



DEPARTMENT OF HEALTH CARE SERVICES  
REVIEW OF MENDOCINO MENTAL HEALTH PLAN  
JANUARY 9-10, 2019  
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 Mendocino 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 174 claims submitted for the months of January, February, and March of 2018.

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***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:

- 1) **Line number** <sup>1</sup>: There was a written medication consent form in the medical record dated <sup>2</sup>. However, medication dosages were changed (on <sup>3</sup>) and there was no documentation of consent for the new medication dosages until <sup>4</sup>.
- 2) **Line number** <sup>5</sup>: Although there was a written medication consent form for Zoloft in the medical record, the medication consent form was not completed until <sup>6</sup>. According to a Medication Management Note on <sup>7</sup>, Zoloft was increased to 100 mg per day on that date. Evidence of a prior written medication consent for the previous dosage of Zoloft was not provided.
- 3) **Line number** <sup>8</sup>: According to a Medication Management Note on <sup>9</sup>, Lorazepam was started on that day. Evidence of a written medication consent was not provided.

**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.

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<sup>1</sup> Line number(s) removed for confidentiality  
<sup>2</sup> Date(s) removed for confidentiality  
<sup>3</sup> Date(s) removed for confidentiality  
<sup>4</sup> Date(s) removed for confidentiality  
<sup>5</sup> Line number(s) removed for confidentiality  
<sup>6</sup> Date(s) removed for confidentiality  
<sup>7</sup> Date(s) removed for confidentiality  
<sup>8</sup> Line number(s) removed for confidentiality  
<sup>9</sup> Date(s) removed for confidentiality

**Client Plans**

<b>REQUIREMENTS</b>
Services 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 and documented in the client plan.
Services shall be provided in an amount, duration, and scope as specified in the individualized Client Plan for each beneficiary.  (MHP Contract, Ex. A, Attachment 2)
The client plan shall be updated at least annually, or when there are significant changes in the beneficiary’s condition.  (MHP Contract, Ex. A, Attachment 9)

**FINDING 4A-2:**

Services were not provided in an amount, duration, and scope as specified in the individualized Client Plan for each beneficiary. Below are the specific findings pertaining to the charts in the review sample:

- **Line 10:** On the Client Plan, Group Rehabilitation (averaging 10 hours/month) and Collateral (averaging 5 hours/month) were listed under modalities. However, these services were not provided during the review period.
- **Line 11:** On the Client Plan, Individual Rehabilitation (5 hours a month on average) and Group Rehabilitation (16 hours a month on average) were listed under modalities. However, these services were not provided during the review period.

**PLAN OF CORRECTION 4A-2:**

The MHP shall submit a POC that describes how the MHP will ensure that services are provided in an amount, duration, and scope as specified in the individualized Client Plan for each beneficiary.

<b>REQUIREMENTS</b>
The MHP shall ensure that Client Plans:  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.

<sup>10</sup> Line number(s) removed for confidentiality

<sup>11</sup> Line number(s) removed for confidentiality

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| <ul style="list-style-type: none"> <li>b) Identify the proposed type(s) of intervention/modality including a detailed description of the intervention to be provided.</li> <li>c) Have a proposed frequency of intervention(s).</li> <li>d) Have a proposed duration of intervention(s).</li> <li>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).</li> <li>f) Have interventions that are consistent with the client plan goals.</li> <li>g) Be consistent with the qualifying diagnoses.</li> </ul> <p>(MHP Contract, Ex. A, Attachment 9)</p> |
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**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** <sup>12</sup>.
- One or more of the proposed interventions did not include a detailed description. Instead, only a “type” or “category” of intervention was recorded on the client plan. **Line number** <sup>13</sup>.
- One or more of the proposed interventions did not indicate an expected frequency. **Line numbers** <sup>14</sup>. The proposed frequencies of interventions were “average frequencies”.
- One or more of the proposed interventions did not indicate an expected duration. **Line numbers** <sup>15</sup>. All durations default to one year and were not individualized to the beneficiary, nor to the services proposed.
- One or more client plans did not address the mental health needs and functional impairments identified as a result of the mental disorder. **Line number** <sup>16</sup>. Client Plan does not address treatment for hallucinations.
- One or more of the proposed interventions were not consistent with client plan goals/treatment objectives. **Line number** <sup>17</sup>. Interventions are not consistent with goal and describe reducing vague/non-specific symptoms.
- One or more client plans were not consistent with the qualifying diagnosis.

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<sup>12</sup> Line number(s) removed for confidentiality  
<sup>13</sup> Line number(s) removed for confidentiality  
<sup>14</sup> Line number(s) removed for confidentiality  
<sup>15</sup> Line number(s) removed for confidentiality  
<sup>16</sup> Line number(s) removed for confidentiality  
<sup>17</sup> Line number(s) removed for confidentiality

Line number <sup>18</sup>. Focus of treatment goals are not directly related to a diagnosis of Major Depressive Disorder.

**PLAN OF CORRECTION 4C:**

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

- 1) All mental health interventions/modalities proposed on client plans include a detailed description of the interventions to be provided and do not just identify a type or modality of service (e.g. “therapy”, “medication”, “case management”, etc.).
- 2) All mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.
- 3) All 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.
- 4) All mental health interventions proposed on client plans are consistent with client plan goals/treatment objectives.
- 5) All client plans are consistent with the qualifying diagnosis.

**Progress Notes**

<b>REQUIREMENTS</b>	
	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. (MHP Contract, Ex. A, Attachment 9)
<b>Reasons for Recoupment (RR): Refer to the enclosed Recoupment Summary for additional details about disallowances.</b>	
RR5.	The MHP did not submit documentation substantiating that the focus of the intervention is to address the beneficiary’s included mental health condition.  a) A significant impairment in an important area of life functioning; b) A probability of significant deterioration in an important area of life functioning; c) A probability the child will not progress developmentally as individually appropriate; d) For full-scope Medi-Cal beneficiaries under the age of 21 years, a condition as a result of the mental disorder that specialty mental health services can correct or ameliorate.
(MHSUDS IN No. 17-050, Enclosure 4)	

**FINDING 5A:**

The progress note does not describe how services provided to the beneficiary reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning outlined in the client plan. Furthermore, the progress note does not

<sup>18</sup> Line number(s) removed for confidentiality

substantiate that the focus of the service was an intervention to address the beneficiary’s included mental health condition.

**Line number <sup>19</sup>. RR5, refer to Recoupment Summary for details.**

- **Line number <sup>20</sup>:** Progress notes for <sup>21</sup> and <sup>22</sup> did not describe how services addressed impairments specific to the beneficiary’s included mental health condition. Additionally, these progress notes state, “Provided SUD focused intervention.”

**PLAN OF CORRECTION 5A:**

The MHP shall submit a POC that describes how the MHP will ensure that interventions are focused on a significant functional impairment that is directly related to the mental health condition, as specified in CCR, title 9, chapter 11, sections 1830.205(a)(b).

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

RR11. The service provided was solely for one of the following:

- a) Academic educational service
- b) Vocational service that has work or work training as its actual purpose
- c) Recreation
- d) Socialization that consists of generalized group activities that do not provide systematic individualized feedback to the specific targeted behaviors
- e) Transportation
- f) Clerical
- g) Payee Related

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

**FINDING 5E2:**

The progress notes for the following Line number(s) indicate that the service provided was Solely Transportation.

- **Line number <sup>23</sup>.** The MHP should refer beneficiaries to managed care and FFS providers for transportation services. **RR11e, refer to Recoupment Summary for details.**

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<sup>19</sup> Line number(s) removed for confidentiality  
<sup>20</sup> Line number(s) removed for confidentiality  
<sup>21</sup> Date(s) removed for confidentiality  
<sup>22</sup> Date(s) removed for confidentiality  
<sup>23</sup> Line number(s) removed for confidentiality

**PLAN OF CORRECTION 5E2:**

The MHP shall submit a POC that describes how the MHP will ensure that services provided and claimed are not solely transportation.