DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF SAN BERNARDINO MENTAL HEALTH PLAN
JUNE 5-7, 2019
CHART REVIEW FINDINGS REPORT

Chart Review – Non-Hospital Services

The medical records of ten (10) adult and ten (10) 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 San Bernardino 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 495 claims submitted for the months of July, August and September of **2018**.

Contents

Assessment

REQUIREMENTS
The MHP must establish written standards for (1) timeliness and (2) frequency of the Assessment documentation. (MHP Contract, Ex. A, Att. 9)

FINDING 2A:
Assessments were not completed in accordance with regulatory and contractual requirements, specifically:

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

The following are specific findings from the chart sample:

- **Line number** [1]: There was no updated assessment found in the medical record. *During the review, MHP staff were given the opportunity to locate the missing assessment but could not locate the document in the medical record.*
    - The prior Assessment from the residential services provider was signed on [2]. A Diagnosis Sheet dated [3] was provided in response to the request for an updated assessment; however, the corresponding assessment was not provided and was therefore not "linked" in time as required. Progress notes from the beneficiary's psychiatrist indicated there were significant changes in the beneficiary's health status from the time of the prior Assessment, which impacted the beneficiary's mental health condition and functional impairments.
- **Line number** [4]: The updated assessment was completed late, based on the MHP's every 2 year re-assessment standard. The prior Adult Clinical Assessment was signed [5], and the Adult Clinical Re-Assessment was signed [6].

PLAN OF CORRECTION 2A:
The MHP shall submit a POC that:

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.

[1] Line number(s) removed for confidentiality
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[3] Date(s) removed for confidentiality
[4] Line number(s) removed for confidentiality
[5] Date(s) removed for confidentiality
[6] Date(s) removed for confidentiality

2) Provides evidence that the MHP has written documentation standards for assessments, including timeliness and frequency as required in the MHP Contract with the Department.

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 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:

- Relevant conditions and psychosocial factors affecting the beneficiary's physical health and mental health:
  - **Line number [7]:**
    - The beneficiary's home life was changed per the presenting problem section of the [8] assessment; however, this section of the assessment stated "see original" and "same as original."
    - The beneficiary's school life was changed per the assessment note; however, this section of the [9] assessment stated "see original assessment."
- History of trauma or exposure to trauma: **Line number(s) [10].**
  - **Line number [11]:**

    The clinician checked the box "Not applicable" regarding CANS Modules for Trauma on the assessment dated [12] and on the assessment dated [13]. It is not clear why these modules were not found to be applicable for this adolescent. The Psychiatric Evaluation dated [14], included discussion of the beneficiary's trauma history.

- Mental Health History:
  - **Line number [15]:** The updated mental health history was not documented on the assessment dated [16], and assessment dated [17].

[7] Line number(s) removed for confidentiality
[8] Date(s) removed for confidentiality
[9] Date(s) removed for confidentiality
[10] Line number(s) removed for confidentiality
[11] Line number(s) removed for confidentiality
[12] Date(s) removed for confidentiality
[13] Date(s) removed for confidentiality
[14] Date(s) removed for confidentiality
[15] Line number(s) removed for confidentiality
[16] Date(s) removed for confidentiality
[17] Date(s) removed for confidentiality

- Medications:
  - **Line number [18]:** The beneficiary was receiving medication; however this area of the assessment was blank for both the assessment dated [19], and the assessment dated [20].
- Substance Exposure/Substance Use:
  - **Line number [21]:** The clinician checked the box "Not applicable" regarding CANS Modules Substance Use on the Assessment dated [22], and on the assessment dated [23]. It is not clear why this Module was not found to be applicable for this adolescent.
- Client Strengths: **Line number(s) [24].**
  - **Line number [25]:** Cultural identity is noted as a strength on both the assessment dated [26], and the assessment dated [27]; however, the cultural section of the [28] assessment was left blank and this section had a strike through it on the [29] assessment.
- Risks: **Line number [30]:**
  - The clinician checked the box "Not applicable" regarding CANS modules for Early Development, Sexuality, Trauma, Substance Use, Violence, etc. on the assessment dated [31] and on the assessment dated [32]. It is not clear why these modules were not found to be applicable for this adolescent.
  - The clinician marked "1" for suicide risk on the [33] assessment, an increase from "0" on the [34] assessment without comment or explanation.
- Diagnosis(es): **Line numbers [35].**

[18] Line number(s) removed for confidentiality
[19] Date(s) removed for confidentiality
[20] Date(s) removed for confidentiality
[21] Line number(s) removed for confidentiality
[22] Date(s) removed for confidentiality
[23] Date(s) removed for confidentiality
[24] Line number(s) removed for confidentiality
[25] Line number(s) removed for confidentiality
[26] Date(s) removed for confidentiality
[27] Date(s) removed for confidentiality
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[32] Date(s) removed for confidentiality
[33] Date(s) removed for confidentiality
[34] Date(s) removed for confidentiality
[35] Line number(s) removed for confidentiality

- **Line number [36]:** The Diagnosis Sheet signed [37] by the residential care provider was unchanged from the prior assessment and was provided in lieu of an updated assessment.
  - The assessment signed [38] by the residential care provider included diagnoses Bipolar Disorder, Panic Disorder, and Agorophobia with Panic Disorder.
  - The Psychiatric Evaluation signed [39] by the Medication Support provider included the diagnosis Bipolar Disorder; Agorophobia with Panic disorder, and Major Vascular Neurocognitive disorder.
  - The Psychiatrist documented the neurological changes of the beneficiary with an emphasis on their impact on the beneficiary's experience of mental health symptoms before and during the review period.
  - It was not clear that the beneficiary's health changes were reviewed and considered by the residential care provider with the diagnostic workup associated with the [40] Diagnosis Sheet.

- **Line number [41]:** It is not clear which diagnosis(es) the clinician considered to be the current treating diagnosis(es).
  - The MHP responded to a query regarding the diagnosis sheets referenced in both assessments conducted by the clinician on [42] and [43] respectively: "… the "Diagnosis Sheets' that are being referred to, are the attached 'Diagnosis Sheets' dated [44] completed by provider [Clinician] and updated 'Diagnosis Sheet' dated [45] completed by [MD]."
  - The diagnostic sheet signed by the LMFT on [46] included diagnoses of Major Depressive Disorder, Generalized Anxiety Disorder and Borderline Personality Disorder.
  - The diagnostic sheet signed by the MD on [47] included diagnoses of Generalized Anxiety Disorder, Mood Disorder, and Attention Deficit Hyperactivity Disorder.

PLAN OF CORRECTION 2B:

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

a) The assessment evaluates the current status of a beneficiary's mental, emotional, or behavioral health.

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[37] Date(s) removed for confidentiality
[38] Date(s) removed for confidentiality
[39] Date(s) removed for confidentiality
[40] Date(s) removed for confidentiality
[41] Line number(s) removed for confidentiality
[42] Date(s) removed for confidentiality
[43] Date(s) removed for confidentiality
[44] Date(s) removed for confidentiality
[45] Date(s) removed for confidentiality
[46] Date(s) removed for confidentiality
[47] Date(s) removed for confidentiality

b) The assessment addresses all of the required elements specified in the MHP Contract with the Department.
c) The assessment elements are integrated in order for the LMHP to formulate a diagnosis using the DSM criteria.
d) The documentation substantiates that the recommendations for SMHS treatment are based on the beneficiary's current functional impairments, which are a result of the included diagnosis.

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)

FINDINGS 2C:
Assessment(s) in the chart sample did not include the date the documentation was entered into the medical record. Below are the specific findings pertaining to the charts in the review sample:

- **LIne number [48]:** The Adult Psychiatric Evaluation was started on [49]. The signature of the MD was not dated; therefore, it is not clear when the document was entered into the medical record.

- **Line number [50]:** The Adult Psychiatric Evaluation was started on [51]. The signature of the MD was not dated; therefore, it is not clear when the document was entered into the medical record.

PLAN OF CORRECTION 2C:
The MHP shall submit a POC that describes how the MHP will ensure that all documentation includes the date the signature was completed and the document was entered into the medical record.

Medication Consent

REQUIREMENTS

[48] Line number(s) removed for confidentiality
[49] Date(s) removed for confidentiality
[50] Line number(s) removed for confidentiality
[51] Date(s) removed for confidentiality

Medication consent for psychiatric medications shall include the following required elements:

1) The reasons for taking such medications.
2) Reasonable alternative treatments available, if any.
3) Type of medication.
4) Range of frequency (of administration).
5) Dosage.
6) Method of administration.
7) Duration of taking the medication.
8) Probable side effects.
9) Possible side effects if taken longer than 3 months.
10) Consent once given may be withdrawn at any time.

(MHP Contract, Ex. A, Attachment 9)

FINDING 3B:

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:

- **Line number [52].** The medication consent did not contain the following elements: Range of Frequency, Method of administration (oral or injection), Duration of taking each medication, and Possible side effects if taken longer than 3 months.

PLAN OF CORRECTION 3B:

The MHP shall submit a POC 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.

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)

Finding 3C:

[52] Line number(s) removed for confidentiality

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, or job title: **Line number(s) [53].**

PLAN OF CORRECTION 3C:
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.

Client Plans

REQUIREMENTS
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)

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 number [54]:** On the Client Plan, Individual Therapy (1 time per month and as needed) was listed under modalities. However, Individual Therapy was 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.

REQUIREMENTS
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)

[53] Line number(s) removed for confidentiality
[54] Line number(s) removed for confidentiality

FINDING 4B:
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 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). Below are the specific findings pertaining to the charts in the review sample:

- **Line number [55]:** There was **no** updated client plan in the medical record. *During the review, MHP staff was given the opportunity to locate the document in question but could not find written evidence of it in the medical record.*
    - **Line number [56].** The client received a vocational assessment with service date [57]. The progress note indicated the Client Plan would be updated to reflect a vocational goal; however, the client plan was not updated during the review period.
- **Line number [58]**: The prior client plan was **late** per the MHP's written documentation standards. However, this occurred outside the audit review period.
    - **LIne number [59].** The Client Plan with a start date of [60] was signed by the provider; however, the signature of the provider was not dated. Therefore, the date the plan was entered into the medical record (in effect) could not be determined.
- **Line number(s) [61]**: The medical record indicated a significant change in the beneficiary's health status (e.g. neurological event, exposure to trauma, etc.); however, there was no evidence in the medical record that the Client Plan was reviewed and/or updated in response to the change.
    - **Line number [62].** The beneficiary was receiving Specialty Mental Health Services from two contract providers, and evidence for coordination of care was not clearly documented.
    - **Line number [63].** The beneficiary was receiving Specialty Mental Health Services from two contract providers, and evidence for coordination of care was not clearly documented.

PLAN OF CORRECTION 4A:

[55] Line number(s) removed for confidentiality
[56] Line number(s) removed for confidentiality
[57] Date(s) removed for confidentiality
[58] Line number(s) removed for confidentiality
[59] Line number(s) removed for confidentiality
[60] Date(s) removed for confidentiality
[61] Line number(s) removed for confidentiality
[62] Line number(s) removed for confidentiality
[63] Line number(s) removed for confidentiality

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

1) Ensure that client plans are completed prior to planned services being provided.
2) Ensure that client plans are updated at least on an annual basis as required in the MHP Contract with the Department, and within the timelines and frequency specified in the MHP's written documentation standards.
3) Ensure that planned services are not claimed when the service provided is not included in the current client plan.
4) Ensure that client plans are reviewed and updated whenever there is a significant change in the beneficiary's condition.

REQUIREMENTS
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. 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 proposed interventions did not include a detailed description, including how the interventions focus on the functional impairments as a result of the mental health condition. **Line number(s) [64].**
    - **Line number [65]:**
        - The TCM intervention from the Client Recovery Plan signed [66] discussed linkage to "local community resources in order to assist with the client's needs to improve symptom management and decrease symptoms." This

[64] Line number(s) removed for confidentiality
[65] Line number(s) removed for confidentiality
[66] Date(s) removed for confidentiality

description is vague and is not specific to the beneficiary's identified needs/identified functional impairments as per the Assessment.

- The Medication Support Plan signed [67] contains a clearly written goal; however, it would appear that the only intervention which has a check in the checkbox is mental health counseling. The beneficiary is receiving prescribed medications and there is evidence that the MD is tracking beneficiary progress and modifying treatment.

- **Line number [68]:** The TCM intervention from the Client Recovery Plan signed [69], is non-specific and reads as a definition. There is no description of the TCM activities that will be applied to address the beneficiary's identified needs/identified functional impairments as per the Assessment.

PLAN OF CORRECTION 4C:
The MHP shall submit a POC that describes how the MHP will ensure that all mental health interventions/modalities proposed on client plans include a detailed description of the interventions to be provided, including how the interventions focus on the functional impairments as a result of the mental health condition.

REQUIREMENTS
The MHP shall ensure that Client Plans include documentation of the beneficiary's participation in and agreement with the Client Plan. (MHP Contract, Ex. A, Att. 9; CCR, title 9, § 1810(c)(2).)
The MHP shall ensure that Client Plans include the beneficiary's signature or the signature of the beneficiary's legal representative when: a) The beneficiary is expected to be in long-term treatment, as determined by the MHP, and, b) The client plan provides that the beneficiary will be receiving more than one (1) type of SMHS. (CCR, title 9, § 1810.440(c)(2)(A).)
When the beneficiary's signature or the signature of the beneficiary's legal representative is required on the client plan and the beneficiary refuses or is unavailable for signature, the client plan includes a written explanation of the refusal or unavailability of the signature. (CCR, title 9, § 1810.440(c)(2)(B).)

[67] Date(s) removed for confidentiality
[68] Line number(s) removed for confidentiality
[69] Date(s) removed for confidentiality

The MHP shall have a written definition of what constitutes a long-term care beneficiary. (MHP Contract, Ex. A, Att. 9)

FINDING 4E:
There was no documentation of the beneficiary's or legal representative's refusal or unavailability to sign the Client Plan.

- **Line number(s) [70]**: The beneficiary or legal representative was required to sign the Client Plan per the MHP Contract with the Department (i.e., the beneficiary is in "long-term" treatment and receiving more than one type of SMHS).
  - **Line number [71]:**
    - The Client Plan was signed by both the provider and the beneficiary on [72]; however, the intervention for Individual Therapy was added by the provider who re-signed the plan on [73]. The beneficiary did not sign the updated Client Plan.
  - **Line number [74]:**
    - The Client Plan was signed by both the provider and the beneficiary's parent on [75]; however, the intervention for Rehabilitation was added by the provider who signed the Client Plan on [76]. The beneficiary did not sign the updated Client Plan.
  - **Line number [77]:**
    - The Client Plan signed by the provider on [78], did not contain the beneficiary's/legal representative's signature.
  - **Line number [79]:**
    - The Client Plan was signed by both the provider and the beneficiary's parent on [80]; however, the "MHS-Group" intervention was added by the provider who signed the updated Client Plan on [81]. The beneficiary did not sign the updated Client Plan.
  - **Line number [82]:**

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[71] Line number(s) removed for confidentiality
[72] Date(s) removed for confidentiality
[73] Date(s) removed for confidentiality
[74] Line number(s) removed for confidentiality
[75] Date(s) removed for confidentiality
[76] Date(s) removed for confidentiality
[77] Line number(s) removed for confidentiality
[78] Date(s) removed for confidentiality
[79] Line number(s) removed for confidentiality
[80] Date(s) removed for confidentiality
[81] Date(s) removed for confidentiality
[82] Line number(s) removed for confidentiality

- The Client Plan was signed by both the provider and the beneficiary/ legal representative on [83]; however, the "Therapy" intervention was added by the provider who signed the updated Client Plan on [84]. The beneficiary did not sign the updated Client Plan.

PLAN OF CORRECTION 4E:

The MHP shall submit a POC that describes how the MHP will ensure that the beneficiary's signature is obtained on the Client Plan, as specified in the MHP Contract with the Department and CCR, title 9, chapter 11, section 1810.440(c)(2)(A)(B).

REQUIREMENTS
There is documentation in the Client Plan that a copy of the Client Plan was offered to the beneficiary.

FINDING 4G:

There was no documentation that the beneficiary or legal guardian was offered a copy of the Client Plan for the following:

- **Line number [85]:** There was no documentation that the beneficiary was offered a copy of the Client Plan, after the provider added an intervention to the plan.

PLAN OF CORRECTION 4G:

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

1) Ensure that there is documentation substantiating that the beneficiary was offered a copy of the Client Plan.
2) Submit evidence that the MHP has an established process to ensure that the beneficiary is offered a copy of the Client Plan.

REQUIREMENTS
All entries in the beneficiary record (i.e., Client Plans) include: 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)

[83] Date(s) removed for confidentiality
[84] Date(s) removed for confidentiality
[85] Line number(s) removed for confidentiality

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, or job title. Below are the specific findings pertaining to the charts in the review sample:

- **Line number [86]:** The Client Plan signed on [87], did not include the type of professional degree, licensure, or job title of person providing the service.

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
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: 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; 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

[86] Line number(s) removed for confidentiality
[87] Date(s) removed for confidentiality

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.*

RR5. The MHP did not submit documentation substantiating 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 signficiant deterioration in an important area of life functioning;
- c) A probability the child will not progress developmentally as individually appropriate; and
- 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 of ameliorate.

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.

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. 17-050, Enclosure 4)

FINDING 5A:

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 number(s) [88].**

- Timeliness of the progress note could not be determined because the note was signed but not dated by the person providing the service. Therefore, the date the progress note was entered into the medical record could not be determined, and the note was considered to be late. **Line number(s) [89].**

- Progress notes did not document the location of the interventions. **Line number [90].**
    - **Line number [91]:** Five of the collateral notes did not document where the interventions took place.

- The amount of time taken to provide services. There was a progress note in the medical record for the date of service claimed; however, the units of time documented on the progress note was less than the time claimed, or was missing. **Line number(s) [92]. RR8b3, refer to Recoupment Summary for details.**
    - **Line number [93]:** The units of time claimed toward documentation was greater than the time reflected in the pattern of time stamps for the signed progress notes:
        - Service date: Signed: Time Stamp Documentation Time Claimed
        - [94]
    - **Line number [95]:** The units of time were not documented on the progress notes for the services performed by the psychiatric provider on [96].
    - **Line number [97]:** The documentation for the [98] rehabilitation group indicated 4 clients and 2 provider staff were present. The units of time claimed exceed the units of time documented in the progress note.

- The provider's professional degree, licensure or job title. **Line number [99].**
- The service appointment was refused, missed or cancelled. **Line number(s) [100]. RR15a, refer to Recoupment Summary for details.**

[88] Line number(s) removed for confidentiality
[89] Line number(s) removed for confidentiality
[90] Line number(s) removed for confidentiality
[91] Line number(s) removed for confidentiality
[92] Line number(s) removed for confidentiality
[93] Line number(s) removed for confidentiality
[94] Date(s), Time Stamps, Time Claimed removed for confidentiality
[95] Line number(s) removed for confidentiality
[96] Date(s) removed for confidentiality
[97] Line number(s) removed for confidentiality
[98] Date(s) removed for confidentiality
[99] Line number(s) removed for confidentiality
[100] Line number(s) removed for confidentiality

- The service did not meet the definition of an applicable SMHS. **Line number(s) [101]. RR15b, refer to Recoupment Summary for details.**
    - **For example, Line number [102]:** On [103], SF30 for 15 minutes was claimed for RN review of LVN documentation.
    - **For example, Line number [104]:** On [105], SF30 for 15 minutes was claimed for a service attending to the beneficiary's physical health.
- The progress notes did not appear to be accurately documenting the beneficiary's response. **Line number [106].**
    - **Line number [107]:** The verbiage recorded on successive progress notes appeared to be reproduced from prior progress note documentation.
- The focus of the intervention did not address the functional impairment related to the mental health condition. **Line number [108]. RR5a, 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 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 date the progress note was completed and entered into the medical record by the person(s) providing the service in order to determine the timeliness of completion, as specified in the MHP Contract with the Department.
    - 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 claim must accurately reflect the amount of time taken to provide services.
    - The provider's/providers' professional degree, licensure or job title.
2) Documentation is individualized for each service provided.

[101] Line number(s) removed for confidentiality
[102] Line number(s) removed for confidentiality
[103] Date(s) removed for confidentiality
[104] Line number(s) removed for confidentiality
[105] Date(s) removed for confidentiality
[106] Line number(s) removed for confidentiality
[107] Line number(s) removed for confidentiality
[108] Line number(s) removed for confidentiality

3) Each progress note describes how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning.

4) All services claimed are appropriate, relate to the qualifying diagnosis and identified functional impairments and are medically necessary as delineated in the CCR, title 9, chapter 11, sections 1830.205(a)(b).

5) Speciality Mental Health Services claimed are actually provided to the beneficiary.

REQUIREMENTS
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: 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. (CCR, title 9, § 1840.314(c).)
Reasons for Recoupment (RR): *Refer to the enclosed Recoupment Summary for additional details about disallowances.* 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: a) The total number of providers and their specific involvement in the context of the mental health needs of the beneficiary; **or** b) The specific amount of time of involvement of each provider in providing the service, including travel and documentation time if applicable; ***or*** c) The total number of beneficiaries participating in the service activity. (MHSUDS IN No. 17-050, Enclosure 4)

FINDING 5C:
Documentation of services being provided to, or on behalf of, a beneficiary by one or more providers did not include all required components. Specifically:

- **Line number [109]**: The progress note did not document the specific involvement of each provider in the context of the mental health needs of the beneficiary. **RR13a, refer to Recoupment Summary for details.**

[109] Line number(s) removed for confidentiality

- **Line number [110]**: The progress notes did not document the exact number of minutes used by each provider in providing the service, including travel and documentation time, if applicable. **RR13b, refer to Recoupment Summary for details.**
    - **Line numbers [111]:** The service units of time overlap with another service units of time, by the same provider.
    - **Line numbers [112]:** The service units of time overlap with another service units of time, by another provider conducting a like service activity.
        - **For example Line number [113]:** According to the medical record, on [114], The MD conducted an Assessment at 09:00 am for 30 minutes and the RN conducted a Triage Shift Assessment at 09:11am for 30 minutes.
    - **Line number [115]:** The units of time for the second provider is not documented for service dated [116] SF30 for 300 minutes.

PLAN OF CORRECTION 5C:

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

1) All progress notes document the number of clients (e.g., in the group), number of staff, units of time, type of service and dates of service (DOS).
2) All progress notes clearly document the contribution, involvement or participation of each staff member as it relates to the identified functional impairment and mental health needs of the beneficiary.
3) A clinical rationale for the use of more than one staff in the group setting is documented.
4) All progress notes document the exact number of minutes used by person(s) providing the service, including travel and documentation time, if applicable.

REQUIREMENTS
Progress notes shall be documented at the frequency by type of service indicated below: a) Every Service Contact: i. Mental Health Services;

[110] Line number(s) removed for confidentiality
[111] Line number(s) removed for confidentiality
[112] Line number(s) removed for confidentiality
[113] Line number(s) removed for confidentiality
[114] Date(s) removed for confidentiality
[115] Line number(s) removed for confidentiality
[116] Date(s) removed for confidentiality

ii. Medication Support Services;

iii. Crisis Intervention;

iv. Targeted Case Management;

b) Daily:

i. Crisis Residential;

ii. Crisis Stabilization (1x/23hr);

iii. Day Treatment Intensive;

c) Weekly:

i. Day Treatment Intensive: a clinical summary reviewed and signed by a physician, a licensed/waivered psychologist, clinical social worker, or marriage and family therapist; or a registered nurse who is either staff to the day treatment intensive program or the person directing the service;

ii. Day Rehabilitation;

iii. Adult Residential.

(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 5D:

Progress notes were not documented according to the frequency requirements specified in the MHP Contract. Below are the specific findings pertaining to the charts in the review sample:

- **Line number [117]:** There was no match for the progress note in the medical record for the services claimed on [118] SF30 for 60 minutes and [119] SF30 for 15 minutes. **RR8a, refer to Recoupment Summary for details**.
- **Line number [120]:** There was no match for the progress note in the medical record for the service claimed on [121] SF30 for 15 minutes. **RR8a, refer to Recoupment Summary for details**.
  - The note dated [122], listed 'MHS-Individual' as the service and the note content included documentation of an *individual rehabilitation* session; however, the content also included documentation of *4 participants*. The total time was 1 hour.
- **Line number(s) [123]**: The type of specialty mental health service (SMHS) (e.g., Mental Health Services, Targeted Case Management) documented on the progress note was not the same type of SMHS claimed. **RR8b1, refer to Recoupment Summary for details.**
  - **Line numbers [124]:** The documentation supported claims for Medication Supported Services (Service Function 60); however, claims were for Mental Health Services (Service Function 30).
  - **Line number [125]:** The documentation supported claims for Targeted Case Management (Service Function 01); however, claims were for Rehabilitation Services (Service Function 30).
- **Line number [126]**: The date the service was provided, as specified in the MHP Contract with the Department. **RR8b-2, refer to Recoupment Summary for details.**
- **Line number [127]**: The units of time were not recorded on the documentation for the services claimed, as specified in the MHP Contract with the Department. **RR8b-3, refer to Recoupment Summary for details.**

PLAN OF CORRECTION 5D:

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

1) Ensure that all SMHS claimed are:
   a) Documented in the medical record.
   b) Actually provided to the beneficiary.

[117] Line number(s) removed for confidentiality
[118] Date(s) removed for confidentiality
[119] Date(s) removed for confidentiality
[120] Line number(s) removed for confidentiality
[121] Date(s) removed for confidentiality
[122] Date(s) removed for confidentiality
[123] Line number(s) removed for confidentiality
[124] Line number(s) removed for confidentiality
[125] Line number(s) removed for confidentiality
[126] Line number(s) removed for confidentiality
[127] Line number(s) removed for confidentiality

c) Appropriate, relate to the qualifying diagnosis and identified functional impairments and are medically necessary as delineated in the CCR, title 9, chapter 11, sections 1830.205(a)(b).

d) Claimed for the correct service modality billing code, and units of time.

2) Ensure that all progress notes:

a) Are accurate, complete and meet the documentation requirements described in the MHP Contract with the Department.

b) Describe the type of service or service activity, the date the service was provided and the amount of time taken to provide the service, as specified in the MHP Contract with the Department.

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).)
Items that shall be contained in the client record (i.e., progress notes) related to the beneficiary's progress in treatment include: 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; (MHP Contract, Ex. A, Attachment 9)

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 [128]:** 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.

[128] Line number(s) removed for confidentiality

- **Line number [129]:** The medication support services notes did not document accommodation for the beneficiary regarding preferred language (i.e. Spanish).

- **Line number [130]:** The collateral services notes did not document accommodation for beneficiary's parent's preferred language (i.e. Spanish).

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.

[129] Line number(s) removed for confidentiality
[130] Line number(s) removed for confidentiality