



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2019/2020

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE VENTURA COUNTY MENTAL HEALTH PLAN

CHART REVIEW FINDINGS REPORT

Review Dates: 8/11/2020 to 8/13/2020

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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 Ventura 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 **551** claims submitted for the months of January, February and March of **2019**.

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Medical Necessity

FINDING 1A-3b:

The actual interventions documented on 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 numbers** ¹. The progress note indicated a “no-show” or cancelled appointment and the documentation failed to provide evidence of another valid SMHS. **RR15a, refer to Recoupment Summary for details.**

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

Assessment

FINDING 2A:

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

One assessment was not completed within the MHP’s initial timeliness standard of no more than 60 days after the beneficiary’s Episode Opening Date Specifically:

- **Line number** ². The beneficiary’s Episode Opening Date was ³; the Initial Assessment was not completed until ⁴, with no documentation of why the Assessment was completed 95 days late.

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;

¹ Line number(s) removed for confidentiality

² Line number(s) removed for confidentiality

³ Date(s) removed for confidentiality

⁴ Date(s) removed for confidentiality

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

FINDING 2B:

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

- b) Relevant conditions and psychosocial factors affecting the beneficiary's physical health and mental health, including history of or exposure to trauma: **Line number** ⁵.
- c) History of trauma or exposure to trauma: **Line numbers** ⁶
- i) Risks: **Line number** ⁷.

CORRECTIVE ACTION PLAN 2B:

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

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 an explanation regarding the beneficiary's refusal or unavailability to sign:

- **Line number** ⁸: Although there was one or more Medication Consent Form in the medical record, there was no Medication Consent for all medications prescribed during the review period. Topiramate was prescribed during the review period, but the MHP could not provide a Medication Consent form for that medication.

The MHP was given the opportunity to locate the medication consent in question but was unable to locate it in the medical record.

CORRECTIVE ACTION PLAN 3A:

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

⁵ Line number(s) removed for confidentiality

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- 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.

Client Plans

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** ⁹.
 - **Line number** ¹⁰: Individual Therapy is listed as a needed intervention on the ¹¹ Client Plan, with a frequency of 1 time per week. However, during the three-month review period, Individual Therapy was not provided.
 - **Line number** ¹²: Rehabilitation services 5 times per week, collateral once per month, and case management twice per month, were all listed as needed interventions on the ¹³ Client Plan. However, during the three-month review period, rehabilitation services, collateral, or case management were not provided.
 - **Line number** ¹⁴: Individual therapy 4 times per month, case management once per month, and rehabilitation services 5 times per month, were all listed as needed interventions on both the ¹⁵ and ¹⁶ Client Plans. However, during the three-month review period, rehabilitation services, individual therapy, or case management were not provided.
 - **Line number** ¹⁷: Individual therapy once per week and case management once per week were both listed as needed interventions on both the ¹⁸ Client Plan. However, during the three-

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month review period, individual therapy and case management were not provided.

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.

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 ¹⁹:** 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 number ²⁰:** Case management was claimed on ²¹; however, case management is not an intervention included on the ²², or ²³ Client Plans.

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 number ²⁴:** There was a **lapse** between the prior and current Client Plans and, therefore, no client plan was in effect during a portion or all of the audit review period. **RR4b, refer to Recoupment Summary for details.**

CORRECTIVE ACTION PLAN 4B-2:

¹⁹ Line number(s) removed for confidentiality

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²⁴ Line number(s) removed for confidentiality

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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 the current Client Plan.

FINDING 4C:

Client Plans did not include all of the required elements specified 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 number** ²⁵. The Client Plan completed on ²⁶, by Provider ID ²⁷.
 - **Line number** ²⁸. The Client Plan completed on ²⁹, by Provider ID ³⁰.
- One or more proposed interventions did not include an expected duration:
 - **Line number** ³¹. The Client Plan completed on ³², by Provider ID ³³.
 - **Line number** ³⁴. The Client Plan completed on ³⁵, by Provider ID ³⁶.
 - **Line number** ³⁷. The Client Plan completed on ³⁸, by Provider ID ³⁹.
 - **Line number** ⁴⁰. The Client Plan completed on ⁴¹, by Provider ID ⁴².

²⁵ Line number(s) removed for confidentiality

²⁶ Date(s) removed for confidentiality

²⁷ Provider ID removed for confidentiality

²⁸ Line number(s) removed for confidentiality

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³⁰ Provider ID removed for confidentiality

³¹ Line number(s) removed for confidentiality

³² Date(s) removed for confidentiality

³³ Provider ID removed for confidentiality

³⁴ Line number(s) removed for confidentiality

³⁵ Date(s) removed for confidentiality

³⁶ Provider ID removed for confidentiality

³⁷ Line number(s) removed for confidentiality

³⁸ Date(s) removed for confidentiality

³⁹ Provider ID removed for confidentiality

⁴⁰ Line number(s) removed for confidentiality

⁴¹ Date(s) removed for confidentiality

⁴² Provider ID removed for confidentiality

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- **Line number** ⁴³. The Client Plan completed on ⁴⁴, by Provider ID ⁴⁵.
- **Line number** ⁴⁶. The Client Plan completed on ⁴⁷, by Provider ID ⁴⁸.
- **Line number** ⁴⁹. The Client Plan completed on ⁵⁰, by Provider ID ⁵¹.
- **Line number** ⁵². The Client Plan completed on ⁵³, by Provider ID ⁵⁴.
- **Line number** ⁵⁵. The Client Plan completed on ⁵⁶, by Provider ID ⁵⁷.
- **Line number** ⁵⁸. The Client Plan completed on ⁵⁹, by Provider ID ⁶⁰.

CORRECTIVE ACTION PLAN 4C:

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

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

Progress Notes

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:

⁴³ Line number(s) removed for confidentiality
⁴⁴ Date(s) removed for confidentiality
⁴⁵ Provider ID removed for confidentiality
⁴⁶ Line number(s) removed for confidentiality
⁴⁷ Date(s) removed for confidentiality
⁴⁸ Provider ID removed for confidentiality
⁴⁹ Line number(s) removed for confidentiality
⁵⁰ Date(s) removed for confidentiality
⁵¹ Provider ID removed for confidentiality
⁵² Line number(s) removed for confidentiality
⁵³ Date(s) removed for confidentiality
⁵⁴ Provider ID removed for confidentiality
⁵⁵ Line number(s) removed for confidentiality
⁵⁶ Date(s) removed for confidentiality
⁵⁷ Provider ID removed for confidentiality
⁵⁸ Line number(s) removed for confidentiality
⁵⁹ Date(s) removed for confidentiality
⁶⁰ Provider ID removed for confidentiality

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- **Line numbers** ⁶¹. Forty-five (45) of 551 progress notes were not completed within the MHP's written timeliness standard of 3 business days after the provision of service.
- **Line number** ⁶². 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.**

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.
- 2) The MHP shall submit a CAP that describes how the MHP will ensure that both service dates and times recorded on progress notes match their corresponding claims.
- 3) The MHP shall submit a CAP that describes how the MHP will ensure that Specialty Mental Health Services claimed are accurate and are actually provided to the beneficiary.

FINDING 5C:

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

- **Line number** ⁶³. The claim 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 number** ⁶⁴. During the WebEX chart review, the county confirmed that the service provided on ⁶⁵ was a group with one facilitator and two group participants. It was further acknowledged that the group time entered on the claim was an error, and was not divided between the two participants.

CORRECTIVE ACTION PLAN 5C:

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 Date(s) removed for confidentiality

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

- 1) Document the actual number of clients participating in a group activity, the units of direct service, travel and documentation times for each provider/facilitator whenever a claim represents services rendered by more than one (1) provider within the same activity or session, including groups, “team meetings” and “case consultations”.
- 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.

FINDING 5D:

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

- **Line number** ⁶⁶: 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. Specifically:
 - **Line number** ⁶⁷. The service dated ⁶⁸ was claimed as case management; however, the content of the note is collateral.

CORRECTIVE ACTION PLAN 5D:

The MHP shall submit a CAP that describes how the MHP will ensure that services described on all progress notes are claimed for the correct service modality billing code, and units.

Provision of ICC Services and IHBS for Children and Youth

FINDING 6A:

- 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:

⁶⁶ Line number(s) removed for confidentiality

⁶⁷ Line number(s) removed for confidentiality

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- **Line number** ⁶⁹: The Assessment dated ⁷⁰ did not contain evidence that the beneficiary received an individualized determination of eligibility regarding their need for ICC services or lack thereof.
- **Line number** ⁷¹: The Assessment dated ⁷² documented that the beneficiary had involvement with multiple child serving systems (i.e., Legal /Child Protective Services, Foster Home Placement, Individual Education Plan with placement in classroom for emotional behavioral challenges, and community counseling), indicating the beneficiary met eligibility criteria for ICC services and IHBS; however, these services were not included in the ⁷³ Client Plan.
- **Line number** ⁷⁴: The Assessment dated ⁷⁵ documented that the beneficiary had involvement with multiple child serving systems (i.e., law enforcement after he threatened to shoot another peer, excessive truancies, Individual Education Plan with placement in classroom for emotional behavioral challenges, and community counseling) indicating the beneficiary met eligibility criteria for ICC services and IHBS; however, these services were not included in the ⁷⁶ Client Plan.
- **Line number** ⁷⁷: The Assessment dated ⁷⁸ did not contain evidence that the beneficiary received an individualized determination of eligibility regarding their need for ICC services or lack thereof.
- **Line number** ⁷⁹: The Assessment dated ⁸⁰ did not contain evidence that the beneficiary received an individualized determination of eligibility regarding their need for ICC services or lack thereof.
- **Line number** ⁸¹. The Assessment dated ⁸² documented that the beneficiary had involvement with multiple child serving systems (i.e., Legal /Child Protective Services, Foster Care Placement from ⁸³, and community counseling), indicating the beneficiary met eligibility criteria for ICC services and IHBS; however, these services were not included in the ⁸⁴ Client Plan.

⁶⁹ Line number(s) removed for confidentiality

⁷⁰ Date(s) removed for confidentiality

⁷¹ Line number(s) removed for confidentiality

⁷² Date(s) removed for confidentiality

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⁷⁴ Line number(s) removed for confidentiality

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⁷⁸ Date(s) removed for confidentiality

⁷⁹ Line number(s) removed for confidentiality

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- **Line number** ⁸⁵. The Assessment dated ⁸⁶ documented that the beneficiary had involvement with multiple child serving systems (i.e., Legal /Child Protective Services, Foster Care Placement, and community counseling), indicating the beneficiary met eligibility criteria for ICC services and IHBS; however, these services were not included in the ⁸⁷ Client Plan.

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.

⁸⁵ Line number(s) removed for confidentiality

⁸⁶ Date(s) removed for confidentiality

⁸⁷ Date(s) removed for confidentiality