CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2021/2022

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE IMPERIAL COUNTY MENTAL HEALTH PLAN

CHART REVIEW FINDINGS REPORT

Dates of Review: 4/19/2022 to 4/20/2022

DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Imperial MENTAL HEALTH PLAN
4/20/2022
CHART REVIEW FINDINGS REPORT

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 Imperial 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 **197** claims submitted for the months of **January, February** and **March** of **2021**.

Contents

Assessment

FINDING 8.2.1.:
Assessments were not completed in accordance with regulatory and contractual requirements, specifically:

1) One assessment for **Line number [1]** was not completed within the update frequency requirement specified in the MHP's written documentation standards.
   (MHP Policy 01-245 which was effective during the chart review period states that Assessments are "to be completed at minimum annually").

   The following are the prior versus current Assessment completion dates for **Line number [2]**: Prior Assessment = [3] vs Current Assessment = [4]

CORRECTIVE ACTION PLAN 8.2.1:
The MHP shall submit a CAP that 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.

FINDING 8.2.3:
One assessment reviewed did not include the signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, job title. Specifically:

- **Line number [5]. Assessment completed on [6]**

CORRECTIVE ACTION PLAN 8.2.3:
The MHP shall submit a CAP that describes how the MHP will ensure that all documentation includes**:**

1) The signature (or electronic equivalent) with the professional degree, licensure or title of the person providing the service.
2) The date the signature was completed and the document was entered into the medical record.

FINDING 8.2.3a:
Three assessments reviewed did not include the signature or co-signature (or electronic equivalent) of a provider, operating under their scope of practice who was eligible to

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[5] Line number(s) removed for confidentiality
[6] Date(s) removed for confidentiality

determine or complete the following assessment elements: 1) diagnosis, 2) Mental Status Exam, 3) medication history, and 4) assessment of psychosocial factors

- **Line number [7].** LVN independently completed an assessment on [8]
- **Line number [9].** MHRS independently completed an assessment on [10]
- **Line number [11].** LVN independently completed an assessment on [12]

CORRECTIVE ACTION PLAN 8.2.3a:
The MHP shall submit a CAP that describes how the MHP will ensure that all Assessments which include a mental health diagnosis and/or a Mental Status Exam and/or a medication history and/or relevant psychosocial factors contain**:**

1) The signature (or electronic equivalent) of a person qualified to determine or document the required assessment elements listed above
2) The signature of the qualified person (or electronic equivalent) with their professional degree, licensure or credential.
3) The date the signature was completed and the document was entered into the medical record.

Medication Consent

FINDING 8.3.2:

Six out 14 medication consents reviewed (57% compliance) did not contain all of the required elements specified in the MHP Contract with the Department. The following required elements were not recorded on the medication consent form, and/or were not otherwise documented to have been reviewed with the beneficiary.

1) The reason for taking each medication: **Line numbers [13].**
2) Reasonable alternative treatments available, if any: **Line numbers [14].**
3) Type of medication: **Line number [15].**
4) Frequency or Range of Frequency (of administration): **Line number [16].**

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[15] Line number(s) removed for confidentiality
[16] Line number(s) removed for confidentiality

5) Method of administration: **Line numbers [17].**
6) Duration of taking the medication: **Line numbers [18].**
7) Probable side effects: **Line numbers [19].**
8) Possible side effects if taken longer than 3 months: **Line numbers [20].**
9) Consent once given may be withdrawn at any time: **Line numbers [21].**

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.

FINDING 8.3.3:
Two 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:

- The signature of the person providing the service (or electronic equivalent)
  - **Line number [22].**
- The professional degree, licensure, or job title of person providing the service:
  - **Line numbers [23].**
- The date the documentation was completed, signed (or electronic equivalent) and entered into the medical record:
  - **Line number [24].**

CORRECTIVE ACTION PLAN 8.3.3:
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.

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Client Plans

FINDING 8.4.2:
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:

- **Line number [25].** Although there was a Client Plan in effect during the chart review period, there was **no** Plan in effect for two (2) claimed sessions of Family Rehab provided on [26] and [27].
  The MHP was given the opportunity to locate another Plan in effect during the chart review period which included Family Rehab but could not find written evidence of it.

CORRECTIVE ACTION PLAN 8.4.2:
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 8.4.4
Services were not provided within the scope of practice of the person delivering service, if professional licensure is required for that service. Specifically:

- Two progress notes were not signed by a provider whose scope of practice includes the provision of the service documented on the progress note; i.e., the provider's scope of practice did not include delivering (e.g.) Psychotherapy or Medication Support Services: **Line number [28]. RR3, refer to Recoupment Summary for details.**

CORRECTIVE ACTION PLAN 8.4.4:
The MHP shall submit a CAP that describes how the MHP will ensure that**:**

1) All documentation includes the signature or (electronic equivalent) along with the provider's professional degree, licensure or title.
2) All documentation includes service date and dated signature (or electronic equivalent) in order to indicate when the provider completed and entered the document into the medical record.

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[26] Date(s) removed for confidentiality
[27] Date(s) removed for confidentiality
[28] Line number(s) removed for confidentiality

3) All services claimed are provided by the appropriate and qualified persons within their scope of practice.
4) All providers adhere to the MHP's written documentation standards and procedures for limiting services to those within the providers' scope of practice.
5) Services are not claimed when they are provided by a provider whose scope of practice, credentials or qualifications do not include those services.
6) All claims for services delivered by any person who was not qualified to provide those services are disallowed.

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 [29].** The Units of Time for 16 Crisis Residential service claims were recorded as "0" on the claim although the "approved" dollar amounts equaled one (1) day of residence for all 16 claims. In addition, we found progress notes which corresponded with all of these claims:
- **Line number [30].** One progress note did not match its corresponding claim in terms of amount of time to provide services: The service time documented on the Progress Note was less than the time claimed, or the service time was entirely missing on the Progress Note. **RR7, refer to Recoupment Summary for details. (***Pursuant to CCR title 9 section 1840.316 (b)(1) The exact number of minutes used by the persons providing a reimbursable service shall be reported and billed. As such these services are to be claimed with the actual and specific number of minutes for each service, and are not to be rounded up in 15-minute increments.)*
- **Line numbers [31].** Ten progress notes were missing the provider's professional degree, licensure or job title.(i.e., 5 percent of the total progress notes reviewed)

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.

[29] Line number(s) removed for confidentiality
[30] Line number(s) removed for confidentiality
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- The provider's/providers' professional degree, licensure or job title.

2) The MHP shall submit a CAP that describes how the MHP will ensure that the Units of Time recorded on claims submitted correspond to the dollar amounts claimed and match the times recorded on their corresponding progress notes.
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 8.5.3:
Progress notes were not documented according to the contractual requirements specified in the MHP Contract. Specifically:

- **Line numbers [32].** The type of Specialty Mental Health Service (SMHS) (e.g., Medication Support, Targeted Case Management) documented on the progress note was not the same type of SMHS claimed. **RR5, refer to Recoupment Summary for details.**

CORRECTIVE ACTION PLAN 8.5.3:
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.
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 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 8.6.1:

[32] Line number(s) removed for confidentiality

1) The MHP did not furnish evidence that it has a standardized procedure for documenting individualized determinations of eligibility for ICC services and IHBS on behalf of beneficiaries under age 22 that is based on their strengths and needs.
2) 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 number [33].** An Assessment completed on [34] contains an IHBS/ICC services section which was left blank, and there was no other evidence in the chart materials submitted that an intentional IHBS/ICC service determination was performed. During the virtual onsite review, the MHP explained that *this section is left blank when an IHBS/ICC determination indicated that the beneficiary was not in need of those services.* This process appears to be problematic and open to unintentional errors.
   - **Line number [35].** The Assessments completed on [36] and [37] contain an IHBS/ICC service section which was left blank, and there was no other evidence in the chart materials submitted that an intentional IHBS/ICC service determination was performed.
   - **Line number [38].** There was no evidence in the chart materials submitted that at least one (1) IHBS/ICC service determination was performed prior to or during the chart review period.
   - **Line number [39].** The Assessment completed on [40] contains an IHBS/ICC services section which was left blank, and there was no other evidence in the chart materials submitted that an intentional IHBS/ICC service determination was performed.

CORRECTIVE ACTION PLAN 8.6.1:

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

1) The MHP amends its existing policy (or other relevant materials) to include a written procedure describing the process for determining and documenting eligibility and need for ICC Services and IHBS for all beneficiaries under age 22 meeting medical necessity for Specialty Mental Health Services.
2) This procedure includes a standard, explicit and clear method for documenting that an ICC/IHBS determination was completed even when the beneficiary was determined not to need IHBS and/or ICC services.

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[39] Line number(s) removed for confidentiality
[40] Date(s) removed for confidentiality

3) The MHP provides training to all staff and contract providers who are responsible for determining eligibility and need for IBHS and/or ICC services.
4) All ICC/IHBS determinations are documented in a clear and uniform manner as part of the beneficiary's medical record.

FINDING 8.6.2:
The MHP did not furnish evidence that it has a specific procedure for beneficiaries under age 22 who are receiving ICC services to receive a reassessment, during a CFT or other meeting, of the strengths and needs of these beneficiaries and their families at least every 90-days for the purpose of determining if ICC services and/or IBHS should be increased, reduced or otherwise modified.

CORRECTIVE ACTION PLAN 8.6.2:
The MHP shall submit a CAP that describes how it will ensure that:

1) Written documentation is in place describing the process for reassessing and documenting the eligibility and need for IHBS and ICC services at least every 90-days for all beneficiaries who are already receiving ICC services.
2) All staff and contract providers who have the responsibility for determining eligibility and need for the provision of ICC services receive training about ICC service requirements.
3) All beneficiaries under age 22 who receive ICC services have a case consultation, team or CFT meeting at least every 90 days to discuss the beneficiaries' current strengths and needs.