



**Behavioral Health**

**Fiscal Year 2021/2022**  
**Medi-Cal Specialty Mental Health Services**  
**Triennial Review**

**Corrective Action Plan**  
**Chart Review**

**February 2023**



San Bernardino County Mental Health Plan  
FY 21/22 Specialty Mental Health Triennial Review  
Chart Review Corrective Action Plan

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### **Requirement 8.1.2: Medical Necessity**

The beneficiary must meet medical necessity criteria outlined in subsections (1-3) to be eligible for services. (CCR, tit. 9, §§ 1830.205(b) (outpatient); 1830.210 (EPSDT); WIC §§ 14132, subd. (v); 14059.5):

2. The beneficiary must have at least one of the following impairments as a result of the mental disorder or emotional disturbance (listed above in 1): (CCR, tit. 9, § 1830.205 (b)(2)(A)-(C).)

- 1) A significant impairment in an important area of functioning.
- 2) A probability of significant deterioration in an important area of life functioning.
- 3) A probability that the child will not progress developmentally as individually appropriate.
- 4) For full-scope Medi-Cal (MC) beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that SMHS can correct or ameliorate.

### **DHCS Finding 8.1.2:**

The actual interventions documented in 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:

- 1) **Line number 2.** The progress note indicated a “no-show” or cancelled appointment and the documentation failed to provide evidence of another valid service. **RR2b, refer to Recoupment Summary for details.** The progress note for the last claim of the client’s Arrowhead Regional Medical Center stay in the Emergency Department (**9/16/21, Service Function 30; Units of Time 15**) describes an RN attempting to conduct a reassessment of the client following prior administration of Tylenol, but the client had already discharged from the unit and was no longer there.

### **Corrective Action Plan 8.1.2**

The MHP shall submit a CAP that describes how the MHP will ensure that all actual SMHS interventions documented on progress notes 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.



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**Corrective Action Description**

The Department of Behavioral Health (DBH) Quality Management Division (QM) and 24 Hour and Emergency Services program management met with Arrowhead Regional Medical Center (ARMC)-Behavioral Health (BH) on 9/21/22 to review preliminary findings from the DHCS Triennial Chart Review.

DBH QM will be conducting future training(s) with ARMC-BH to provide technical assistance to ensure that interventions in progress notes reflect that medical necessity criteria are met and that services are not billed when the client has been discharged from the program.

Documentation training(s) will be offered online to increase the availability of the training and to increase the number of staff that will be trained in chart documentation standards. The training(s) will also address updates to access criteria for Specialty Mental Health Services (SMHS) as it relates to the implementation of CalAIM initiatives.

To ensure compliance with medical necessity chart documentation criteria, DBH will do the following:

- DBH 24 hour and Emergency Services program management will ensure that documentation standards are communicated to ARMC-BH through DBH and DHCS Information Notices and the DHCS SMHS Reasons for Recoupment.
- DBH QM and DBH 24 Hour and Emergency Services program management will conduct training/technical assistance with ARMC-BH to review the importance of completing needed re-assessment service prior to client being discharged from the hospital. This training/technical assistance meeting will occur by 4/28/23.

**Proposed Evidence/Documentation of Correction**

Proposed evidence of correction includes the following:

- DBH QM worked with DBH Information Technology (IT) to ensure a Void was sent for claim dated 9/16/21 for 15 units of time.
- DBH IT submitted Void file to DHCS on 2/7/23.
- DBH QM and DBH 24 Hour and Emergency Services program management to conduct training/technical assistance with ARMC-BH staff.

**Ongoing Monitoring (if included)**

DBH QM Outpatient Review Team will provide continuous monitoring through the program's Triennial Chart and Site review and identify chart items out of compliance and will request a Plan of Correction (POC) response on how the program plans to address the identified chart documentation deficiencies.

**Person Responsible (job title)**

ARMC-Behavioral Healthcare Program Administrator

DBH QM Outpatient Review Clinic Supervisor and Clinical Therapist I's



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**Implementation Timeline:**

DBH QM and DBH 24 Hour and Emergency Services program management plan to meet with ARMC-BH on or before 4/28/23, to conduct training/technical assistance.

**Requirement 8.5.1: Progress Notes**

Items that shall be contained in the client record (i.e., Progress Notes) related to the beneficiary's progress in treatment include all of the following:

- 1) Timely documentation of relevant aspects of client care, including documentation of medical necessity.
- 2) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions.
- 3) Interventions applied, beneficiary's response to the interventions, and the location of the interventions.
- 4) The date the services were provided.
- 5) Documentation of referrals to community resources and other agencies, when appropriate.
- 6) Documentation of follow-up care or, as appropriate, a discharge summary
- 7) The amount of time taken to provide services.
- 8) The following:
  - a. The signature of the person providing the service (or electronic equivalent);
  - b. The person's type of professional degree, and,
  - c. Licensure or job title. (MHP Contract, Ex. A, Att. 9, Sec. 1(C)(1)(a)-(h).)

**DHCS Finding 8.5.1:**

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 4, 6, 10, 11, 12, 13, 15, 16, 18, 19, and 20.** One or more progress note was not completed within the MHP's written timeliness standard of 5 business days after provision of service. Eighty-eight (16 percent) of all progress notes reviewed were completed late (84% compliance).
- **Line numbers 1, 2, 3, 4, 5, 7, 8, and 9.** 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. **RR7, refer to Recoupment Summary for details.**

In the following items, the MHP provided the noted progress notes in support of the claims, but each progress note was missing the Units of Time used during the respective service. Therefore, the reviewer was unable to match the progress notes with the claims information.



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MHP staff were given the opportunity to submit any evidence that might verify the Units of Time claimed related to the associated service (e.g., claims forms that included Units of Time, crosswalks explaining Units of Time for psychiatric evaluation in Emergency Department, etc.), but these additional documents could not be located.

MHP staff discussed at the virtual onsite and later submitted an example of an updated Electronic Health Record note template for the Arrowhead Regional Medical Center Emergency Department services, in which the template guides the provider to include discussion of Units of Time used in the service. This Electronic Health Record guidance had not been implemented at time of the Review Period.

- **Line number 1:** For Medication Support claim (Service Function 60) of 60 Minutes on 9/14/21, MHP submitted a copy of an Arrowhead Regional Medical Center “BH Initial Psych Eval” progress note, which was missing the Units of Time.
- **Line number 2:** For Medication Support claim (Service Function 60) of 60 Minutes on 9/16/21, MHP submitted a copy of an Arrowhead Regional Medical Center “Behavioral Health Note” progress note which was missing the Units of Time.
- **Line number 3:** For Medication Support claim (Service Function 60) of 60 Minutes on 8/31/21, MHP submitted a copy of an Arrowhead Regional Medical Center “BH Initial Psych Eval” progress note which was missing the Units of Time.
- **Line number 4:** For Medication Support claim (Service Function 60) of 60 Minutes on 7/25/21, MHP submitted a textual version of a note by Gagandeep Mand, MD (noted elsewhere by MHP staff to be an Arrowhead Regional Medical Center note). This note was entitled “BH Initial Psych Eval”. This progress note was missing the Units of Time.
- **Line number 5:** For Mental Health Services claim (Service Function 30) of 25 Minutes on 9/11/21, MHP submitted a copy of Community Hospital of San Bernardino Behavioral Health (Dignity Health) “Assessment Documentation” progress note which was missing the Units of Time.
- **Line number 7:** For Medication Support claims (Service Function 60) of 60 Minutes on 9/12/21 and 30 minutes on 9/13/21, MHP submitted copies of Arrowhead Regional Medical Center “BH Initial Psych Eval” and “Behavioral Health Note” progress notes which were missing the Units of Time.
- **Line number 8:** For Medication Support claim (Service Function 60) of 60 Minutes on 8/15/21, MHP submitted a copy of an Arrowhead Regional Medical Center “BH Initial Psych Eval” progress note which was missing the Units of Time.
- **Line number 9:**
  - For Medication Support claim (Service Function 60) of 60 Minutes on 8/29/21, MHP submitted a copy of an Arrowhead Regional



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Medical Center "BH Initial Psych Eval" progress note which was missing the Units of Time.

- For Medication Support claim (Service Function 60) of 60 Minutes on 9/15/21, MHP submitted a copy of an Arrowhead Regional Medical Center "BH Initial Psych Eval" progress note which was missing the Units of Time.

**Corrective Action Plan 8.5.1**

- 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.

**Corrective Action Description**

To ensure compliance with the requirement of the progress note including the Units of Time, Arrowhead Regional Medical Center (ARMC)-Behavioral Health (BH) updated their Electronic Health Record (EHR) to include the following:

- Automatic reminders for providers to enter units of time in the provider's progress notes.
- The update in the progress notes section will ensure that contractual requirements are met and will include required elements that are documented in accordance with written documentation standards.

DBH QM and DBH 24 Hour and Emergency Services program management will conduct training/technical assistance with ARMC-BH to ensure compliance with service dates and times recorded on progress notes matching corresponding claims. This training/technical assistance meeting will occur by 4/28/23.

DBH QM issued Interim Instruction Notice 22-001, effective 1/1/23, to inform DBH staff and contract agency staff of new timeframes for documentation of progress notes.

**Proposed Evidence/Documentation of Correction**

Proposed evidence includes the following:

- Provided sample ARMC progress note with units of time highlighted.
- Provided DBH Interim Instruction Notice 22-001, New Timeframes for Completion of Progress Notes

List of Evidence /Documentation Included:

- 8.5.1\_ARMC Progress Note
- 8.5.1\_IIN 22-001\_Note Timeliness\_Final

**Ongoing Monitoring (if included)**



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- ARMC-BH Inpatient Psychiatry (IPSY) Committee will review progress notes for audit compliance monthly.
- DBH QM Outpatient Review Team will provide continuous monitoring through the program's Triennial Chart and Site review and identify chart items out of compliance and will request a Plan of Correction (POC) response on how the program plans to address the identified chart documentation deficiencies.

**Person Responsible (job title)**

ARMC-BH Clinical Director II

DBH QM Outpatient Review Clinic Supervisor and Clinical Therapist I's

**Implementation Timeline:**

- ARMC-BH has implemented a process of sending automatic reminders in their EHR for providers to enter units of time. This change went into effect 1/31/2023.
- DBH QM and DBH 24 Hour and Emergency Services program management will conduct training/technical assistance with ARMC-BH to ensure compliance with service dates and times recorded on progress notes matching corresponding claims. This training/technical assistance meeting will occur by 4/28/23

**Requirement 8.5.2:**

When services are being provided to, or on behalf of, a beneficiary by two or more persons at the same time or on the same day, the progress notes shall include:

- 1) Documentation of each person's involvement in the context of the mental health needs of the beneficiary.
- 2) The exact number of minutes used by persons providing the service.
- 3) Signature(s) of person(s) providing the services.

**DHCS Finding 8.5.2:**

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 6 and 10.** While progress note(s) themselves did not accurately document the number of group participants on one or more group progress notes, the MHP was able to provide separate documentation listing the number of participants in each group.

**Corrective Action Plan 8.5.2**

The MHP shall submit a CAP that describes how the MHP will ensure that progress notes contain the actual number of clients participating in a group activity.

**Corrective Action Description**





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To ensure compliance with progress notes containing the actual number of clients participating in a group activity, DBH Information Technology (IT) will work with the Electronic Health Record (EHR) vendor to ensure required elements for Medi-Cal chart documentation are reflected in the final progress notes in the EHR.

DBH providers are manually entering the number of clients participating in group activities in the progress notes until the vendor can develop an automated solution.

DBH QM will conduct chart documentation trainings that will include the need for service providers to include the number of clients participating in a group activity. These trainings will be held online, to increase the availability of the documentation training and to increase the amount of staff that will be trained in chart documentation standards.

### **Proposed Evidence/Documentation of Correction**

Proposed evidence includes the following:

- Provided STAR group note for Line 10 that was submitted for the Triennial with the group count highlighted (bottom of page 3)
- Provided sample progress note which shows the group count on approved progress note (highlighted on page 1)

List of Evidence/Documentation Included:

- 8.5.2\_Line 10\_DBH Star Group note\_submitted for Triennial\_9.23.21
- 8.5.2\_Line 10\_DBH STAR Progress Note Sample

### **Ongoing Monitoring (if included)**

DBH IT will continue to work with its EHR vendor to ensure required elements for Medi-Cal chart documentation are reflected in DBH's EHR system.

DBH QM Outpatient Review Team will identify chart items out of compliance during Chart Reviews conducted for County programs and contract agencies. A Plan of Correction (POC) response on how the program plans to address the identified chart documentation deficiencies.

### **Person Responsible (job title)**

DBH IT Business Applications Manager

DBH Supervised Treatment After Release (STAR) Clinic Supervisor and Program Manager

DBH QM Outpatient Review Clinic Supervisor, Clinical Therapist I, and Clinical Therapist II

### **Implementation Timeline:**



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- DBH providers are currently entering the group count in the 'Notes Field' section of Progress Notes.
- DBH IT submitted a help desk ticket to EHR vendor on 2/16/23 to determine what needs to be done to have the group count included in the service data section of the progress note. EHR vendor is currently looking into resolution.
- DBH IT to follow up with vendor on 2/17/23 if no resolution is provided.
- DBH QM to conduct chart documentation training by 8/2023.

**Requirement 8.5.3:**

Progress notes shall be documented at the frequency by type of service indicated below:

- 1) Every service contact for:
  - a. A. Mental health services
  - b. Medication support services
  - c. Crisis intervention
  - d. Targeted Case Management
  - e. Intensive Care Coordination
  - f. Intensive Home Based Services
  - g. Therapeutic Behavioral Services
- 2) Daily for:
  - a. Crisis residential
  - b. Crisis stabilization (one per 23-hour period)
  - c. Day treatment intensive
  - d. Therapeutic Foster Care
- 3) Weekly for:
  - a. Day treatment intensive (clinical summary)
  - b. Day rehabilitation
  - c. Adult residential (MHP Contract, Ex. A, Att. 9, Sec. 1(C)(2)(a)-(c).)

**DHCS Finding 8.5.3:**

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

- **Line numbers 4, 8, 9, 11, and 12:** There was no progress note in the medical record for the service(s) claimed. **RR2a, 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 4.** Progress note could not be located for Medication Support (Service Function 60) claim on 9/21/21 (15 minutes) of 15 Minutes on 9/21/21.



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- **Line number 8.** Progress note could not be located for Crisis Intervention (Service Function 70) claims on 8/15/21 (30 minutes).
- **Line number 9.**
  - Progress notes could not be located for Mental Health (Service Function 30) claims on 8/18/21 (50 minutes), 8/19/21 (25 minutes), and 8/20/21 (50 minutes). After attempting to locate, MHP staff indicated that these were Fee-For-Service billings and that no documentation was submitted for these claims.
  - Progress notes could not be located for Crisis Intervention (Service Function 70) claims on 8/28/21 (15 minutes) and 9/15/21 (15 minutes).
- **Line number 11.** Progress notes could not be located for Mental Health (Service Function 30) claims on 8/9/21 (1 minute) and 8/23/21 (1 minute). Based on the short Unit of Time, the MHP believes these claims were claimed in error.
- **Line number 12.** Progress note could not be located for Mental Health (Service Function 30) claim on 8/26/21 (1 minute). Based on the short Unit of Time, the MHP believes this claim was claimed in error.
- **Line number 6:** The type of Specialty Mental Health Service (SMHS) (e.g., Medication Support, Targeted Case Management) documented on the progress note was not the same type of SMHS claimed. **RR5, refer to Recoupment Summary for details.** Progress notes for 2 services claimed as Rehabilitation Services on 8/23/21 (150 minutes) and 8/26/21 (330 minutes) described TCM services of linkage activities.

### Corrective Action Plan 8.5.3

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) 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.

### Corrective Action Description

Arrowhead Regional Medical Center (ARMC) Behavioral Health (BH) updated their Electronic Health Record (EHR) to include the following:

- Automatic reminders for providers to enter units of time in the provider's progress notes.



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- The update in the progress notes section will ensure that contractual requirements are met and will include required elements that are documented in accordance with written documentation standards.

South Coast Community Services identified claims were billed in error for Provider 36EQ, but a Charge Data Invoice Correction (CDCI) had not been completed prior to the chart being requested by DHCS for review.

DBH Information Technology (IT) confirmed that South Coast Community Services submitted a CDCI for Line 11.

- Date of service 8/9/21:
  - South Coast Community Services submitted CDCI on 10/11/21
  - The void was posted on 5/26/22
  - DBH IT deleted the service on 5/26/22
- Date of service 8/23/21:
  - South Coast Community Services submitted CDCI on 10/8/21
  - The void was posted on 5/26/22
  - DBH IT deleted the service on 7/28/22

DBH QM will conduct chart documentation trainings that will reinforce progress notes being claimed for the correct service modality billing code and units of time. Additionally, training will focus on progress notes describing the type of service, date of service and the amount of time it took to provide the service. A review of the Department's Interim Instruction Notice 22-01 *New Timeframes for Completion of Progress Notes* will be reviewed, as progress notes are expected to be completed the same day as the date of service and finalized in the chart within 72 hours, unless the service was provided as a result of a crisis, in which progress note must be completed within 24 hours. Training will also focus on service providers ensuring that services billed contain a corresponding progress note, and verifying claims billed prior to entering them in the billing system. Additionally, DBH and contract providers will be trained on the process to void claims to ensure that claims that should not be billed are voided. These trainings will be held online, to increase the availability of the documentation training and to increase the amount of staff that will be trained in chart documentation standards.

### **Proposed Evidence/Documentation of Correction**

Proposed evidence includes the following:

- Provided sample ARMC progress note with units of time highlighted.
- Provided DBH Interim Instruction Notice #22-01 New Timeframes for Completion of Progress Notes

### **List of Evidence /Documentation Included:**

- 8.5.3\_ARMC Progress Note
- 8.5.3\_IIN 22-001\_Note Timeliness\_Final

### **Ongoing Monitoring (if included)**



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- ARMC-BH Inpatient Psychiatry (IPSY) Committee will review progress notes and audit compliance monthly.
- DBH QM Outpatient Review Team will identify chart items out of compliance during Chart Reviews conducted for County programs and contract agencies. A review of Charge Data Correction Invoice (CDCIs) will be reviewed for accuracy based on the charts audited. A Plan of Correction (POC) response on how the program plans to address the identified chart documentation deficiencies.

**Person Responsible (job title)**

ARMC-BH Clinical Director II

DBH QM Outpatient Review Clinic Supervisor, Clinical Therapist I, and Clinical Therapist II

**Implementation Timeline:**

- ARMC-BH has implemented a process of sending automatic reminders in their electronic health record for providers to enter units of time. This change went into effect 1/31/2023.
- DBH QM to conduct chart documentation training by 8/2023.