



**CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

**FISCAL YEAR 2020/2021**

**MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW  
OF THE SANTA CLARA COUNTY MENTAL HEALTH PLAN**

**CHART REVIEW FINDINGS REPORT**

**Review Dates: 7/27/2021 to 7/29/2021**

**DEPARTMENT OF HEALTH CARE SERVICES  
REVIEW OF SANTA CLARA MENTAL HEALTH PLAN  
7/27/2021  
CHART REVIEW FINDINGS REPORT**

**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 Santa Clara 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 **473 claims** submitted for the months of April, May and June of **2020**.

**Contents**

<i>Assessment</i> .....	3
<i>Client Plans</i> .....	4
<i>Progress Notes</i> .....	6
<i>Provision of ICC Services and IHBS for Children and Youth</i> .....	8

DEPARTMENT OF HEALTH CARE SERVICES  
REVIEW OF SANTA CLARA MENTAL HEALTH PLAN  
7/27/2021  
CHART REVIEW FINDINGS REPORT

## ***Assessment***

### **FINDING 8.2.1:**

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

- 1) One or more assessments were not completed within the initial timeliness requirements specified in the MHP's written documentation standards. Per the MHP's Clinical Practice Guidelines Manual, initial assessments are due in "60 days from the date their case was opened to an agency".

The following are specific findings from the chart sample:

**Line number** <sup>1</sup>. The beneficiary's case was opened to care at the agency on <sup>2</sup>, but the Initial Assessment was not completed as signed until <sup>3</sup>.

**Line number** <sup>4</sup>. The beneficiary's case was opened to care at the agency on <sup>5</sup>, but the Initial Assessment was not completed as signed until <sup>6</sup>.

### **CORRECTIVE ACTION PLAN 8.2.1:**

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

### **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:

- a) History of or exposure to trauma: **Line number** <sup>7</sup>. Information regarding history of or exposure to trauma could not be located on Assessment completed as signed on <sup>8</sup>. *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.*

---

<sup>1</sup> Line number(s) removed for confidentiality

<sup>2</sup> Date(s) removed for confidentiality

<sup>3</sup> Date(s) removed for confidentiality

<sup>4</sup> Line number(s) removed for confidentiality

<sup>5</sup> Date(s) removed for confidentiality

<sup>6</sup> Date(s) removed for confidentiality

<sup>7</sup> Line number(s) removed for confidentiality

<sup>8</sup> Date(s) removed for confidentiality

**DEPARTMENT OF HEALTH CARE SERVICES  
REVIEW OF SANTA CLARA MENTAL HEALTH PLAN  
7/27/2021  
CHART REVIEW FINDINGS REPORT**

- b) Medications, including medication for medical conditions, and documentation of adverse reactions: **Line number** <sup>9</sup>. On the Update Assessment, completed as signed on <sup>10</sup>, the provider left the medications section incomplete.

**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.

**FINDING 8.2.3:**

One or more of the assessments reviewed did not include the signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, job title, or the date the documentation was entered into the medical record. Specifically:

- The type of professional degree, licensure, or job title of person providing the service:
  - **Line number** <sup>11</sup>. The Assessment completed as signed on <sup>12</sup> was missing the provider's professional degree, licensure, or job title. However, other material provided by the MHP confirmed that this provider was practicing within their scope of practice.

**CORRECTIVE ACTION PLAN 8.2.3:**

The MHP shall submit a CAP 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***

**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** <sup>13</sup>: The Initial Client Plan was not completed until after one or more planned service was provided and claimed. The Client plan was completed as signed on <sup>14</sup>, but planned services (individual therapy and

---

<sup>9</sup> Line number(s) removed for confidentiality

<sup>10</sup> Date(s) removed for confidentiality

<sup>11</sup> Line number(s) removed for confidentiality

<sup>12</sup> Date(s) removed for confidentiality

<sup>13</sup> Line number(s) removed for confidentiality

<sup>14</sup> Date(s) removed for confidentiality

**DEPARTMENT OF HEALTH CARE SERVICES  
REVIEW OF SANTA CLARA MENTAL HEALTH PLAN  
7/27/2021  
CHART REVIEW FINDINGS REPORT**

individual rehabilitation) had been provided and claimed prior to this date.  
**RR4a, 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 8.4.3a:**

One or more client plan(s) was not completed in accordance with the MHP's initial timeliness standards, or updated at least annually. Specifically:

- **Line number** <sup>15</sup>. The initial Client Plan was completed late based on the MHP's documentation standards of timeliness.

Based on the MHP's documentation standards, the initial client plan will be completed "by 60 days after entry into the program". The beneficiary's case was opened to the agency on <sup>16</sup>, but the Initial Client Plan was not completed as signed until <sup>17</sup>. This was prior to the Review Period, and no planned services were provided prior to the Client Plan completion.

**CORRECTIVE ACTION PLAN 8.4.3a:**

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

**FINDING 8.4.4:**

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

- One or more proposed intervention did not include an expected frequency or frequency range that was specific enough. **Line number** <sup>18</sup>.
  - **Line number** <sup>19</sup>. On the Client Plan completed as signed on <sup>20</sup>, the Collateral service did not include an expected frequency.

---

<sup>15</sup> Line number(s) removed for confidentiality

<sup>16</sup> Date(s) removed for confidentiality

<sup>17</sup> Date(s) removed for confidentiality

<sup>18</sup> Line number(s) removed for confidentiality

<sup>19</sup> Line number(s) removed for confidentiality

<sup>20</sup> Date(s) removed for confidentiality

**DEPARTMENT OF HEALTH CARE SERVICES  
REVIEW OF SANTA CLARA MENTAL HEALTH PLAN  
7/27/2021  
CHART REVIEW FINDINGS REPORT**

- **Line number** <sup>21</sup>. On the Client Plan completed as signed on <sup>22</sup>, the Collateral service did not include an expected frequency.
- **Line number** <sup>23</sup>. On the Client Plan completed as signed on <sup>24</sup>, the Collateral services were listed to be provided “when/if deemed clinically appropriate”, which is not an expected frequency.

**CORRECTIVE ACTION PLAN 8.4.4:**

The MHP shall submit a CAP that describes how the MHP will ensure that mental health interventions proposed on client plans indicate an expected frequency for each intervention.

**FINDING 8.4.12:**

One or more Client Plan did not include signature of the person providing the service (or electronic equivalent) that includes the person’s professional degree, licensure, job title, relevant identification number. Specifically:

**Line number** <sup>25</sup>: Missing provider’s professional degree, licensure, or job title on the Client Plan in effect during the review period.

**CORRECTIVE ACTION PLAN 8.4.12:**

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***

**FINDING 8.5.2:**

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** <sup>26</sup>. One or more progress note(s) were not completed within the MHP’s written timeliness standard of 5 business days after provision of service. Forty-two (9 percent) of all progress notes reviewed were completed late (91% compliance).

**CORRECTIVE ACTION PLAN 8.5.2:**

---

<sup>21</sup> Line number(s) removed for confidentiality

<sup>22</sup> Date(s) removed for confidentiality

<sup>23</sup> Line number(s) removed for confidentiality

<sup>24</sup> Date(s) removed for confidentiality

<sup>25</sup> Line number(s) removed for confidentiality

<sup>26</sup> Line number(s) removed for confidentiality

**DEPARTMENT OF HEALTH CARE SERVICES  
REVIEW OF SANTA CLARA MENTAL HEALTH PLAN  
7/27/2021  
CHART REVIEW FINDINGS REPORT**

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.

**FINDING 8.5.4:**

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

- **Line number** <sup>27</sup>: 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 could not provide written evidence of the document(s) in the medical record.*

**Line number** <sup>28</sup>. Within the course of the MHP preparing material for the review, the MHP identified 4 instances of duplicate claims in which a single service was incorrectly claimed twice.

- <sup>29</sup> (Service Function 1 / Units of Time 30)
- <sup>30</sup> (Service Function 1 / Units of Time 78)
- <sup>31</sup> (Service Function 1 / Units of Time 27)
- <sup>32</sup> (Service Function 1 / Units of Time 31)

**Line number** <sup>33</sup>. Within course of the MHP preparing material for the review, the MHP identified 1 instance of duplicate claims in which a single service was incorrectly claimed three times.

- <sup>34</sup> (Service Function 30 / Units of Time 75)

**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.

---

<sup>27</sup> Line number(s) removed for confidentiality

<sup>28</sup> Line number(s) removed for confidentiality

<sup>29</sup> Date(s) removed for confidentiality

<sup>30</sup> Date(s) removed for confidentiality

<sup>31</sup> Date(s) removed for confidentiality

<sup>32</sup> Date(s) removed for confidentiality

<sup>33</sup> Line number(s) removed for confidentiality

<sup>34</sup> Date(s) removed for confidentiality

**DEPARTMENT OF HEALTH CARE SERVICES  
REVIEW OF SANTA CLARA MENTAL HEALTH PLAN  
7/27/2021  
CHART REVIEW FINDINGS REPORT**

***Provision of ICC Services and IHBS for Children and Youth***

**FINDING 8.6.1:**

1) The MHP did not furnish evidence that it has a standard procedure for providing and documenting individualized determinations of eligibility for ICC services and IHBS on behalf of beneficiaries under age 22 that is based on their strengths and needs.

- **Line numbers** <sup>35</sup>.

Throughout the on-site Chart Review discussions, DHCS staff reviewed charts of beneficiaries under age 22 who could benefit from considerations for ICC services and/or IHBS, based on the potential benefit of coordination across child-serving systems or increased intensity of services for children with higher levels of impairment. However, evidence could not be located that an individualized determination of eligibility for ICC services and IHBS had been made on behalf of these beneficiaries under age 22, based on their strengths and needs. Though there was evidence that the MHP and its providers, including Community Based Organizations (CBOs) made determinations of eligibility for ICC services and IHBS for some of the children within the review sample, these determinations were not seen within the complete sample.

The MHP provided a DRAFT Policy & Procedure Number BHSD #7400.1 entitled, “Referral for Intensive Care Coordination (ICC) & Intensive Home Based Services (IHBS)”, in which the procedures describe the role of the Treating Therapist to complete referrals and submit to “BHSD Single Point of Contact”. The gap in this procedure is that it does not describe a consistent process regarding making determinations of eligibility for ICC services and IHBS for all beneficiaries under age 22.

Following the review, the MHP submitted an explanatory letter indicating that BHSD of Santa Clara County “is in the process of developing a policy and procedure to ensure that all eligible Santa Clara County children and youth are screened for, and have access to, the provision of Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS).” The letter continues, “In the interim, providers serving children and youth in Behavioral Health programs that do not include ICC and IHBS within their programs have been notified of the screening criteria for ICC and IHBS, and the process to refer children and youth in need of ICC and IHBS services...” This letter describes several positive strategies that the MHP is in the process of enacting to ensure screening and access to ICC services and IHBS. This includes an integrated screening tool that will be used with the call center, as well as utilization of a screening/referral form by direct providers. The MHP indicates in this letter that as of “December, 2020, a protocol was developed for the Behavioral Health Call Center to

---

<sup>35</sup> Line number(s) removed for confidentiality

**DEPARTMENT OF HEALTH CARE SERVICES  
REVIEW OF SANTA CLARA MENTAL HEALTH PLAN  
7/27/2021  
CHART REVIEW FINDINGS REPORT**

screen for the need for ICC and IHBS services, and to access Katie A. Intensive Services, for new referrals.” It is noted that December, 2020, was after the review sample period of time, and therefore this review is unable to observe the effectiveness of these described changes, and the MHP has not finalized their policy and procedure statements on this subject.

In conclusion, with a referral-only system for ICC/IHBS, the MHP currently does not have a standard procedure regarding making individualized determinations of eligibility for ICC services and IHBS on behalf of beneficiaries under age 22.

**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.