



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2019/2020

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE MARIN COUNTY MENTAL HEALTH PLAN

CHART REVIEW FINDINGS REPORT

Review Dates: 11/3/2020 to 11/5/2020

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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 Marin 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 412 claims submitted for the months of April, May and June of **2019**.

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Medical Necessity

FINDING 1A-3b:

The actual interventions documented in the progress note(s) for the following Line number(s) did not meet medical necessity criteria since the intervention(s) were not reasonably likely to result in at least one of the following: a) significantly diminish the impairment; b) prevent deterioration in an important area of life functioning; c) allow the child to progress developmentally; d) correct or ameliorate the mental health condition of a beneficiary who is under age 21. Specifically:

Line number ¹. The progress note indicated a “no-show” or cancelled appointment and the documentation failed to provide evidence of another valid service. **RR15a, refer to Recoupment Summary for details.**

CORRECTIVE ACTION PLAN 1A-3b:

The MHP shall submit a CAP that describes how the MHP will ensure that all SMHS interventions are reasonably likely to correct or reduce the beneficiary’s documented mental health condition, prevent the condition’s deterioration, or help a beneficiary who is under age 21 to progress developmentally as individually appropriate.

Assessment

FINDING 2A:

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

- 1) Three assessments were not completed within the initial timeliness standard of no more than 60 days after the beneficiary’s Episode Opening Date. Specifically:
 - **Line number** ². The beneficiary’s Episode Opening Date was ³; and the Initial Assessment was not completed until ⁴, with no documentation of why the completion date was late.
 - **Line number** ⁵. The beneficiary’s Episode Opening Date was ⁶; and the Initial Assessment was not completed until ⁷, with no documentation of why the completion date was late.

¹ Line number(s) removed for confidentiality
² Line number(s) removed for confidentiality
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⁴ Date(s) removed for confidentiality
⁵ Line number(s) removed for confidentiality
⁶ Date(s) removed for confidentiality
⁷ Date(s) removed for confidentiality

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- **Line number** ⁸. The beneficiary's Episode Opening Date was ⁹; and the Initial Assessment was not completed until ¹⁰, with no documentation of why the completion date was late. *During the review, MHP staff was given the opportunity to locate an Assessment prior to ¹¹, but was unable to locate it in the medical record.*
- 2) In addition, three assessments were not completed within the update frequency requirements specified in the MHP's written documentation standard of 30 days prior to the annual expiration period. The following are specific findings from the chart sample:
- **Line number** ¹². The beneficiary's Episode Opening Date was ¹³; the prior Assessment was completed on ¹⁴, with an updated Assessment due by ¹⁵. *During the review, MHP staff was given the opportunity to locate the missing Assessment but was unable to locate it in the medical record.*
 - **Line number** ¹⁶. The beneficiary's Episode Opening Date was ¹⁷; the prior Assessment was completed on ¹⁸, with an updated Assessment due by ¹⁹; however, the updated Assessment was completed on ²⁰.

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

FINDING 2B:

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

- c) History of trauma or exposure to trauma: **Line number** ²¹.

⁸ Line number(s) removed for confidentiality

⁹ Date(s) removed for confidentiality

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¹⁴ Date(s) removed for confidentiality

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e) Medications: **Line numbers** ²².

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.

FINDING 2C:

One or more of the assessments 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, or the date the documentation was entered into the medical record. Specifically:

- The type of professional degree, licensure, or job title of person providing the service:
 - **Line number** ²³.

CORRECTIVE ACTION PLAN 2C:

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 signature of the qualified person (or electronic equivalent) with the professional degree, licensure or title of the person providing the service.

Medication Consent

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:

- 1) **Line number** ²⁴: There was no written medication consent form found in the medical record. *During the review, MHP staff was given the opportunity to locate the missing medication consent form but was unable to locate it in the medical record.*

²² Line number(s) removed for confidentiality

²³ Line number(s) removed for confidentiality

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- 2) **Line number** ²⁵: The written medication consent form was not signed by the beneficiary.
- 3) **Line numbers** ²⁶. 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 consents in question but was unable to locate them in the medical record.*
- 4) **Line number** ²⁷. Although there was a written medication consent form in the medical record effective on ²⁸, a medication support progress note dated ²⁹ indicates that the beneficiary had been prescribed medications prior to the medication consent being in place.

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

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) The reason for taking each medication: **Line numbers** ³⁰.
- 2) Reasonable alternative treatments available, if any: **Line numbers** ³¹.
- 3) Type of medication: **Line numbers** ³².
- 4) Range of Frequency: **Line number** ³³.
- 5) Dosage: **Line number** ³⁴.

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- 6) Method of administration (oral or injection): **Line number** ³⁵.
- 7) Duration of taking each medication: **Line number** ³⁶.
- 8) Probable side effects: **Line number** ³⁷.
- 9) Possible side effects if taken longer than 3 months: **Line numbers** ³⁸.
- 10) Consent once given may be withdrawn at any time: **Line numbers** ³⁹.

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.

FINDING 3C:

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:

- Signature of the person providing the service (or electronic equivalent)
 - **Line number** ⁴⁰.
- The type of professional degree, licensure, or job title of person providing the service:
 - **Line numbers** ⁴¹.
- Date the documentation was completed, signed (or electronic equivalent) and entered into the medical record:
 - **Line number** ⁴².

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).

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- 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.

Client Plans

FINDING 4A-2a:

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 numbers⁴³**
 - **Line number⁴⁴**. Collateral is listed as a needed intervention on the Client Plans dated ⁴⁵ and ⁴⁶. However, during the three-month review period, collateral services were not provided.
 - **Line number⁴⁷**. ICC/IHBS is listed on the Client Plan dated ⁴⁸. However, during the three-month review period, there was no evidence that ICC services were provided.

CORRECTIVE ACTION PLAN 4A-2a:

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 4B-1:

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 number⁴⁹**: The Initial Client Plan was not completed until after one or more planned service was provided and claimed. **RR4a, refer to Recoupment Summary for details.**

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- **Line numbers** ⁵⁰: There was **no** Client Plan for one or more type of claimed service. *The MHP was given the opportunity to locate the service 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.**

CORRECTIVE ACTION PLAN 4B-1:

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.

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** ⁵¹: There was a **lapse** between the prior and current Client Plans and, therefore, no client plan was in effect during a portion or all of the audit review period. **RR4b, refer to Recoupment Summary for details.**

CORRECTIVE ACTION PLAN 4B-2:

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) 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.

FINDING 4C:

Client Plans did not include all of the required elements specified 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 functional impairments. **Line numbers** ⁵².
- One or more proposed intervention did not include an expected frequency or frequency range that was specific enough. **Line numbers** ⁵³.

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- **Line number** ⁵⁴. Per Client Plans dated ⁵⁵, there is no expected frequency or frequency range for collateral and TCM services.
- **Line number** ⁵⁶. Per Client Plans dated ⁵⁷, there is no expected frequency or frequency range for collateral services.
- **Line number** ⁵⁸. Per Client Plan dated ⁵⁹, there is no expected frequency or frequency range for collateral, medication support, and TCM services.
- **Line number** ⁶⁰. Per Client Plans dated ⁶¹, there is no expected frequency or frequency range for collateral services.
- **Line number** ⁶². Per Client Plans dated ⁶³, there is no expected frequency or frequency range for collateral, rehabilitation, and TCM services.
- **Line number** ⁶⁴. Per Client Plan dated ⁶⁵, there is no expected frequency or frequency range for collateral services.
- **Line number** ⁶⁶. Per Client Plans dated ⁶⁷, there is no expected frequency or frequency range for medication support or ICC services.
- **Line number** ⁶⁸. Per Client Plans dated ⁶⁹, there is no expected frequency or frequency range for collateral, ICC, and TCM services.
- **Line number** ⁷⁰. Per Client Plan dated ⁷¹, there is no expected frequency or frequency range for collateral or TCM services.
- **Line number** ⁷². Per Client Plans dated ⁷³, there is no expected frequency or frequency range for medication support or ICC services.
- **Line number** ⁷⁴. Per Client Plan dated ⁷⁵, there is no expected frequency or frequency range for medication support, TCM, or ICC services.

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- **Line number** ⁷⁶. Per Client Plans dated ⁷⁷, there is no expected frequency or frequency range for medication support or collateral services.

CORRECTIVE ACTION PLAN 4C:

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

- 1) Client plan goals/treatment objectives are specific, observable and/or quantifiable and relate to the beneficiary's documented mental health needs and functional impairments as a result of the mental health diagnosis.
- 2) Mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.

FINDING 4E:

There was no documentation of the beneficiary's or legal representative's degree of participation in and agreement with the Client Plan, and there was no written explanation of the beneficiary's refusal or unavailability to sign the Plan, if a signature was required by the MHP Contract with the Department and/or by the MHP's written documentation standards:

- **Line numbers** ⁷⁸: The beneficiary or legal representative was required to sign the Client Plan as required by the MHP Contract with the Department (i.e., the beneficiary is in "long-term" treatment and receiving more than one type of SMHS), and per the MHP's written documentation standards. However, the signature was missing. *The MHP was given the opportunity to locate the beneficiary's signature addendum page that coincides with the Client Plan(s) in effect during the review period but could not find written evidence of it.*
 - **Line number** ⁷⁹. The Client Plan dated ⁸⁰ is missing the beneficiary's signature.
 - **Line number** ⁸¹. The Client Plans dated ⁸² are missing the beneficiary's signature.
 - **Line number** ⁸³. The Client Plans dated ⁸⁴ are missing the beneficiary's signature.

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- **Line number** ⁸⁵. The Client Plan dated ⁸⁶ is missing the beneficiary's signature.
- **Line number** ⁸⁷. The Client Plan dated ⁸⁸ is missing the beneficiary's signature.

CORRECTIVE ACTION PLAN 4E:

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

- 1) Each beneficiary's participation in and agreement with all client plans are obtained and documented.
- 2) The beneficiary's signature is obtained on the Client Plan,
- 3) Services are not claimed when the beneficiary's:
 - a) Participation in and agreement with the Client Plan is not obtained and the reason for refusal is not documented;
 - b) Signature is not obtained when required or not obtained and the reason for refusal is not documented.

FINDING 4G:

Line number ⁸⁹: There was no documentation on the current Client Plan dated ⁹⁰, that the beneficiary or legal guardian was offered a copy of the Client Plan.

CORRECTIVE ACTION PLAN 4G:

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.
- 2) Submit evidence that the MHP has an established process to document that each beneficiary is offered a copy of their current Client Plan.

FINDING 4H:

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

- **Line numbers** ⁹¹: Missing provider's professional degree, licensure, or job title on the Client Plan in effect during the review period.

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⁹⁰ Date(s) removed for confidentiality

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CORRECTIVE ACTION PLAN 4H:

The MHP shall submit a CAP that describes how the MHP will ensure that all documentation includes provider signature (or electronic equivalent) with the professional degree, licensure, or job title.

Progress Notes

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** ⁹². One or more progress note was not completed within the MHP's written timeliness standard of 3 days after provision of service. Twenty-seven (27) percent of all progress notes reviewed were completed late.
- **Line number** ⁹³. One or more progress note was missing the provider's professional degree, licensure or job title. Eighteen (18) or 4 percent of all progress notes reviewed did not include the provider's professional degree, licensure or job title.
- **Line number** ⁹⁴. One or more progress note did not match its corresponding claim in terms of service date. **RR8b2, refer to Recoupment Summary for details.** The details of two separate progress notes for claimed Targeted Case Management service, both on ⁹⁵, are similar in regard to interventions provided and the beneficiary's response to the interventions. Following the on-site, the MHP staff confirmed that the second claim was finalized in error.

CORRECTIVE ACTION PLAN 5B:

- 1) The MHP shall submit a CAP that describes how the MHP will ensure that the MHP has written documentation standards for progress notes, including timeliness and frequency, as required by the MHP Contract with the Department.
- 2) The MHP shall submit a CAP that describes how the MHP will ensure that progress notes document:
 - The provider's/providers' professional degree, licensure or job title.
- 3) The MHP shall submit a POC that describes how the MHP will ensure that both service dates and times recorded on progress notes match their corresponding claims.

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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 ⁹⁶**. Claims for one or more Group Rehabilitation and/or Group Psychotherapy session was not properly apportioned to all group participants. **RR12, refer to Recoupment Summary for details.**

CORRECTIVE ACTION PLAN 5C:

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

FINDING 5D:

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

- **Line number ⁹⁷**: 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.
 - **Line number ⁹⁸**. Collateral was the service activity identified on the ⁹⁹ progress note; however, what is documented in the body of the progress note describes a rehabilitation service.

CORRECTIVE ACTION PLAN 5D:

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

FINDING 5E-2:

The following Line number(s) had documentation indicating a Specialty Mental Health Service (SMHS) was provided while the beneficiary resided in a setting that was ineligible for Federal Financial Participation (FFP) or resided in a setting subject to lockouts:

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- A SMHS was claimed while the beneficiary resided in an Institution for Mental Disease, jail, or other similar setting. **Line number** ¹⁰⁰. **RR9, refer to Recoupment Summary for details.**

CORRECTIVE ACTION PLAN 5E-2:

The MHP shall submit a CAP that describes how the MHP will ensure that claimed services are only provided in a setting where the beneficiary is eligible for FFP and is not subject to lockouts.

Provision of ICC Services and IHBS for Children and Youth

FINDING 6A:

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 in their Client Plan:

- **Line numbers** ¹⁰¹.

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 22 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.

¹⁰⁰ Line number(s) removed for confidentiality

¹⁰¹ Line number(s) removed for confidentiality