), 1830.205(b)(3), and MHSUDS IN. NO. 20-007, Enclosure 4.

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:

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¹⁶ Date(s) removed for confidentiality
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Assessments were not completed in accordance with regulatory and contractual requirements, specifically:

One or more assessments were not completed within the initial timeliness specified in the MHP's written documentation standards.

Per San Mateo Behavioral Health and Recovery Services Policy 91-05, the assessment for a new client, not already open to any treatment program, must be completed within 60 days of the episode opening. Re-assessments for continuous clients with ongoing services must be completed every 3 years or when there is a significant change in clinical condition.

The following are specific findings from the chart sample:

- **Line 19:** Episode Opening Date (EOD) is ²⁰ and the initial assessment was not completed until ²¹.

CORRECTIVE ACTION PLAN 2A:

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.

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: <ol style="list-style-type: none">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;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) History of trauma or exposure to trauma;

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²⁰ Date(s) removed for confidentiality

²¹ Date(s) removed for confidentiality

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- d) Mental Health History. Previous treatment, including providers, therapeutic modality (e.g., medications, psychosocial treatments) and response, and inpatient admissions;
- e) Medical History, including: Relevant physical health conditions reported by the beneficiary or a significant support person; 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;
- f) Medications, including: Information about medications the beneficiary has received, or is receiving, to treat mental health and medical conditions, including duration of medical treatment; Documentation of the absence or presence of allergies or adverse reactions to medications; Documentation of informed consent for medications;
- g) Substance Exposure/Substance Use. Past and present use of tobacco, alcohol, caffeine, CAM (complementary and alternative medications) and over-the-counter drugs, and illicit drugs;
- h) Client Strengths. Documentation of the beneficiary's strengths in achieving client plan goals related to their mental health needs and functional impairment(s);
- i) Risks. Situations that present a risk to the beneficiary and others, including past or current trauma;
- j) Mental Status Examination;
- k) A Complete Diagnosis. A diagnosis from the current ICD-code that is consistent with the presenting problems, history, mental status exam and/or other clinical data; including any current medical diagnosis

(MHP Contract, Ex. A, Att. 9; CCR, title 9, §§ 1810.204 and 1840.112)

FINDING 2B:

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

- a) Relevant conditions and psychosocial factors affecting the beneficiary's physical health and mental health, including history of or exposure to trauma:
Line numbers ²². A history of trauma was not addressed in these beneficiaries' assessments.
- b) Mental Health History: **Line number** ²³.
- c) Medications: **Line number(s)** ²⁴. These assessments did not address whether or not a beneficiary was taking any medications.

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²³ Line number(s) removed for confidentiality

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- d) Client Strengths: **Line number(s)** ²⁵.
- e) A mental status examination: **Line number** ²⁶.

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.

²⁵ Line number(s) removed for confidentiality

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Medication Consent

The provider obtains and retains a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication.

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

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 medication, and there was no documentation in the medical record of a written explanation regarding the beneficiary's refusal or unavailability to sign the medication consent:

Line number ²⁷: Although there was a written medication consent form in the medical record, there was no medication consent for each of the medications prescribed, specifically Atarax. *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 3A:

The MHP shall submit a CAP to address actions it will implement to ensure that a written medication consent forms is obtained and retained for each medication prescribed and administered under the direction of the MHP.

REQUIREMENTS

Written medication consents shall include, but not be limited to, 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, Att. 9)

²⁷ Line number(s) removed for confidentiality

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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:

- 1) Reasonable alternative treatments available, if any: **Line number** ²⁸.
- 2) Duration of taking each medication: **Line numbers** ²⁹.

CORRECTIVE ACTION PLAN 3B:

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.

REQUIREMENTS
All entries in the beneficiary record (i.e., Medication Consents) include: <ol style="list-style-type: none">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 of the person providing the service.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 3C:

Medication Consent(s) in the chart sample did not include the signature of the provider of service (or electronic equivalent) that includes the provider's professional degree, licensure, job title, and/or the date the provider completed and entered the document into the medical record. Specifically:

- The type of professional degree, licensure, or job title of person providing the service:
 - **Line numbers** ³⁰.

CORRECTIVE ACTION PLAN 3C:

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The MHP shall submit a CAP that describes how the MHP will ensure that all Medication Consents include the Provider's signature (or electronic equivalent) that includes professional degree, licensure or title.

Client Plans

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

FINDING 4A-2:

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

- **Line number** ³¹: The current Client Plan did not contain services sufficient to reasonably achieve the purpose and goals documented on the Plan.
 - *As indicated in the assessment and the client plan, the beneficiary struggles with mood stability, agitation, and anxiety which is complicated by homelessness and medical conditions. The beneficiary received case management and medication support services, however, the client plan states she would benefit from increasing positive coping skills, support with medication compliance, and housing. The client would also benefit from rehabilitation services to improve, maintain, and restore her functional skills.*

CORRECTIVE ACTION PLAN 4A-2:

The MHP shall submit a CAP that describes how the MHP will ensure that all Client Plans and actual services provided include interventions sufficient to reasonably attain the purpose and goals documented on the Plan.

REQUIREMENTS

³¹ Line number(s) removed for confidentiality

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The MHP shall ensure that services are provided in an amount, duration, and scope as specified in the individualized Client Plan for each beneficiary. (MHP Contract, Ex. A, Att. 2, 1. B.)

The Contractor shall ensure that all medically necessary covered Specialty Mental Health Services are sufficient in amount, duration, or scope to reasonably achieve the purpose for which the services are furnished. (MHP Contract, Ex. A, Att. 2, 1. C.)

Monitoring and follow up activities [shall] ensure the beneficiary's client plan is being implemented and that it adequately addresses the beneficiary's individual needs.

(MHSUDS IN No.17-040)

FINDING 4A-2a:

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 numbers** ³².
 - **Line** ³³: The client plan has both case management and collateral listed as daily services. However, in the three month claim sample period, there were only two claims for case management and one claim for collateral.
 - **Line** ³⁴: The client plan has case management listed with a frequency of daily, however there was no claims for case management in the three month claim sample period.

CORRECTIVE ACTION PLAN 4A-2a:

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.

REQUIREMENTS

³² Line number(s) removed for confidentiality

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The client plan has been updated at least annually and/or when there are significant changes in the beneficiary's condition.

MHP Contract, Ex. A, Att. 2)

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. 20-007, Enclosure 4)

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 ³⁵:** The Initial Client Plan was not completed until after one or more planned service was provided and claimed. **RR4a, refer to Recoupment Summary for details.**
 - **Line ³⁶:** Client Plan became effective ³⁷. These services were provided prior to the effective date:
 - 38 SF ³⁹ UOT ⁴⁰
 - 41 SF ⁴² UOT ⁴³
 - 44 SF ⁴⁵ UOT ⁴⁶
 - 47 SF ⁴⁸ UOT ⁴⁹

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- 50 SF 51 UOT 52
- 53 SF 54 UOT 55

- **Line numbers** ⁵⁶: There was **no** Client Plan for one or more 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.*
 - **Line** ⁵⁷: Client Plan does not include mental health rehabilitation interventions.
 - 58 SF 59 UOT 60
 - 61 SF 62 UOT 63

 - **Line** ⁶⁴: Client Plan does not include individual therapy interventions.
 - 65 SF 66 UOT 67
 - 68 SF 69 UOT 70
 - 71 SF 72 UOT 73
 - 74 SF 75 UOT 76

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- 77 SF 78 UOT 79
- **Line 80:** Client plan does not include mental health rehabilitation, individual and group therapy, nor collateral interventions.
 - 81 SF 82 UOT 83
 - 84 SF 85 UOT 86
 - 87 SF 88 UOT 89
 - 90 SF 91 UOT 92
 - 93 SF 94 UOT 95
 - 96 SF 97 UOT 98
 - 99 SF 100 UOT 101
 - 102 SF 103 UOT 104
 - 105 SF 106 UOT 107

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- 108 SF 109 UOT 110
- 111 SF 112 UOT 113
- 114 SF 115 UOT 116
- 117 SF 118 UOT 119
- 120 SF 121 UOT 122
- **Line 123:** Client Plan does not include mental health rehabilitation interventions.
 - 124 SF 125 UOT 126
 - 127 SF 128 UOT 129
 - 130 SF 131 UOT 132

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.

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REQUIREMENTS

The client plan has been updated at least annually and/or when there are significant changes in the beneficiary's condition.

MHP Contract, Ex. A, Att. 2)

FINDING 4B-2:

One or more client plan(s) was not updated at least annually and/or when there were significant changes in the beneficiary's condition. Specifically:

- **Line numbers** ¹³³: There was a **lapse** between the prior and current Client Plans. However, this occurred outside of the audit review period.
 - **Line number** ¹³⁴. The prior Client Plan expired on ¹³⁵; the current Client Plan was completed on ¹³⁶.
 - **Line number** ¹³⁷. The prior Client Plan expired on ¹³⁸; the current Client Plan was completed on ¹³⁹.
 - **Line number** ¹⁴⁰. The prior Client Plan expired on ¹⁴¹; the current Client Plan was completed on ¹⁴².
 - **Line number** ¹⁴³. The prior Client Plan expired on ¹⁴⁴; the current Client Plan was completed on ¹⁴⁵.
- **Line number** ¹⁴⁶: There was a **lapse** between the prior and current Client Plans. However, there were no claims during this period.
 - The prior Client Plan expired on ¹⁴⁷; the current Client Plan was completed on ¹⁴⁸.
- **Line number** ¹⁴⁹: The medical record indicated an acute change occurred in the beneficiary's mental health status (e.g. hospitalized, suicide attempt, multiple crisis intervention encounters). However, there is no evidence in the

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medical record of a review and/or update of the current Client Plan in response to the change.

- **Line 150:** *Within the claim sample period this client experienced a crisis situation and was hospitalized, after she became physically violent with her family member. There was no indication that the client plan was reviewed and/or revised following this significant event.*

CORRECTIVE ACTION PLAN 4B-2:

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

- 1) Client plans are completed prior to the provision of planned services.
- 2) Client plans are updated at least on an annual basis, as required by the MHP Contract with the Department, and within the timelines and frequency specified in the MHP's written documentation standards.
- 3) Planned services are not claimed when the service provided is not included on a current Client Plan.
- 4) Client Plans are reviewed and updated whenever there is a significant change in the beneficiary's mental health condition.

REQUIREMENTS

C. The MHP shall ensure that Client Plans:

- 1) 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.
- 2) Identify the proposed type(s) of intervention/modality including a detailed description of the intervention to be provided.
- 3) Have a proposed frequency of the intervention(s).
- 4) Have a proposed duration of intervention(s).
- 5) Have interventions that focus and address the identified functional impairments as a result of the mental disorder or emotional disturbance (CCR, title. 9, § 1830.205(b).
- 6) Have interventions that are consistent with client plan goal(s)/treatment objective(s).
- 7) Have interventions consistent with the qualifying diagnosis.

MHP Contract, Ex. A, Att. 9)

FINDING 4C:

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

¹⁵⁰ Line number(s) removed for confidentiality

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- One or more proposed intervention did not include a detailed description. Instead, only a “type” or “category” of intervention was recorded. **Line numbers** ¹⁵¹.
- One or more proposed intervention did not include an expected frequency or frequency range that was specific enough. **Line numbers** ¹⁵².
 - **Line** ¹⁵³: The Client Plan specifies a Case Management intervention with the frequency listed “as needed.” The Client Plan has a Medication Support Service intervention with the frequency described as, “if she decides to change her current medication provider.”
 - **Line** ¹⁵⁴: The Client Plan for Edgewood San Carlos has the frequency of the interventions listed as, “1x weekly or as needed.”

CORRECTIVE ACTION PLAN 4C:

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

- 1) 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.).
- 2) Mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.

REQUIREMENTS
All entries in the beneficiary record (i.e., Client Plans) include: <ol style="list-style-type: none">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:

One or more Client Plan did not include signature that includes the person’s professional degree, licensure, job title, relevant identification number, or date the documentation was entered into the medical record. Specifically:

¹⁵¹ Line number(s) removed for confidentiality

¹⁵² Line number(s) removed for confidentiality

¹⁵³ Line number(s) removed for confidentiality

¹⁵⁴ Line number(s) removed for confidentiality

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Line number 155: Missing provider's professional degree, licensure, or job title on the Client Plan in effect during the review period. The MHP was later able to verify that the clinician was an LCSW at the time of the Client Plan development.

CORRECTIVE ACTION PLAN 4H:

The MHP shall submit a CAP that describes how the MHP will ensure that all documentation includes the Provider signature (or electronic equivalent) with the professional degree, licensure, or job title.

Progress Notes

REQUIREMENTS
Items that shall be contained in the client record (i.e., Progress Notes) related to the beneficiary's progress in treatment include all of the following:
a) Timely documentation of relevant aspects of client 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) Timely documentation of relevant aspects of client care, including documentation of medical necessity;
e) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions;
f) Interventions applied, beneficiary's response to the interventions and the location of the interventions;
g) The date the services were provided;
h) Documentation of referrals to community resources and other agencies, when appropriate;
i) Documentation of follow-up care, or as appropriate, a discharge summary; and
j) The amount of time taken to provide services; and

¹⁵⁵ Line number(s) removed for confidentiality

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k) The signature of the person providing the service (or electronic equivalent) with the person's type of professional degree, licensure, or job title.

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

FINDING 5B:

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** ¹⁵⁶. One or more progress note was not completed within the MHP's written timeliness standard of 3 days after provision of service. Ninety eight (98) of 458 progress notes reviewed were completed late (or 21%).
- **Line number** ¹⁵⁷. One or more progress note was missing the provider's professional degree, licensure or job title. Twenty nine (29) of (458) progress notes reviewed did not include the provider's professional degree, licensure or job title.
 - **Line** ¹⁵⁸ has a provider's electronic signature listed as paraprofessional.
 - **Line** ¹⁵⁹ has one provider's electronic signature listed as paraprofessional, and a second provider's as "other".

CORRECTIVE ACTION PLAN 5B:

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

REQUIREMENTS

¹⁵⁶ Line number(s) removed for confidentiality

¹⁵⁷ Line number(s) removed for confidentiality

¹⁵⁸ Line number(s) removed for confidentiality

¹⁵⁹ Line number(s) removed for confidentiality

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When services are being provided to, or on behalf of, a beneficiary by two or more persons at one point in time, do the progress notes include:

- 1) Documentation of each person's involvement in the context of the mental health needs of the beneficiary.
- 2) The exact number of minutes used by persons providing the service.
- 3) Signature(s) of person(s) providing the services.

(CCR, title 9, § 1840.314(c).)

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

RR12. The claim for a group activity, which is provided as a Mental Health Service, Medication Support, Crisis Intervention, or TCM service, was not properly apportioned to all clients present, and resulted in excess time claimed.

(MHSUDS IN No. 18-054, Enclosure 4)

FINDING 5C:

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 ¹⁶⁰.** While the MHP was able to provide separate documentation listing the number of participants in each group, one or more progress notes did not accurately document the number of group participants in the group.
 - There are two progress notes where there was no participant count included. The MHP was able to provide information to support that there was only one participant in the group.
 - ¹⁶¹ SF ¹⁶² UOT ¹⁶³
 - ¹⁶⁴ SF ¹⁶⁵ UOT ¹⁶⁶
- **Line number ¹⁶⁷.** Claim(s) for one or more Group Rehabilitation and/or Group Psychotherapy session was not properly apportioned to all group participants. **RR12, refer to Recoupment Summary for details.**
 - **Line ¹⁶⁸ ¹⁶⁹ SF ¹⁷⁰ UOT ¹⁷¹**

¹⁶⁰ Line number(s) removed for confidentiality

¹⁶¹ Date(s) removed for confidentiality

¹⁶² SF number removed for confidentiality

¹⁶³ UOT number removed for confidentiality

¹⁶⁴ Date(s) removed for confidentiality

¹⁶⁵ SF number removed for confidentiality

¹⁶⁶ UOT number removed for confidentiality

¹⁶⁷ Line number(s) removed for confidentiality

¹⁶⁸ Line number(s) removed for confidentiality

¹⁶⁹ Date(s) removed for confidentiality

¹⁷⁰ SF number removed for confidentiality

¹⁷¹ UOT number removed for confidentiality

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(This is a group note where the total time was 75 minutes with 5 participants. The correct claim amount is 15 minutes, which is correct on the progress note).

CORRECTIVE ACTION PLAN 5C:

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

REQUIREMENTS	
Progress notes shall be documented at the frequency by types of service indicated below:	
a)	Every service contact for: <ul style="list-style-type: none">i. Mental health services;ii. Medication support services;iii. Crisis intervention;iv. Targeted Case Management;
b)	Daily for: <ul style="list-style-type: none">i. Crisis residential;ii. Crisis stabilization (one per 23/hour period);iii. Day Treatment Intensive;iv. Therapeutic Foster Care
c)	Weekly: <ul style="list-style-type: none">i. Day Treatment Intensive: (clinical summary);ii. Day Rehabilitation;iii. Adult Residential.
(MHP Contract, Ex.A, Att. 9); (CCR, title 9, §§ 1840.316(a-b);1840.318(a-b), 840.320(a-b),)	

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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. 20-007, Enclosure 4)

FINDING 5D:

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

- **Line numbers** ¹⁷²: 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 document(s) in question but did not provide written evidence of the document(s) in the medical record.

- Line ¹⁷³ ¹⁷⁴ SF ¹⁷⁵ UOT ¹⁷⁶
- Line ¹⁷⁷ ¹⁷⁸ SF ¹⁷⁹ UOT ¹⁸⁰
- Line ¹⁸¹ ¹⁸² SF ¹⁸³ UOT ¹⁸⁴
- Line ¹⁸⁵ ¹⁸⁶ SF ¹⁸⁷ UOT ¹⁸⁸

¹⁷² Line number(s) removed for confidentiality
¹⁷³ Line number(s) removed for confidentiality
¹⁷⁴ Date(s) removed for confidentiality
¹⁷⁵ SF number removed for confidentiality
¹⁷⁶ UOT number removed for confidentiality
¹⁷⁷ Line number(s) removed for confidentiality
¹⁷⁸ Date(s) removed for confidentiality
¹⁷⁹ SF number removed for confidentiality
¹⁸⁰ UOT number removed for confidentiality
¹⁸¹ Line number(s) removed for confidentiality
¹⁸² Date(s) removed for confidentiality
¹⁸³ SF number removed for confidentiality
¹⁸⁴ UOT number removed for confidentiality
¹⁸⁵ Line number(s) removed for confidentiality
¹⁸⁶ Date(s) removed for confidentiality
¹⁸⁷ SF number removed for confidentiality
¹⁸⁸ UOT number removed for confidentiality

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○ Line	189	190	SF 191	UOT 192
○ Line	193	194	SF 195	UOT 196
○ Line	197	198	SF 199	UOT 200
○ Line	201	202	SF 203	UOT 204
○ Line	205	206	SF 207	UOT 208
○ Line	209	210	SF 211	UOT 212
○ Line	213	214	SF 215	UOT 216
○ Line	217	218	SF 219	UOT 220

- **Line number** ²²¹: 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. **RR8b1, refer to Recoupment Summary for details.**

¹⁸⁹ Line number(s) removed for confidentiality
¹⁹⁰ Date(s) removed for confidentiality
¹⁹¹ SF number removed for confidentiality
¹⁹² UOT number removed for confidentiality
¹⁹³ Line number(s) removed for confidentiality
¹⁹⁴ Date(s) removed for confidentiality
¹⁹⁵ SF number removed for confidentiality
¹⁹⁶ UOT number removed for confidentiality
¹⁹⁷ Line number(s) removed for confidentiality
¹⁹⁸ Date(s) removed for confidentiality
¹⁹⁹ SF number removed for confidentiality
²⁰⁰ UOT number removed for confidentiality
²⁰¹ Line number(s) removed for confidentiality
²⁰² Date(s) removed for confidentiality
²⁰³ SF number removed for confidentiality
²⁰⁴ UOT number removed for confidentiality
²⁰⁵ Line number(s) removed for confidentiality
²⁰⁶ Date(s) removed for confidentiality
²⁰⁷ SF number removed for confidentiality
²⁰⁸ UOT number removed for confidentiality
²⁰⁹ Line number(s) removed for confidentiality
²¹⁰ Date(s) removed for confidentiality
²¹¹ SF number removed for confidentiality
²¹² UOT number removed for confidentiality
²¹³ Line number(s) removed for confidentiality
²¹⁴ Date(s) removed for confidentiality
²¹⁵ SF number removed for confidentiality
²¹⁶ UOT number removed for confidentiality
²¹⁷ Line number(s) removed for confidentiality
²¹⁸ Date(s) removed for confidentiality
²¹⁹ SF number removed for confidentiality
²²⁰ UOT number removed for confidentiality
²²¹ Line number(s) removed for confidentiality

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- **Line number** ²²². The service provided on ²²³ (16 Units of Time) was claimed as a Collateral Service, but the Progress Note describes a Targeted Case Management Service (TCM) was provided.
- **Line numbers** ²²⁴: For Mental Health Services claimed, the service activity (e.g., Assessment, Plan Development, Rehab) identified on the progress note was not consistent with the specific service activity actually documented in the body of the progress note.
 - **Line** ²²⁵: Services provided on ²²⁶ (UOT ²²⁷) and ²²⁸ (UOT ²²⁹) were claimed as Group Therapy, which is not on the client on the plan. Group Mental Health Rehabilitation is on the client plan. The content of the progress notes is mental health rehabilitation.
 - **Line** ²³⁰: Services provided on ²³¹ (UOT ²³²) and ²³³ (UOT ²³⁴) were claimed as Family Therapy, which is not on the client plan. Collateral is on the client plan, which includes involving a significant support person in the beneficiary's life for the purpose of addressing the mental health needs of the beneficiary.
 - **Line** ²³⁵: Service provided on ²³⁶ (UOT ²³⁷) was claimed as Family Therapy, which is not on the client plan. Collateral is on the client plan, which includes involving a significant support person in the beneficiary's life for the purpose of addressing the mental health needs of the beneficiary
 - **Line** ²³⁸: Services provided on ²³⁹ (UOT ²⁴⁰), ²⁴¹ (UOT ²⁴²), and ²⁴³ (UOT ²⁴⁴) were claimed as collateral, which is not on the client plan. Family

²²² Line number(s) removed for confidentiality

²²³ Date(s) removed for confidentiality

²²⁴ Line number(s) removed for confidentiality

²²⁵ Line number(s) removed for confidentiality

²²⁶ Date(s) removed for confidentiality

²²⁷ UOT number removed for confidentiality

²²⁸ Date(s) removed for confidentiality

²²⁹ UOT number removed for confidentiality

²³⁰ Line number(s) removed for confidentiality

²³¹ Date(s) removed for confidentiality

²³² UOT number removed for confidentiality

²³³ Date(s) removed for confidentiality

²³⁴ UOT number removed for confidentiality

²³⁵ Line number(s) removed for confidentiality

²³⁶ Date(s) removed for confidentiality

²³⁷ UOT number removed for confidentiality

²³⁸ Line number(s) removed for confidentiality

²³⁹ Date(s) removed for confidentiality

²⁴⁰ UOT number removed for confidentiality

²⁴¹ Date(s) removed for confidentiality

²⁴² UOT number removed for confidentiality

²⁴³ Date(s) removed for confidentiality

²⁴⁴ UOT number removed for confidentiality

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Therapy is on the client plan, and the service provided was meeting with the beneficiary's caregivers to address the mental health needs of the beneficiary.

- **Line number** ²⁴⁵: One or more progress note(s) in the medical record was not legible. Therefore, the mental health services provided could not be determined.

RR8a, refer to Recoupment Summary for details.

- Line ²⁴⁶: ²⁴⁷ SF ²⁴⁸ UOT ²⁴⁹
- Line ²⁵⁰: ²⁵¹ SF ²⁵² UOT ²⁵³

The MHP was given the opportunity to read the progress notes in question and agreed that the notes was/were illegible, and the mental health service could not be determined.

CORRECTIVE ACTION PLAN 5D:

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) Claimed for the correct service modality billing code, and units of time.
 - c) Claimed to provider who actually provided the services.
- 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

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

²⁴⁵ Line number(s) removed for confidentiality
²⁴⁶ Line number(s) removed for confidentiality
²⁴⁷ Date(s) removed for confidentiality
²⁴⁸ SF number removed for confidentiality
²⁴⁹ UOT number removed for confidentiality
²⁵⁰ Line number(s) removed for confidentiality
²⁵¹ Date(s) removed for confidentiality
²⁵² SF number removed for confidentiality
²⁵³ UOT number removed for confidentiality

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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 numbers** ²⁵⁴.

- **Line** ²⁵⁵: The assessment dated ²⁵⁶ documented that the beneficiary had involvement with multiple child serving systems, including Specialty Mental Health Services, TBS, had received an Individual Education Plan for a Speech or Language Impairment, and had recent contact with Immigration and CPS. The beneficiary did not receive any crisis services during the claim sample period, however, it was noted in the assessment that he has several high risk behaviors, including hitting his head on the wall and aggressive behaviors towards his ²⁵⁷ month old sibling, both of which require constant adult supervision for his safety.

This information indicates the beneficiary may have met eligibility criteria for ICC and IHBS; however, no evidence was available to substantiate that the beneficiary received an individualized determination of eligibility and need for ICC services and IHBS. These services were not included in the Client Plans dated ²⁵⁸ and ²⁵⁹.

- **Line** ²⁶⁰: The assessment dated ²⁶¹ documented that the beneficiary had involvement with multiple child serving systems, including Specialty Mental Health Services, law enforcement, and CPS. The assessment and client plan also indicated that her placement with family was a risk due to impulsive and aggressive behaviors. During the review period she was hospitalized for danger to others.

This information indicates the beneficiary may have met eligibility criteria for ICC and IHBS; however, no evidence was available to substantiate that the beneficiary received an individualized determination of eligibility and need for ICC

²⁵⁴ Line number(s) removed for confidentiality

²⁵⁵ Line number(s) removed for confidentiality

²⁵⁶ Date(s) removed for confidentiality

²⁵⁷ Number of Month removed for confidentiality

²⁵⁸ Date(s) removed for confidentiality

²⁵⁹ Date(s) removed for confidentiality

²⁶⁰ Line number(s) removed for confidentiality

²⁶¹ Date(s) removed for confidentiality

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services and IHBS. These services were not included in the Client Plan dated
262.

CORRECTIVE ACTION PLAN 6A:

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.

²⁶² Date(s) removed for confidentiality