



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2020/2021

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE TULARE COUNTY MENTAL HEALTH PLAN

CHART REVIEW FINDINGS REPORT

Review Dates: 10/5/2021 to 10/7/2021

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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 Tulare 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 286 claims submitted for the months of July, August and September of **2020**.

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Assessment

FINDING 8.2.1:

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

One or more assessments were not completed within the initial timeliness and/or update frequency requirements specified in the MHP's written documentation standards. Per the MHP's policy, initial assessments are to be completed within 30 days of the episode opening date for all beneficiaries. The MHP's policy also indicates that assessments are to be updated every 3 years for all beneficiaries. The following are specific findings from the chart sample:

- **Line** ¹. The initial assessment was due to be completed by ² given that the episode opening date was ³; however, the initial assessment was not finalized until ⁴.
- **Line** ⁵. The prior assessment was completed on ⁶. The updated assessment was due to be completed every 3 years thereafter; however, the updated assessment was not finalized until ⁷. The MHP was given the opportunity to locate a current assessment that covered the review period, but was unable to locate any in the medical record. As such, there was no assessment in place covering the review period.

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 and update frequency 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) Medical History, including significant developmental history:

¹ Line number(s) removed for confidentiality

² Date(s) removed for confidentiality

³ Date(s) removed for confidentiality

⁴ Date(s) removed for confidentiality

⁵ Line number(s) removed for confidentiality

⁶ Date(s) removed for confidentiality

⁷ Date(s) removed for confidentiality

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Line numbers ⁸.

- b) Medications, including medication for medical conditions, and documentation of adverse reactions: **Line numbers ⁹.**
- c) Client Strengths: **Line numbers ¹⁰.**
- d) A Mental Status Examination: **Line numbers ¹¹.**

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 ¹².**

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 (or electronic equivalent) with the professional degree, licensure or title of the person providing the service.

Medication Consent

FINDING 8.3.1:

The provider did not obtain and retain a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication, 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:

⁸ Line number(s) removed for confidentiality

⁹ Line number(s) removed for confidentiality

¹⁰ Line number(s) removed for confidentiality

¹¹ Line number(s) removed for confidentiality

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- 1) **Line number** ¹³: There was no written medication consent form found in the medical record. *During the review, MHP staff was given the opportunity to locate the missing medication consent form but was unable to locate it in the medical record.*
- 2) **Line numbers** ¹⁴: 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 consents in question but was unable to locate it/them in the medical record.*

CORRECTIVE ACTION PLAN 8.3.1:

The MHP shall submit a CAP to address actions it will implement to ensure the following:

- 1) A written medication consent form is obtained and retained for each medication prescribed and administered under the direction of the MHP.
- 2) Written medication consent forms are completed in accordance with the MHP's written documentation standards.

FINDING 8.3.2:

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

- 1) The reason for taking each medication: **Line numbers** ¹⁵.
- 2) Type of medication: **Line numbers** ¹⁶.
- 3) Range of Frequency (of administration): **Line numbers** ¹⁷.
- 4) Dosage: **Line numbers** ¹⁸.
- 5) Method of administration: **Line numbers** ¹⁹.
- 6) Duration of taking the medication: **Line numbers** ²⁰.
- 7) Probable side effects: **Line number** ²¹.

¹³ Line number(s) removed for confidentiality

¹⁴ Line number(s) removed for confidentiality

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¹⁶ Line number(s) removed for confidentiality

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¹⁸ Line number(s) removed for confidentiality

¹⁹ Line number(s) removed for confidentiality

²⁰ Line number(s) removed for confidentiality

²¹ Line number(s) removed for confidentiality

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- 8) Possible side effects if taken longer than 3 months: **Line numbers** ²².
- 9) Consent once given may be withdrawn at any time: **Line numbers** ²³.

CORRECTIVE ACTION PLAN 8.3.2:

The MHP shall submit a CAP that describes how the MHP will ensure that every medication consent process addresses all of the required elements specified in the MHP Contract with the Department.

FINDING 8.3.3:

Medication Consents 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 signature of the person providing the service (or electronic equivalent)
 - **Line numbers** ²⁴.
- The type of professional degree, licensure, or job title of person providing the service:
 - **Line numbers** ²⁵.
- The date the documentation was completed, signed (or electronic equivalent) and entered into the medical record:
 - **Line numbers** ²⁶.

CORRECTIVE ACTION PLAN 8.3.3:

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

Client Plans

FINDING 8.4.2b:

²² Line number(s) removed for confidentiality

²³ Line number(s) removed for confidentiality

²⁴ Line number(s) removed for confidentiality

²⁵ Line number(s) removed for confidentiality

²⁶ Line number(s) removed for confidentiality

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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** ²⁷.
 - **Line number** ²⁸. Per the Client Plan completed on ²⁹, TCM and Group Therapy, both with a frequency of 1-4 times monthly were listed as needed interventions. However, none of these services were provided during the three-month review period. Furthermore, the MHP was unable to provide any documentation to confirm that these services were provided at any time before or after the review period.
 - **Line number** ³⁰. Per the Client Plan completed on ³¹, Group and Individual Rehabilitation and Group Therapy, all with a frequency of one time monthly were listed as needed interventions. However, none of these services were provided during the three-month review period. Furthermore, the MHP was unable to provide any documentation to confirm that these services were provided at any time before or after the review period.
 - **Line number** ³². Per the Client Plan completed on ³³, Group Therapy, Individual and Group Rehabilitation, and TCM, all with a frequency of one time monthly; in addition to Collateral Services, were listed as needed interventions. However, none of these services were provided during the three-month review period. Furthermore, the MHP was unable to provide any documentation to confirm that these services were provided at any time before or after the review period.
 - **Line number** ³⁴. Per the Client Plan completed on ³⁵, Family Therapy, Rehabilitation Services, and TCM, all with a frequency of one time monthly; in addition to Medication Support Services, were listed as needed interventions. However, none of these services were provided during the three-month review period. Furthermore, the MHP was unable to provide any documentation to confirm that these services were provided at any time before or after the review period.

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- **Line number** ³⁶. Per the Client Plan completed on ³⁷, Group Therapy, Family Therapy, and Rehabilitation Services, all with a frequency of one time monthly, were listed as needed interventions. However, none of these services were provided during the three-month review period. Furthermore, the MHP was unable to provide any documentation to confirm that these services were provided at any time before or after the review period.
- **Line number** ³⁸. Per the Client Plan completed on ³⁹, Family Therapy, with a frequency of “up to two times monthly,” was listed as a needed intervention. However, this service was not provided during the three-month review period. Furthermore, the MHP was unable to provide any documentation to confirm that these services were provided at any time before or after the review period.
- **Line number** ⁴⁰. Per the Client Plan completed on ⁴¹, Family Therapy, Rehabilitation Services, and TCM all with a frequency of “up to” one time monthly, were listed as needed interventions. However, none of these services were provided during the three-month review period. Furthermore, the MHP was unable to provide any documentation to confirm that these services were provided at any time before or after the review period.
- **Line number** ⁴². Per the Client Plan completed on ⁴³, TCM and Rehabilitation Services, both with a frequency of one time monthly, were listed as needed interventions. However, none of these services were provided during the three-month review period. Furthermore, the MHP was unable to provide any documentation to confirm that these services were provided at any time before or after the review period.
- **Line number** ⁴⁴. Per the Client Plan completed on ⁴⁵, Family Therapy, Rehabilitation Services, TCM, and Collateral Services all with a frequency of one time monthly, were listed as needed interventions. However, none of these services were provided during the three-month review period. Furthermore, the MHP was unable to provide any documentation to confirm that these services were provided at any time before or after the review period.

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³⁷ Date(s) removed for confidentiality

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³⁹ Date(s) removed for confidentiality

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⁴¹ Date(s) removed for confidentiality

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CORRECTIVE ACTION PLAN 8.4.2b:

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

FINDING 8.4.3a:

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 number** ⁴⁶: There was a **lapse** between the prior and current Client Plans. However, this occurred outside of the audit review period.
 - **Line number** ⁴⁷. Prior Client Plan expired on ⁴⁸; however, the current Client Plan was completed on ⁴⁹.

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 goal/treatment objective was not specific, observable, and/or quantifiable and related to the beneficiary's mental health needs and identified functional impairments. **Line numbers** ⁵⁰.
- One or more proposed intervention did not include an expected frequency or frequency range that was specific enough. **Line numbers** ⁵¹.
 - **Line number** ⁵². Per the Client Plan completed on ⁵³, Collateral Services were listed as a needed intervention; however, there was no proposed frequency specified on the plan.

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⁵¹ Line number(s) removed for confidentiality

⁵² Line number(s) removed for confidentiality

⁵³ Date(s) removed for confidentiality

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- **Line number** ⁵⁴. Per the Client Plan completed on ⁵⁵, Collateral Services, Family Therapy, and TCM, were listed as a needed interventions, all with a frequency of “up to once monthly”, which is not a specific frequency.
- **Line number** ⁵⁶. Per the Client Plan completed on ⁵⁷, Collateral Services, Family Therapy, and TCM, were listed as a needed interventions, all with a frequency of “up to once monthly”, which is not a specific frequency.
- One or more proposed intervention did not include an expected duration. **Line numbers** ⁵⁸.
 - **Line number** ⁵⁹. The Client Plan completed on ⁶⁰ does not include an expected duration for each of the proposed interventions listed.
 - **Line number** ⁶¹. The Client Plan completed on ⁶² does not include an expected duration for each of the proposed interventions listed.
 - **Line number** ⁶³. The Client Plan completed on ⁶⁴ does not include an expected duration for each of the proposed interventions listed.
 - **Line number** ⁶⁵. The Client Plan completed on ⁶⁶ does not include an expected duration for each of the proposed interventions listed.
 - **Line number** ⁶⁷. The Client Plan completed on ⁶⁸ does not include an expected duration for each of the proposed interventions listed.
 - **Line number** ⁶⁹. The Client Plan completed on ⁷⁰ does not include an expected duration for each of the proposed interventions listed.

CORRECTIVE ACTION PLAN 8.4.4:

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

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- 1) Client plan goals/treatment objectives are specific, observable and/or quantifiable and relate to the beneficiary's documented mental health needs and functional impairments as a result of the mental health diagnosis.
- 2) Mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.

FINDING 8.4.11:

Line numbers ⁷¹: There was no documentation on the current Client Plan that the beneficiary or legal guardian was offered a copy of the Client Plan.

CORRECTIVE ACTION PLAN 8.4.11:

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

- 1) Ensure that there is documentation on the Client Plan substantiating that the beneficiary was offered a copy of the Client Plan.
- 2) Submit evidence that the MHP has an established process to document that each beneficiary is offered a copy of their current Client Plan.

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** ⁷². One or more progress note was not completed within the MHP's written timeliness standard of 3 business days after provision of service. 74 (25.9 percent) of all progress notes reviewed were completed late (74.1% compliance).

CORRECTIVE ACTION PLAN 8.5.2:

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

- Timely completion and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP's written documentation standards.

⁷¹ Line number(s) removed for confidentiality

⁷² Line number(s) removed for confidentiality

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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.
- 2) The medical record associated with the following Line numbers did not contain evidence that the beneficiary received an individualized determination of eligibility and need for ICC services and IHBS, and that if appropriate, such services were included in their Client Plan.

During the review, MHP staff indicated that they do not have a formal screening process in place for determining eligibility and need for ICC services and IHBS. MHP staff indicated that during the review period, not all youth beneficiaries were receiving an individualized determination of eligibility and need for ICC/IHBS services; however, they reported that they will begin the process of accurately capturing this determination within the medical records of all youth beneficiaries. *Lastly, it should be noted that the MHP was given the opportunity to locate evidence of any formal (or informal) determination for the need for ICC/IHBS services; however, the MHP was unable to locate it in the medical record.*

- **Line numbers** ⁷³.

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.

⁷³ Line number(s) removed for confidentiality