

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2020/2021

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW OF THE SACRAMENTO COUNTY MENTAL HEALTH PLAN

CHART REVIEW FINDINGS REPORT

Review Dates: 7/13/2021 to 7/15/2021

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 Sacramento 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 <u>516 claims</u> submitted for the months of April, May and June 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 60 days of the episode opening date for all beneficiaries. The MHP's policy also indicates that assessments are to be updated annually 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 initial assessment was due to be completed by ⁶ given that the episode opening date was ⁷; however, the initial assessment was not finalized until ⁸.
- Line ⁹. The initial assessment was due to be completed by ¹⁰ given that the episode opening date was ¹¹; however, the initial assessment was not finalized until ¹².
- Line ¹³. The prior assessment was completed on ¹⁴. The updated assessment was due to be completed by ¹⁵; however, the updated assessment was not finalized until ¹⁶.

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• Line ¹⁷. The prior assessment was completed on ¹⁸. The updated assessment was due to be completed by ¹⁹; however, the updated assessment was not finalized until ²⁰.

CORRECTIVE ACTION PLAN 8.2.1:

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.

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: Line numbers ²¹.
- b) Medications, including medication for medical conditions, and documentation of adverse reactions: Line number ²².

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.

Medication Consent

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:

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- 1) Reasonable alternative treatments available, if any: Line number ²³.
- 2) Range of Frequency (of administration): Line number ²⁴.
- 3) Method of administration: Line number ²⁵.
- 4) Duration of taking the medication: Line number ²⁶.
- 5) Probable side effects: Line number ²⁷.
- 6) Possible side effects if taken longer than 3 months: Line numbers ²⁸.
- 7) Consent once given may be withdrawn <u>at any time</u>: Line number ²⁹.

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 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 8.3.3:

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

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

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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 ³¹: The Initial Client Plan was not completed until after one or more planned service was provided and claimed. The MHP was given the opportunity to locate a valid Client Plan covering the entirety of review period but could not find written evidence of it in the medical record. 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 client plans are completed prior to the provision of planned services.

FINDING 8.4.3a:

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

• Line number ³². The initial Client Plan expired on ³³ and the current Client Plan was not finalized until ³⁴. While there was a lapse between Client Plans, the claimed services during the lapse were for Plan Development and assessment; all of which can be provided without a plan in place.

CORRECTIVE ACTION PLAN 8.4.3a:

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.

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 ³⁵.

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- One or more proposed intervention did not include an expected frequency or frequency range that was specific enough. Line numbers ³⁶.
 - Line number ³⁷. The Medication Service Plan completed on ³⁸ does not include a proposed frequency or frequency range for medication support services.
 - Line number ³⁹. The Medication Service Plan completed on ⁴⁰ does not include a proposed frequency or frequency range for medication support services.
 - Line number ⁴¹. Per the Client Plan completed on ⁴², medication support, TCM, and therapy services are all listed as interventions; however, there is no documented proposed frequency or frequency range for any of these services.
 - Line number ⁴³. The Medication Service Plan completed on ⁴⁴ does not include a proposed frequency or frequency range for medication support services.
- One or more proposed intervention did not include an expected duration. Line numbers ⁴⁵.
 - Line number ⁴⁶. The Medication Service Plan completed on ⁴⁷ does not include an expected duration for medication support services.
 - Line number ⁴⁸. The Medication Service Plan completed on ⁴⁹ does not an expected duration for medication support services.

CORRECTIVE ACTION PLAN 8.4.4:

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.

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- 2) Mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.
- 3) Client plans are consistent with the qualifying diagnosis.

FINDING 8.4.11:

Line numbers ⁵⁰: 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.

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 ⁵¹: 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 ⁵². One or more progress note was not completed within the MHP's written timeliness standard of 3 business days after provision of service.
49 (9.5 percent) of all progress notes reviewed were completed late (90.5% compliance).

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- Line number ⁵³. One or more progress note did not match its corresponding claim in terms of amount of time to provide services: The service time was entirely missing on the hospital Progress Notes. It should be noted that the MHP was able to provide evidence (i.e. Avatar Rate spreadsheet) demonstrating the MHP's Professional Fee for Service rate that directly corresponded to the service time, in lieu of displaying the service time on these particular Progress Notes.
- Line numbers ⁵⁴. One or more progress note was missing the provider's professional degree, licensure or job title. 16 (3.1 percent) of all progress notes reviewed did not include the provider's professional degree, licensure or job title (96.9% compliance).

CORRECTIVE ACTION PLAN 8.5.2:

- 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.
 - Interventions applied, the beneficiary's response to the interventions and the location of the interventions, as specified in the MHP Contract with the Department.
 - The provider's/providers' professional degree, licensure or job title.
 - 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.

Provision of ICC Services and IHBS for Children and Youth

FINDING 8.6.1:

- 1) 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. *The MHP was given the opportunity to find any evidence that an individualized determination of eligibility was performed for these beneficiaries but could not find substantiation of such a process in the medical record.*
 - Line numbers ⁵⁵.

CORRECTIVE ACTION PLAN 8.6.1:

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During the on-site review, the MHP was able to fully discuss their current ICC policy and procedure and demonstrate an ICC screening tool that has since been created and implemented as of May 2021. Therefore, no Corrective Action Plan is required for this finding.