



DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF IMPERIAL COUNTY MENTAL HEALTH PLAN
MARCH 4-5
CHART REVIEW FINDINGS REPORT

Chart Review – Non-Hospital Services

The medical records of five (5) adult and five (5) child/adolescent Medi-Cal specialty mental health beneficiaries were reviewed for compliance with state and federal regulations; adherence to the terms of the contract between the Sonoma 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 242 claims submitted for the months of January, February and March of 2018.

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Assessment

REQUIREMENTS
<p>The MHP must establish written standards for (1) timeliness and (2) frequency of the Assessment documentation.</p> <p>(MHP Contract, Ex. A, Att. 9)</p>
<p><u>Reasons for Recoupment (RR): Refer to the enclosed Recoupment Summary for additional details about disallowances.</u></p> <p>RR2. Services, except for Crisis Intervention and/or services needed to establish medical necessity criteria, shall be provided, in accordance with the State Plan, to beneficiaries who meet medical necessity criteria, based on the beneficiary’s need for services established by an Assessment. The MHP did not submit documentation substantiating the beneficiary’s need for services was established by an Assessment.</p> <p>(MHSUDS IN No. 17-050, Enclosure 4)</p>

FINDING 2A:

Assessments were not completed in accordance with State requirements, including the State Plan and the MHP contracts, specifically:

One or more assessments were not completed within the timeliness and/or frequency requirements specified in the MHP’s written documentation standards of reassessing beneficiaries yearly. The following are specific findings from the chart sample:

- **Line number 1:** The updated assessment was completed late. An Annual Assessment and Plan Development was completed on ², however it was due on ³. The prior Nurse Assessment was completed on ⁴.
- **Line number 5:** The updated assessment was completed late. The initial assessment was completed on ⁶ and the updated assessment was due on⁷; however no updated assessment was performed until a Nursing Assessment was completed on ⁸.

PLAN OF CORRECTION 2A:

The MHP shall submit a POC that:

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
⁸ Date(s) removed for confidentiality

- 1) Describes how the MHP will ensure that assessments are completed in accordance with the timeliness and frequency requirements specified in the MHP’s written documentation standards.
- 2) Describes how the MHP coordinates Annual Assessments with Nursing Assessments.

REQUIREMENTS	
<p>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:</p>	
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 activities, social support, cultural and linguistic factors and history of trauma or exposure to trauma;
c)	Mental Health History. Previous treatment, including providers, therapeutic modality (e.g., medications, psychosocial treatments) and response, and inpatient admissions. If possible, include information from other sources of clinical data, such as previous mental health records, and relevant psychological testing or consultation reports;
d)	Medical History. Relevant physical health conditions reported by the beneficiary or a significant support person. Include 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. If possible, include other medical information from medical records or relevant consultation reports;
e)	Medications. Information about medications the beneficiary has received, or is receiving, to treat mental health and medical conditions, including duration of medical treatment. The assessment shall include documentation of the absence or presence of allergies or adverse reactions to medications, and documentation of an informed consent for medications;
f)	Substance Exposure/Substance Use. Past and present use of tobacco, alcohol, caffeine, CAM (complementary and alternative medications) and over-the-counter, and illicit drugs;
g)	Client Strengths. Documentation of the beneficiary’s strengths in achieving client plan goals related to the beneficiary’s mental health needs and functional impairments as a result of the mental health diagnosis;
h)	Risks. Situations that present a risk to the beneficiary and/or others, including past or current trauma;

- i) A mental status examination;
- j) A complete diagnosis from the most current DSM, or a diagnosis from the most current ICD-code shall be documented, consistent with the presenting problems, history, mental status examination and/or other clinical data; and,
- k) Additional clarifying formulation information, as needed.

(MHP Contract, Ex. A, Att. 9)

FINDINGS 2B:

One or more of the assessments reviewed did not address all of the elements specified in the MHP Contract. Below are the specific findings pertaining to the charts in the review sample:

- a) Relevant conditions and psychosocial factors affecting the beneficiary’s physical health and mental health, including history of trauma: **Line number ⁹**.
- b) Mental Health History: **Line numbers ¹⁰**.
- c) Medical History: **Line numbers ¹¹**.
- d) Medications: **Line numbers ¹²**.
- e) Substance Exposure/Substance Use: **Line numbers ¹³**.
- f) Client Strengths: **Line number ¹⁴**.
- g) A mental status examination: **Line numbers ¹⁵**.

PLAN OF CORRECTION 2B:

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

REQUIREMENTS

- All entries in the beneficiary record shall include:
- 1) The date of service.
 - 2) The signature of the person providing the service (or electronic equivalent).
 - 3) The type of professional degree, licensure, or job title of the person providing the service.
 - 4) The date the documentation was entered in the medical record.

(MHP Contract, Ex. A, Attachment 9)

⁹ Line number(s) removed for confidentiality
¹⁰ Line number(s) removed for confidentiality
¹¹ Line number(s) removed for confidentiality
¹² Line number(s) removed for confidentiality
¹³ Line number(s) removed for confidentiality
¹⁴ Line number(s) removed for confidentiality
¹⁵ Line number(s) removed for confidentiality

FINDINGS 2C:

Assessment(s) in the chart sample did not include the signature of a qualified 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. Below are the specific findings pertaining to the charts in the review sample:

- **Line numbers** ¹⁶. Assessments were signed by Mental Health Rehabilitation Technicians (MHRT). The MHRTs performed mental status examinations and documented the diagnosis to determine medical necessity. These elements of the assessment must be completed by a provider operating in his/her scope of practice.

PLAN OF CORRECTION 2C:

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

The signature of the qualified person (or electronic equivalent) with the professional degree, licensure or title of the person providing the service, working within their scope of practice.

Medication Consent

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 ¹⁷: The MHP did not submit all required medication consent documentation. *During the pre-review and on-site, MHP staff was given the opportunity to locate the missing medication consent form but was unable to locate it in the medical record.*

PLAN OF CORRECTION 3A:

The MHP shall submit a POC 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.

¹⁶ Line number(s) removed for confidentiality

¹⁷ Line number(s) removed for confidentiality

REQUIREMENTS
<p>All entries in the beneficiary record shall include:</p> <ol style="list-style-type: none"> 1) The date of service. 2) The signature of the person providing the service (or electronic equivalent). 3) The type of professional degree, licensure, or job title of the person providing the service. 4) The date the documentation was entered in the medical record. <p>(MHP Contract, Ex. A, Attachment 9)</p>

Finding 3C:

Medication Consent(s) in the chart sample 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. Below are the specific findings pertaining to the charts in the review sample:

- Date of service:
 - **Line numbers** ¹⁸.
- Signature of the person providing the service (or electronic equivalent)
 - **Line numbers** ¹⁹.
- The type of professional degree, licensure, or job title of person providing the service:
 - **Line numbers** ²⁰.

PLAN OF CORRECTION 3C:

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

- 1) The signature (or electronic equivalent) with the professional degree, licensure or title of the person providing the service.
- 2) The signature of the qualified person (or electronic equivalent) with the professional degree, licensure or title of the person providing the service.
- 3) The date the signature was completed and the document was entered into the medical record.

Client Plans

REQUIREMENTS
The MHP shall ensure that Client Plans:

¹⁸ Line number(s) removed for confidentiality

¹⁹ Line number(s) removed for confidentiality

²⁰ Line number(s) removed for confidentiality

- a) 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.
 - b) Identify the proposed type(s) of intervention/modality including a detailed description of the intervention to be provided.
 - c) Have a proposed frequency of intervention(s).
 - d) Have a proposed duration of intervention(s).
 - e) Have interventions that focus and address the identified functional impairments as a result of the mental disorder (from Cal. Code Regs., tit. 9, § 1830.205(b)).
 - f) Have interventions that are consistent with the client plan goals.
 - g) Be consistent with the qualifying diagnoses.
- (MHP Contract, Ex. A, Attachment 9)

FINDING 4C:

Client Plans did not include all of the required elements specified in the MHP Contract. Below are the specific findings pertaining to the charts in the review sample:

- One or more of the goals/treatment objectives were not specific, observable, and/or quantifiable and related to the beneficiary’s mental health needs and identified functional impairments as a result of the mental health diagnosis. **Line number** ²¹.

PLAN OF CORRECTION 4C:

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

All 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.

REQUIREMENTS
All entries in the beneficiary record (i.e., Client Plans) include: <ul style="list-style-type: none">1) Date of service.2) The signature of the person providing the service (or electronic equivalent);3) The person’s type of professional degree, licensure or job title.4) Relevant identification number (e.g., NPI number), if applicable.5) The date the documentation was entered in the medical record.

(MHP Contract, Ex. A, Att. 9)

²¹ Line number(s) removed for confidentiality

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

- RR4. Services shall be provided, in accordance with the State Plan, based on the beneficiary’s need for services established by an Assessment and documented in the Client Plan. Services were claimed:
- a) Prior to the initial Client Plan being in place; or
 - b) During the period where there was a gap or lapse between client plans; or
 - c) When the planned service intervention was not on the current client plan.

(MHSUDS IN No. 17-050, Enclosure 4)

FINDING 4H:

Client Plan(s) in the chart sample did not include the signature of the person providing the service (or electronic equivalent) that includes the person’s professional degree, licensure, job title, relevant identification number, or the date the documentation was entered into the medical record. Below are the specific findings pertaining to the charts in the review sample:

- The type of professional degree, licensure, or job title of person providing the service. **Line ²².**

PLAN OF CORRECTION 4H:

The MHP shall submit a POC 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.

Progress Notes

REQUIREMENTS
<p>The MHP shall ensure that progress notes describe how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning outlined in the client plan. Items that shall be contained in the client record related to the beneficiary’s progress in treatment include:</p> <ul style="list-style-type: none"> a) Timely documentation of relevant aspects of beneficiary 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;

²² Line number(s) removed for confidentiality

- 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); the person's type of professional degree, licensure, or job title.

(MHP Contract, Ex. A, Attachment 9)

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. 17-050, Enclosure 4)

FINDING 5B:

Progress notes did not include timely documentation of relevant aspects of beneficiary care, including documentation of medical necessity, as required in the MHP Contract. One or more progress notes was not completed within the timeliness and/or frequency standards in accordance with the MHP Contract and the MHP's written documentation standards. Below are the specific findings pertaining to the charts in the review sample:

- Progress notes associated with the following line number(s) did not include timely documentation of relevant aspects of beneficiary care, as specified by the MHP's documentation standards (i.e., progress notes completed late based on the MHP's written documentation standards in effect during the audit period).

Line numbers ²³. Documentation for multiple services includes progress notes stating, "services rendered today will be documented at a later time." The follow-up note to document the service states, "This documentation is for interventions provided on..." The follow-up note does not state "late entry", as per MHP policy.

²³ Line number(s) removed for confidentiality

According to MHP Policy 01-133, “All services provided should be recorded in the clinical chart of the same day that services are provided...Any documentation of a service provided that is noted in the clinical chart after the date the service was provided shall be noted as a “late entry.”

- The amount of time taken to provide services. There were progress notes in the medical record for the date of service claimed. However, the amount of time documented on the progress note to provide the service was less than the time claimed. **Line number ²⁴. RR8b3, refer to Recoupment Summary for details.**

PLAN OF CORRECTION 5A:

- 1) The MHP shall submit a POC that describes how the MHP will ensure that the MHP has written documentation standards for progress notes, including timeliness and frequency, as required by the MHP Contract with the Department.
- 2) The MHP shall submit a POC that describes how the MHP will ensure that progress notes document:
 - Timely completion by the person providing the service and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP’s written documentation standards.
 - The claim must accurately reflect the amount of time taken to provide services.

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 MHP did not furnish evidence that it has operationalized a written policy and a standard procedure for providing individualized determinations of eligibility for ICC services and IHBS for beneficiaries under 22 years of age that is based on their strengths and needs.

PLAN OF CORRECTION 6A:

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

- 1) Written documentation is in place describing the process for determining and documenting the eligibility and need for ICC and IHBS.
- 2) Training is provided to all staff and contracted providers who have the responsibility for determining the eligibility and need for the provision of ICC and IBHS.

²⁴ Line number(s) removed for confidentiality

- 3) Each beneficiary under the age of 22 who is authorized to receive Specialty Mental Health Services (SMHS) also receives an individualized determination of eligibility and need for ICC and IHBS prior to or during the development of the beneficiary’s Initial Client Plan.

Documentation of Cultural and Linguistic Services

REQUIREMENTS
The MHP shall make oral interpretation, available and free of charge for any language. (42 C.F.R. § 438.10(d)(2), (4)-(5).)
<p>Items that shall be contained in the client record (i.e., progress notes) related to the beneficiary’s progress in treatment include:</p> <ul style="list-style-type: none"> a) Timely documentation of relevant aspects of beneficiary care, including documentation of medical necessity; b) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions; <p>(MHP Contract, Ex. A, Attachment 9)</p>

FINDING 7A:

The medical record did not include evidence that oral interpretation services were made available to the beneficiary and/or the beneficiary’s parent(s)/legal guardian(s). Progress notes lacked relevant aspects of beneficiary care. Below are the specific findings pertaining to the charts in the review sample:

- **Line number ²⁵:** There was no evidence in the medical record that interpretation services were offered or provided to the beneficiary and/or the beneficiary’s parent or legal guardian.

PLAN OF CORRECTION 7A:

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

- 1) All beneficiaries and their parents/legal guardians are offered oral interpretation services, when applicable.
- 2) There is documentation substantiating that beneficiaries and their parents/legal guardians are offered mental health interpreter services, when applicable.

²⁵ Line number(s) removed for confidentiality