



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2019/2020

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE KINGS COUNTY MENTAL HEALTH PLAN

CHART REVIEW FINDINGS REPORT

Review Dates: 2/25/2020 to 2/27/2020

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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 Kings 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 170 claims submitted for the months of January, February and March of **2019**.

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Medical Necessity

| REQUIREMENTS |
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| The beneficiary must meet medical necessity criteria outlined in subsections (1-3) to be eligible for services. (CCR, title 9, § 1830.205(b).) |
| 1) The beneficiary meets DSM criteria for an included ICD diagnosis for outpatient SMHS in accordance with the MHP contract. (MHSUDS IN Nos., 15-030, 16-016, 16-051, and 17-004E) |
| The beneficiary must have at least one of the following impairments as a result of the mental disorder or emotional disturbance (listed above in A1): |
| <ol style="list-style-type: none"> 1. A significant impairment in an important area of functioning. 2. A probability of significant deterioration in an important area of life functioning. 3. A probability that the child will not progress developmentally as individually appropriate 4. For full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that SMHS can correct or ameliorate. (CCR, title 9, § 1830.205 (b)(2)(A-C).) |
| The proposed and actual intervention(s) meet the intervention criteria listed below: |
| <ol style="list-style-type: none"> b) The focus of the proposed and actual intervention(s) addresses the condition identified in No. 1b (1-3)above, or for full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that the SMHS can correct or ameliorate per No. 1 (b)(4). (CCR, title 9, § 1830.205(b) (3)(A).) |
| <ol style="list-style-type: none"> c) The expectation is that the proposed and actual intervention(s) will do at least one (1) of the following (A, B, C, or D): <ol style="list-style-type: none"> 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. D. For full-scope MC beneficiaries under the age of 21 years, correct or ameliorate the condition. (CCR, title 9, § 1830.205 (b)(3)(B)(1-4).) |
| The condition would not be responsive to physical health care based treatment. (CCR, title 9, § 1830.205(b)(3)(C).) |

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Assessment

| REQUIREMENTS |
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| The MHP must establish written standards for (1) timeliness and (2) frequency of the Assessment documentation. (MHP Contract, Ex. A, Att. 9) |

FINDING 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. Per the MHP's policies, the initial assessment is conducted at the "initiation of clinical services" and re-assessments are conducted "every two years (one year for CSOC) in which clinical services are provided".

The following are specific findings from the chart sample:

- **Line 1:** The prior assessment was completed on ², but no updated assessment could be located by MHP staff. Per MHP's standards of timeliness, an updated assessment would have been due for completion on ³, 2 years after the completion of the prior assessment.

CORRECTIVE ACTION PLAN 2A:

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.

| REQUIREMENTS |
|---|
| The MHP shall ensure that the following areas are included, as appropriate, as part of a comprehensive beneficiary record when an assessment has been performed: a) Presenting Problem. The beneficiary's chief complaint, history of the presenting problem(s), including current level of functioning, relevant family history and current family information; |

¹ Line number(s) removed for confidentiality

² Date(s) removed for confidentiality

³ Date(s) removed for confidentiality

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- b) Relevant conditions and psychosocial factors affecting the beneficiary's physical health and mental health; including, as applicable, living situation, daily activities, social support, cultural and linguistic factors and history of trauma or exposure to trauma;
- c) History of trauma or exposure to trauma;
- d) Mental Health History. Previous treatment, including providers, therapeutic modality (e.g., medications, psychosocial treatments) and response, and inpatient admissions;
- e) Medical History, including: Relevant physical health conditions reported by the beneficiary or a significant support person; Name and address of current source of medical treatment; For children and adolescents, the history must include prenatal and perinatal events and relevant/significant developmental history;
- f) Medications, including: Information about medications the beneficiary has received, or is receiving, to treat mental health and medical conditions, including duration of medical treatment; Documentation of the absence or presence of allergies or adverse reactions to medications; Documentation of informed consent for medications;
- g) Substance Exposure/Substance Use. Past and present use of tobacco, alcohol, caffeine, CAM (complementary and alternative medications) and over-the-counter drugs, and illicit drugs;
- h) Client Strengths. Documentation of the beneficiary's strengths in achieving client plan goals related to their mental health needs and functional impairment(s);
- i) Risks. Situations that present a risk to the beneficiary and others, including past or current trauma;
- j) Mental Status Examination;
- k) A Complete Diagnosis. A diagnosis from the current ICD-code that is consistent with the presenting problems, history, mental status exam and/or other clinical data; including any current medical diagnosis

(MHP Contract, Ex. A, Att. 9; CCR, title 9, §§ 1810.204 and 1840.112)

FINDING 2B:

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

- a) Relevant conditions and psychosocial factors affecting the beneficiary's physical health and mental health, including history of or exposure to trauma:

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Line numbers 4: For example for **Line 5:** although the MHP uses a checkbox on the diagnosis form to indicate a history of trauma, the form indicates “unknown/not reported”.

b) Medications: **Line numbers 6.**

CORRECTIVE ACTION PLAN 2B:

The MHP shall submit a CAP that describes how the MHP will ensure that every assessment contains all of the required elements specified in the MHP Contract with the Department.

Medication Consent

The provider obtains and retains a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication.

(MHP Contract, Ex. A., Att.9)

FINDING 3A:

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 7:** Although there was a written medication consent form in the medical record, there was no medication consent for each of the medications prescribed. *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.*

Specifically, per progress notes, the beneficiary was prescribed Vistaril, but MHP staff could not locate a medication consent that included this medication in the medical record.

CORRECTIVE ACTION PLAN 3A:

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.

⁴ Line number(s) removed for confidentiality

⁵ Line number(s) removed for confidentiality

⁶ Line number(s) removed for confidentiality

⁷ Line number(s) removed for confidentiality

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- 2) Written medication consent forms are completed in accordance with the MHP's written documentation standards.

| REQUIREMENTS |
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| Written medication consents shall include, but not be limited to, the following required elements: <ol style="list-style-type: none">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. (MHP Contract, Ex. A, Att. 9) |

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 form, and/or documented to have been reviewed with the beneficiary, and/or provided in accompanying written materials to the beneficiary:

- 1) Range of Frequency: **Line numbers** ⁸.
- 2) Dosage: **Line numbers** ⁹.
- 3) Method of administration (oral or injection): **Line numbers** ¹⁰.
- 4) Duration of taking each medication: **Line numbers** ¹¹.
- 5) Possible side effects if taken longer than 3 months: **Line numbers** ¹².

CORRECTIVE ACTION PLAN 3B:

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.

⁸ Line number(s) removed for confidentiality

⁹ Line number(s) removed for confidentiality

¹⁰ Line number(s) removed for confidentiality

¹¹ Line number(s) removed for confidentiality

¹² Line number(s) removed for confidentiality

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| REQUIREMENTS |
|---|
| All entries in the beneficiary record (i.e., Medication Consents) include: <ol style="list-style-type: none">1) Date of service.2) The signature of the person providing the service (or electronic equivalent).3) The person's type of professional degree, licensure, or job title of the person providing the service.4) Relevant identification number (e.g., NPI number), if applicable.5) The date the documentation was entered in the medical record. (MHP Contract, Ex. A, Att. 9) |

FINDING 3C:

Medication Consent(s) 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 type of professional degree, licensure, or job title of person providing the service:
 - **Line number** ¹³.

CORRECTIVE ACTION PLAN 3C:

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) that includes professional degree, licensure or title.

Client Plans

| REQUIREMENTS |
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| The client plan has been updated at least annually and/or when there are significant changes in the beneficiary's condition. MHP Contract, Ex. A, Att. 2) |

FINDING 4B-2:

One or more client plan(s) was not updated at least annually and/or when there were significant changes in the beneficiary's condition. Specifically:

- **Line number** ¹⁴: There was **no** Updated Client Plan found in the medical record. *During the review, MHP staff was given the opportunity to locate the document in question but could not find written evidence of it in the medical record.*

¹³ Line number(s) removed for confidentiality

¹⁴ Line number(s) removed for confidentiality

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- The prior plan was completed as signed on ¹⁵, but no Updated Client Plan was found in the medical record. There are no recoupments associated with this finding, as the progress notes for this client were primarily for services provided as part of discharge planning process from an inpatient facility, and therefore reflect services that are reimbursable without a plan being in place (TCM or Plan Development).

CORRECTIVE ACTION PLAN 4B-2:

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

- 1) 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.
- 2) Client Plans are reviewed and updated whenever there is a significant change in the beneficiary's mental health condition.

| REQUIREMENTS |
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| <p>C. The MHP shall ensure that Client Plans:</p> <ol style="list-style-type: none">1) Have 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) Identify the proposed type(s) of intervention/modality including a detailed description of the intervention to be provided.3) Have a proposed frequency of the intervention(s).4) Have a proposed duration of intervention(s).5) Have interventions that focus and address the identified functional impairments as a result of the mental disorder or emotional disturbance (CCR, title. 9, § 1830.205(b).6) Have interventions that are consistent with client plan goal(s)/treatment objective(s).7) Have interventions consistent with the qualifying diagnosis. <p>MHP Contract, Ex. A, Att. 9)</p> |

FINDING 4C:

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

- One or more proposed intervention did not include an expected frequency or frequency range that was specific enough. **Line number** ¹⁶. Collateral and Linkage and Consultation (TCM) interventions were listed with "Ad Hoc" as their frequency, which do not meet the requirement for a specifically stated frequency.

¹⁵ Date(s) removed for confidentiality

¹⁶ Line number(s) removed for confidentiality

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- One or more proposed intervention did not include an expected duration. **Line numbers** ¹⁷.

CORRECTIVE ACTION PLAN 4C:

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 and duration for each intervention.

Progress Notes

| REQUIREMENTS |
|---|
| Items that shall be contained in the client record (i.e., Progress Notes) related to the beneficiary’s progress in treatment include all of the following: <ol style="list-style-type: none">a) Timely documentation of relevant aspects of client care, including documentation of medical necessity;b) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions;c) Interventions applied, beneficiary’s response to the interventions and the location of the interventions;d) The date the services were provided;e) Documentation of referrals to community resources and other agencies, when appropriate;f) Documentation of follow-up care, or as appropriate, a discharge summary; andg) The amount of time taken to provide services; andh) The signature of the person providing the service (or electronic equivalent) with the person’s type of professional degree, licensure, or job title. <p>(MHP Contract, Ex. A, Att. 9)</p> |

¹⁷ Line number(s) removed for confidentiality

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

RR8. The MHP did not submit a progress note corresponding to the claim submitted to DHCS for reimbursement, as follows:

- a) No progress note submitted
- b) The progress note provided by the MHP does not match the claim submitted to DHCS for reimbursement in terms of the following:
 - 1) Specialty Mental Health Service claimed.
 - 2) Date of service, and/or
 - 3) Units of time.

(MHSUDS IN No. 18-054, Enclosure 4)

FINDING 5B:

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** ¹⁸. One or more progress note was not completed within the MHP's written timeliness standard of 3 business days after provision of service.
- **Line numbers** ¹⁹. One or more progress notes did not match its corresponding claim in terms of the amount of time to provide services: Specifically, these progress notes did not indicate the amount of time of the service provided as required by the MHP Contract. **RR8b3, refer to Recoupment Summary for details.**
 - **Line number** ²⁰: For Medication Support claims (Service Function 60) for the dates of ²¹ (60 units of time each) and ²² (30 units of time each), MHP submitted copies of "Kaweah Delta Mental Health" inpatient notes summary. Units of time for visits on these dates could not be located on the associated progress notes, and as such, DHCS was unable to match the progress notes with the claims information.
 - **Line number** ²³: For Medication Support claims (Service Function 60) for the dates of ²⁴ (60 units of time), and ²⁵ (30 units of time each), MHP

¹⁸ Line number(s) removed for confidentiality

¹⁹ Line number(s) removed for confidentiality

²⁰ Line number(s) removed for confidentiality

²¹ Date(s) removed for confidentiality

²² Date(s) removed for confidentiality

²³ Line number(s) removed for confidentiality

²⁴ Date(s) removed for confidentiality

²⁵ Date(s) removed for confidentiality

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submitted copies of “Kaweah Delta Mental Health” inpatient notes summary. Units of time for visits on these dates could not be located on the associated progress notes, and as such, DHCS was unable to match the progress notes with the claims information.

- **Line number** ²⁶: For Medication Support claims (Service Function 60) for the dates of ²⁷ (60 units of time) and ²⁸ (30 units of time each), MHP submitted copies of records from Adventist Health Vallejo when the beneficiary was admitted to an inpatient setting. Units of time for visits could not be located on the associated progress notes, and as such, DHCS was unable to match the progress notes with the claims information.

CORRECTIVE ACTION PLAN 5B:

- 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 units of time 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.

REQUIREMENTS

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:

- 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, § 1840.314(c).)

²⁶ Line number(s) removed for confidentiality

²⁷ Date(s) removed for confidentiality

²⁸ Date(s) removed for confidentiality

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

- RR13. For service activities involving one (1) or more providers, progress notes, or other relevant documentation in the medical record, did not clearly include the following:
- a) The total number of providers and their specific involvement in the context of the mental health needs of the beneficiary; **or**
 - b) The specific amount of time of involvement of each provider in providing the service, including travel and documentation time if applicable; **or**
 - c) The total number of beneficiaries participating in the service activity.

(MHSUDS IN No. 18-054, Enclosure 4)

FINDING 5C:

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

- **Line number** ²⁹. While the MHP was able to provide separate documentation listing the number of participants in each group, one or more group progress notes did not accurately document the number of group participants in the group.

CORRECTIVE ACTION PLAN 5C:

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

- 1) Contain the actual number of clients participating in a group activity, the number and identification of all group provider/facilitators, the correct type of service (e.g., Group Rehabilitation or Group Psychotherapy), and date of service.

REQUIREMENTS

Progress notes shall be documented at the frequency by types of service indicated below:

- a) Every service contact for:
 - i. Mental health services;
 - ii. Medication support services;
 - iii. Crisis intervention;
 - iv. Targeted Case Management;
- b) Daily for:
 - i. Crisis residential;
 - ii. Crisis stabilization (one per 23/hour period);

²⁹ Line number(s) removed for confidentiality

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| <ul style="list-style-type: none">iii. Day Treatment Intensive;iv. Therapeutic Foster Care <p>c) Weekly:</p> <ul style="list-style-type: none">i. Day Treatment Intensive: (clinical summary);ii. Day Rehabilitation;iii. Adult Residential. <p>(MHP Contract, Ex.A, Att. 9); (CCR, title 9, §§ 1840.316(a-b);1840.318(a-b), 840.320(a-b),)</p> |
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FINDING 5D:

Progress notes were not documented according to the frequency requirements specified in the MHP Contract. Specifically:

- **Line number** ³⁰. For Mental Health Services claimed, the service activity (e.g., Assessment, Plan Development, Rehab) identified on the progress note was not consistent with the specific service activity actually documented in the body of the progress note.

Specifically, progress notes for the following dates describe family therapy services, although the claims were for Collateral services: ³¹.

CORRECTIVE ACTION PLAN 5D:

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) 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.

³⁰ Line number(s) removed for confidentiality

³¹ Date(s) removed for confidentiality

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Provision of ICC Services and IHBS for Children and Youth

| REQUIREMENTS |
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| The MHP must make individualized determinations of each child's/youth's need for ICC and IHBS, based on the child's/youth's strengths and needs. (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3 rd Edition, January 2018) |

FINDING 6A:

1) The medical record associated with the following Line number(s) 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 in their Client Plan:

- **Line numbers** ³².
 - **Line number** ³³. Client is a child with a history trauma, domestic violence, and CPS involvement who could benefit from coordination across multiple child-serving systems, including the client's school which placed referral for the child to receive SMHS services. Therefore, there is evidence that the beneficiary could have benefited from ICC services to assist with coordination of care across multiple child-serving systems.
 - **Line number** ³⁴. There is evidence that the beneficiary could have benefited from ICC services, at a minimum to assist in coordination between MHP and Probation services which were also involved in this client's case.

The MHP provided Policy Number-A-056, "Referral and Authorization for Intensive Home based Services (IHBS) and Intensive Care Coordination (ICC)", which describes appropriate policies around eligibility and service requirements related to IHBS and ICC services.

However, this policy is dated July 1, 2019 (Revised December 5, 2019) after the audit period. The MHP staff confirmed at the on-site that this policy was not enacted at time of the audit period and its associated claims, but was fully in effect at the time of the onsite review visit.

Therefore, a Corrective Action Plan (CAP) is not required for the development and implementation of a policy for the provision of IHBS and ICC services. However, a CAP is required to assure that staff are appropriately trained and providing these services in accordance with the MHP's policies.

³² Line number(s) removed for confidentiality

³³ Line number(s) removed for confidentiality

³⁴ Line number(s) removed for confidentiality

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CORRECTIVE ACTION PLAN 6A:

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

- 1) Training is provided to all staff and contract providers who have the responsibility for determining eligibility and need for ICC and IBHS.
- 2) Each beneficiary under age ³⁵ who is authorized to receive Specialty Mental Health Services also receives an individualized determination of eligibility and need for ICC Service and IHBS prior to or during the development of the beneficiary's Initial Client Plan.

³⁵ Age removed for confidentiality