



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2019/2020

**MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW
OF THE SUTTER/YUBA COUNTY MENTAL HEALTH PLAN**

CHART REVIEW FINDINGS REPORT

Review Dates: 10/29/2019 to 10/30/2019

**DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF SUTTER-YUBA MENTAL HEALTH PLAN
October 29-30, 2019
CHART REVIEW FINDINGS REPORT**

Chart Review – Non-Hospital Services

The medical records of five (5) adult and five (5) 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 Sutter-Yuba 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 143 claims submitted for the months of October, November, and December of **2018**.

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Medical Necessity

REQUIREMENTS

The beneficiary must meet medical necessity criteria outlined in subsections (1-3) to be eligible for services. (CCR, title 9, § 1830.205(b).)

1) The beneficiary meets DSM criteria for an included ICD diagnosis for outpatient SMHS in accordance with the MHP contract. (MHSUDS IN Nos., 15-030, 16-016, 16-051, and 17-004E)

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 A1):

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 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.

(CCR, title 9, § 1830.205 (b)(2)(A-C).)

3) The proposed and actual intervention(s) meet the intervention criteria listed below:

- a) The focus of the proposed and actual intervention(s) addresses the condition identified in No. 1b (1-3)above, or for full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that the SMHS can correct or ameliorate per No. 1 (b)(4).

(CCR, title 9, § 1830.205(b) (3)(A).)

- b) The expectation is that the proposed and actual intervention(s) will do at least one (1) of the following (A, B, C, or D):

- A. Significantly diminish the impairment.
- B. Prevent significant deterioration in an important area of life functioning.
- C. Allow the child to progress developmentally as individually appropriate.
- D. For full-scope MC beneficiaries under the age of 21 years, correct or ameliorate the condition.

(CCR, title 9, § 1830.205 (b)(3)(B)(1-4).)

The condition would not be responsive to physical health care based treatment.

(CCR, title 9, § 1830.205(b)(3)(C).)

Reasons for Recoupment (RR): Refer to the enclosed Recoupment Summary for additional details about disallowances.

- RR15. The MHP did not submit documentation that a valid service was provided to, or on behalf of, the beneficiary:
- a) No show / appointment cancelled, and no other eligible service documented (e.g., chart review to prepare for an appointment that turns out to be a “no show”), or
 - b) Service provided did not meet the applicable definition of a SMHS.

(MHSUDS IN No. 18-054, Enclosure 4)

FINDING 1A-3b:

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** ¹: The progress note indicated a “no-show” or cancelled appointment and the documentation failed to provide evidence of another valid service. **RR15a, refer to Recoupment Summary for details.**
 - Specifically, the progress notes on ² and ³ were identified as identical in content for medication management service. The MHP was able to determine that the client had missed the appointment on ⁴ and instead presented for ⁵ appointment. The progress note on ⁶ had been entered in error.

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

REQUIREMENTS
The MHP must establish written standards for (1) timeliness and (2) frequency of the Assessment documentation.

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 Date(s) removed for confidentiality
⁶ Date(s) removed for confidentiality

FINDING 2A:

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

- 1) One or more assessments were not completed within the initial timeliness and/or update frequency requirements specified in the MHP’s written documentation standards.

The following are specific findings from the chart sample:

- **Line number** ⁷: Based on the MHP’s documentation standards of completing children’s reassessments annually, an updated reassessment would have been due on ⁸. An updated diagnosis form was completed ⁹, however the MHP indicated that a full reassessment was not performed until ¹⁰. The MHP confirmed that the reassessment is considered late, per their documentation standards.
- Line ¹¹: The beneficiary’s Episode Opening Date was ¹², however the initial assessment was not completed until ¹³. The MHP confirmed that this assessment is considered late per their documentation standards that the assessment be completed “within 60 days of the first billed service”.

CORRECTIVE ACTION PLAN 2A:

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.

REQUIREMENTS	
The MHP shall ensure that the following areas are included, as appropriate, as part of a comprehensive beneficiary record when an assessment has been performed:	
a)	Presenting Problem. The beneficiary’s chief complaint, history of the presenting problem(s), including current level of functioning, relevant family history and current family information;
b)	Relevant conditions and psychosocial factors affecting the beneficiary’s physical health and mental health; including, as applicable, living situation, daily

⁷ Line number(s) removed for confidentiality
⁸ Date(s) removed for confidentiality
⁹ Date(s) removed for confidentiality
¹⁰ Date(s) removed for confidentiality
¹¹ Line number(s) removed for confidentiality
¹² Date(s) removed for confidentiality
¹³ Date(s) removed for confidentiality

- activities, social support, cultural and linguistic factors and history of trauma or exposure to trauma;
- c) History of trauma or exposure to trauma;
 - d) Mental Health History. Previous treatment, including providers, therapeutic modality (e.g., medications, psychosocial treatments) and response, and inpatient admissions;
 - e) Medical History, including: Relevant physical health conditions reported by the beneficiary or a significant support person; Name and address of current source of medical treatment; For children and adolescents, the history must include prenatal and perinatal events and relevant/significant developmental history;
 - f) Medications, including: Information about medications the beneficiary has received, or is receiving, to treat mental health and medical conditions, including duration of medical treatment; Documentation of the absence or presence of allergies or adverse reactions to medications; Documentation of informed consent for medications;
 - g) Substance Exposure/Substance Use. Past and present use of tobacco, alcohol, caffeine, CAM (complementary and alternative medications) and over-the-counter drugs, and illicit drugs;
 - h) Client Strengths. Documentation of the beneficiary's strengths in achieving client plan goals related to their mental health needs and functional impairment(s);
 - i) Risks. Situations that present a risk to the beneficiary and others, including past or current trauma;
 - j) Mental Status Examination;
 - k) A Complete Diagnosis. A diagnosis from the current ICD-code that is consistent with the presenting problems, history, mental status exam and/or other clinical data; including any current medical diagnosis
- (MHP Contract, Ex. A, Att. 9; CCR, title 9, §§ 1810.204 and 1840.112)

FINDING 2B:

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

c) History of trauma or exposure to trauma:

Line number ¹⁴: The beneficiary's listed diagnoses include schizophrenia and PTSD. Although the MHP's Reassessment Form includes appropriate categories that cover mental health history and factors contributing to the beneficiary's mental health, there is insufficient information in the provided Reassessments (¹⁵ and ¹⁶) to adequately explain the diagnostic determination of PTSD.

¹⁴ Line number(s) removed for confidentiality

¹⁵ Date(s) removed for confidentiality

¹⁶ Date(s) removed for confidentiality

j) A mental status examination: **Line number(s)** ¹⁷.

Line number ¹⁸: In the Adult Reassessment completed on ¹⁹, the clinician writes, “no MSE needed as client was not present”. There is no additional documentation to confirm if a MSE was done as part of the reassessment.

The MHP’s policy standard as stated in their “SYBH Documentation Manual” states, “Initial Assessments/Reassessments must include at least some face-to-face time with the client”.

Line number ²⁰: In the “Adult Intake”/Adult Assessment completed as signed on ²¹, the clinician noted under the Mental Status Exam section, “unable to assess as client is currently hospitalized”. As noted above, the clinician failed to follow the MHP’s documentation standards.

CORRECTIVE ACTION PLAN 2B:

The MHP shall submit a CAP that:

- 1) Describes how the MHP will ensure that every assessment contains all of the required elements specified in the MHP Contract with the Department.

- 2) Describes how the MHP will ensure that assessments are completed in accordance with requirements specified in the MHP’s written documentation standards.

Medication Consent

REQUIREMENTS
The provider obtains and retains a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication. (MHP Contract, Ex. A., Att.9)

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:

Line number ²²: Although there was a written medication consent form in the medical record, there was no medication consent for each of the medications prescribed. Per

¹⁷ Line number(s) removed for confidentiality
¹⁸ Line number(s) removed for confidentiality
¹⁹ Date(s) removed for confidentiality
²⁰ Line number(s) removed for confidentiality
²¹ Date(s) removed for confidentiality
²² Line number(s) removed for confidentiality

progress notes, a prescription for Mirtazapine was started on ²³, but Mirtazapine was not added to the medication consent form and signed by beneficiary until ²⁴.

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.

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.

REQUIREMENTS
The client plan has been updated at least annually and/or when there are significant changes in the beneficiary’s condition. MHP Contract, Ex. A, Att. 2)

FINDING 4B-2:

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

- **Line number** ²⁵: There was a **lapse** between the prior and current Client Plans. However, this occurred outside of the audit review period.

The Prior Client Plan expired on ²⁶; however, the current Client Plan was not completed until ²⁷.

CORRECTIVE ACTION PLAN 4B-2:

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.

REQUIREMENTS
C. The MHP shall ensure that Client Plans:

²³ Date(s) removed for confidentiality

²⁴ Date(s) removed for confidentiality

²⁵ Line number(s) removed for confidentiality

²⁶ Date(s) removed for confidentiality

²⁷ Date(s) removed for confidentiality

- 1) Have specific observable and/or specific quantifiable goals/treatment objectives related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis.
- 2) Identify the proposed type(s) of intervention/modality including a detailed description of the intervention to be provided.
- 3) Have a proposed frequency of the intervention(s).
- 4) Have a proposed duration of intervention(s).
- 5) Have interventions that focus and address the identified functional impairments as a result of the mental disorder or emotional disturbance (CCR, title. 9, § 1830.205(b).
- 6) Have interventions that are consistent with client plan goal(s)/treatment objective(s).
- 7) Have interventions consistent with the qualifying diagnosis.

MHP Contract, Ex. A, Att. 9)

FINDING 4C:

Client Plans did not include all of the required elements specified in the MHP Contract. Specifically:

- One or more proposed intervention(s) did not include an expected duration. **Line numbers** ²⁸.

There is a mixed pattern in this finding, in that some client plans had a combination of interventions with specified durations, while others did not. Other line numbers had client plans that did not specify duration at all for their interventions.

As evidenced by the other line numbers not cited, the MHP showed significant improvement in this area compared to their prior Triennial Review, in ensuring that client plans had expected durations for each intervention.

- One or more client plan(s) did not address the mental health needs and functional impairments identified as a result of the mental disorder.
 - **Line number** ²⁹: Client Plan documented “decreased ability to cope...increased stressors...passive SI” which reflected a possible increase in symptom severity compared to prior Client Plan. It is unclear if client was offered new or increased number or frequency of services to address this increase in symptom severity.

As the time period of the review sample was several months after this noted Client Plan, reviewers were able to see evidence that client remained safe and engaged in the interventions that the client agreed to participate in. This finding specifically notes that information included on the noted Client Plan did not sufficiently document how the increase in symptom severity was addressed. We reviewed with MHP whether there might be other evidence including associated progress notes that might document that client declined any additionally offered services, but MHP was unable to identify additional documentation of this nature.

CORRECTIVE ACTION PLAN 4C:

²⁸ Line number(s) removed for confidentiality

²⁹ Line number(s) removed for confidentiality

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

- 1) Mental health interventions proposed on client plans indicate an expected duration for each intervention.
- 2) Mental health interventions/modalities proposed on client plans address the mental health needs and identified functional impairments of the beneficiary as a result of the mental disorder.

Progress Notes

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

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**³⁰. One or more progress note was not completed within the MHP's written timeliness standard of 1 day after the provision of service. Approximately 15 percent of all progress notes reviewed were completed late, according to the MHP's timeliness standard.

³⁰ Line number(s) removed for confidentiality

CORRECTIVE ACTION PLAN 5B:

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

REQUIREMENTS
<p>When services are being provided to, or on behalf of, a beneficiary by two or more persons at one point in time, do the progress notes include:</p> <ol style="list-style-type: none">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. <p>(CCR, title 9, § 1840.314(c).)</p>
<p><u>Reasons for Recoupment (RR): Refer to the enclosed Recoupment Summary for additional details about disallowances.</u></p> <p>RR12. The claim for a group activity, which is provided as a Mental Health Service, Medication Support, Crisis Intervention, or TCM service, was not properly apportioned to all clients present, and resulted in excess time claimed.</p> <p>RR13. For service activities involving one (1) or more providers, progress notes, or other relevant documentation in the medical record, did not clearly include the following:</p> <ol style="list-style-type: none">a) The total number of providers and their specific involvement in the context of the mental health needs of the beneficiary; orb) The specific amount of time of involvement of each provider in providing the service, including travel and documentation time if applicable; orc) The total number of beneficiaries participating in the service activity. <p>(MHSUDS IN No. 18-054, Enclosure 4)</p>

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** ³¹. While the 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 5C:

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, the number and identification of all group provider/facilitators, the correct type of service (e.g., Group Rehabilitation or Group Psychotherapy), and date of service.

³¹ Line number(s) removed for confidentiality

REQUIREMENTS

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

- a) Every service contact for:
 - i. Mental health services;
 - ii. Medication support services;
 - iii. Crisis intervention;
 - iv. Targeted Case Management;
- b) Daily for:
 - i. Crisis residential;
 - ii. Crisis stabilization (one per 23/hour period);
 - iii. Day Treatment Intensive;
 - iv. Therapeutic Foster Care
- c) Weekly:
 - i. Day Treatment Intensive: (clinical summary);
 - ii. Day Rehabilitation;
 - iii. Adult Residential.

(MHP Contract, Ex.A, Att. 9); (CCR, title 9, §§ 1840.316(a-b);1840.318(a-b), 840.320(a-b),)

Reasons for Recoupment (RR): Refer to the enclosed Recoupment Summary for additional details about disallowances.

RR8. The MHP did not submit a progress note corresponding to the claim submitted to DHCS for reimbursement, as follows:

- a) No progress note submitted
- b) The progress note provided by the MHP does not match the claim submitted to DHCS for reimbursement in terms of the following:
 - 1) Specialty Mental Health Service claimed.
 - 2) Date of service, and/or
 - 3) Units of time.

(MHSUDS IN No. 18-054, Enclosure 4)

FINDING 5D:

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

- **Line number** ³²: The type of Specialty Mental Health Service (SMHS) (e.g., Medication Support, Targeted Case Management) documented on the progress note

³² Line number(s) removed for confidentiality

was not the same type of SMHS claimed. **RR8b1, refer to Recoupment Summary for details.**

- The service provided on ³³ was claimed as Rehab Individual, but the progress note describes a Case Management Service.
- At the on-site review, MHP staff explained that the provider documented 2 progress notes with identical narrative content for 2 different services (Case Management; Rehab Individual). The MHP’s interpretation is that the provider intended to change the content of the note claiming Rehab Individual to reflect this service, but made an error in duplicating the note content from the Case Management note.

CORRECTIVE ACTION PLAN 5D:

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

- a) Ensure that all Specialty Mental Health Services claimed are claimed for the correct service modality billing code, and units of time.
- b) Ensure that all progress notes accurately describe the correct type of service or service activity, as specified in the MHP Contract with the Department.

Provision of ICC Services and IHBS for Children and Youth

REQUIREMENTS
The MHP must make individualized determinations of each child’s/youth’s need for ICC and IHBS, based on the child’s/youth’s strengths and needs. (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3 rd Edition, January 2018)

FINDING 6A:

The medical record associated with the following Line number(s) 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:

- **Line number(s)** ³⁴.
 - **Line number** ³⁵. Progress notes documented that the beneficiary had involvement with multiple child serving systems, including consideration for a behavioral aid at school. Notes indicate that MHP staff had participated in a “SST” (Student Support Team) meeting, which the MHP describes as county public school’s precursor to a possible IEP. Based on the similarity between these activities and ICC/CFT meetings, consideration could have been given to ICC services for this beneficiary. However, no determination of the

³³ Date(s) removed for confidentiality

³⁴ Line number(s) removed for confidentiality

³⁵ Line number(s) removed for confidentiality

beneficiary's eligibility was made, and ICC and IHBS were not included in the Client Plan that applies to the review period .

- **Line number** ³⁶. Initial assessment materials for this beneficiary indicate that the child previously receiving services from Yuba County Victim Witness program, having been a beneficiary that suffered a history of abuse. Other notations were found within the initial assessment that the beneficiary could be eligible for consideration of ICC and/or IHBS services, including a recommendation in the initial triage appointment that the client might benefit from "intensive community based behavioral health services". However, no conclusive determination of the beneficiary's eligibility was made, and ICC and IHBS were not included in the Client Plan that applies to the review period .

CORRECTIVE ACTION PLAN 6A:

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

- 1) Training is provided to all staff and contract providers who have the responsibility for determining eligibility and need for ICC and IBHS.
- 2) 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.

³⁶ Line number(s) removed for confidentiality