CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2019/2020

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW OF THE MERCED COUNTY MENTAL HEALTH PLAN

CHART REVIEW FINDINGS REPORT

Review Dates: 12/3/2019 to 12/5/2019

DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF MERCED MENTAL HEALTH PLAN
12/3/2019
CHART REVIEW FINDINGS REPORT

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 Merced 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 **403 claims** submitted for the months of January, February and March of **2019**.

Contents

Medical Necessity

REQUIREMENTS
The beneficiary must meet medical necessity criteria outlined in subsections (1-3) to be eligible for services. (CCR, title 9, § 1830.205(b).) 1) The beneficiary meets DSM criteria for an included ICD diagnosis for outpatient SMHS in accordance with the MHP contract. (MHSUDS IN Nos., 15-030, 16-016, 16-051, and 17-004E)
The beneficiary must have at least one of the following impairments as a result of the mental disorder or emotional disturbance (listed above in A1): 1. A significant impairment in an important area of functioning. 2. A probability of significant deterioration in an important area of life functioning. 3. A probability that the child will not progress developmentally as individually appropriate 4. For full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that SMHS can correct or ameliorate. (CCR, title 9, § 1830.205 (b)(2)(A-C).)
The proposed and actual intervention(s) meet the intervention criteria listed below: b) The focus of the proposed and actual intervention(s) addresses the condition identified in No. 1b (1-3)above, or for full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that the SMHS can correct or ameliorate per No. 1 (b)(4). (CCR, title 9, § 1830.205(b) (3)(A).)
c) The expectation is that the proposed and actual intervention(s) will do at least one (1) of the following (A, B, C, or D): A. Significantly diminish the impairment. B. Prevent significant deterioration in an important area of life functioning. C. Allow the child to progress developmentally as individually appropriate. D. For full-scope MC beneficiaries under the age of 21 years, correct or ameliorate the condition. (CCR, title 9, § 1830.205 (b)(3)(B)(1-4).)
The condition would not be responsive to physical health care based treatment. (CCR, title 9, § 1830.205(b)(3)(C).)
<u>Reasons for Recoupment (RR)</u>: *Refer to the enclosed Recoupment Summary for additional details about disallowances.* RR11 The service provided was solely for one of the following: a) Academic educational service; b) Vocational service that has work or work training as its actual purpose; c) Recreation; d) Socialization that consists of generalized group activities that do not provide systematic individualized feedback to the specific targeted behaviors; e) Transportation;

f) Clerical;
g) Payee Related.

RR15. The MHP did not submit documentation that a valid service was provided to, or on behalf of, the beneficiary:
a) No show / appointment cancelled, and no other eligible service documented (e.g., chart review to prepare for an appointment that turns out to be a "no show'), or
b) Service provided did not meet the applicable definition of a SMHS.

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

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 intervention documented on the progress note did not meet the definition of a valid Specialty Mental Health Service. **RR15b, refer to Recoupment Summary for details.**

- Claim for Collateral service on [2] describes case worker confirming an appointment for client that a CT scan has been scheduled for client. Unable to determine from progress note what Specialty Mental Health Service is provided.

CORRECTIVE ACTION PLAN (CAP) 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.

FINDING 1A-3b1:

The intervention(s) documented on the progress note(s) for the following Line number(s) did not meet medical necessity since the service provided was solely**:**

- Transportation: **Line numbers [3]. RR11e, refer to Recoupment Summary for details.**

[1] Line number(s) removed for confidentiality
[2] Date(s) removed for confidentiality
[3] Line number(s) removed for confidentiality

- **Line number [4].** Progress notes with claims for Targeted Case Management on [5] and [6] describe the case worker primarily providing transportation to various medical appointments.

- **Line number [7].** Progress note with claim for Targeted Case Management on [8] describes primarily providing transportation to an appointment and community resources. Progress note also indicates that claim time includes time spent waiting while client attended appointment and other activities.

CORRECTIVE ACTION PLAN 1A-3b1:
The MHP shall submit a CAP that describes how the MHP will ensure that services provided and claimed are not solely transportation.

Assessment

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

FINDING 2A:
Assessments were not completed in accordance with regulatory and contractual requirements, specifically:

One or more assessments were not completed within the update frequency requirements specified in the MHP's written documentation standards.

- MHP's documentation standards indicate that the Merced County Assessment (MCA) Initial Assessment is to be completed at the conclusion of the Point-of-Entry (POE) appointment. MCA-Updates are to be updated for Children/Youth "upon change in consumer condition or annually at anniversary date." MCA-Updates are to be updated for Adults "upon change in consumer condition; or annually at anniversary date if the consumer is receiving scheduled services besides medication support services."

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

The following are specific findings from the chart sample:

- **Line [9]**: Prior assessment was completed as signed on [10]. Assessment Update was completed on [11].
- **Line [12]:** Prior assessment was completed as signed on [13]. Assessment Update was completed as signed on [14].
- **Line [15]:** Prior assessment was completed as signed on [16]. Assessment Update was completed as signed on [17].
- **Line [18]**: Prior assessment was completed as signed on [19]. Assessment Update was completed as signed on [20].
- **Line [21]:** Assessment available for review was completed as signed on [22] and Assessment Update was due by [23]. MHP had opportunity to locate any more recent assessment updates, but was unable to locate updated assessments after this date.
- **Line [24]:** Prior assessment was completed as signed on [25]. Assessment Update was completed as signed on [26].

CORRECTIVE ACTION PLAN 2A:

The MHP shall submit a CAP that:

1) Provides evidence that the MHP has written documentation standards for assessments, including required elements or timeliness and frequency as required in the MHP Contract with the Department.
2) 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.

[9] Line number(s) removed for confidentiality
[10] Date(s) removed for confidentiality
[11] Date(s) removed for confidentiality
[12] Line number(s) removed for confidentiality
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[14] Date(s) removed for confidentiality
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[18] Line number(s) removed for confidentiality
[19] Date(s) removed for confidentiality
[20] Date(s) removed for confidentiality
[21] Line number(s) removed for confidentiality
[22] Date(s) removed for confidentiality
[23] Date(s) removed for confidentiality
[24] Line number(s) removed for confidentiality
[25] Date(s) removed for confidentiality
[26] Date(s) removed for confidentiality

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

REQUIREMENTS
The MHP shall ensure that the following areas are included, as appropriate, as part of a comprehensive beneficiary record when an assessment has been performed: a) Presenting Problem. The beneficiary's chief complaint, history of the presenting problem(s), including current level of functioning, relevant family history and current family information; b) Relevant conditions and psychosocial factors affecting the beneficiary's physical health and mental health; including, as applicable, living situation, daily activities, social support, cultural and linguistic factors and history of trauma or exposure to trauma; c) History of trauma or exposure to trauma; d) Mental Health History. Previous treatment, including providers, therapeutic modality (e.g., medications, psychosocial treatments) and response, and inpatient admissions; e) Medical History, including: Relevant physical health conditions reported by the beneficiary or a significant support person; Name and address of current source of medical treatment; For children and adolescents, the history must include prenatal and perinatal events and relevant/significant developmental history; f) Medications, including: Information about medications the beneficiary has received, or is receiving, to treat mental health and medical conditions, including duration of medical treatment; Documentation of the absence or presence of allergies or adverse reactions to medications; Documentation of informed consent for medications; g) Substance Exposure/Substance Use. Past and present use of tobacco, alcohol, caffeine, CAM (complementary and alternative medications) and over-the-counter drugs, and illicit drugs; h) Client Strengths. Documentation of the beneficiary's strengths in achieving client plan goals related to their mental health needs and functional impairment(s); i) Risks. Situations that present a risk to the beneficiary and others, including past or current trauma; j) Mental Status Examination;

k) A Complete Diagnosis. A diagnosis from the current ICD-code that is consistent with the presenting problems, history, mental status exam and/or other clinical data; including any current medical diagnosis (MHP Contract, Ex. A, Att. 9; CCR, title 9, §§ 1810.204 and 1840.112)

FINDING 2B:
One or more of the assessments reviewed did not address all of the required elements specified in the MHP Contract. Specifically:

i) A mental status examination: **Line number [27].**

Line number [28]: The Assessment Update dated [29] included a Mental Status Examination (MSE) template that was left incomplete. Additionally, a progress note corresponding to the assessment fails to make mention of the MSE. MHP was given an opportunity to locate a complete MSE that corresponded to this assessment, and was unable to locate a complete MSE.

CORRECTIVE ACTION PLAN 2B:
The MHP shall submit a CAP that describes how the MHP will ensure that every assessment contains all of the required elements specified in the MHP Contract with the Department.

Medication Consent

The provider obtains and retains a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication. (MHP Contract, Ex. A., Att.9)

FINDING 3A:
The provider did not obtain and retain a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication, and there was no documentation in the medical record of a written explanation regarding the beneficiary's refusal or unavailability to sign the medication consent:

> **Line number [30]**: 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.*

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

- Specifically, it was noted that MHP providers were prescribing Clonidine, Seroquel, and Benadryl to the client during the review period, the medication consents provided for review were dated after the review period ([31] and [32]).

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.

[31] Date(s) removed for confidentiality
[32] Date(s) removed for confidentiality

REQUIREMENTS
Written medication consents shall include, but not be limited to, the following required elements: 1) The reasons for taking such medications. 2) Reasonable alternative treatments available, if any. 3) Type of medication. 4) Range of frequency (of administration). 5) Dosage. 6) Method of administration. 7) Duration of taking the medication. 8) Probable side effects. 9) Possible side effects if taken longer than 3 months. 10) Consent once given may be withdrawn at any time. (MHP Contract, Ex. A, Att. 9)

FINDING 3B:
Written medication consents did not contain all of the required elements specified in the MHP Contract with the Department. The following required elements were not documented on the medication consent form, and/or documented to have been reviewed with the beneficiary, and/or provided in accompanying written materials to the beneficiary:

1) The reason for taking each medication: **Line number [33].**
3) Type of medication: **Line number [34].**
7) Duration of taking each medication: **Line numbers [35].**
10) Consent once given may be withdrawn at any time: **Line numbers [36].**
    - The MHP's medication consent form includes the following phrase, "I understand I have the right to refuse this medication, and that it cannot be prescribed to me until I have spoken with my...provider and given consent to it…" This phrasing does not capture the full extent of the medication consent requirement from the MHP Contract that consent once given may be withdrawn at any time.

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.

[33] Line number(s) removed for confidentiality
[34] Line number(s) removed for confidentiality
[35] Line number(s) removed for confidentiality
[36] Line number(s) removed for confidentiality

REQUIREMENTS
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 of the person providing the service. 4) Relevant identification number (e.g., NPI number), if applicable. 5) The date the documentation was entered in the medical record. (MHP Contract, Ex. A, Att. 9)

FINDING 3C:
Medication Consent(s) in the chart sample did not include the signature of the prescribing 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:

- **Line number [37].** One medication consent made available for review was signed by a nurse only on [38] and not signed by the prescribing physician.

CORRECTIVE ACTION PLAN 3C:
The MHP shall submit a CAP that describes how the MHP will ensure that all Medication Consents include the appropriate provider's signature (or electronic equivalent).

Client Plans

REQUIREMENTS
C. 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 impairments as a result of the mental health diagnosis. 2) Identify the proposed type(s) of intervention/modality including a detailed description of the intervention to be provided. 3) Have a proposed frequency of the intervention(s). 4) Have a proposed duration of intervention(s). 5) Have interventions that focus and address the identified functional impairments as a result of the mental disorder or emotional disturbance (CCR, title. 9, § 1830.205(b).

[37] Line number(s) removed for confidentiality
[38] Date(s) removed for confidentiality

6) Have interventions that are consistent with client plan goal(s)/treatment objective(s).
7) Have interventions consistent with the qualifying diagnosis.

MHP Contract, Ex. A, Att. 9)

FINDING 4C:
Client Plans did not include all of the required elements specified in the MHP Contract. Specifically:

- One or more proposed intervention did not include an expected frequency or frequency range that was specific enough. **Line numbers [39].** Several interventions were identified on Client Plans with "ad hoc" listed as the frequency. However, per IN 17-040, "ad hoc" does not meet the requirement that the intervention be stated specifically.
- One or more proposed intervention did not include an expected duration. **Line numbers [40].** On the MHP Client Plans, duration was sometimes listed by phrases such as, "over the next 12 months…". However, this was inconsistent, and the listed line numbers did not have a specific expected duration for planned interventions.

CORRECTIVE ACTION PLAN 4C:
The MHP shall submit a CAP that describes how the MHP will ensure that:

1) Mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.

REQUIREMENTS

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)

FINDING 4H:
One or more Client Plan did not include the provider's professional degree, licensure, job title, or relevant identification number. Specifically:

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

- **Line numbers [41]:** 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.

Progress Notes

REQUIREMENTS
Items that shall be contained in the client record (i.e., Progress Notes) related to the beneficiary's progress in treatment include all of the following: a) Timely documentation of relevant aspects of client care, including documentation of medical necessity; b) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions; c) Interventions applied, beneficiary's response to the interventions and the location of the interventions; d) The date the services were provided; e) Documentation of referrals to community resources and other agencies, when appropriate; f) Documentation of follow-up care, or as appropriate, a discharge summary; and g) The amount of time taken to provide services; and h) The signature of the person providing the service (or electronic equivalent) with the person's type of professional degree, licensure, or job title. (MHP Contract, Ex. A, Att. 9)

[41] Line number(s) removed for confidentiality

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

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

a) No progress note submitted

b) The progress note provided by the MHP does not match the claim submitted to DHCS for reimbursement in terms of the following:
1) Specialty Mental Health Service claimed.
2) Date of service, and/or
3) Units of time.

RR14. The progress note was not signed (or electronic equivalent) by the person(s) providing the service.

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

FINDING 5B:

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

- **Line number [42].** One or more progress notes were not completed within the MHP's written timeliness standard of 3 days after provision of service. Approximately 24 percent of all progress notes reviewed were completed late.
- **Line number [43].** One or more progress note did not document the beneficiary's response to the interventions provided.
    - **Line number [44].** Progress note on [45] for Plan Development has portion of note that appears to describe a different beneficiary. This is evidenced by progress note describing a female who is having impairment in "her abilities as a mother" whereas the client is a male. Additionally, descriptions of symptoms and problems in this portion of note were inconsistent with other chart notations of the actual client.
- **Line number [46].** One or more progress note was missing documentation of referrals to community resources and/or to other agencies, when appropriate.
    - Specifically, in progress note on [47] for Individual Therapy, client reports teeth pain to provider. Though provider notes encouraging the young

[42] Line number(s) removed for confidentiality
[43] Line number(s) removed for confidentiality
[44] Line number(s) removed for confidentiality
[45] Date(s) removed for confidentiality
[46] Line number(s) removed for confidentiality
[47] Date(s) removed for confidentiality

client (9 years old) to inform parent about this "teeth pain to be taken to the dentist", it may be more advisable for MHP provider to either talk with parents directly or work with parents on placing a referral to a dentist.

- **Line number [48].** One or more progress note did not match its corresponding claim in terms of amount of time to provide services: The service time documented on the Progress Note was less than the time claimed, or the service time was entirely missing on the Progress Note. **RR8b3, refer to Recoupment Summary for details.**
    - **Line number [49].** Progress note on [50] for Individual Therapy claimed 15 hours for documentation time. MHP reports that they were aware this was an error, intended to claim 15 minutes for documentation time.
- **Line numbers [51].** One or more progress note was missing the provider's professional degree, licensure or job title. Approximately 32 percent of all progress notes reviewed did not include the provider's professional degree, licensure or job title. During the review, there appeared to be a pattern in which Case Worker progress notes were missing the Case Worker's professional degree, licensure, or job title. MHP staff confirmed that they had identified this as a previous error that their Electronic Health Record (EHR) was not inputting these components for case workers. This affected the progress notes in this sample period, but has since been rectified.

CORRECTIVE ACTION PLAN 5B:

1) The MHP shall submit a CAP that describes how the MHP will ensure that progress notes document**:**
    - Timely completion and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP's written documentation standards.
    - Beneficiary encounters, including relevant clinical decisions, when decisions are made, and alternative approaches that may be considered for future interventions, as specified in the MHP Contract with the Department.
    - Interventions applied, the beneficiary's response to the interventions and the location of the interventions, as specified in the MHP Contract with the Department.
    - Community resources and other agencies, when appropriate, as specified in the MHP Contract with the Department.
    - The provider's/providers' professional degree, licensure or job title.

[48] Line number(s) removed for confidentiality
[49] Line number(s) removed for confidentiality
[50] Date(s) removed for confidentiality
[51] Line number(s) removed for confidentiality

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.

REQUIREMENTS
When services are being provided to, or on behalf of, a beneficiary by two or more persons at one point in time, do the progress notes include: 1) Documentation of each person's involvement in the context of the mental health needs of the beneficiary. 2) The exact number of minutes used by persons providing the service. 3) Signature(s) of person(s) providing the services. (CCR, title 9, § 1840.314(c).)

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 numbers [52].** While the MHP was able to provide separate documentation listing the number of participants in each group, the progress note(s) themselves did not accurately document the number of group participants on one or more group progress notes.

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.

REQUIREMENTS
Progress notes shall be documented at the frequency by types of service indicated below: a) Every service contact for: i. Mental health services; ii. Medication support services; iii. Crisis intervention; iv. Targeted Case Management; b) Daily for:

[52] Line number(s) removed for confidentiality

i. Crisis residential;
ii. Crisis stabilization (one per 23/hour period);
iii. Day Treatment Intensive;
iv. Therapeutic Foster Care

c) Weekly:
i. Day Treatment Intensive: (clinical summary);
ii. Day Rehabilitation;
iii. Adult Residential.

(MHP Contract, Ex.A, Att. 9); (CCR, title 9, §§ 1840.316(a-b);1840.318(a-b), 840.320(a-b),)

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

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

a) No progress note submitted

b) The progress note provided by the MHP does not match the claim submitted to DHCS for reimbursement in terms of the following:
1) Specialty Mental Health Service claimed.
2) Date of service, and/or
3) Units of time.

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

FINDING 5D:
Progress notes were not documented according to the frequency requirements specified in the MHP Contract. Specifically:

- **Line numbers [53]**: The type of Specialty Mental Health Service (SMHS) (e.g., Medication Support, Targeted Case Management) documented on the progress note was not the same type of SMHS claimed. **RR8b1, refer to Recoupment Summary for details.**
    - **Line number [54]:** Progress notes with claims for Individual Rehabilitation on [55] and [56] describe services more consistent with Targeted Case Management. During these visits, it appears the provider was providing Targeted Case Management with linkage for services related to the

[53] Line number(s) removed for confidentiality
[54] Line number(s) removed for confidentiality
[55] Date(s) removed for confidentiality
[56] Date(s) removed for confidentiality

client's pregnancy and potential Child Protective Services interventions regarding client's newborn baby.

- **Line number [57]:** Progress note on [58] claims Targeted Case Management services, but describes services more consistent with Individual Rehabilitation.
- **Line number [59]:** Progress notes with claims for Targeted Case Management services on [60] and [61] describe services more consistent with Mental Health Services, including Individual Rehabilitation, Individual Therapy, or Collateral services. For example, on [62] note, provider states, "Writer had weekly individual rehab session with Client…".

CORRECTIVE ACTION PLAN 5D:
The MHP shall submit a CAP that describes how the MHP will:

1) Ensure that all Specialty Mental Health Services claimed are:
    a) Claimed for the correct service modality billing code, and units of time.

REQUIREMENTS
All entries in the beneficiary record (i.e., Progress Notes) 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)
Reasons for Recoupment (RR): *Refer to the enclosed Recoupment Summary for additional details about disallowances.* RR14. The progress note was not signed (or electronic equivalent) by the person(s) providing the service. RR16. The service provided was not within the scope of practice of the person delivering the service. (MHSUDS IN No. 18-054, Enclosure 4)

[57] Line number(s) removed for confidentiality
[58] Date(s) removed for confidentiality
[59] Line number(s) removed for confidentiality
[60] Date(s) removed for confidentiality
[61] Date(s) removed for confidentiality
[62] Date(s) removed for confidentiality

Provision of ICC Services and IHBS for Children and Youth

REQUIREMENTS
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)

FINDING 6A:

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. Per the *Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries* (3rd Edition, January 2018), "ICC and IHBS must be provided to all children and youth who meet medical criteria for those services" and ICC and IHBS eligibility criteria include examples such as the following:

- "receiving, or being considered, for Wraparound"
- "are being considered for other intensive SMHS, including, but not limited to, TBS"
- "have experienced two or more mental health hospitalizations in the last 12 months"

Line numbers [63]. Specifically,

- **Line numbers [64]** had examples of progress notes that referenced Child and Family Team meetings involving coordination among different child-serving systems and referenced WRAP team for line [65].
- **Line number [66]** had examples of multiple crisis visits, possibly indicating need for more intensive service consideration.
- **Line number [67]** had multiple mental health hospitalizations in the prior 12 month time period, so would have also met criteria for ICC/IHBS determination.

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 IHBS.

[63] Line number(s) removed for confidentiality
[64] Line number(s) removed for confidentiality
[65] Line number(s) removed for confidentiality
[66] Line number(s) removed for confidentiality
[67] Line number(s) removed for confidentiality

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.

REQUIREMENTS
Each participating provider in a CFT meeting may claim for the time they have contributed to the CFT meeting, up to the length of the meeting, plus documentation and travel time, in accordance with CCR, tit. 9, § 1840.316(b)(3). (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018)

FINDING 6E:

The content of one or more progress note claimed as Targeted Case Management (Service Function "01") indicated that the service provided was actually for an ICC service activity, and should have been claimed as ICC case management (Service Function "07**"**):

- **Line number [68]**. Progress note for [69] claim for TCM documented clinician's participation in a CFT meeting, which is considered an ICC service.

CORRECTIVE ACTION PLAN 6E:

The MHP shall submit a CAP that describes how it will ensure that the service activity described in the body of all progress notes is consistent with the specific service activity claimed - i.e., all claims submitted must be accurate and consistent with the actual service provided in terms of type of service, date of service and time of service.

[68] Line number(s) removed for confidentiality
[69] Date(s) removed for confidentiality