



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2021/2022

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE GLENN COUNTY MENTAL HEALTH PLAN

CHART REVIEW FINDINGS REPORT

Dates of Review: 3/22/2022 to 3/23/2022

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Chart Review – Non-Hospital Services

The medical records of five 5 adult and five 5 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 Glenn 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 168 claims submitted for the months of April, May and June of **2021**.

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Client Plans

FINDING 8.4.1a:

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** ¹. Interventions documented on the Treatment Plan, signed completed ², included monthly Collateral, Targeted Case Management (TCM), and Medication Support with Individual Therapy proposed to occur every two weeks. However, Individual Therapy services which may have further contributed to beneficial psychosocial effects in support of the stated Treatment Plan objective to "reduce frequency and intensity of schizophrenia as evidenced by maintaining housing, positive relationships with his family and staying out of higher levels of care," were not provided during the three-month review period and Collateral was provided only once.
- **Line number** ³. Interventions documented on the Treatment Plan, signed completed ⁴, included weekly TCM, Collateral every two weeks, and monthly Individual Rehab and Medication Support services. However, during the three-month review period only Medication Support and TCM were provided. Only one service (Medication Support) was provided in June.

CORRECTIVE ACTION PLAN 8.4.1a:

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.

FINDING 8.4.3:

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

- One or more goal/treatment objective was not specific, observable, and/or quantifiable and related to the beneficiary's mental health needs and identified

¹ Line number(s) removed for confidentiality

² Date(s) removed for confidentiality

³ Line number(s) removed for confidentiality

⁴ Date(s) removed for confidentiality

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functional impairments as a result of the mental health diagnosis. **Line number** ⁵.

- One or more client plan was not consistent with the qualifying diagnosis. **Line number** ⁶. Although the beneficiary was diagnosed with post-traumatic stress disorder, chronic (PTSD), the objectives and interventions on the most recent client plan, signed completed on ⁷, did not delineate PTSD treatment or address PTSD symptomology.

CORRECTIVE ACTION PLAN 8.4.3:

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** ⁸. One or more progress note was not completed within the MHP's written timeliness standard of 3 business days after provision of service. Three (1.8 percent) of all progress notes reviewed were completed late (98% compliance).
- **Line number** ⁹. One or more progress notes did not match its corresponding claim in terms of amount of time to provide services: The service time was entirely missing on five Medication Support Progress Notes dated ¹⁰, and ¹¹. The MHP submitted further evidence of the provider's use of CPT codes for all five dates listed above, in which the corresponding units of time matched the claims and averted potential recoupments.

However, despite the documented evidence in support of the amount of time of each claimed service, a corrective action plan is required because the Glenn County Behavioral Health "Progress Notes and Late Entry Documentation" policy (P&P No: MH-155) stipulates that progress notes document the specific duration of each service.

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¹⁰ Date(s) removed for confidentiality

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CORRECTIVE ACTION PLAN 8.5.1:

- 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.
- 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.

Provision of ICC Services and IHBS for Children and Youth

FINDING 8.6.1:

- 1) The medical record associated with the following Line number contained evidence that the beneficiary received an individualized determination of eligibility and a need for ICC services and IHBS was established; however, such services were not included in their Client Plan:
 - **Line number** ¹². The ¹³ Assessment contained an "ICC and IHBS Screening and Pathways to Wellbeing/Katie A." assessment, signed and dated ¹⁴ in authorization of IHBS services, documenting that the beneficiary had involvement with multiple child-serving systems (i.e., Legal / Child Protective Services, Individual Education Plan with placement in classroom for emotional behavioral challenges, School based counseling and community counseling, group home placement, etc.) indicating the beneficiary met eligibility criteria for ICC services and IHBS. However, the Client Plan, which was signed completed on ¹⁵ prior to completion of the ICC and IHBS assessment on ¹⁶, was not updated to include ICC and IHBS services, nor were such services provided during the review period.

CORRECTIVE ACTION PLAN 8.6.1:

The MHP shall submit a CAP that describes how it will ensure that each beneficiary under age 22 who is authorized to receive Specialty Mental Health Services and receives an affirmative individualized determination of eligibility and need for ICC Service and/or IHBS, has such services included in the development of their Client Plan.

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¹³ Date(s) removed for confidentiality

¹⁴ Date(s) removed for confidentiality

¹⁵ Date(s) removed for confidentiality

¹⁶ Date(s) removed for confidentiality