**FISCAL YEAR (FY) 2016/2017 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES**
**TRINITY COUNTY MENTAL HEALTH PLAN REVIEW**
**May 1, 2017 – May 4, 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 Trinity 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 **138** claims submitted for the months of October, 2015, November, 2015 and December of 2015.

## Contents

## *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? | |
| • *CCR, title 9, chapter 11, section 1810.204*<br>• *CCR, title 9, chapter 11, section 1840.112(b)(1-4)*<br>• *CCR, title 9, chapter 11, section 1840.314(d)(e)* | | • *CCR, title 9, chapter 4, section 851- Lanterman-Petris Act*<br>• *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 update 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 74 days late.
- **Line number [2]**: The updated assessment was completed 49 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? |

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[2] Line number(s) removed for confidentiality

| | |
|---|---|
| • *CCR, title 9, chapter 11, section 1810.204*<br>• *CCR, title 9, chapter 11, section 1840.112(b)(1-4)*<br>• *CCR, title 9, chapter 11, section 1840.314(d)(e)* | • *CCR, title 9, chapter 4, section 851- Lanterman-Petris Act*<br>• *MHP Contract, Exhibit A, Attachment I* |

**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 to have been reviewed with the beneficiary:

**4)** Frequency / frequency range: **Line numbers [3].**

**5)** Dosage / dosage range: **Line numbers [4].**

**6)** Method of administration (e.g., oral or injection): **Line numbers [5].**

**7)** Duration of taking each medication: **Line numbers [6].**

**10)** Consent once given may be withdrawn at any time: **Line numbers [7].**

**PLAN OF CORRECTION 3b:**
**Note -** The MHP submitted Medication Consent Policy # 3109 dated 4/4/2017 as well as a draft revision of this policy together with a (draft) revised Medication Consent document. These draft revisions included all elements that were missing from the Medication Consent documents reviewed as part of the current chart review (see **FINDING 3b**, above for mssing elements). Therefore, the Plan of Correction required for Finding 3b is limited to the MHP's submission of the following:

- The final, revised Medication Consent Policy/Procedure, together with a copy of the final version of its revised Medication Consent Form.
- Evidence of any trainings pertaininig to the revised Medication Consent materials (i.e., training dates, example traininig materials, staff & contracted providers attending, etc).
- The date that the revised materials and procedure will be or has been implemented.

## *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? | |
| • *CCR, title 9, chapter 11, section 1810.205.2*<br>• *CCR, title 9, chapter 11, section 1810.254*<br>• *CCR, title 9, chapter 11, section 1810.440(c)(1)(2)*<br>• *CCR, title 9, chapter 11, section 1840.112(b)(2-5)*<br>• *CCR, title 9, chapter 11, section 1840.314(d)(e)*<br>• *DMH Letter 02-01, Enclosure A* | | • *WIC, section 5751.2*<br>• *MHP Contract, Exhibit A, Attachment I*<br>• *CCR, title 16, Section 1820.5*<br>• *California Business and Profession Code, Section 4999.20* |

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[5] Line number(s) removed for confidentiality
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[7] Line number(s) removed for confidentiality

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

RR6. The client plan was not completed, at least, on an annual basis or as specified in the MHP's documentation guidelines.

## FINDING 4a-2:

The client plan was not updated at least annually, or reviewed and updated if there was a significant change in the beneficiary's mental health condition (as required in the MHP Contract with the Department):

- **Line number [8]**: There was a **lapse** between the prior and current client plans and therefore, there was no client plan in effect during a portion of the audit review period. **RR6, refer to Recoupment Summary for details**

  *The MHP should review all services and claims identified during the audit for which there was no client plan in effect and disallow those claims as required.*

- **Line number [9]**: There was a **lapse** between the prior and current client plans. However, a portion of the lapse occurred prior to 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.*

- **Line number [10]**: The medical record indicated an acute change occurred in the beneficiary's mental health status (i.e., [11] progress note - "floridly psychotic … unable to function); however, no evidence was found that the client plan was reviewed and updated in response to the change.

## PLAN OF CORRECTION 4a-2:

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

1) 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 update frequencies specified in the MHP's written documentation standards.
2) Ensure that all interventions/modalities recorded on client plans are clear, specific and address the beneficiary's current functional impairments as a result of the mental disorder.
3) Ensure that non-emergency services are not claimed when:
   a) A client plan has not been completed.
   b) The service provided is not included on the current client plan.
4) Provide evidence that all services identified during the audit that were claimed outside of the audit review period for which no client plan was in effect are disallowed.

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[9] Line number(s) removed for confidentiality
[10] Line number(s) removed for confidentiality
[11] Progress note date(s) removed for confidentiality

5) Ensure that client plans are reviewed and updated whenever there is a significant change in the beneficiary's condition.

## *Progress Notes*

| PROTOCOL REQUIREMENTS | | |
|---|---|---|
| 5a. | Do the progress notes document the following:<br><br>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? | |
| | 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? | |
| • *CCR, title 9, chapter 11, section 1810.254*<br>• *CCR, title 9, chapter 11, section 1810.440(c)*<br>• *CCR, title 9, chapter 11, section 1840.112(b)(2-6)*<br>• *CCR, title 9, chapter 11, section 1840.314* | | • *CCR, title 9, chapter 11, sections 1840.316 - 1840.322*<br>• *CCR, title 22, chapter 3, section 51458.1*<br>• *CCR, title 22, chapter 3, section 51470*<br>• *MHP Contract, Exhibit A, Attachment I* |

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

RR1. Documentation in the medical record does not establish that the beneficiary has a diagnosis contained in California Code of Regulations, (CCR), title 9, chapter 11, section 1830.205(b)(1)(A-R).

RR2. Documentation in the medical record does not establish that, as a result of a mental disorder listed in CCR, title 9, chapter 11, section 1830.205(b)(1)(A-R), the beneficiary has, at least, one of the identified functional impairments.

RR3. Documentation in the medical record does not establish that the focus of the proposed intervention is to address the functional impairment identified in CCR, title 9, chapter 11, section 1830.205(b)(2)

RR4. Documentation in the medical record does not establish the expectation that the proposed intervention will do, at least, one of the following:
a) Significantly diminish the impairment;
b) Prevent significant deterioration in an important area of life functioning;
c) Allow the child to progress developmentally as individually appropriate; or
d) For full-scope Medi-Cal beneficiaries under the age of 21 years, correct or ameliorate the condition.

RR9. No progress note was found for service claimed.

RR10. The time claimed was greater than the time documented.

RR13 The progress note indicates that the service provided was solely for one of the following:

a) Academic educational service;
b) Vocational service that has work or work training as its actual purpose;
c) Recreation; or
d) Socialization that consists of generalized group activities that do not provide systematic individualized feedback to the specific targeted behaviors.

RR15. The progress note was not signed (or electronic equivalent) by the person(s) providing the service.

RR16. The progress note indicates the service provided was solely transportation.

RR17. The progress note indicates the service provided was solely clerical.

RR18. The progress note indicates the service provided was solely payee related.

RR19a. No service was provided.

RR19b. The service was claimed for a provider on the Office of Inspector General List of Excluded Individuals and Entities.

RR19c. The service was claimed for a provider on the Medi-Cal suspended and ineligible provider list

RR19d. The service was not provided within the scope of practice of the person delivering the service.

**FINDING 5a:**

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

- The MHP was not following its own written documentation standards for timeliness of progress notes.
- Progress notes did not document the following.

**5a-1)** **Line numbers** [12]: 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** [13]**:** No service provided. The MHP acknowledged that a duplicate service was claimed and documented by the same provider on two (2) separate progress notes with the same date of service.
  **RR19a, refer to Recoupment Summary for details.**
- **Line numbers** [14]: Amount of time claimed did not include all eligible activities recorded on the corresponding progress note – i.e., documentation and travel times.

**PLAN OF CORRECTION 5a:**

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

1) Ensure that progress notes meet timeliness, frequency and the staff signature requirements in accordance with regulatory and contractual requirements.
2) Ensure that progress notes are completed in accordance with the timeliness and frequency requirements specified in the MHP's written documentation standards.
3) Ensure that the same service is not duplicated on more than one (1) progress note and is not claimed by the same provider on the same date of service.
4) The MHP shall submit a POC that describes how the MHP will ensure that**:**

   **5a-1)** Progress Notes are completed within the timelines specified in the MHP's written documentation standards by the person providing the service.

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**5a-4)** Units of time claimed include all billable activities that are recorded on the corresponding progress note – i.e., direct service, documentation and travel times.

**FINDING 5a3:**
The progress note for the following Line number indicated that the service provided was solely a clerical activity: **Line number [15]. 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) Services claimed and documented on a progress note are not solely clerical in nature.
2) 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).

| PROTOCOL REQUIREMENTS | | |
|---|---|---|
| 5b. | 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:<br>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, chapter 11, section 1810.254*<br>• *CCR, title 9, chapter 11, section 1810.440(c)*<br>• *CCR, title 9, chapter 11, section 1840.112(b)(2-6)*<br>• *CCR, title 9, chapter 11, section 1840.314* | | • *CCR, title 9, chapter 11, sections 1840.316 - 1840.322*<br>• *CCR, title 22, chapter 3, section 51458.1*<br>• *CCR, title 22, chapter 3, section 51470*<br>• *MHP Contract, Exhibit A, Attachment I* |

**FINDING 5b:**
Documentation of services being provided to, or on behalf of, a beneficiary by two or more persons at one point in time did not include all required components. Specifically:

- **Line number [16]**: One or more progress notes did not document the, involvement or participation of each staff member as it relates to the identified functional impairment and mental health needs of the beneficiary.

**PLAN OF CORRECTION 5b:**
The MHP shall submit a POC that describes how the MHP will ensure that**:**

1) Group 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.

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2) There is medical necessity for the use of multiple staff in the group setting.

| PROTOCOL REQUIREMENTS | | |
|---|---|---|
| 5c. | Timeliness/frequency as follows:<br>1) Every service contact for:<br>A. Mental health services<br>B. Medication support services<br>C. Crisis intervention<br>D. Targeted Case Management<br>2) Daily for:<br>A. Crisis residential<br>B. Crisis stabilization (one per 23/hour period)<br>C. Day treatment intensive<br>3) Weekly for:<br>A. Day treatment intensive (clinical summary)<br>B. Day rehabilitation<br>C. Adult residential | |
| • *CCR, title 9, chapter 11, section 1810.254*<br>• *CCR, title 9, chapter 11, section 1810.440(c)*<br>• *CCR, title 9, chapter 11, section 1840.112(b)(2-6)*<br>• *CCR, title 9, chapter 11, section 1840.314* | | • *CCR, title 9, chapter 11, sections 1840.316 - 1840.322*<br>• *CCR, title 22, chapter 3, section 51458.1*<br>• *CCR, title 22, chapter 3, section 51470*<br>• *MHP Contract, Exhibit A, Attachment I* |

**FINDING 5c:**

**Line number [17]**: There was no progress note in the medical record that matched the service claimed. **RR9, refer below and to Recoupment Summary for details:**

- **Line number [18]:** The data recorded on eight (8) progress notes for group sessions did not match the units of time claimed for the beneficiary who attended the group

  *During the review, the MHP staff was given the opportunity to locate matching documents in question but could not find written evidence of them in the electronic medical record.*

**PLAN OF CORRECTION 5c**:

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.
   c) 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.

[17] Line number(s) removed for confidentiality
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b) Indicate the type of service, the date of service and the amount of time taken to provide the service as specified in the MHP Contract with the Department.