CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2019/2020

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE SONOMA COUNTY MENTAL HEALTH PLAN

CHART REVIEW FINDINGS REPORT

Review Dates: 1/26/2021 to 1/28/2021

DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Sonoma MENTAL HEALTH PLAN
1/26/2021
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 Sonoma County Mental Health Plan (MHP) and the California Department of Health Care Services (DHCS); and for consistency with the MHP's own documentation standards and policies and procedures regarding medical records documentation. The process included a review of **461** claims submitted for the months of April, May and June of **2019**.

Contents

Medical Necessity

FINDING 1A-3a:
The actual interventions documented in the medical record for the following Line numbers did not meet medical necessity criteria since the focus of the interventions did not address the beneficiary's included mental health condition. Specifically:

- **Line number [1].** For service claimed on [2] (Service Function 30; Units of Time 77), the provider documents providing services to the client's sister (an assessment) rather than the Medi-Cal beneficiary. **RR5, refer to Recoupment Summary for details.**

- **Line number [3].** Five (5) claims from [4] through [5] were determined by MHP staff to have been erroneously claimed to this beneficiary, although the claims should have been claimed to another beneficiary.

  When this was identified as part of the claims sample development process, MHP billing staff disallowed these claims and provided verification that they had completed this disallowance process.

CORRECTIVE ACTION PLAN 1A-3a:
The MHP shall submit a CAP that describes how the MHP will ensure that:

1) Only beneficiaries with an included mental health diagnose have claims submitted for planned Specialty Mental Health Services.
2) Services are provided to and claimed for the correct beneficiary.

Assessment

FINDING 2A:
Assessments were not completed in accordance with regulatory and contractual requirements, specifically:

1) One or more assessments were not completed within the update frequency requirements specified in the MHP's written documentation standards.

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[2] Date(s) removed for confidentiality
[3] Line number(s) removed for confidentiality
[4] Date(s) removed for confidentiality
[5] Date(s) removed for confidentiality

Per the MHP's Policy No. MHP-16, *Clinical Documentation Standards for Specialty Mental Health Services*, "Reassessments for youth clients (0-17 years old) are completed at least every six months or when the client has experienced a significant medical or clinical change. Reassessments for adult clients (18 years and older) are completed at least annually or when the client has experienced a significant medical or clinical change."

The following are specific findings from the chart sample:

Line number [6]. Current assessment was completed as signed on [7] and would have been due on [8], based on the MHP's annual reassessment policy.

Line number [9]. Current assessment was completed as signed on [10] and would have been due on [11], based on the annual reassessment policy.

Line number [12]. Current assessment was completed as signed on [13] and would have been due on [14], based on the annual reassessment policy.

Line number [15]. Current assessment was completed as signed on [16] and would have been due on [17], based on the annual reassessment policy.

Line number [18]. Current assessment was completed as signed on [19] and would have been due on [20], based on the MHP's 6-month reassessment policy for youth between 0-17 years of age.

Line number [21]. Current assessment was completed after the review period which ended on [22] and would have been due on [23], based on the MHP's 6-month reassessment policy for youth between 0-17 years of age.

CORRECTIVE ACTION PLAN 2A:

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

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[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
[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
[20] Date(s) removed for confidentiality
[21] Line number(s) removed for confidentiality
[22] Date(s) removed for confidentiality
[23] Date(s) removed for confidentiality

are completed in accordance with the update frequency requirements specified in the MHP's written documentation standards.

FINDING 2B:

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

a) Medications: **Line number(s) [24].**
b) A mental status examination: **Line number(s) [25].**

Per the MHP's "Clinical Documentation Standards for Specialty Mental Health Services" and discussion with MHP staff, the MHP utilizes the CANS or ANSA tools for their Reassessment, including specific sections for a Summary of Treatment and Level of Care. The Summary of Treatment section reviews client progress since the prior Client Plan, and the Level of Care section documents the client's ongoing Medical Necessity for SMHS. The MHP includes an additional diagnosis section associated with the reassessments.

When reviewing the CANS and ANSA tools regarding compliance with Assessment elements, the CANS and ANSA do not address Medication information or document a Mental Status Examination.

For the lines noted above, the MHP was encouraged to provide additional sections or progress notes for DHCS reviewers to determine if additional elements of Medications and Mental Status Examination were addressed. No additional documentation was submitted by the MHP.

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.

FINDING 2C:

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:

[24] Line number(s) removed for confidentiality
[25] Line number(s) removed for confidentiality

- The type of professional degree, licensure, or job title of person providing the service: **Line numbers** [26]

CORRECTIVE ACTION PLAN 2C:
The MHP shall submit a CAP that describes how the MHP will ensure that all documentation includes the signature (or electronic equivalent) with the professional degree, licensure or title of the person providing the service.

Medication Consent

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:

1) **Line number** [27]: The written medication consent form in the medical record was not current per the MHP's written documentation standards. The MHP's medication consent forms indicate that, "The Consent to Receive Psychiatric Medication will be updated every two years." The most recent medication consent that included prescribed medication of Olanzapine was completed on [28], but there was no available medication consent for Olanzapine on or after [29]. Per progress notes, the beneficiary continued to be prescribed Olanzapine after this date, however, current medication consents that MHP provided did not include Olanzapine as one of the noted medications.
2) **Line number** [30]: Although there was a written medication consent form in the medical record, there was no medication consent for each of the medications 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.*

   Line [31]**.** The medication consent form that applied to the review period (signed and dated on [32]) was missing Seroquel among the list of prescribed medications, although the beneficiary continued to be prescribed this medication. The MHP was able to locate consent forms that included Seroquel for time periods that applied prior to and after the review period.

[26] Line number(s) removed for confidentiality
[27] Line number(s) removed for confidentiality
[28] Date(s) removed for confidentiality
[29] Date(s) removed for confidentiality
[30] Line number(s) removed for confidentiality
[31] Line number(s) removed for confidentiality
[32] Date(s) removed for confidentiality

Line [33]. The medication consent form available for review was missing Ativan among the list of the beneficiary's prescribed medications.

Line [34]. The medication consent form available for review was missing Zyprexa Lithium, Carbamazepine, and Trazadone among the list of the beneficiary's prescribed medications.

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.

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:

- Signature, including type of professional degree, licensure, or job title and signature date of the person providing the service (or electronic equivalent), and the date of the signature :
  - **Line numbers [35].**
- Date the documentation was completed, signed (or electronic equivalent) and entered into the medical record:
  - **Line number [36].** The Medication Consent provided for the prescription of Buproprion was missing the date the provider completed and entered the medication consent form into the medical record.

CORRECTIVE ACTION PLAN 3C:

The MHP shall submit a CAP that describes how the MHP will ensure that all Medication Consents include the:

1) Provider's signature (or electronic equivalent).
2) Provider's signature (or electronic equivalent) that includes professional degree, licensure or title.

[33] Line number(s) removed for confidentiality
[34] Line number(s) removed for confidentiality
[35] Line number(s) removed for confidentiality
[36] Line number(s) removed for confidentiality

3) Date the signature was completed and the document was entered into the medical record.

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 [37]**: 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 number [38].** The Client Plan was completed as signed by the authorized LMHP on [39]. The Client plan was previously signed by MHRS staff on [40], which is insufficient to authorize the Client Plan. Services that required an approved client plan (e.g. therapy services) were provided between [41] and [42].

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 4B-2:
One or more client plan(s) was not updated at least annually. Specifically:

- **Line numbers [43]**: There was a **lapse** between the prior and current Client Plans. However, this occurred outside of the audit review period.

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[38] Line number(s) removed for confidentiality
[39] Date(s) removed for confidentiality
[40] Date(s) removed for confidentiality
[41] Date(s) removed for confidentiality
[42] Date(s) removed for confidentiality
[43] Line number(s) removed for confidentiality

- **Line number [44].** The prior Client Plan expired on [45]; the current Client Plan was signed by licensed staff on [46].

- **Line number [47]**: There was a **lapse** between the prior and current Client Plans. However, there were no claims during this period.
  - **Line number [48].** The prior Client Plan expired on [49]; the current Client Plan was signed by licensed staff on [50].

CORRECTIVE ACTION PLAN 4B-2:
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 4C:
Client Plans did not include all of the required elements specified in the MHP Contract. Specifically:

- One or more proposed intervention did not include a detailed description. Instead, only a "type" or "category" of intervention was recorded. **Line number [51].**
  - **Line number [52].** TBS was added as an addendum to the original Client Plan, but without specific description of the proposed intervention.
- One or more proposed intervention did not include an expected frequency or frequency range that was specific enough. **Line numbers [53].**
  - **Line number [54].** The description of expected frequency for psychiatric rehabilitation services and case management were written as, "up to 4 hours", which does not provide a clear and specific frequency.
  - **Line number [55].** Therapeutic Behavioral Services was added to the Client Plan but without an expected frequency.

[44] Line number(s) removed for confidentiality
[45] Date(s) removed for confidentiality
[46] Date(s) removed for confidentiality
[47] Line number(s) removed for confidentiality
[48] Line number(s) removed for confidentiality
[49] Date(s) removed for confidentiality
[50] Date(s) removed for confidentiality
[51] Line number(s) removed for confidentiality
[52] Line number(s) removed for confidentiality
[53] Line number(s) removed for confidentiality
[54] Line number(s) removed for confidentiality
[55] Line number(s) removed for confidentiality

- **Line number [56].** The Medication Support services frequency was written as "Psychiatrist will meet with you on a regular basis", without a specific frequency. The Targeted Case Management frequency was written "as needed basis," which is not a specific intervention frequency.

- One or more proposed intervention did not include an expected duration. **Line numbers [57].**
  - **For Line numbers [58].** Expected duration was not included in the description of proposed interventions.
  - **For Line number [59].** Therapeutic Behavioral Services was added to the Client Plan, but without an expected duration.

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.

FINDING 4H:
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 numbers [60]: Missing provider's professional degree, licensure, or job title on the Client Plan in effect during the review period.

CORRECTIVE ACTION PLAN 4H:
The MHP shall submit a CAP that describes how the MHP will ensure that all documentation includes provider signature (or electronic equivalent) with the professional degree, licensure, or job title.

Progress Notes

[56] Line number(s) removed for confidentiality
[57] Line number(s) removed for confidentiality
[58] Line number(s) removed for confidentiality
[59] Line number(s) removed for confidentiality
[60] Line number(s) removed for confidentiality

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 [61].** One or more progress note was not completed within the MHP's written timeliness standard of 3 business days after provision of service. Sixty-three (63) or 13.5 percent of all progress notes reviewed were completed late.
- **Line numbers [62].** Progress note **"**Completion Timeliness" could not be determined because the provider signed, but did not date the note. Therefore, the note was considered late. Fifty-eight (58) or 12 percent of all progress notes reviewed did not include provider signature completion date (or electronic equivalent. Specifically:
    - **Line numbers [63].** Progress notes for services provided by Buckelew did not include the date that the note was entered into the medical record, and only contained the date of service.
    - **Line numbers [64].** Progress notes for services provided by Petaluma People Services Center did not include the date that the note was entered into the medical record, and only contained the date of service.
- **Line number [65].** One or more progress notes was missing documentation of follow-up care, and/or if appropriate, a discharge summary.
    - Within the available progress notes, the provider noted a plan to follow-up with the beneficiary's mother to further assess if she knew of any history of the beneficiary being victim of past abuse. Within the available documentation, there was no further documentation of this additional assessment being conducted. The MHP was given the opportunity to locate any additional documentation, but no additional documentation could be located.
- **Line numbers [66].** One or more progress note did not match its corresponding claim in terms of amount of time to provide services: The service time documented on the Progress Note was less than the time claimed, or the service time was entirely missing on the Progress Note. **RR8b3, refer to Recoupment Summary for details.**
    - **Line number [67].**

[61] Line number(s) removed for confidentiality
[62] Line number(s) removed for confidentiality
[63] Line number(s) removed for confidentiality
[64] Line number(s) removed for confidentiality
[65] Line number(s) removed for confidentiality
[66] Line number(s) removed for confidentiality
[67] Line number(s) removed for confidentiality

For Medication Management claims on [68], and [69], the MHP submitted copies of Hospitalization records from Marin General Hospital. The units of time for medication management visits on these dates could not be located on either the associated progress notes or the additional billing documents submitted by the MHP associated with these hospitalization periods; as such, progress notes could not be matched with the claims information.

- **For Line numbers [70]**, services were provided by Petaluma People Services Center and reviewers noted progress notes with units of time that were less than the time claimed. *MHP staff was given the opportunity to locate progress notes that matched the claims in terms of amount of time to provide services, but was unable to locate it/them in the medical record.*
  - **Line number [71]**. Progress note dated [72] was for 92 minutes, though claim on the same date was for 102 Units of Time.
  - **Line number [73]**:
    - Progress note dated [74] was for 81 minutes, though claim on the same date was for 82 Units of Time
    - Progress note dated [75] was for 60 minutes, though claim on the same date was for 79 Units of Time
    - Progress note dated [76] was for 60 minutes, though claim on the same date was for 87 Units of Time
    - Progress note dated [77] was for 77 minutes, though claim on the same date was for 83 Units of Time
    - Progress note dated [78] was for 77 minutes, though claim on the same date was for 89 Units of Time

- **Line number [79].** The service time documented on one or more progress note was <u>greater</u> than the time claimed, which did not result in a recoupment.
  - The progress note dated [80] was for 142 minutes, though claim on the same date was for 131 Units of Time.

[68] Date(s) removed for confidentiality
[69] Date(s) removed for confidentiality
[70] Line number(s) removed for confidentiality
[71] Line number(s) removed for confidentiality
[72] Date(s) removed for confidentiality
[73] Line number(s) removed for confidentiality
[74] Date(s) removed for confidentiality
[75] Date(s) removed for confidentiality
[76] Date(s) removed for confidentiality
[77] Date(s) removed for confidentiality
[78] Date(s) removed for confidentiality
[79] Line number(s) removed for confidentiality
[80] Date(s) removed for confidentiality

CORRECTIVE ACTION PLAN 5B:

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.

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 numbers [81].** Progress note(s) did not document the amount of time of involvement of each provider claimed, including the clear identification and differentiation of direct service, travel and documentation times, if appropriate. **RR13b, refer to Recoupment Summary for details.**
    - **Line number [82].** For services provided by Community Support Network at Opportunity House, group services were provided by co-facilitators without details on the specific involvement of each provider.
    - **Line number [83].** For services provided by Sunny Hills Services, group services were provided by co-facilitators. Though progress notes document the amount of time claimed by each provider, the progress note only clearly describes the services provided by the primary facilitator / progress note author. There is not clear identification of specific services provided by the secondary staff.

CORRECTIVE ACTION PLAN 5C:

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

1) 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

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[82] Line number(s) removed for confidentiality
[83] Line number(s) removed for confidentiality

within the same activity or session, including groups, "team meetings" and "case consultations".

2) 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.
3) Include a clinical rationale when more than one (1) provider renders services within the same group session or activity.

FINDING 5D:

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

- **Line numbers [84].** 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 number [85].** There was no progress note in the medical record for the following claims:
        - [86]; Service Function 30; 156 Units of Time
        - [87]; Service Function 30, 82 Units of Time
        - [88]; Service Function 1; 120 Units of Time
    - **Line number [89].** There was no progress note in the medical record for the following claims:
        - [90]; Service Function 30; 102 Units of Time
        - [91]; Service Function 30; 30 Units of Time
        - [92]; Service Function 30; 32 Units of Time
        - [93]; Service Function 30; 30 Units of Time
        - [94]; Service Function 30; 30 Units of Time

[84] Line number(s) removed for confidentiality
[85] Line number(s) removed for confidentiality
[86] Date(s) removed for confidentiality
[87] Date(s) removed for confidentiality
[88] Date(s) removed for confidentiality
[89] Line number(s) removed for confidentiality
[90] Date(s) removed for confidentiality
[91] Date(s) removed for confidentiality
[92] Date(s) removed for confidentiality
[93] Date(s) removed for confidentiality
[94] Date(s) removed for confidentiality

- [95]; Service Function 30; 3 Units of Time

- **Line number [96].** There was no progress note in the medical record for the following claims:
  - [97]; Service Function 30; 91 Units of Time
  - [98]; Service Function 30; 91 Units of Time

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) Actually provided to the beneficiary.
   c) Appropriate, relate to the qualifying diagnosis and identified functional impairments and are medically necessary as delineated in the CCR, title 9, chapter 11, sections 1830.205(a)(b).
   d) 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 6A:

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.

[95] Date(s) removed for confidentiality
[96] Line number(s) removed for confidentiality
[97] Date(s) removed for confidentiality
[98] Date(s) removed for confidentiality

At the time of the review, the MHP was providing ICC/IHBS services to Katie A. subclass children only. The MHP indicated future intent to provide ICC/IHBS services to all beneficiaries under age 22 that meet criteria for ICC/IHBS based on the *Medi-Cal Manual For Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries (Third Edition, January 2018)*, regardless of Katie A. class or subclass membership. The MHP was also able to provide DRAFT ONLY copies of policies that demonstrate to put in place this future practice.

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.