

FISCAL YEAR (FY) 2016/2017 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL
HEALTH SERVICES AND OTHER FUNDED SERVICES
SAN BENITO COUNTY MENTAL HEALTH PLAN REVIEW
May 15-18, 2017
FINDINGS REPORT

Section K, “Chart Review – Non-Hospital Services

The medical records of five (5) adult and five (5) child/adolescent Medi-Cal specialty mental health beneficiaries were reviewed for compliance with state and federal regulations; adherence to the terms of the contract between the San Benito 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 **157** claims submitted for the months of January, February, and March of 2016.

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Assessment (Findings in this area do not result in disallowances. Plan of Correction only.)

PROTOCOL REQUIREMENTS	
2.	Regarding the Assessment, are the following conditions met:
2a.	1) Has the Assessment been completed in accordance with the MHP's established written documentation standards for timeliness?
	2) Has the Assessment been completed in accordance with the MHP's established written documentation standards for frequency?
<ul style="list-style-type: none"> CCR, title 9, chapter 11, section 1810.204 CCR, title 9, chapter 11, section 1840.112(b)(1-4) CCR, title 9, chapter 11, section 1840.314(d)(e) 	<ul style="list-style-type: none"> CCR, title 9, chapter 4, section 851- Lanterman-Petris Act MHP Contract, Exhibit A, Attachment I

FINDINGS 2a:

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

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

- **Line number 1:** The updated assessment was completed 69 days late.
- **Line number 2:** The updated assessment was completed 16 days late.

PLAN OF CORRECTION 2a:

The MHP shall submit a POC that 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.

Medication Consent (Findings in this area do not result in disallowances. Plan of Correction only.)

PROTOCOL REQUIREMENTS	
3b.	Does the medication consent for psychiatric medications 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?

¹ Line number(s) removed for confidentiality

² Line number(s) removed for confidentiality

<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.204 • CCR, title 9, chapter 11, section 1840.112(b)(1-4) • CCR, title 9, chapter 11, section 1840.314(d)(e) 	<ul style="list-style-type: none"> • CCR, title 9, chapter 4, section 851- Lanterman-Petris Act • MHP Contract, Exhibit A, Attachment I
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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 forms to have been reviewed with the beneficiary:

- 1) Possible side effects if taken longer than 3 months: **Line numbers** ³.

PLAN OF CORRECTION 3b:

The MHP shall submit a POC that describes how the MHP will ensure that every medication consent includes documentation that all of the required elements specified in the MHP Contract with the Department were reviewed with the beneficiary.

Client Plans

PROTOCOL REQUIREMENTS	
4a	1) Has the client plan been updated at least annually and/or when there are significant changes in the beneficiary's condition?
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.205.2 • CCR, title 9, chapter 11, section 1810.254 • CCR, title 9, chapter 11, section 1810.440(c)(1)(2) • CCR, title 9, chapter 11, section 1840.112(b)(2-5) • CCR, title 9, chapter 11, section 1840.314(d)(e) • DMH Letter 02-01, Enclosure A 	<ul style="list-style-type: none"> • WIC, section 5751.2 • MHP Contract, Exhibit A, Attachment I • CCR, title 16, Section 1820.5 • California Business and Profession Code, Section 4999.20

FINDING 4a-2:

The client plan was not updated at least annually or 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):

- **Line numbers** ⁴: There was a **lapse** between the prior and current client plans. However, this occurred outside of the audit review period.

The MHP should review all services and claims identified during the audit that were claimed outside of the audit review period for which there was no client plan in effect and disallow those claims as required.

PLAN OF CORRECTION 4a-2:

The MHP shall submit a POC that describes how the MHP will ensure that client plans are completed 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 Line number(s) removed for confidentiality

⁴ Line number(s) removed for confidentiality

PROTOCOL REQUIREMENTS	
4b.	Does the client plan include the items specified in the MHP Contract with the Department?
	1) 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.
	2) The proposed type(s) of intervention/modality including a detailed description of the intervention to be provided.
	3) The proposed frequency of intervention(s).
	4) The proposed duration of intervention(s).
	5) Interventions that focus and address the identified functional impairments as a result of the mental disorder or emotional disturbance.
	6) Interventions are consistent with client plan goal(s)/treatment objective(s).
7) Be consistent with the qualifying diagnoses.	
<ul style="list-style-type: none"> CCR, title 9, chapter 11, section 1810.205.2 CCR, title 9, chapter 11, section 1810.254 CCR, title 9, chapter 11, section 1810.440(c)(1)(2) CCR, title 9, chapter 11, section 1840.112(b)(2-5) CCR, title 9, chapter 11, section 1840.314(d)(e) DMH Letter 02-01, Enclosure A 	<ul style="list-style-type: none"> WIC, section 5751.2 MHP Contract, Exhibit A, Attachment I CCR, title 16, Section 1820.5 California Business and Profession Code, Section 4999.20

FINDING 4b:

The following Line numbers had client plans that did not include all of the items specified in the MHP Contract with the Department:

4b-1) One or more of the goals/treatment objectives were not specific, observable, and/or quantifiable and related to the beneficiary's mental health needs and identified functional impairments as a result of the mental health diagnosis. **Line numbers 5.**

PLAN OF CORRECTION 4b:

The MHP shall submit a POC that describes how the MHP will ensure that all client plan goals/treatment objectives are specific, observable and/or quantifiable and relate to the beneficiary's documented mental health needs and functional impairments as a result of the mental health diagnosis.

Progress Notes

PROTOCOL REQUIREMENTS	
5a.	Do the progress notes document the following:
	1) Timely documentation (as determined by the MHP) of relevant aspects of client care, including documentation of medical necessity?
	2) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions?
	3) Interventions applied, beneficiary's response to the interventions, and the location of the interventions?

⁵ Line number(s) removed for confidentiality

4) The date the services were provided?	
2) Documentation of referrals to community resources and other agencies, when appropriate?	
3) Documentation of follow-up care or, as appropriate, a discharge summary?	
4) The amount of time taken to provide services?	
5) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, and licensure or job title?	
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.254 • CCR, title 9, chapter 11, section 1810.440(c) • CCR, title 9, chapter 11, section 1840.112(b)(2-6) • CCR, title 9, chapter 11, section 1840.314 	<ul style="list-style-type: none"> • CCR, title 9, chapter 11, sections 1840.316 - 1840.322 • CCR, title 22, chapter 3, section 51458.1 • CCR, title 22, chapter 3, section 51470 • MHP Contract, Exhibit A, Attachment I

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

- RR9. No progress note was found for service claimed.
- RR17. The progress note indicates the service provided was solely clerical.
- RR19a. No service was provided.

FINDING 5a:

Progress notes were not completed in accordance with regulatory and contractual requirements and/or with the MHP's own written documentation standards:

- One or more progress note was not completed within the timeliness and frequency standards in accordance with regulatory and contractual requirements.
- Progress notes did not document the following:

- 5a-1) Line numbers ⁶:** 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).
- Appointment was missed or cancelled: **Line number ⁷. RR19a, refer to Recoupment Summary for details.**

PLAN OF CORRECTION 5a:

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

- 1) Ensure that progress notes are completed in accordance with the timeliness and frequency requirements specified in the MHP's written documentation standards.
- 2) The MHP shall submit a POC that describes how the MHP will ensure that progress notes document:

- 5a-1)** Timely completion by the person providing the service and relevant aspects of client care, as specified in the MHP Contract with the Department and the MHP's written documentation standards.

⁶ Line number(s) removed for confidentiality
⁷ Line number(s) removed for confidentiality

FINDING 5a3:

The progress note for the following Line number indicates that the service provided was solely for:

- Clerical: **Line number ⁸**. RR17, refer to Recoupment Summary for details.

PLAN OF CORRECTION 5a3:

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

- 1) Each progress note describes how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning, as outlined in the client plan.
- 2) Services provided and claimed are not solely transportation, clerical or payee related.

PROTOCOL REQUIREMENTS	
5c.	<p>Timeliness/frequency as follows:</p> <ol style="list-style-type: none"> 1) Every service contact for: <ol style="list-style-type: none"> A. Mental health services B. Medication support services C. Crisis intervention D. Targeted Case Management 2) Daily for: <ol style="list-style-type: none"> A. Crisis residential B. Crisis stabilization (one per 23/hour period) C. Day treatment intensive 3) Weekly for: <ol style="list-style-type: none"> A. Day treatment intensive (clinical summary) B. Day rehabilitation C. Adult residential
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1810.254 • CCR, title 9, chapter 11, section 1810.440(c) • CCR, title 9, chapter 11, section 1840.112(b)(2-6) • CCR, title 9, chapter 11, section 1840.314 	<ul style="list-style-type: none"> • CCR, title 9, chapter 11, sections 1840.316 - 1840.322 • CCR, title 22, chapter 3, section 51458.1 • CCR, title 22, chapter 3, section 51470 • MHP Contract, Exhibit A, Attachment I

FINDING 5c:

Documentation in the medical record did not meeting the following requirements:

- **Line numbers ⁹**: The type of specialty mental health service (SMHS) documented on the progress note was not the same type of SMHS claimed. **RR9, refer to Recoupment Summary for details.**

⁸ Line number(s) removed for confidentiality

⁹ Line number(s) removed for confidentiality

PLAN OF CORRECTION 5c:

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

- 1) Ensure that all SMHS claimed are:
 - a) Claimed for the correct service modality and billing code.
- 2) Ensure that all progress notes are:
 - a) Completed within the timeline and frequency specified in the MHP Contract with the Department.
 - b) Accurate and meet the documentation requirements described in the MHP Contract with the Department.