



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2021/2022

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE MARIPOSA COUNTY MENTAL HEALTH PLAN

CHART REVIEW FINDINGS REPORT

Review Dates: 8/9/2022 to 8/10/2022

**DEPARTMENT OF HEALTH CARE SERVICES
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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 Mariposa 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 **266 claims** submitted for the months of July, August and September of **2021**.

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Assessment

FINDING 8.2.1.:

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

- 1) One or more assessments were not completed within the update frequency requirements specified in the MHP's written documentation standards. Per the *Mariposa County Behavioral Health & Recovery Services Documentation Manual*, annual assessment updates must be completed, "Within 30 days of the anniversary date or as applicable."

The following are specific findings from the chart sample:

Line number ¹. The MHP submitted two assessments for review, an initial assessment signed as completed on ² and a re-assessment signed as completed on ³. *The MHP was given the opportunity to locate the 2020 assessment in question but could not find written evidence of it in the medical record.*

Line number ⁴. The MHP submitted one assessment for review which was signed as completed on ⁵. *The MHP was given the opportunity to locate both prior and current assessments covering years 2020 and 2021 respectively, but could not locate written evidence of either in the medical record.*

Line number ⁶. The MHP submitted one assessment for review which was signed as completed on ⁷. Based on MHP policy a re-assessment should have been completed on or by ⁸, however, the re-assessment was unavailable for review. *The MHP was given the opportunity to locate the document in question but could not find written evidence of it in the medical record.*

¹ Line number(s) removed for confidentiality

² Date(s) removed for confidentiality

³ Date(s) removed for confidentiality

⁴ Line number(s) removed for confidentiality

⁵ Date(s) removed for confidentiality

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Line number ⁹. The MHP submitted two assessments for review, an initial assessment which was signed as completed on ¹⁰ and would expire on ¹¹ and a re-assessment signed as completed on ¹². *The MHP was given the opportunity to locate an earlier assessment completed prior to the expiration date, but responded that the ¹³ assessment was the most recent updated assessment.*

CORRECTIVE ACTION PLAN 8.2.1:

The MHP shall submit a CAP that describes how the MHP will ensure that assessments are completed in accordance with the initial timeliness and update frequency requirements specified in the MHP's written documentation standards.

FINDING 8.2.3:

One of the assessments reviewed did not include the professional degree, licensure, and/or job title of the person providing the service. Specifically:

- **Line number** ¹⁴. The Assessment completed as signed on ¹⁵ was missing the provider's professional degree, licensure, and job title. However, the National Provider Identifier (NPI) number was listed, confirming that this provider was practicing within their scope of practice, and further, was co-signed by a Licensed Marriage and Family Therapist (LMFT) on ¹⁶.

CORRECTIVE ACTION PLAN 8.2.3:

The MHP shall submit a CAP that describes how the MHP will ensure that all documentation includes 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 8.3.1:

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:

⁹ Line number(s) removed for confidentiality

¹⁰ Date(s) removed for confidentiality

¹¹ Date(s) removed for confidentiality

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¹³ Date(s) removed for confidentiality

¹⁴ Line number(s) removed for confidentiality

¹⁵ Date(s) removed for confidentiality

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- 1) **Line number** ¹⁷: There were no written medication consent nor JV-220 forms found in the medical record. Per the MHP’s medication consent policy, “Minor clients under the jurisdiction of the Court will have an appropriate JV-220 completed in addition to the medication consent process.” *During the review, MHP staff was given the opportunity to locate the missing medication consent form and JV-220 but were unable to locate the documents in the medical record.*
- 2) **Line number** ¹⁸: There was no JV-220 forms found in the medical record. *During the review, MHP staff was given the opportunity to locate the missing JV-220 forms but were unable to locate them in the medical record.*
- 3) **Line numbers** ¹⁹: The written medication consent form was not signed by the beneficiary.
- 4) **Line number** ²⁰: Although there was a written medication consent form present in the medical record, there was no specific medication consent for Clonidine, which appears to have been first prescribed on ²¹. The Medication Eval progress note for ²² states, “We will start with clonidine;” however, the ²³ medication consent form submitted for review only lists Concerta under current prescribed medications and states “No new medications” within the body of the consent form. *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.*

CORRECTIVE ACTION PLAN 8.3.1:

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 8.3.2:

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

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¹⁸ Line number(s) removed for confidentiality
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²³ Date(s) removed for confidentiality

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reviewed with the beneficiary, and/or provided in accompanying written materials to the beneficiary:

- 1) Method of administration: **Line number** ²⁴.
- 2) Possible side effects if taken longer than 3 months: **Line numbers** ²⁵.

CORRECTIVE ACTION PLAN 8.3.2:

The MHP shall submit a CAP that describes how the MHP will ensure that every medication consent process addresses all of the required elements specified in the MHP Contract with the Department.

Client Plans

FINDING 8.4.1a:

Services claimed and documented on the beneficiary's progress notes were not sufficient and consistent in amount, duration or scope with those documented on the beneficiary's current Client Plan. Specifically:

- **Line number** ²⁶. The ²⁷ Client Plan was updated to include weekly Group Rehab; however, Group Rehab was not provided during the three month review period (July through September 2021).
- **Line number** ²⁸. Multiple services were listed as needed interventions on the Client Plan: Weekly Individual and Family Therapies and Intensive Home Based Services (IHBS), Individual Rehab twice per week, Group Rehab twice per month, and monthly Case Management, Medication Eval, Collateral, and Intensive Care Coordination (ICC). However, no services were provided in September.
- **Line number** ²⁹. Case Management, Collateral, Group Therapy, and Family Therapy were listed as needed interventions on the ³⁰ Client Plan. No interventions were recorded on the updated ³¹ Client Plan submitted for review; however, electronic health record (EHR) screenshots provided by the MHP appeared to also have listed Case Management, Collateral, and Group Therapy as needed interventions. None of these four services were provided during the three month review period.

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²⁹ Line number(s) removed for confidentiality

³⁰ Date(s) removed for confidentiality

³¹ Date(s) removed for confidentiality

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CORRECTIVE ACTION PLAN 8.4.1a:

Due to the transition to the new Documentation Standards that will take effect July 1, 2022, a CAP is not required for this item. However, please note that the MHP is expected to continue to ensure compliance with its policies and all current documentation requirements.

FINDING 8.4.2:

Client Plans were not completed prior to the delivery of planned services and/or were not updated at least annually or reviewed and updated when there was a significant change in the beneficiary's condition (as required in the MHP Contract with the Department and/or as specified in the MHP's documentation standards). Specifically:

- **Line number ³²:** There was **no** Client Plan for two Case Management services claimed on ³³ and ³⁴. Monthly Case Management was listed on the prior ³⁵ Client Plan; however, Case Management was absent from the updated and most current Client Plan, dated ³⁶, covering the review period.
- **Line number ³⁷:** There was **no** Client Plan for IHBS claimed services. In addition, two Group Rehab services, provided on ³⁸ and ³⁹, were claimed prior to completion of the updated ⁴⁰ Client Plan, which appeared to add Group Rehab as a needed intervention based on EHR screenshots provided by the MHP. *The MHP was given the opportunity to locate the service(s) on a client plan that was in effect during the review period but could not find written evidence of it.*
- **Line number ⁴¹:** There was **no** Client Plan for IHBS claimed services. *The MHP was given the opportunity to locate the service(s) on a client plan that was in effect during the review period but could not find written evidence of it.*
- **Line number ⁴²:** There was **no** Client Plan for Medication Support claimed services and one occurrence of Family Therapy. *The MHP was given the opportunity to locate the service(s) on a client plan that was in effect during the review period but could not find written evidence of it.*

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⁴¹ Line number(s) removed for confidentiality

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CORRECTIVE ACTION PLAN 8.4.2:

Due to the transition to the new Documentation Standards that will take effect July 1, 2022, a CAP is not required for this item. However, please note that the MHP is expected to continue to ensure compliance with its policies and all current documentation requirements.

FINDING 8.4.2a:

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** ⁴³: There was **no** Updated Client Plan found in the medical record. MHP submitted two Client Plans for review, a ⁴⁴ Client Plan and a ⁴⁵ Client Plan which, although covering most of the review period from July through September 2021, would require an annual updated plan in September, per MHP policy, as it expired on 9/24/21. *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.*
- **Line number** ⁴⁶: 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. The Client Plan submitted for review was signed completed ⁴⁷ and expired on ⁴⁸. The MHP reported during the virtual onsite review that the next most current plan's effective date was 2022, which is well after the review period.

One Client Plan was not completed in accordance with the MHP's initial timeliness standards. Specifically:

- **Line number** ⁴⁹: The initial Client Plan was completed late based on the MHP's documentation standards of timeliness. Per the *Mariposa County Behavioral Health & Recovery Services Documentation Manual*, "a treatment plan is completed (within 60 days) with the client" following the intake date. The episode opening date (EOD) was ⁵⁰ and the Client Plan submitted for review was dated ⁵¹.

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CORRECTIVE ACTION PLAN 8.4.2a:

Due to the transition to the new Documentation Standards that will take effect July 1, 2022, a CAP is not required for this item. However, please note that the MHP is expected to continue to ensure compliance with its policies and all current documentation requirements.

FINDING 8.4.3:

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

- One or more goal/treatment objectives was not specific, observable, and/or quantifiable and related to the beneficiary's mental health needs and identified functional impairments as a result of the mental health diagnosis. **Line numbers**
⁵².

CORRECTIVE ACTION PLAN 8.4.3:

Due to the transition to the new Documentation Standards that will take effect July 1, 2022, a CAP is not required for this item. However, please note that the MHP is expected to continue to ensure compliance with its policies and all current documentation requirements.

FINDING 8.4.6:

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 number** ⁵³: There was no documentation of the beneficiary's participation in and agreement with the ⁵⁴ Client Plan, which was updated on that date to include Group Rehabilitation services.

CORRECTIVE ACTION PLAN 8.4.6:

Due to the transition to the new Documentation Standards that will take effect July 1, 2022, a CAP is not required for this item. However, please note that the MHP is expected to continue to ensure compliance with its policies and all current documentation requirements.

⁵² Line number(s) removed for confidentiality

⁵³ Line number(s) removed for confidentiality

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FINDING 8.4.10:

Line numbers ⁵⁵: There was no documentation on the current Client Plan that the beneficiary or legal guardian was offered a copy of the Client Plan.

CORRECTIVE ACTION PLAN 8.4.10:

Due to the transition to the new Documentation Standards that will take effect July 1, 2022, a CAP is not required for this item. However, please note that the MHP is expected to continue to ensure compliance with its policies and all current documentation requirements.

FINDING 8.4.11:

One Client Plan did not include the service provider's professional degree, licensure, or job title. Specifically:

- **Line number** ⁵⁶: The Client Plan completed as signed on ⁵⁷ was missing the provider's professional degree, licensure, and job title. However, the National Provider Identifier (NPI) number was listed, confirming that this provider was practicing within their scope of practice, and further, was co-signed by a LMFT on ⁵⁸.

CORRECTIVE ACTION PLAN 8.4.11:

Due to the transition to the new Documentation Standards that will take effect July 1, 2022, a CAP is not required for this item. However, please note that the MHP is expected to continue to ensure compliance with its policies and all current documentation requirements.

Progress Notes

FINDING 8.5.1:

Progress notes did not include all required elements specified in the MHP Contract, and/or were not in accordance with the MHP's written documentation standards. Specifically:

- **Line numbers** ⁵⁹. One or more progress note was not completed within the MHP's written timeliness standard of "within 3 working days from the date of service." Thirty-four of all progress notes reviewed were completed late (87% compliance).

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- **Line numbers** ⁶⁰. One or more progress notes did not match its corresponding claim in terms of amount of time to provide services: The service time documented on the Progress Note was less than the time claimed, or the service time was entirely missing on the Progress Note. **RR7, refer to Recoupment Summary for details.**
- **Line numbers** ⁶¹. The service time documented on one or more progress notes was greater than the time claimed.
 - **Line number** ⁶²: ⁶³
 - **Line number** ⁶⁴: ⁶⁵
 - **Line number** ⁶⁶: ⁶⁷ (claim for ⁶⁸ minutes), ⁶⁹ (claim for ⁷⁰ minutes), ⁷¹
 - **Line number** ⁷²: ⁷³
 - **Line number** ⁷⁴: ⁷⁵
 - **Line number** ⁷⁶: ⁷⁷
 - **Line number** ⁷⁸: ⁷⁹
 - **Line number** ⁸⁰: ⁸¹
 - **Line number** ⁸²: ⁸³
- **Line numbers** ⁸⁴. One or more progress note was missing the provider's professional degree, licensure or job title.

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CORRECTIVE ACTION PLAN 8.5.1:

- 1) The MHP shall submit a CAP that describes how the MHP will ensure that progress notes document:
 - Timely completion and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP's written documentation standards.
 - The provider's/providers' professional degree, licensure or job title.
- 2) The MHP shall submit a CAP that describes how the MHP will ensure that both service dates and times 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.

FINDING 8.5.2:

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 numbers**⁸⁵. Claims for one or more Group Rehabilitation and/or Group Psychotherapy session was not properly apportioned to all group participants. **RR9, refer to Recoupment Summary for details.**

CORRECTIVE ACTION PLAN 8.5.2:

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.

Provision of ICC Services and IHBS for Children and Youth

FINDING 8.6.1:

- 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 number**⁸⁶.

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CORRECTIVE ACTION PLAN 8.6.1:

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

- 1) 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.

FINDING 8.6.4:

The content of one or more progress note documented the provision of an IHBS service but the corresponding claim(s) did not use one or more of the following: Procedure code H2015; Procedure modifier "HK"; Mode of service 15; Service function code 57.

- **Line number** ⁸⁷: Two IHBS services, dated ⁸⁸ and ⁸⁹, were claimed as service function 30.
- **Line number** ⁹⁰: Three IHBS services, dated ⁹¹, and ⁹², were claimed as service function 30.

CORRECTIVE ACTION PLAN 8.6.4:

The MHP shall submit a CAP that describes how it will ensure that all IHBS services are documented and claimed accurately with the correct Procedure code, Procedure modifier, Mode of service and Service function code.

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⁹⁰ Line number(s) removed for confidentiality

⁹¹ Date(s) removed for confidentiality

⁹² Date(s) removed for confidentiality