

County of Marin
[Fiscal Year FY 2019/20] Specialty Mental Health Triennial Review
Corrective Action Plan

Chart Review

Medical Necessity

Requirement

- b) The expectation is that the proposed and actual intervention(s) will do at least one (1) of the following (A, B, C, or D):
- 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).)

DHCS 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 13.** 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.

Corrective Action Description

The MHP Quality Management staff will provide refresher clinical documentation trainings for all Behavioral Health and Recovery Services and contract clinical staff that will review documentation requirements to address these findings. The same training will be provided on multiple days to ensure all staff are able to attend. Training is scheduled for week of April 12-16 via zoom on April 12, April 13, April 14, April 15, and April 16. (See 2021 DHCS audit chart documentation refresher PowerPoint)

New BHRS and contract clinical staff are provided training on this topic upon hire. New staff clinical documentation training is held every 2 months and has been done live via zoom on Dec. 17, 2020, Feb. 23, 2021, and scheduled for April 29, 2021. (See April 2021 BHRS documentation training PowerPoint)

Proposed Evidence/Documentation of Correction

- 2021 DHCS audit chart documentation refresher PowerPoint
- April 2021 BHRS documentation training PowerPoint
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Please see page 35 of the BHRS Documentation Manual:

6.2. NON-BILLABLE SERVICES

Some services are not claimable to Medi-Cal, even though they may be useful to the client. Also, some activities may be valuable to document in the record even though they are not claimable. Use of Non-Billable procedure types and certain service locations in these instances will prevent the service from being claimed to Medi-Cal and other payors.

The following services are not Medi-Cal claimable:

1. Purely clerical activities (faxing, copying, calling to reschedule, appointment, etc.)
2. Supervision. This applies to both the provision of supervision to clinical staff as well as receiving supervision from or consulting with a supervisor.
3. Traveling to a site when no service is provided due to a “no show”. Leaving a note on the door of a client or leaving a message on voicemail.
4. No service provided: Missed visit. Waiting for a “no show” or documenting that a client missed an appointment.
5. Providing transportation ONLY

Ongoing Monitoring (if included)

Quality Management Utilization Review staff conduct ongoing monitoring of this issue in each chart review.

Person Responsible (job title)

Steve Wilbur, LMFT CHC
Quality Improvement Coordinator

Implementation Timeline: refresher training scheduled week of April 12-16 via zoom on April 12, April 13, April 14, April 15, and April 16. New hire documentation training provided on Dec. 17, 2020, Feb. 23, 2021, and scheduled for April 29, 2021 and every 2 months.

Assessment

Requirement

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

Guidance from Protocol: Assessments are completed in accordance with MHP's established written documentation standards for frequency. Note: Does not apply to Initial Assessment.

DHCS 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 1/9/2019; and the Initial Assessment was not completed until **4/15/2019**, with no documentation of why the completion date was late.
 - **Line number 16.** The beneficiary's Episode Opening Date was 10/8/2018; and the Initial Assessment was not completed until **12/17/2018**, with no documentation of why the completion date was late.
 - **Line number 20.** The beneficiary's Episode Opening Date was 8/12/2016; and the Initial Assessment was not completed until 1/9/2019, 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 1/9/2019, 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 1.** The beneficiary's Episode Opening Date was 10/3/2018; the prior Assessment was completed on 12/29/2017, with an updated Assessment due by 12/29/2018. 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 19.** The beneficiary's Episode Opening Date was 3/29/2016; the prior Assessment was completed on 5/9/2018, with an updated Assessment due by 5/9/2019; however, the updated Assessment was completed on 5/13/2019.

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.

Corrective Action Description

The MHP Quality Management staff will provide refresher clinical documentation trainings for all Behavioral Health and Recovery Services and contract clinical staff that will review documentation requirements to address these findings. The same training will be provided on multiple days to ensure all staff are able to attend. Training is scheduled for week of April 12-16 via zoom on April 12, April 13, April 14, April 15, and April 16. (See 2021 DHCS audit chart documentation refresher PowerPoint)

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Proposed Evidence/Documentation of Correction

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Please see page 15 of the BHRS Documentation Manual:

TIMELINESS OF ASSESSMENTS

The assessment process needs to be completed within sixty (60) days of an initial opening for both Adult and Children's System of Care providers or for an episode where the client was closed for services for over 180 days (6 months) and is being re-opened to services.

It is strongly suggested that the Initial Clinical Assessment is completed and submitted for review and co-signature (if required) within 30 days of episode opening.

Assessment information must be updated on an annual basis. Annual Clinical Reassessments are to be completed and finalized within 30 days prior to the end of the established/current authorization period.

If a change in diagnosis occurs during the annual Clinical Reassessment, the diagnosing clinician must submit the change using the Admission and Discharge Form to update the Share Care system.

Ongoing Monitoring (if included)

Quality Management Utilization Review staff conduct ongoing monitoring of this issue in each chart review.

Person Responsible (job title)

Steve Wilbur, LMFT CHC
Quality Improvement Coordinator

Implementation Timeline: refresher training scheduled week of April 12-16 via zoom on April 12, April 13, April 14, April 15, and April 16. New hire documentation training provided on Dec. 17, 2020, Feb. 23, 2021, and scheduled for April 29, 2021 and every 2 months.

Requirement

The MHP shall ensure the following areas are included, as appropriate, as part of a comprehensive beneficiary record when an assessment has been performed (MHP Contract, Ex. A, Att. 9; CCR, title 9, §§ 1810.204 and 1840.112):

- 1) 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.
- 2) Relevant conditions and psychosocial factors affecting the beneficiary's physical health including, as applicable; living situation, daily activities, social support, and cultural and linguistic factors.
- 3) History of trauma or exposure to trauma.
- 4) Mental Health History. Previous treatment, including providers, therapeutic modality (e.g., medications, psychosocial treatments) and response, and inpatient admissions.
- 5) Medical History, including:
 - a) Relevant physical health conditions reported by the beneficiary or a significant support person.
 - b) Name and address of current source of medical treatment.
 - c) For children and adolescents, the history must include prenatal and perinatal events and relevant/significant developmental history.
- 6) Medications, including:
 - a) Information about medications the beneficiary has received, or is receiving, to treat mental health and medical conditions, including duration and medical treatment.
 - b) Documentation of the absence or presence of allergies or adverse reactions to medications.
 - c) Documentation of informed consent for medications.
- 7) 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.
- 8) Client Strengths. Documentation of the beneficiary's strengths in achieving client plan goals related to their mental health needs and functional impairment(s).
- 9) Risks. Situations that present a risk to the beneficiary and others, including past or current trauma.
- 10) Mental Status Examination
- 11) 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.

DHCS 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 20.**
- e) Medications: **Line numbers 13, 14, 17, and 20.**

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.

Corrective Action Description

The MHP Quality Management staff will provide refresher clinical documentation trainings for all Behavioral Health and Recovery Services and contract clinical staff that will review documentation requirements to address these findings. The same training will be provided on multiple days to ensure all staff are able to attend. Training is scheduled for week of April 12-16 via zoom on April 12, April 13, April 14, April 15, and April 16. (See 2021 DHCS audit chart documentation refresher PowerPoint)

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Please see page 14 of the BHRS Documentation Manual:

The assessment must contain:

1. Presenting problems and relevant conditions affecting physical and mental health status (e.g. living situation, daily activities, and social support, cultural and linguistic factors and history of trauma or exposure to trauma);
2. Mental health history, previous treatments dates, providers, therapeutic interventions and responses, sources of clinical data, relevant family information, lab tests, and consultation reports; and
3. Physical health conditions reported by the client are prominently identified and updated;
4. Name and contact information for primary care physician;
5. Medications, dosages, dates of initial prescription and refills, and informed consent(s);
6. Past and present use of tobacco, alcohol, and caffeine, as well as, illicit, prescribed, and over-the-counter drugs.
7. Client strengths in achieving goals.
8. Special status situations and risks to client or others;
9. Allergies and adverse reactions, or lack of allergies/sensitivities;
10. Mental Status Examination (included on the psychosocial Assessment)
11. Diagnosis consistent with the presenting problems, history, mental status examination and/or other clinical data, and,
12. For children and adolescents, prenatal events, and complete developmental history, and,
13. Additional clarifying formulation information, as needed.

It is important to note the name of the Primary Care Physician (PCP) on the assessment.

Ongoing Monitoring (if included)

Quality Management Utilization Review staff conduct ongoing monitoring of this issue in each chart review

Person Responsible (job title)

Steve Wilbur, LMFT CHC
Quality Improvement Coordinator

Implementation Timeline: refresher training scheduled week of April 12-16 via zoom on April 12, April 13, April 14, April 15, and April 16. New hire documentation training provided on Dec. 17, 2020, Feb. 23, 2021, and is scheduled for April 29, 2021 and every 2 months.

Requirement

All entries in the beneficiary record (i.e., Assessments) include:

- 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.
- 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)

DHCS 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 17.**

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.

Corrective Action Description

The MHP Quality Management staff will provide refresher clinical documentation trainings for all Behavioral Health and Recovery Services and contract clinical staff that will review documentation requirements to address these findings. The same training will be provided on multiple days to ensure all staff are able to attend. Training is scheduled for week of April 12-16 via zoom on April 12, April 13, April 14, April 15, and April 16. (See 2021 DHCS audit chart documentation refresher PowerPoint)

New BHRS and contract clinical staff are provided training on this topic upon hire. New staff clinical documentation training is held every 2 months and has been done live via zoom on Dec. 17, 2020, Feb. 23, 2021, and is scheduled for April 29, 2021. (See April 2021 BHRS documentation training PowerPoint)

Proposed Evidence/Documentation of Correction

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- April 2021 BHRS documentation training PowerPoint
- The BHRS Documentation Manual is available online:
[documentation manual august 2020 final.pdf \(marinhhs.org\)](#)

Ongoing Monitoring (if included)

Quality Management Utilization Review staff conduct ongoing monitoring of this issue in each chart review

Person Responsible (job title)

Steve Wilbur, LMFT CHC
Quality Improvement Coordinator

Implementation Timeline: refresher training scheduled week of April 12-16 via zoom on April 12, April 13, April 14, April 15, and April 16. New hire documentation training provided on Dec. 17, 2020, Feb. 23, 2021, and is scheduled for April 29, 2021 and every 2 months.

Medication Consent

Requirement

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)

DHCS 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 4:** 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.
- 2) **Line number 10:** The written medication consent form was not signed by the beneficiary.
- 3) **Line numbers 5, 8, and 10.** 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 20.** Although there was a written medication consent form in the medical record effective on 5/31/2019, a medication support progress note dated 4/5/2019 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.

Corrective Action Description

The MHP Quality Management staff will provide refresher clinical documentation trainings for all Behavioral Health and Recovery Services and contract clinical staff that will review documentation requirements to address these findings. The same training will be provided on multiple days to ensure all staff are able to attend. Training is scheduled for week of April 12-16 via zoom on April 12, April 13, April 14, April 15, and April 16. (See 2021 DHCS audit chart documentation refresher PowerPoint)

New BHRS and contract medical providers' staff are provided training on this topic upon hire in accordance to BHRS 20 Informed Consents for Medication Policy.

Proposed Evidence/Documentation of Correction

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- April 2021 BHRS documentation training PowerPoint
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- BHRS 20 Informed Consents for Medication Policy

Ongoing Monitoring (if included)

Quality Management Utilization Review staff and medical provider staff conduct ongoing monitoring of this issue in each medication monitoring chart review

Person Responsible (job title)

Steve Wilbur, LMFT CHC
Quality Improvement Coordinator

Implementation Timeline: refresher training scheduled week of April 12-16 via zoom on April 12, April 13, April 14, April 15, and April 16. Medication provider New hire documentation training provided as needed.

Requirement

Written medication consents shall include, but not be limited to, the following required elements (MHP Contract, Ex. A, Att. 9):

- 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.

DHCS 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 1 and 18.**
- 2) Reasonable alternative treatments available, if any: **Line numbers 1 and 18.**
- 3) Type of medication: **Line numbers 2, 10, 11, and 14.**
- 4) Range of Frequency: **Line number 1.**
- 5) Dosage: **Line number 11.**
- 6) Method of administration (oral or injection): **Line number 18.**
- 7) Duration of taking each medication: **Line number 1.**
- 8) Probable side effects: **Line number 1.**
- 9) Possible side effects if taken longer than 3 months: **Line numbers 1, 2, 5, 10, 11, 14, and 18.**
- 10) Consent once given may be withdrawn at any time: **Line numbers 1 and 18.**

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.

Corrective Action Description

The MHP Quality Management staff will provide refresher clinical documentation trainings for all Behavioral Health and Recovery Services and contract clinical staff that will review documentation requirements to address these findings. The same training will be provided on multiple days to ensure all staff are able to attend. Training is scheduled for week of April 12-16 via zoom on April 12, April 13, April 14, April 15, and April 16. (See 2021 DHCS audit chart documentation refresher PowerPoint)

New BHRS and contract medical providers' staff are provided training on this topic upon hire in accordance to BHRS 20 Informed Consents for Medication Policy.

Proposed Evidence/Documentation of Correction

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- BHRS 20 Informed Consents for Medication Policy

Ongoing Monitoring (if included)

Quality Management Utilization Review staff and medical provider staff conduct ongoing monitoring of this issue in each medication monitoring chart review

Person Responsible (job title)

Steve Wilbur, LMFT CHC
Quality Improvement Coordinator

Implementation Timeline: refresher training scheduled week of April 12-16 via zoom on April 12, April 13, April 14, April 15, and April 16. Medication provider new hire documentation training provided as needed.

Requirement

All entries in the beneficiary record (i.e., Medication Consents) include:

- 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.
- 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)

DHCS 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 14.**
- The type of professional degree, licensure, or job title of person providing the service:
- **Line numbers 1, 5, 8, and 18.**

Date the documentation was completed, signed (or electronic equivalent) and entered into the medical record: • **Line number 14.**

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).
- 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.

Corrective Action Description

The MHP Quality Management staff will provide refresher clinical documentation trainings for all Behavioral Health and Recovery Services and contract clinical staff that will review documentation requirements to address these findings. The same training will be provided on multiple days to ensure all staff are able to attend. Training is scheduled for week of April 12-16 via zoom on April 12, April 13, April 14, April 15, and April 16. (See 2021 DHCS audit chart documentation refresher PowerPoint)

New BHRS and contract medical providers' staff are provided training on this topic upon hire in accordance to BHRS 20 Informed Consents for Medication Policy.

Proposed Evidence/Documentation of Correction

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- April 2021 BHRS documentation training PowerPoint
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- BHRS 20 Informed Consents for Medication Policy

Ongoing Monitoring (if included)

Quality Management Utilization Review staff and medical provider staff conduct ongoing monitoring of this issue in each medication monitoring chart review

Person Responsible (job title)

Steve Wilbur, LMFT CHC
Quality Improvement Coordinator

Implementation Timeline: refresher training scheduled week of April 12-16 via zoom on April 12, April 13, April 14, April 15, and April 16. Medication provider new hire documentation training provided as needed.

Client Plans

Requirement

2) The MHP shall ensure that all medically necessary SMHS are sufficient in amount, duration, or scope to reasonably achieve the purpose for which the services are furnished.

(MHP Contract, Ex. A, Att 2)

DHCS 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 numbers 1 and 18**
 - **Line number 1.** Collateral is listed as a needed intervention on the Client Plans dated 10/2/2018 and 4/16/2019. However, during the three-month review period, collateral services were not provided.
 - **Line number 18.** ICC/IHBS is listed on the Client Plan dated 4/3/2019. 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.

Corrective Action Description

The MHP Quality Management staff will provide refresher clinical documentation trainings for all Behavioral Health and Recovery Services and contract clinical staff that will review documentation requirements to address these findings. The same training will be provided on multiple days to ensure all staff are able to attend. Training is scheduled for week of April 12-16 via zoom on April 12, April 13, April 14, April 15, and April 16. (See 2021 DHCS audit chart documentation refresher PowerPoint)

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Ongoing Monitoring (if included)

Quality Management Utilization Review staff conduct ongoing monitoring of this issue in each chart review

Person Responsible (job title)

Steve Wilbur, LMFT CHC
Quality Improvement Coordinator

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Requirement

The client plan has been updated at least annually and/or when there are significant changes in the beneficiary's condition.

DHCS 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 number 15:** 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.**
- **Line numbers 6 and 17:** 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.

Proposed Evidence/Documentation of Correction

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Ongoing Monitoring (if included)

Quality Management Utilization Review staff conduct ongoing monitoring of this issue in each chart review

Person Responsible (job title)

Steve Wilbur, LMFT CHC
Quality Improvement Coordinator

Implementation Timeline: refresher training scheduled week of April 12-16 via zoom on April 12, April 13, April 14, April 15, and April 16. New hire documentation training provided on Dec. 17, 2020, Feb. 23, 2021, and is scheduled for April 29, 2021 and every 2 months.

Requirement

The client plan has been updated at least annually and/or when there are significant changes in the beneficiary's condition.

DHCS 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 19:** 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.

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Ongoing Monitoring (if included)

Quality Management Utilization Review staff conduct ongoing monitoring of this issue in each chart review

Person Responsible (job title)

Steve Wilbur, LMFT CHC
Quality Improvement Coordinator

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Requirement

The MHP shall ensure that Client Plans:

- 1) Have specific, observable and/or specific quantifiable goals/treatment objectives related to the beneficiary's mental health needs and functional impairment as a result of the mental health diagnosis.
- 2) Identify the proposed type(s) of interventions or 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.
- 6) Have interventions are consistent with client plan goal(s)/treatment objective(s).
- 7) Have interventions are consistent with the qualifying diagnoses.

DHCS 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 1 and 4.**
- One or more proposed intervention did not include an expected frequency or frequency range that was specific enough. **Line numbers 1, 2, 4, 8, 9, 13, 14, 15, 17, 18, 19, and 20.**
 - **Line number 1.** Per Client Plans dated 10/2/2018 and 4/16/2019, there is no expected frequency or frequency range for collateral and TCM services.
 - **Line number 2.** Per Client Plans dated 2/1/2019, 4/15/2019, 4/22/2019, and 5/1/2019, there is no expected frequency or frequency range for collateral services.
 - **Line number 4.** Per Client Plan dated 5/11/2019, there is no expected frequency or frequency range for collateral, medication support, and TCM services.
 - **Line number 8.** Per Client Plans dated 5/23/2018, 6/8/2018, and 5/9/2019, there is no expected frequency or frequency range for collateral services.
 - **Line number 9.** Per Client Plans dated 4/9/2019 and 4/16/2019, there is no expected frequency or frequency range for collateral, rehabilitation, and TCM services.
 - **Line number 13.** Per Client Plan dated 2/21/2019, there is no expected frequency or frequency range for collateral services.
 - **Line number 14.** Per Client Plans dated 1/14/2019 and 6/27/2019, there is no expected frequency or frequency range for medication support or ICC services.
 - **Line number 15.** Per Client Plans dated 4/16/2019 and 4/23/2019, there is no expected frequency or frequency range for collateral, ICC, and TCM services.
 - **Line number 17.** Per Client Plan dated 5/2/2019, there is no expected frequency or frequency range for collateral or TCM services.
 - **Line number 18.** Per Client Plans dated 1/31/2019 and 4/3/2019, there is no expected frequency or frequency range for medication support or ICC services.
 - **Line number 19.** Per Client Plan dated 6/17/2019, there is no expected frequency or frequency range for medication support, TCM, or ICC services.
 - **Line number 20.** Per Client Plans dated 1/8/2019 and 5/31/2019, 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.

Proposed Evidence/Documentation of Correction

- 2021 DHCS audit chart documentation refresher PowerPoint
- April 2021 BHRS documentation training PowerPoint
- The BHRS Documentation Manual is available online:
[documentation manual august 2020 final.pdf \(marinhhs.org\)](https://www.marinhhs.org/documentation-manual-august-2020-final.pdf)

Ongoing Monitoring (if included)

Quality Management Utilization Review staff conduct ongoing monitoring of this issue in each chart review

Person Responsible (job title)

Steve Wilbur, LMFT CHC
Quality Improvement Coordinator

Implementation Timeline: refresher training scheduled week of April 12-16 via zoom on April 12, April 13, April 14, April 15, and April 16. New hire documentation training provided on Dec. 17, 2020, Feb. 23, 2021, and is scheduled for April 29, 2021 and every 2 months.

Requirement

- 1) The MHP shall ensure that Client Plans include documentation of the beneficiary's participation in and agreement with the Client Plan.
(MHP Contract, Ex. A, Att. 9; CCR, title 9, § 1810(c)(2).)
- 2) The MHP shall ensure that Client Plans include the beneficiary's signature or the signature of the beneficiary's legal representative when:
 - a) The beneficiary is expected to be in long-term treatment, as determined by the MHP, and,
 - b) The client plan provides that the beneficiary will be receiving more than one (1) type of SMHS.
(CCR, title 9, § 1810.440(c)(2)(A).)
- 3) When the beneficiary's signature or the signature of the beneficiary's legal representative is required on the client plan and the beneficiary refuses or is unavailable for signature, the client plan includes a written explanation of the refusal or unavailability of the signature.
(CCR, title 9, § 1810.440(c)(2)(B).)

DHCS 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 1, 2, 5, 13, and 14:** 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 1.** The Client Plan dated 4/16/2019 is missing the beneficiary's signature.
 - **Line number 2.** The Client Plans dated 4/15/2019, 4/22/2019, and 5/1/2019 are missing the beneficiary's signature.
 - **Line number 5.** The Client Plans dated 4/4/2019 and 5/2/2019 are missing the beneficiary's signature.
 - **Line number 13.** The Client Plan dated 2/21/2019 is missing the beneficiary's signature.
 - **Line number 14.** The Client Plan dated 1/14/2019 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.

Proposed Evidence/Documentation of Correction

- 2021 DHCS audit chart documentation refresher PowerPoint
- April 2021 BHRS documentation training PowerPoint
- The BHRS Documentation Manual is available online:
[documentation manual august 2020 final.pdf \(marinhhs.org\)](https://www.marinhhs.org/documentation_manual_august_2020_final.pdf)

Ongoing Monitoring (if included)

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Person Responsible (job title)

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Quality Improvement Coordinator

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Requirement

There is documentation in the Client Plan that a copy of the Client Plan was offered to the beneficiary.

DHCS Finding [4G]

Line number 5: There was no documentation on the current Client Plan dated 4/4/2019, 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.

Proposed Evidence/Documentation of Correction

- 2021 DHCS audit chart documentation refresher PowerPoint
- April 2021 BHRS documentation training PowerPoint
- The BHRS Documentation Manual is available online:
[documentation manual august 2020 final.pdf \(marinhhs.org\)](https://www.marinhhs.org/document/document%20manual%20august%202020%20final.pdf)

Ongoing Monitoring (if included)

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Person Responsible (job title)

Steve Wilbur, LMFT CHC
Quality Improvement Coordinator

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Requirement

All entries in the beneficiary record (i.e., Client Plans) include: 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. 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)

DHCS Finding [4H]

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 5, 7, 8, 17 and 19:** Missing provider's professional degree, licensure, or job title on the Client Plan in effect during the review period.

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.

Proposed Evidence/Documentation of Correction

- 2021 DHCS audit chart documentation refresher PowerPoint
- April 2021 BHRS documentation training PowerPoint
- The BHRS Documentation Manual is available online:
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Ongoing Monitoring (if included)

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Person Responsible (job title)

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Quality Improvement Coordinator

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Progress Notes

Requirement

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:

- 1) Timely documentation of relevant aspects of client care, including documentation of medical necessity.
- 2) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions.
- 3) Interventions applied, beneficiary's response to the interventions, and the location of the interventions.
- 4) The date the services were provided.
- 5) Documentation of referrals to community resources and other agencies, when appropriate.
- 6) Documentation of follow-up care or, as appropriate, a discharge summary.
- 7) The amount of time taken to provide services.
- 8) The following:
 - a) The signature of the person providing the service (or electronic equivalent);
 - b) The person's type of professional degree, and,
 - c) Licensure or job title.

DHCS 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 1, 2, 4, 5, 6, 7, 9, 10, 11, 12, 14, 16, 18, 19, and 20.** 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 17.** 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 5.** 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 5/20/2019, 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.

Proposed Evidence/Documentation of Correction

- 2021 DHCS audit chart documentation refresher PowerPoint
- April 2021 BHRS documentation training PowerPoint
- The BHRS Documentation Manual is available online:
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Ongoing Monitoring (if included)

Quality Management Utilization Review staff conduct ongoing monitoring of this issue in each chart review

Person Responsible (job title)

Steve Wilbur, LMFT CHC
Quality Improvement Coordinator

Implementation Timeline: refresher training scheduled week of April 12-16 via zoom on April 12, April 13, April 14, April 15, and April 16. New hire documentation training provided on Dec. 17, 2020, Feb. 23, 2021, and is scheduled for April 29, 2021 and every 2 months.

Requirement

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).)

DHCS 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 16.** 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.

Proposed Evidence/Documentation of Correction

- 2021 DHCS audit chart documentation refresher PowerPoint
- April 2021 BHRS documentation training PowerPoint
- The BHRS Documentation Manual is available online:
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Ongoing Monitoring (if included)

Quality Management Utilization Review staff conduct ongoing monitoring of this issue in each chart review

Person Responsible (job title)

Steve Wilbur, LMFT CHC
Quality Improvement Coordinator

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Requirement

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

- 1) Every service contact for:
 - A. Mental health services
 - B. Medication support services
 - C. Crisis intervention
 - D. Targeted Case Management
 - E. Intensive Care Coordination
 - F. Intensive Home Based Services
 - G. Therapeutic Behavioral Services
- 2) Daily for:
 - A. Crisis residential
 - B. Crisis stabilization (one per 23/hour period)
 - C. Day treatment intensive
 - D. Therapeutic Foster Care
- 3) Weekly for:
 - A. Day treatment intensive (clinical summary)
 - B. Day rehabilitation
 - C. Adult residential

(MHP Contract, Ex. A, Att. 9; CCR, title 9, §§ 1840.316(a)-(b); 1840.318 (a-b), 1840.320(a-b).)

DHCS Finding [5D]

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

- **Line number 7:** 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 7. Collateral was the service activity identified on the 4/26/2019 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.

Proposed Evidence/Documentation of Correction

- 2021 DHCS audit chart documentation refresher PowerPoint
- April 2021 BHRS documentation training PowerPoint
- The BHRS Documentation Manual is available online:
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Ongoing Monitoring (if included)

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Requirement

CFR 42, section 435.1009 Institutionalized individuals.

(a) FFP is not available in expenditures for services provided to -

- (1) Individuals who are inmates of public institutions as defined in § 435.1010; or
 - (2) Individuals under age 65 who are patients in an institution for mental diseases (IMD) unless they are under age 22 and are receiving inpatient psychiatric services under § 440.160 of this subchapter.
- (b) The exclusion of FFP described in paragraph (a) of this section does not apply during that part of the month in which the individual is not an inmate of a public institution or a patient in an institution for tuberculosis or mental diseases.
- (c) An individual on conditional release or convalescent leave from an institution for mental diseases is not considered to be a patient in that institution. However, such an individual who is under age 22 and has been receiving inpatient psychiatric services under § 440.160 of this subchapter is considered to be a patient in the institution until he is unconditionally released or, if earlier, the date he reaches age 22.

DHCS 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:

- A SMHS was claimed while the beneficiary resided in an Institution for Mental Disease, jail, or other similar setting. **Line number 5. 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.

Proposed Evidence/Documentation of Correction

- 2021 DHCS audit chart documentation refresher PowerPoint
- April 2021 BHRS documentation training PowerPoint
- The BHRS Documentation Manual is available online:
[documentation manual august 2020 final.pdf \(marinhhs.org\)](#)

Ongoing Monitoring (if included)

Quality Management Utilization Review staff conduct ongoing monitoring of this issue in each chart review

Person Responsible (job title)

Steve Wilbur, LMFT CHC
Quality Improvement Coordinator

Implementation Timeline: refresher training scheduled week of April 12-16 via zoom on April 12, April 13, April 14, April 15, and April 16. New hire documentation training provided on Dec. 17, 2020, Feb. 23, 2021, and is scheduled for April 29, 2021 and every 2 months.

Provision of ICC services and IHBS for Children and Youth

Requirement

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, 3rd Edition, January 2018)

DHCS 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 13, 16, 17, and 20.**

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.

Proposed Evidence/Documentation of Correction

- 2021 DHCS audit chart documentation refresher PowerPoint
- April 2021 BHRS documentation training PowerPoint
- The BHRS Documentation Manual is available online:
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Ongoing Monitoring (if included)

Quality Management Utilization Review staff conduct ongoing monitoring of this issue in each chart review

Person Responsible (job title)

Steve Wilbur, LMFT CHC
Quality Improvement Coordinator

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