



**CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

**FISCAL YEAR 2019/2020**

**MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW**

**OF THE CONTRA COSTA COUNTY MENTAL HEALTH PLAN**

**CHART REVIEW FINDINGS REPORT**

**Review Dates: 10/6/2020 to 10/8/2020**

**DEPARTMENT OF HEALTH CARE SERVICES  
REVIEW OF Contra Costa MENTAL HEALTH PLAN  
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CHART REVIEW FINDINGS REPORT**

**Chart Review – Non-Hospital Services**

The medical records of ten (10) adult and ten (10) 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 Contra Costa 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 447 claims submitted for the months of January and March of **2019**.

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## ***Assessment***

### **FINDING 2A:**

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

Three assessments were not completed within the annual update frequency requirement specified in the MHP's written documentation standards. Specific findings obtained from the chart review sample were:

- **Line number** <sup>1</sup>: The current assessment was late since the prior assessment was completed on <sup>2</sup>, while the more recent assessment was completed on <sup>3</sup>;
- **Line number** <sup>4</sup>: The most recent assessment present in the chart was completed on <sup>5</sup>, but a more recent, update assessment was not present;
- **Line number** <sup>6</sup>: The current assessment was late since the prior assessment was completed on <sup>7</sup>, while current assessment was completed on <sup>8</sup>.

### **CORRECTIVE ACTION PLAN 2A:**

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

- 1) Assessments are completed in accordance with the update frequency requirements specified in the MHP's written documentation standards.
- 2) Planned Specialty Mental Health Services are not claimed in the absence of an assessment that substantiates those services.

### **FINDING 2B:**

An assessment completed on <sup>9</sup> did not address all of the required elements specified in the MHP Contract. Specifically, History of Trauma: **Line number** <sup>10</sup>.

### **CORRECTIVE ACTION PLAN 2B:**

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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> Line number(s) removed for confidentiality

<sup>5</sup> Date(s) removed for confidentiality

<sup>6</sup> Line number(s) removed for confidentiality

<sup>7</sup> Date(s) removed for confidentiality

<sup>8</sup> Date(s) removed for confidentiality

<sup>9</sup> Date(s) removed for confidentiality

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

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

***Medication Consent***

**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:

- 1) The reason for taking each medication: **Line number** <sup>11</sup>.
- 2) Frequency: **Line number** <sup>12</sup>.
- 3) Dosage or dosage Range: **Line numbers** <sup>13</sup>.
- 4) Duration of taking each medication: **Line numbers** <sup>14</sup>.
- 5) Possible side effects if taken longer than 3 months: **Line numbers** <sup>15</sup>.

**CORRECTIVE ACTION PLAN 3B:**

The MHP shall submit a CAP 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.

**FINDING 3C:**

Medication Consents in the chart sample did not include the signature of the provider of service (or electronic equivalent) that includes the provider's professional degree, licensure, job title, and/or the date the provider completed and entered the document into the medical record. Specifically:

- Signature of the person providing the service (or electronic equivalent):
  - **Line number** <sup>16</sup>.
- The professional degree, licensure, or job title of person providing the service:
  - **Line numbers** <sup>17</sup>.

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

<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

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- Date the documentation was completed, signed (or electronic equivalent) and entered into the medical record:
  - **Line numbers** <sup>18</sup>.

**CORRECTIVE ACTION PLAN 3C:**

The MHP shall submit a CAP that describes how the MHP will ensure that all Medication Consents include the:

- 1) Provider's signature (or electronic equivalent).
- 2) Provider's signature (or electronic equivalent) that includes professional degree, licensure or title.
- 3) Date the signature was completed and the document was entered into the medical record.

***Client Plans***

**FINDING 4A-2:**

The medical record did not include services that were sufficient to adequately "achieve the purpose for which the services are furnished". Specifically:

- **Line numbers** <sup>19</sup>: Although more than one Client Plan, developed by separate providers with the participation of the beneficiary, was in effect at the same point in time, the medical record lacked evidence for the coordination of care and communication among these separate providers.

**CORRECTIVE ACTION PLAN 4A-2:**

The MHP shall submit a CAP that describes how the MHP will ensure that all Client Plans and actual services provided include documentation for the coordination of care when the beneficiary receives services from multiple providers at the same point in time in order to help "achieve the purpose for which the services are furnished".

**FINDING 4B-1:**

Two Initial Client Plans were not completed prior to the delivery of planned services (as required by the MHP Contract with the Department) and/or were not completed within the MHP's written timeliness standard. Specifically:

- **Line number** <sup>20</sup>: The Initial Client Plan was not completed until after one or more planned service was provided and claimed. **RR4a, refer to Recoupment Summary for details.**

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

<sup>19</sup> Line number(s) removed for confidentiality

<sup>20</sup> Line number(s) removed for confidentiality

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- **Line number** <sup>21</sup>: The Initial Client Plan was completed late on <sup>22</sup>, according to the MHP’s written timeliness standard of completion within 60 days after the beneficiary’s Episode Opening Date of <sup>23</sup>. However, this occurred outside of the audit review period.

**CORRECTIVE ACTION PLAN 4B-1:**

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

- 1) Client plans are completed prior to the provision of planned services.
- 2) Client Plans are completed timely in compliance with the MHP’s written standards.

**FINDING 4B-2:**

One or more client plan(s) was not updated at least annually and/or when there were significant changes in the beneficiary’s condition. Specifically:

- **Line number** <sup>24</sup>: There was a **lapse** between the prior and current Client Plans and, therefore, no client plan was in effect during a portion or all of the audit review period. **RR4b, refer to Recoupment Summary for details.**
- There was a **lapse** between the prior and current Client Plans for the following line numbers. However, this occurred outside of the audit review period:
  - **Line number** <sup>25</sup>. The Prior Client Plan expired on <sup>26</sup>, while the current Client Plan’s completion date was <sup>27</sup>.
  - **Line number** <sup>28</sup>. This beneficiary was receiving services simultaneously from two (2) providers. The Episode Opening Date for Provider ID <sup>29</sup> was <sup>30</sup>. While this provider completed a current Client Plan on <sup>31</sup>, we received no other Plan by this provider completed within the 365 days prior to the provider’s current Plan. Therefore, the provider’s current Client Plan is considered to be late. *The MHP was given the opportunity to locate the document in question, but could not find evidence of it in the medical record.*

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<sup>21</sup> Line number(s) removed for confidentiality

<sup>22</sup> Date(s) removed for confidentiality

<sup>23</sup> Date(s) removed for confidentiality

<sup>24</sup> Line number(s) removed for confidentiality

<sup>25</sup> Line number(s) removed for confidentiality

<sup>26</sup> Date(s) removed for confidentiality

<sup>27</sup> Date(s) removed for confidentiality

<sup>28</sup> Line number(s) removed for confidentiality

<sup>29</sup> Provider ID(s) removed for confidentiality

<sup>30</sup> Date(s) removed for confidentiality

<sup>31</sup> Date(s) removed for confidentiality

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- There was a **lapse** between the prior and current Client Plans for the following line numbers. However, there were no claims during this period:
  - **Line number** <sup>32</sup>. Although the Episode Opening Date for provider ID <sup>33</sup> was <sup>34</sup>, we received no other Client Plan by this provider completed within the 365 days prior to the current Plan's completion date of <sup>35</sup>. Therefore, the provider's current Plan is considered to be late. *The MHP was given the opportunity to locate the document in question, but could not find evidence of it in the medical record.*
  - **Line number** <sup>36</sup>. Although the Episode Opening Date was <sup>37</sup> and the current Client Plan was completed on <sup>38</sup>, we received no other Client Plan completed within the 365 days prior to the current Client Plan. Therefore, the current Plan is considered to be late. *The MHP was given the opportunity to locate the document in question, but could not find evidence of it in the medical record.*
- The medical record for the following line numbers indicated an acute change occurred in the beneficiary's mental health status (e.g., hospitalized, suicide attempt, crisis stabilization, multiple crisis intervention encounters). However, there was no evidence in the medical record that a review and/or update of the current Client Plan occurred in response to the change.
  - **Line number** <sup>39</sup>. This beneficiary required Crisis Stabilization services for 11 hours on <sup>40</sup>. However, the completion date of the most recent Client Plan was <sup>41</sup>, with no evidence found in the chart materials for an update or formal review of the existing Plan.
  - **Line number** <sup>42</sup>. This beneficiary was admitted to an inpatient psychiatric unit on <sup>43</sup>. However, the completion date of the most recent Client Plan was <sup>44</sup>, with no evidence found in the chart materials for an update or a formal review of the existing Plan.

**CORRECTIVE ACTION PLAN 4B-2:**

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

- 1) Client plans are completed prior to the provision of planned services.

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<sup>32</sup> Line number(s) removed for confidentiality

<sup>33</sup> Provider ID(s) removed for confidentiality

<sup>34</sup> Date(s) removed for confidentiality

<sup>35</sup> Date(s) removed for confidentiality

<sup>36</sup> Line number(s) removed for confidentiality

<sup>37</sup> Date(s) removed for confidentiality

<sup>38</sup> Date(s) removed for confidentiality

<sup>39</sup> Line number(s) removed for confidentiality

<sup>40</sup> Date(s) removed for confidentiality

<sup>41</sup> Date(s) removed for confidentiality

<sup>42</sup> Line number(s) removed for confidentiality

<sup>43</sup> Date(s) removed for confidentiality

<sup>44</sup> Date(s) removed for confidentiality

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- 2) Client plans are updated at least on an annual basis, as required by the MHP Contract with the Department, and within the timelines and frequency specified in the MHP's written documentation standards.
- 3) Planned services are not claimed when the service provided is not included on a current Client Plan.
- 4) Client Plans are reviewed and updated whenever there is a significant change in the beneficiary's mental health condition.

**FINDING 4C:**

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

- One or more goal/treatment objective for the following line numbers was not observable and/or quantifiable.
  - **Line number** <sup>45</sup>. Plan completed on <sup>46</sup> by provider ID <sup>47</sup>
  - **Line number** <sup>48</sup>. Plan completed on <sup>49</sup> by provider ID <sup>50</sup>
  - **Line number** <sup>51</sup>. Plan completed on <sup>52</sup> by provider ID <sup>53</sup>
  - **Line number** <sup>54</sup>. Plan completed on <sup>55</sup> by provider ID <sup>56</sup>
- One or more proposed intervention for the following line numbers did not include a detailed description. Instead, only a "type" or "category" of intervention was recorded.
  - **Line number** <sup>57</sup>. Plan completed on <sup>58</sup> by provider ID <sup>59</sup>
  - **Line number** <sup>60</sup>. Plan completed on <sup>61</sup> by provider ID <sup>62</sup>

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<sup>45</sup> Line number(s) removed for confidentiality

<sup>46</sup> Date(s) removed for confidentiality

<sup>47</sup> Provider ID(s) removed for confidentiality

<sup>48</sup> Line number(s) removed for confidentiality

<sup>49</sup> Date(s) removed for confidentiality

<sup>50</sup> Provider ID(s) removed for confidentiality

<sup>51</sup> Line number(s) removed for confidentiality

<sup>52</sup> Date(s) removed for confidentiality

<sup>53</sup> Provider ID(s) removed for confidentiality

<sup>54</sup> Line number(s) removed for confidentiality

<sup>55</sup> Date(s) removed for confidentiality

<sup>56</sup> Provider ID(s) removed for confidentiality

<sup>57</sup> Line number(s) removed for confidentiality

<sup>58</sup> Date(s) removed for confidentiality

<sup>59</sup> Provider ID(s) removed for confidentiality

<sup>60</sup> Line number(s) removed for confidentiality

<sup>61</sup> Date(s) removed for confidentiality

<sup>62</sup> Provider ID(s) removed for confidentiality



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- **Line number** <sup>63</sup>. Plan completed on <sup>64</sup> by provider ID <sup>65</sup>
- **Line number** <sup>66</sup>. Plan completed on <sup>67</sup> by provider ID <sup>68</sup>
- **Line number** <sup>69</sup>. Plan completed on <sup>70</sup> by provider ID <sup>71</sup>
- **Line number** <sup>72</sup>. Plan completed on <sup>73</sup> by provider ID <sup>74</sup>
  
- One or more proposed intervention for the following line numbers did not include an expected frequency that was individualized for each intervention:
  - **Line number** <sup>75</sup>. Plan completed on <sup>76</sup> by provider ID <sup>77</sup>
  - **Line number** <sup>78</sup>. Plan completed on <sup>79</sup> by provider ID <sup>80</sup>
  - **Line number** <sup>81</sup>. Plan completed on <sup>82</sup> by provider ID <sup>83</sup>
  - **Line number** <sup>84</sup>. Plan completed on <sup>85</sup> by provider ID <sup>86</sup>
  - **Line number** <sup>87</sup>. Plan completed on <sup>88</sup> by provider ID <sup>89</sup>
  - **Line number** <sup>90</sup>. Plan completed on <sup>91</sup> by provider ID <sup>92</sup>
  - **Line number** <sup>93</sup>. Plan completed on <sup>94</sup> by provider ID <sup>95</sup>

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<sup>63</sup> Line number(s) removed for confidentiality  
<sup>64</sup> Date(s) removed for confidentiality  
<sup>65</sup> Provider ID(s) removed for confidentiality  
<sup>66</sup> Line number(s) removed for confidentiality  
<sup>67</sup> Date(s) removed for confidentiality  
<sup>68</sup> Provider ID(s) removed for confidentiality  
<sup>69</sup> Line number(s) removed for confidentiality  
<sup>70</sup> Date(s) removed for confidentiality  
<sup>71</sup> Provider ID(s) removed for confidentiality  
<sup>72</sup> Line number(s) removed for confidentiality  
<sup>73</sup> Date(s) removed for confidentiality  
<sup>74</sup> Provider ID(s) removed for confidentiality  
<sup>75</sup> Line number(s) removed for confidentiality  
<sup>76</sup> Date(s) removed for confidentiality  
<sup>77</sup> Provider ID(s) removed for confidentiality  
<sup>78</sup> Line number(s) removed for confidentiality  
<sup>79</sup> Date(s) removed for confidentiality  
<sup>80</sup> Provider ID(s) removed for confidentiality  
<sup>81</sup> Line number(s) removed for confidentiality  
<sup>82</sup> Date(s) removed for confidentiality  
<sup>83</sup> Provider ID(s) removed for confidentiality  
<sup>84</sup> Line number(s) removed for confidentiality  
<sup>85</sup> Date(s) removed for confidentiality  
<sup>86</sup> Provider ID(s) removed for confidentiality  
<sup>87</sup> Line number(s) removed for confidentiality  
<sup>88</sup> Date(s) removed for confidentiality  
<sup>89</sup> Provider ID(s) removed for confidentiality  
<sup>90</sup> Line number(s) removed for confidentiality  
<sup>91</sup> Date(s) removed for confidentiality  
<sup>92</sup> Provider ID(s) removed for confidentiality  
<sup>93</sup> Line number(s) removed for confidentiality  
<sup>94</sup> Date(s) removed for confidentiality  
<sup>95</sup> Provider ID(s) removed for confidentiality

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- **Line number** <sup>96</sup>. Plan completed on <sup>97</sup> by provider ID <sup>98</sup>
- **Line number** <sup>99</sup>. Plan completed on <sup>100</sup> by provider ID <sup>101</sup>
- **Line number** <sup>102</sup>. Plan completed on <sup>103</sup> by provider ID <sup>104</sup>
- **Line number** <sup>105</sup>. Plan completed on <sup>106</sup> by provider ID <sup>107</sup>
- **Line number** <sup>108</sup>. Plan completed on <sup>109</sup> by provider ID <sup>110</sup>
- **Line number** <sup>111</sup>. Plan completed on <sup>112</sup> by provider ID <sup>113</sup>
  
- One or more proposed intervention for the following line numbers did not include an expected duration that was individualized for each intervention:
  - **Line number** <sup>114</sup>. Plan completed on <sup>115</sup> by provider ID <sup>116</sup>
  - **Line number** <sup>117</sup>. Plan completed on <sup>118</sup> by provider ID <sup>119</sup>
  - **Line number** <sup>120</sup>. Plan completed on <sup>121</sup> by provider ID <sup>122</sup>
  - **Line number** <sup>123</sup>. Plan completed on <sup>124</sup> by provider ID <sup>125</sup>
  - **Line number** <sup>126</sup>. Plan completed on <sup>127</sup> by provider ID <sup>128</sup>
  - **Line number** <sup>129</sup>. Plan completed on <sup>130</sup> by provider ID <sup>131</sup>

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<sup>96</sup> Line number(s) removed for confidentiality

<sup>97</sup> Date(s) removed for confidentiality

<sup>98</sup> Provider ID(s) removed for confidentiality

<sup>99</sup> Line number(s) removed for confidentiality

<sup>100</sup> Date(s) removed for confidentiality

<sup>101</sup> Provider ID(s) removed for confidentiality

<sup>102</sup> Line number(s) removed for confidentiality

<sup>103</sup> Date(s) removed for confidentiality

<sup>104</sup> Provider ID(s) removed for confidentiality

<sup>105</sup> Line number(s) removed for confidentiality

<sup>106</sup> Date(s) removed for confidentiality

<sup>107</sup> Provider ID(s) removed for confidentiality

<sup>108</sup> Line number(s) removed for confidentiality

<sup>109</sup> Date(s) removed for confidentiality

<sup>110</sup> Provider ID(s) removed for confidentiality

<sup>111</sup> Line number(s) removed for confidentiality

<sup>112</sup> Date(s) removed for confidentiality

<sup>113</sup> Provider ID(s) removed for confidentiality

<sup>114</sup> Line number(s) removed for confidentiality

<sup>115</sup> Date(s) removed for confidentiality

<sup>116</sup> Provider ID(s) removed for confidentiality

<sup>117</sup> Line number(s) removed for confidentiality

<sup>118</sup> Date(s) removed for confidentiality

<sup>119</sup> Provider ID(s) removed for confidentiality

<sup>120</sup> Line number(s) removed for confidentiality

<sup>121</sup> Date(s) removed for confidentiality

<sup>122</sup> Provider ID(s) removed for confidentiality

<sup>123</sup> Line number(s) removed for confidentiality

<sup>124</sup> Date(s) removed for confidentiality

<sup>125</sup> Provider ID(s) removed for confidentiality

<sup>126</sup> Line number(s) removed for confidentiality

<sup>127</sup> Date(s) removed for confidentiality

<sup>128</sup> Provider ID(s) removed for confidentiality

<sup>129</sup> Line number(s) removed for confidentiality

<sup>130</sup> Date(s) removed for confidentiality

<sup>131</sup> Provider ID(s) removed for confidentiality

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- **Line number** <sup>132</sup>. Plan completed on <sup>133</sup> by provider ID <sup>134</sup>
- **Line number** <sup>135</sup>. Plan completed on <sup>136</sup> by provider ID <sup>137</sup>
- **Line number** <sup>138</sup>. Plan completed on <sup>139</sup> by provider ID <sup>140</sup>
- **Line number** <sup>141</sup>. Plan completed on <sup>142</sup> by provider ID <sup>143</sup>
- **Line number** <sup>144</sup>. Plan completed on <sup>145</sup> by provider ID <sup>146</sup>
- **Line number** <sup>147</sup>. Plan completed on <sup>148</sup> by provider ID <sup>149</sup>
- **Line number** <sup>150</sup>. Plan completed on <sup>151</sup> by provider ID <sup>152</sup>

**CORRECTIVE ACTION PLAN 4C:**

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

- 1) 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.
- 2) 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.).
- 3) Each Mental health intervention proposed on all client plans indicate both an expected frequency and duration.

**FINDING 4D:**

The Client Plan was not completed and signed (or electronic equivalent) by the appropriate provider, as specified in the MHP Contract and CCR, title 9, chapter 11, section 1810.440(c)(1)(A-C):

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<sup>132</sup> Line number(s) removed for confidentiality  
<sup>133</sup> Date(s) removed for confidentiality  
<sup>134</sup> Provider ID(s) removed for confidentiality  
<sup>135</sup> Line number(s) removed for confidentiality  
<sup>136</sup> Date(s) removed for confidentiality  
<sup>137</sup> Provider ID(s) removed for confidentiality  
<sup>138</sup> Line number(s) removed for confidentiality  
<sup>139</sup> Date(s) removed for confidentiality  
<sup>140</sup> Provider ID(s) removed for confidentiality  
<sup>141</sup> Line number(s) removed for confidentiality  
<sup>142</sup> Date(s) removed for confidentiality  
<sup>143</sup> Provider ID(s) removed for confidentiality  
<sup>144</sup> Line number(s) removed for confidentiality  
<sup>145</sup> Date(s) removed for confidentiality  
<sup>146</sup> Provider ID(s) removed for confidentiality  
<sup>147</sup> Line number(s) removed for confidentiality  
<sup>148</sup> Date(s) removed for confidentiality  
<sup>149</sup> Provider ID(s) removed for confidentiality  
<sup>150</sup> Line number(s) removed for confidentiality  
<sup>151</sup> Date(s) removed for confidentiality  
<sup>152</sup> Provider ID(s) removed for confidentiality

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- **Line number** <sup>153</sup>: Services were claimed when the Client Plan was not signed or co-signed (or electronic equivalent) by an approved category of provider until after the claimed service dates. **RR4a, refer to Recoupment Summary for details.**

**CORRECTIVE ACTION PLAN 4D:**

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

- 1) The appropriate provider signs the Client Plan.
- 2) The signature and co-signature of an approved category of provider is obtained when required as specified in the MHP Contract or the MHPs own policy.
- 3) The signature/co-signature of the appropriate provider is timely.

**FINDING 4G:**

**Line number** <sup>154</sup>: There was no documentation on the Client Plan completed on <sup>155</sup> by provider ID <sup>156</sup> that the beneficiary or legal guardian was offered a copy of the Client Plan.

**CORRECTIVE ACTION PLAN 4G:**

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

- 1) Ensure that there is documentation on the Client Plan substantiating that the beneficiary was offered a copy of the Client Plan.
- 2) Submit evidence that the MHP has an established process to document that each beneficiary is offered a copy of their current Client Plan.

***Progress Notes***

**FINDING 5B:**

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

- **Line numbers** <sup>157</sup>. Fifty-eight, or 13 percent out of a total of 447 progress notes reviewed were not completed within the MHP's written timeliness standard of three (3) business days after provision of service.

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<sup>153</sup> Line number(s) removed for confidentiality

<sup>154</sup> Line number(s) removed for confidentiality

<sup>155</sup> Date(s) removed for confidentiality

<sup>156</sup> Provider ID(s) removed for confidentiality

<sup>157</sup> Line number(s) removed for confidentiality

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- **Line number** <sup>158</sup>. Four progress notes for services on <sup>159</sup> were not submitted with the date each progress note was completed and entered into the medical record. Therefore, “Completion Timeliness” could not be determined and these notes were considered as late.
- Six progress notes did not document the beneficiary’s response to the interventions provided. Specifically:
  - **Line number** <sup>160</sup>. One progress note with a service date of <sup>161</sup> for <sup>162</sup> minutes described an assessment of risk regarding the beneficiary’s threats toward a peer, with the absence of the beneficiary’s response and outcome of that finding.
  - **Line number** <sup>163</sup>. Five progress notes with service dates of <sup>164</sup> did not document the beneficiary’s responses to the interventions provided.

**CORRECTIVE ACTION PLAN 5B:**

- 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.
  - Date the progress note was completed and entered into the medical record in order to determine completion timeliness, 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.
- 2) The MHP shall submit a CAP that describes how the MHP will ensure that:
  - Both service dates and times recorded on progress notes match their corresponding claims.
  - Progress notes contain documentation that is individualized for each service provided.
  - Specialty Mental Health Services claimed are accurate and are actually provided to the beneficiary.

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<sup>158</sup> Line number(s) removed for confidentiality

<sup>159</sup> Date(s) removed for confidentiality

<sup>160</sup> Line number(s) removed for confidentiality

<sup>161</sup> Date(s) removed for confidentiality

<sup>162</sup> Minute(s) removed for confidentiality

<sup>163</sup> Line number(s) removed for confidentiality

<sup>164</sup> Date(s) removed for confidentiality

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**FINDING 5D:**

Progress notes for the following line numbers were not documented according to the frequency requirements specified in the MHP Contract:

- **Line numbers** <sup>165</sup>: There were no progress notes in the medical record for the services claimed. **RR8a, refer to Recoupment Summary for details.**  
*The MHP was given the opportunity to locate the documents in question but was unable to provide written evidence of the documents in the medical record.*
- **Line number** <sup>166</sup>: Progress notes corresponding to two <sup>167</sup>-minute claims for mental health services provided on <sup>168</sup> and <sup>169</sup> did not match the beneficiary's Client Plan. Specifically, both progress notes documented the provision of Individual Therapy, while "Rehab Srvs", "Family / Collateral" and "Group" - but not Individual Therapy – were included on the beneficiary's current Client Plan.
- **Line number** <sup>170</sup>: While the progress note corresponding to the claim with a service date of <sup>171</sup> for <sup>172</sup> minutes indicated the service provided was Individual Therapy, the actual content of the description in the body of the note was consistent with a Collateral service.
- Twenty-nine progress notes for the following three (3) beneficiaries did not include the actual amount of time taken to provide the services claimed. While the MHP submitted documentation that direct service claims to DHCS for Medication Support and other services provided while a beneficiary resides in a non-Short-Doyle Inpatient level of care are based on a table of "Current Procedural Terminology" (CPT) codes, such claims for Specialty Mental Health Services are required to be based on the actual time taken to provide each service:
  - **Line number** <sup>173</sup>. The progress note for an Inpatient "Psychiatric Evaluation" provided on <sup>174</sup> did not contain documentation corresponding to the Units of Time claimed for that service.
  - **Line number** <sup>175</sup>. Progress notes for Inpatient Medication Support services provided on <sup>176</sup>, and <sup>177</sup> did not contain documentation corresponding to the Units of Time claimed for those services.

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<sup>165</sup> Line number(s) removed for confidentiality

<sup>166</sup> Line number(s) removed for confidentiality

<sup>167</sup> Minute(s) removed for confidentiality

<sup>168</sup> Date(s) removed for confidentiality

<sup>169</sup> Date(s) removed for confidentiality

<sup>170</sup> Line number(s) removed for confidentiality

<sup>171</sup> Date(s) removed for confidentiality

<sup>172</sup> Minute(s) removed for confidentiality

<sup>173</sup> Line number(s) removed for confidentiality

<sup>174</sup> Date(s) removed for confidentiality

<sup>175</sup> Line number(s) removed for confidentiality

<sup>176</sup> Date(s) removed for confidentiality

<sup>177</sup> Date(s) removed for confidentiality

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- **Line number** <sup>178</sup>. Progress notes for an Inpatient Admission & Medication Evaluation on <sup>179</sup>, eleven (11) Inpatient Nursing Medication Support evaluations on <sup>180</sup>, and two (2) Inpatient Physician Medication Support evaluations on <sup>181</sup> did not contain documentation corresponding to the Units of Time claimed for those services.
- **Line number** <sup>182</sup>. Ten “Network Provider Progress Notes” for services provided by a Licensed Clinical Social Worker included a “Duration: 1 Units” with no other Units of Time recorded on the notes that corresponded to the claims with the following service dates: <sup>183</sup>.

**CORRECTIVE ACTION PLAN 5D:**

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

- 1) Ensure that all Specialty Mental Health Services claimed are:
  - a) Documented in the medical record.
  - b) Actually provided to the beneficiary.
  - c) Claimed for the correct service modality billing code, and units of time.
  - d) Claimed to provider who actually provided the services.
- 2) Ensure that all progress notes:
  - a) Are accurate, complete and legible and meet the documentation requirements described in the MHP Contract with the Department.
  - b) Describe the type of service or service activity, the date of service and the exact amount of time to provide the service, as specified in the MHP Contract with the Department.
  - c) Are completed within the timeline and frequency specified in the MHP Contract with the Department, and as specified in the MHP’s written documentation standards.

***Provision of ICC Services and IHBS for Children and Youth***

**FINDING 6A:**

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

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<sup>178</sup> Line number(s) removed for confidentiality

<sup>179</sup> Date(s) removed for confidentiality

<sup>180</sup> Date(s) removed for confidentiality

<sup>181</sup> Date(s) removed for confidentiality

<sup>182</sup> Line number(s) removed for confidentiality

<sup>183</sup> Date(s) removed for confidentiality



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ICC services and IHBS, and that if appropriate, such services were included in their Client Plan:

- **Line numbers** <sup>184</sup>.

**CORRECTIVE ACTION PLAN 6A:**

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

- 1) Training is provided to all staff and contract providers who have the responsibility for determining eligibility and need for ICC and IBHS.
- 2) Each beneficiary under age 22 who is authorized to receive Specialty Mental Health Services also receives an individualized determination of eligibility and need for ICC Service and IHBS prior to or during the development of the beneficiary's Initial Client Plan.

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<sup>184</sup> Line number(s) removed for confidentiality