



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2020/2021

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

CHART REVIEW FINDINGS REPORT

Review Dates: 8/10/2021 to 8/12/2021

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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 Fresno 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 **367** claims submitted for the months of January, February and March of **2020**.

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Medical Necessity

FINDING 8.1.1.1:

The medical record did not establish that the beneficiary's documented ICD diagnosis met all of the DSM criteria required for that diagnosis, in accordance with the MHP Contract, Exhibit A, Attachment 3, the CCR title 9, chapter 11, 1830.205(b)(1), 1830.210 and MHSUDS IN No.20-061, Enclosure 4, Medical Necessity/Assessment, 1. A, page 1. However, DSM criteria were met for another, eligible diagnosis which was likely to respond to the interventions proposed on the Client Plan. Specifically:

- **Line number** ¹. Generalized Anxiety Disorder was determined as the diagnosis, but the assessment completed on ² indicated that the beneficiary was also experiencing symptoms of Depression with some psychotic features.

CORRECTIVE ACTION PLAN 8.1.1.1:

The MHP shall submit a CAP that describes how the MHP will ensure that all ICD diagnosis determinations are consistent with their corresponding DSM criteria.

Assessment

FINDING 8.2.1.:

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

- 1) Two assessments were not completed within the MHP's initial timeliness standard of no more than 30 days after the beneficiary's Episode Opening Date Specifically:
 - **Line number** ³. The beneficiary's Episode Opening Date was ⁴, while the Initial Assessment was not completed until ⁵, with no documentation of why the completion date was late.
 - **Line number** ⁶. The beneficiary's Episode Opening Date was ⁷, while the Initial Assessment was not completed until ⁸, with no documentation of why the completion date was late.

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- 2) Three assessments were not completed within the MHP's two -year update frequency requirement specified included in the MHP's written documentation standards. Specifically:
- **Line number** ⁹. The beneficiary's prior Assessment was completed on ¹⁰, while the current Assessment was not completed until ¹¹, with no documentation of why the completion date was late.
 - **Line number** ¹². The beneficiary's prior Assessment was completed on ¹³, while the current Assessment was not completed until ¹⁴, with no documentation of why the completion date was late.
 - **Line number** ¹⁵. The beneficiary's prior Assessment was completed on ¹⁶, while the current Assessment was not completed until ¹⁷, with no documentation of why the completion date was late.

CORRECTIVE ACTION PLAN 8.2.1:

The MHP shall submit a CAP that:

- 1) 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.
- 2) Planned Specialty Mental Health Services are not claimed in the absence of an assessment that substantiates those services.

FINDING 8.2.2:

One assessment reviewed did not address all of the required elements specified in the MHP Contract. Specifically:

- **Line number** ¹⁸. The Assessment completed on ¹⁹ did not address –
 - a) The beneficiary's Mental Health History, including previous treatment and inpatient admissions, and;
 - b) Risk Issues.

CORRECTIVE ACTION PLAN 8.2.2:

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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 8.3.1:

The provider did not obtain and retain a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication, and there was no documentation in the medical record of a written explanation regarding the beneficiary's refusal or unavailability to sign the medication consent:

- **Line number** ²⁰: Although there was a written medication consent form in the medical record, there was no medication consent for Benadryl which was one of the five medications the MHP prescribed during the chart review period. *The MHP was given the opportunity to locate the medication consent(s) in question but was unable to locate it/them in the medical record.*

CORRECTIVE ACTION PLAN 8.3.1:

The MHP shall submit a CAP to address actions it will implement to ensure the following:

- 1) A written medication consent form is obtained and retained for each medication prescribed and administered under the direction of the MHP.
- 2) Written medication consent forms are completed in accordance with the MHP's written documentation standards.

FINDING 8.3.2:

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) Reasonable alternative treatments available, if any: **Line number** ²¹.
- 2) Type of medication: **Line number** ²².
- 3) Frequency or Frequency Range: **Line number** ²³.
- 4) Dosage or Dosage Range: **Line number** ²⁴.

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- 5) Method of administration: **Line numbers** ²⁵.
- 6) Duration of taking the medication: **Line number** ²⁶.
- 7) Possible side effects if taken longer than 3 months: **Line number** ²⁷.
- 8) Consent once given may be withdrawn at any time: **Line number** ²⁸.

CORRECTIVE ACTION PLAN 8.3.2:

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.

Client Plans

FINDING 8.4.2b:

Services claimed and documented on the beneficiary's progress notes were not sufficient and consistent in amount, duration or scope with those documented on the beneficiary's current Client Plan. Specifically:

- **Line number** ²⁹. The Client Plan completed on ³⁰ includes both Individual and Family Therapies as needed interventions but these were not provided during the three-month chart review period,
- **Line number** ³¹. The Client Plan completed on ³² includes both Individual and Family Therapies in addition to Individual Rehabilitation as needed interventions but no Individual nor Family Therapies were provided during the three-month chart review period,
- **Line number** ³³. The Client Plan completed on ³⁴ includes Individual, Group and Family Therapies as needed interventions but none of these were provided during the three-month chart review period,
- **Line number** ³⁵. The Client Plan completed on ³⁶ includes Individual Therapy/Rehabilitation, Group Rehabilitation and Collateral services as needed interventions but only two (2) Individual Rehabilitation sessions and none of the

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other interventions proposed were provided during the three-month chart review period.

- **Line number** ³⁷. The Client Plan completed on ³⁸ includes Individual Therapy/Rehabilitation, Group Rehabilitation and Collateral services as needed interventions but only Individual Therapy sessions were provided during the three-month chart review period.
- **Line number** ³⁹. The Client Plan completed on ⁴⁰ includes Individual Therapy/Rehabilitation, Group Therapy/Rehabilitation and Family Therapy as needed interventions but no Family or Group sessions were provided during the three-month chart review period.
- **Line number** ⁴¹. The Client Plan completed on ⁴² includes Individual Therapy/Rehabilitation, Group and Family Therapies, and Collateral services as needed interventions but no Family, Group or Collateral sessions were provided during the three-month chart review period.
- **Line number** ⁴³. The Client Plan completed on ⁴⁴ includes Therapeutic Behavioral Services, Collateral, Family Therapy and Group Therapy/Rehabilitation but none of these services were provided during the three-month chart review period.
- **Line number** ⁴⁵. The Client Plan completed on ⁴⁶ includes Individual Therapy/Rehabilitation, Collateral and Family Therapy/Rehabilitation but only Individual Therapy/ Rehabilitation sessions were provided during the three-month chart review period.

CORRECTIVE ACTION PLAN 8.4.2b:

The MHP shall submit a CAP that describes how the MHP will ensure that services are provided in the amount, duration, and scope as specified in the Individualized Client Plan for each beneficiary.

FINDING 8.4.3:

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:

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⁴² Date(s) removed for confidentiality

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- **Line number** ⁴⁷: There was **no** Client Plan for one or more type of claimed service. *The MHP was given the opportunity to locate the service(s) on a client plan that was in effect during the review period but could not find written evidence of it. RR4c, refer to Recoupment Summary for details.*
- There was a **lapse** between the prior and current Client Plans for the following beneficiaries. However, this occurred outside of the audit review period.
 - **Line number** ⁴⁸. Prior Client Plan expired on ⁴⁹; current Client Plan completed on ⁵⁰.
 - **Line number** ⁵¹. Prior Client Plan expired on ⁵²; current Client Plan completed on ⁵³.
 - **Line number** ⁵⁴. Prior Client Plan expired on ⁵⁵; current Client Plan completed on ⁵⁶.
- **Line number** ⁵⁷: There was a **lapse** between the prior and current Client Plans. However, there were no claims during this period.
 - Prior Client Plan expired on ⁵⁸; current Client Plan completed on ⁵⁹.

CORRECTIVE ACTION PLAN 8.4.3:

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) Planned services are not claimed when the service provided is not included on a current Client Plan.
- 3) 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.
- 4) Planned services are not claimed when the service provided is not included on a current Client Plan.

FINDING 8.4.4:

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⁵³ Date(s) removed for confidentiality

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

- One or more proposed intervention did not include a detailed description. Instead, only a “type” or “category” of intervention was recorded.
Line number ⁶⁰. Plan completed on ⁶¹.
- One or more proposed intervention on the current Client Plan for the following beneficiaries did not include an expected frequency or frequency range that was specific enough.

Line numbers ⁶². Intervention frequencies were documented as “Up to” (number of sessions per week, month, etc). This implies that the service is optional since a starting frequency could be “0”. A frequency range must begin with a specific number greater than zero to be in compliance

Line number ⁶³. Intervention frequencies were documented as “0 to” (number of sessions per week, month, etc). Starting an intervention range with “0” implies that the intervention is optional. A frequency range must begin with a specific number greater than zero to be in compliance.

CORRECTIVE ACTION PLAN 8.4.4:

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

- 1) 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.).
- 2) Mental health interventions proposed on client plans indicate both an expected frequency or frequency range and a specific duration for each intervention.

FINDING 8.4.11:

There was no documentation on the current Client Plan that the beneficiary or legal guardian was offered a copy of the Client Plan. Specifically:

- **Line number** ⁶⁴. Plan completed on ⁶⁵.

CORRECTIVE ACTION PLAN 8.4.11:

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.

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- 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 8.5.2:

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** ⁶⁶. Sixty three progress notes or 17 percent of all progress notes reviewed were not completed within the MHP's written timeliness standard of five (5) business days after the provision of service (83% compliance).
- **Line number** ⁶⁷. For two (2) progress notes, with service dates of ⁶⁸ and ⁶⁹, "Completion Timeliness" could not be determined because the provider signed but did not date the notes (i.e., 0.5 % of all progress notes reviewed, (99.5 % compliance)).
- **Line number** ⁷⁰. One progress note did not match its corresponding claim in terms of service date. **RR8b2, refer to Recoupment Summary for details.**
- **Line numbers** ⁷¹. Documentation was missing for evidence of communication with the beneficiary's Primary Care Physician or other medical provider during the three-month chart review period:
 - **Line number** ⁷²: The case manager reported accompanying the beneficiary to medical services on several occasions with no evidence of communication with the beneficiary's medical provider(s).
 - **Line number** ⁷³: The assessment completed on ⁷⁴ indicated - "Clt has high BP which may contribute to anxiety about her health. Collaboration with medical doctor ... may be appropriate"- with no evidence of communication with the beneficiary's medical provider(s).
- **Line number** ⁷⁵. Five or one (1) percent of all progress notes reviewed did not match their corresponding claims in terms of amount of time to provide services

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⁷⁴ Date(s) removed for confidentiality

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(99 % compliance): The service time documented on the Progress Note was less than the time claimed. **RR8b3, refer to Recoupment Summary for details.**

CORRECTIVE ACTION PLAN 8.5.2:

- 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.
 - Communication with and/or referral to community resources and other agencies, when appropriate, 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.
- 3) The MHP shall submit a CAP that describes how the MHP will ensure that Specialty Mental Health Services claimed are accurate and are actually provided to the beneficiary.

FINDING 8.5.4:

For Mental Health Services claimed, the service activity claimed (e.g., Assessment, Plan Development, Rehab, Psychotherapy) was not consistent with the specific service activity documented in the progress note.

- **Line number** ⁷⁶. The provider recorded the type of service on two progress notes for ⁷⁷ and ⁷⁸ as "Individual Rehabilitation" but the interventions described in the body of both notes are more consistent with *Individual Psychotherapy* since the provider recorded that the focus of the intervention was "to assist client with decreasing symptoms of depression and anxiety". This stands in contrast to the definition of a Rehabilitation intervention, which is defined as "assistance in improving, maintaining or restoring a beneficiary's or group of beneficiaries' functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources, and/or medication education (Title 9, 1810.243).

CORRECTIVE ACTION PLAN 8.5.4:

⁷⁶ Line number(s) removed for confidentiality

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The MHP shall submit a CAP that describes how the MHP will ensure that the services documented on all progress notes are:

- 1) Accurate, complete, legible and meet the documentation requirements described in the MHP Contract with the Department.
- 2) Consistent with the specific service activity claimed - i.e., all claims submitted must be accurate and consistent with the actual service documented on their corresponding progress notes in terms of type of service, date of service and time of service.

Provision of ICC Services and IHBS for Children and Youth

FINDING 8.6.1:

- 1) 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 on their Client Plan:
 - **Line numbers** ⁷⁹.

CORRECTIVE ACTION PLAN 8.6.1:

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

- 1) Written documentation is in place describing the process for determining and documenting eligibility and need for ICC Services and IHBS.
- 2) Training is provided to all staff and contract providers who have the responsibility for determining eligibility and need for ICC Services and IBHS.
- 3) 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 Services and IHBS prior to or during the development of the beneficiary's Initial Client Plan.

FINDING 8.6.3:

The content of one or more progress note documented the provision of an ICC service but the corresponding claim did not include all of the following: Procedure code T1017; Procedure modifier "HK"; Mode of service 15; Service function code 07. Specifically:

Line number ⁸⁰. For service dates ⁸¹, Intensive Care Coordination services were claimed with Service Function Code 1 (i.e., Targeted Case Management) instead of Service Function Code 07.

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Line number ⁸². For service dates ⁸³ and ⁸⁴, ICC services were claimed using Service Function Code 01 (i.e., Targeted Case Management) instead of Service Function Code 07.

Line number ⁸⁵. For service dates ⁸⁶ and ⁸⁷, ICC services were claimed using Service Function Code 01 (i.e., Targeted Case Management) instead of Service Function Code 07.

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.

FINDING 8.6.4:

The content of one or more progress note documented the provision of an IHBS intervention but the corresponding claim did not include all of the following: Procedure code H2015; Procedure modifier “HK”; Mode of service 15; Service function code 57.

Line number ⁸⁸. For service dates ⁸⁹, interventions appear to be home or community based IHBS claims using Service Function Code 30 (i.e., Mental Health Services, not including IHBS) instead of Service Function Code 57.

Line number ⁹⁰. For service dates ⁹¹ and ⁹², IHBS interventions were claimed using Service Function Code 30 (i.e., Mental Health Services, not including IHBS) instead of Service Function Code 57.

Line number ⁹³. For service dates ⁹⁴ and ⁹⁵, IHBS were claimed using Service Function Code 30 (i.e., Mental Health Services, not including IHBS) instead of Service Function Code 57.

CORRECTIVE ACTION PLAN 8.6.4:

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

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