



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2021/2022

**MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW
OF THE ALPINE COUNTY MENTAL HEALTH PLAN**

CHART REVIEW FINDINGS REPORT

Dates of Review: 7/12/2022 to 7/13/2022

**DEPARTMENT OF HEALTH CARE SERVICES
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CHART REVIEW FINDINGS REPORT**

Chart Review – Non-Hospital Services

The medical records of six (6) adult and four (4) 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 Alpine 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 131 claims submitted for the months of October, November and December of **2019**.

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Assessment

FINDING 8.2.1.:

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

- 1) Six initial assessments and two (2) update assessments were not completed within the initial timeliness or update frequency requirements specified in the MHP's written documentation standards:

The MHP standard requires initial assessments to be completed within five (5) business days of a beneficiary's Episode Open Date, and update assessments completed within 365 days from completion of the previous assessment.

The following are specific findings from the chart sample:

Line number ¹. Episode Open Date = ², Initial Assessment = ³

Line number ⁴. Episode Open Date = ⁵, Initial Assessment = ⁶

Line number ⁷. Episode Open Date = ⁸, Initial Assessment = ⁹

Line number ¹⁰. Episode Open Date = ¹¹, Initial Assessment = ¹²

Line number ¹³. Episode Open Date = ¹⁴, Initial Assessment = ¹⁵

Line number ¹⁶. Episode Open Date = ¹⁷, Initial Assessment = ¹⁸

Line number ¹⁹. Prior Assessment = ²⁰, Current Assessment = ²¹

Line number ²². Prior Assessment = ²³, Current Assessment = ²⁴

¹ Line number(s) removed for confidentiality

² Date(s) removed for confidentiality

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

⁷ Line number(s) removed for confidentiality

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¹⁰ Line number(s) removed for confidentiality

¹¹ Date(s) removed for confidentiality

¹² Date(s) removed for confidentiality

¹³ Line number(s) removed for confidentiality

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¹⁷ Date(s) removed for confidentiality

¹⁸ Date(s) removed for confidentiality

¹⁹ Line number(s) removed for confidentiality

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²² Line number(s) removed for confidentiality

²³ Date(s) removed for confidentiality

²⁴ Date(s) removed for confidentiality

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CORRECTIVE ACTION PLAN 8.2.1:

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.

FINDING 8.2.2:

The Update Assessment for **Line number** ²⁵ did not address all of the required elements specified in the MHP Contract. Specifically:

- a) Medications, including information about medications the beneficiary has received, or is receiving, to treat mental health conditions (the only medications recorded were for the treatment of one or more medical conditions), and;
- b) A current diagnosis, i.e. - the only diagnosis determination found was completed on ²⁶, during the completion of the beneficiary's previous assessment, with no evidence that the diagnosis was reviewed as part of the Update Assessment which was completed on ²⁷.

CORRECTIVE ACTION PLAN 8.2.2:

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

Medication Consent

FINDING 8.3.2:

Two medication consents for **Line number** ²⁸ did not contain all of the required elements specified in the MHP Contract with the Department.

- 1) Reasonable alternative treatments available, if any;
- 2) Duration of taking the medications;
- 3) Possible side effects if taken longer than 3 months;
- 4) Consent once given may be withdrawn at any time.

²⁵ Line number(s) removed for confidentiality

²⁶ Date(s) removed for confidentiality

²⁷ Date(s) removed for confidentiality

²⁸ Line number(s) removed for confidentiality

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CORRECTIVE ACTION PLAN 8.3.2:

The MHP had already identified the issue of an organizational provider using a noncompliant Medication Consent form. The MHP also submitted written attestation from the provider that the MHP's standard Medication Consent form is now used. Therefore, no Corrective Action Plan is required for this finding.

Client Plans

FINDING 8.4.2:

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). Specifically:

- **Line number** ²⁹. The Initial Client Plan was not completed until after one (1) Individual Psychotherapy session was provided and claimed. Specifically:

Plan completed on ³⁰ but therapy session provided on ³¹.

Review of the chart indicated that this service was not provided on an unplanned or urgent basis

CORRECTIVE ACTION PLAN 8.4.2:

Due to the transition to the new Documentation Standards that took effect July 1, 2022, a CAP is not required for this item. However, please note that the MHP is expected to continue to ensure compliance with its policies and all current documentation requirements.

FINDING 8.4.2a:

Two Client Plans were not updated at least annually and/or when there were significant changes in the beneficiary's condition. Specifically:

- **Line numbers** ³². There was a **lapse** between the prior and current Client Plans. However, this occurred outside of the audit review period:
- **Line number** ³³. Prior Client Plan expired on ³⁴; current Client Plan completed on ³⁵.

²⁹ Line number(s) removed for confidentiality

³⁰ Date(s) removed for confidentiality

³¹ Date(s) removed for confidentiality

³² Line number(s) removed for confidentiality

³³ Line number(s) removed for confidentiality

³⁴ Date(s) removed for confidentiality

³⁵ Date(s) removed for confidentiality

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- **Line number** ³⁶. Prior Client Plan expired on ³⁷; current Client Plan completed on ³⁸.
- **Line number** ³⁹. There was a **lapse** between the prior and current Client Plans. However, there were no claims during this period:
 - Prior Client Plan expired on ⁴⁰; current Client Plan completed on ⁴¹.

CORRECTIVE ACTION PLAN 8.4.2a:

Due to the transition to the new Documentation Standards that took effect July 1, 2022, a CAP is not required for this item. However, please note that the MHP is expected to continue to ensure compliance with its policies and all current documentation requirements.

FINDING 8.4.3:

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

- Three goals/treatment objectives were not specific, observable, and/or quantifiable:
 - Line number** ⁴², Plan completed ⁴³
 - Line number** ⁴⁴, Plans completed ⁴⁵ and ⁴⁶

CORRECTIVE ACTION PLAN 8.4.3:

Due to the transition to the new Documentation Standards that took effect July 1, 2022, a CAP is not required for this item. However, please note that the MHP is expected to continue to ensure compliance with its policies and all current documentation requirements.

³⁶ Line number(s) removed for confidentiality

³⁷ Date(s) removed for confidentiality

³⁸ Date(s) removed for confidentiality

³⁹ Line number(s) removed for confidentiality

⁴⁰ Date(s) removed for confidentiality

⁴¹ Date(s) removed for confidentiality

⁴² Line number(s) removed for confidentiality

⁴³ Date(s) removed for confidentiality

⁴⁴ Line number(s) removed for confidentiality

⁴⁵ Date(s) removed for confidentiality

⁴⁶ Date(s) removed for confidentiality

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FINDING 8.4.11:

One of the two (2) Client Plans submitted for **Line number** ⁴⁷ did not contain a signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, job title. Specifically:

- Missing provider professional degree, licensure, or job title on the Client Plan completed on ⁴⁸.

CORRECTIVE ACTION PLAN 8.4.11:

Due to the transition to the new Documentation Standards that will take effect July 1, 2022, a CAP is not required for this item. However, please note that the MHP is expected to continue to ensure compliance with its policies and all current documentation requirements.

Progress Notes

FINDING 8.5.1:

Progress notes did not include all required elements specified in the MHP Contract, and/or were not in accordance with the MHP's written documentation standards. Specifically:

- **Line numbers** ⁴⁹. Fourteen progress notes, or 10.7 percent of all progress notes reviewed, were not completed within the MHP's written timeliness standard of three (3) business days after provision of services (89.3% compliance).
- **Line numbers** ⁵⁰. The service time documented on 28 progress notes was greater than the Units of Time (UOT) claimed. The MHP reported that, in each case, the reason for the discrepancy was that travel times were not claimed although they were included on the notes.

Pursuant to CCR title 9 section 1840.316 (b)(1) The exact number of minutes used by the persons providing a reimbursable service shall be reported and billed. As such these services are to be claimed with the actual and specific number of minutes for each service, and are not to be rounded up in 15-minute increments.

⁴⁷ Line number(s) removed for confidentiality

⁴⁸ Date(s) removed for confidentiality

⁴⁹ Line number(s) removed for confidentiality

⁵⁰ Line number(s) removed for confidentiality

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- **Line number** ⁵¹. Two progress notes contained the exact same intervention verbiage, and therefore those progress notes were not individualized in terms of the specific interventions applied, as specified in the MHP Contract with the Department. Specifically:
 - Progress notes for Individual Therapy on ⁵² and ⁵³ contained the same verbiage.

CORRECTIVE ACTION PLAN 8.5.1:

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

- Timely completion and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP's written documentation standards.
- Service dates and times recorded on progress notes match their corresponding claims.
- Interventions and other documentation are individualized for each service provided.

FINDING 8.5.2:

Documentation of services provided to, or on behalf of, a beneficiary by more than one person at the same point in time did not include all required components. Specifically:

- **Line numbers** ⁵⁴. Six group session progress notes did not document the specific involvement of each provider in the context of the mental health needs of the beneficiary. **RR8a, refer to Recoupment Summary for details.**
- **Line numbers** ⁵⁵. Six group session progress notes did not document the amount of time of involvement of each provider claimed, including the clear identification and differentiation of direct service, travel and documentation times, if appropriate. **RR8b, refer to Recoupment Summary for details.**
- **Line numbers** ⁵⁶. While 15 group session progress notes did not accurately document the number of group participants, the MHP was able to provide separate documentation listing the number of participants in each group.

⁵¹ Line number(s) removed for confidentiality

⁵² Date(s) removed for confidentiality

⁵³ Date(s) removed for confidentiality

⁵⁴ Line number(s) removed for confidentiality

⁵⁵ Line number(s) removed for confidentiality

⁵⁶ Line number(s) removed for confidentiality

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CORRECTIVE ACTION PLAN 8.5.2:

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

- 1) 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.
- 2) Document and differentiate the contribution, specific involvement, and units of direct service, travel and documentation times for each provider/facilitator whenever a claim represents services rendered by more than one (1) provider within the same activity or session, including groups, “team meetings” and “case consultations”.
- 3) Contain accurate and complete documentation of claimed service activities, that the documentation is consistent with services claimed, and that services are not claimed when billing criteria are not met.
- 4) Include a clinical rationale when more than one (1) provider renders services within the same group session or activity.

FINDING 8.5.3:

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

- **Line numbers** ⁵⁷. For Mental Health Services claimed, the service activity (e.g., Therapy versus Rehab or Individual versus Family Therapy) identified on the progress note was not consistent with the specific service activity actually documented in the body of the progress note:
 - **Line number** ⁵⁸. ⁵⁹, SF=30, UOT=⁶⁰ minutes. service activity labeled as “Individual Therapy” was actually a “family session” based on the note contents.
 - **Line number** ⁶¹. ⁶², SF=30, UOT=⁶³ minutes, service activity labeled as “Individual Therapy” was actually a “family session” based on the note contents.

⁵⁷ Line number(s) removed for confidentiality

⁵⁸ Line number(s) removed for confidentiality

⁵⁹ Date(s) removed for confidentiality

⁶⁰ Minutes(s) removed for confidentiality

⁶¹ Line number(s) removed for confidentiality

⁶² Date(s) removed for confidentiality

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CORRECTIVE ACTION PLAN 8.5.3:

The MHP shall submit a CAP that describes how the MHP will ensure that all Specialty Mental Health Services are:

- 1) Claimed for the correct service modality billing code, and units of time.
- 2) Accurate, complete and legible and meet the documentation requirements described in the MHP Contract with the Department.
- 3) Describe the type of service or service activity, the date of service and the amount of time to provide the service, as specified in the MHP Contract with the Department.

Provision of ICC Services and IHBS for Children and Youth

The current triennial chart review process includes a search for evidence in the medical record that all Specialty Mental Health beneficiaries have received an individualized determination of whether or not they were eligible and in need of these services:

FINDING 8.6.1:

- 1) While the MHP furnished evidence that it has a standard procedure, to be documented in each “Comprehensive Assessment”, for providing individualized determinations of eligibility for ICC services and IHBS on behalf of beneficiaries under age 22, it reported this procedure was not implemented during the chart review period.
- 2) The medical record associated with the following Line numbers 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 numbers ⁶⁴.**

CORRECTIVE ACTION PLAN 8.6.1:

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 IBHS and ICC services.
- 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.
- 3) The determination is documented in a standard, consistent and recognizable manner as part of the medical record.

⁶⁴ Line number(s) removed for confidentiality

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FINDING 8.6.3:

The content of one or more progress note claimed as Targeted Case Management (Service Function code "01") indicated that the service provided was consistent with an ICC/CFT service activity, and could have been claimed as an ICC case management service (Service Function "07"):

Line number ⁶⁵. ⁶⁶, UOT= ⁶⁷ minutes, content consistent with a CFT meeting.

Line number ⁶⁸. ⁶⁹, UOT= ⁷⁰ minutes, content consistent with an ICC service.

Line number ⁷¹. ⁷², UOT= ⁷³ minutes, content consistent with a CFT meeting.

CORRECTIVE ACTION PLAN 8.6.3:

The MHP shall submit a CAP that describes how it will ensure that all ICC services are documented and claimed accurately with the correct Procedure code, Procedure modifier, Mode of service and Service function code.

⁶⁵ Line number(s) removed for confidentiality

⁶⁶ Date(s) removed for confidentiality

⁶⁷ Minutes(s) removed for confidentiality

⁶⁸ Line number(s) removed for confidentiality

⁶⁹ Date(s) removed for confidentiality

⁷⁰ Minutes(s) removed for confidentiality

⁷¹ Line number(s) removed for confidentiality

⁷² Date(s) removed for confidentiality

⁷³ Minutes(s) removed for confidentiality