



**CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

**FISCAL YEAR 2019/2020**

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

**CHART REVIEW FINDINGS REPORT**

**Review Dates: 12/10/2019 to 12/12/2019**

**Orange County Mental Health Plan  
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**Chart Review – Non-Hospital Services**

The medical records of five/ten (10) adult and five/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 Orange 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 **399** claims submitted for the months of **October, November and December of 2018**.

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**Assessment**

<b>REQUIREMENTS</b>
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 within the initial timeliness and update frequency requirements specified in the MHP's written documentation standards.

The following are specific findings from the chart sample:

**Line number** <sup>1</sup>: The Initial Assessment was not completed within 60 days of the beneficiary's Episode Opening Date, as specified in the MHP's written standards.

**Line numbers** <sup>2</sup>: Updated Assessments were not completed within 365 days of completion of the previous Assessment, as specified in the MHP's written standards.

**CORRECTIVE ACTION PLAN (CAP) 2A:**

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

<b>REQUIREMENTS</b>
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

<sup>1</sup> Line number(s) removed for confidentiality

<sup>2</sup> Line number(s) removed for confidentiality

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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:

- d) Mental Health History: **Line number** <sup>3</sup>.
- e) Medical History: **Line number** <sup>4</sup>.
- f) Medications: **Line numbers** <sup>5</sup>.
- g) Client Strengths: **Line numbers** <sup>6</sup>.
- h) History of Trauma: **Line numbers** <sup>7</sup>.

**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.

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<sup>3</sup> Line number(s) removed for confidentiality

<sup>4</sup> Line number(s) removed for confidentiality

<sup>5</sup> Line number(s) removed for confidentiality

<sup>6</sup> Line number(s) removed for confidentiality

<sup>7</sup> Line number(s) removed for confidentiality

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***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:

- 1) **Line number**<sup>8</sup>: 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 numbers**<sup>9</sup>: Although there were one or more medication consent forms in the medical record, medication consent was not obtained for all of the medications prescribed. *During the review, MHP staff was given the opportunity to locate the medication consents in question but were unable to locate them in the medical record.*

**CORRECTIVE ACTION PLAN 3A:**

The MHP shall submit a CAP to address actions it will implement to ensure the following:

- 1) A written medication consent form is obtained and retained for each medication prescribed and administered under the direction of the MHP.
- 2) Written medication consent forms are completed in accordance with the MHP's written documentation standards.

**REQUIREMENTS**

<sup>8</sup> Line number(s) removed for confidentiality

<sup>9</sup> Line number(s) removed for confidentiality

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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 not documented to have been reviewed with the beneficiary:

- 1) The reason for taking each medication: **Line number** <sup>10</sup>.
- 2) Reasonable alternative treatments available, if any: **Line number** <sup>11</sup>.
  
- 4) Frequency or Frequency Range: **Line number** <sup>12</sup>.
- 7) Duration of taking each medication: **Line numbers** <sup>13</sup>.
- 9) Possible side effects if taken longer than 3 months: **Line number** <sup>14</sup>.

**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.

**REQUIREMENTS**

<sup>10</sup> Line number(s) removed for confidentiality

<sup>11</sup> Line number(s) removed for confidentiality

<sup>12</sup> Line number(s) removed for confidentiality

<sup>13</sup> Line number(s) removed for confidentiality

<sup>14</sup> Line number(s) removed for confidentiality

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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:**

One or more 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. Specifically:

- The type of professional degree, licensure, or job title of person providing the service:
  - **Line numbers** <sup>15</sup>.

**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.

***Client Plans***

**REQUIREMENTS**

Services shall be provided, in accordance with the State Plan, to beneficiaries, who meet medical necessity criteria, based on the beneficiary's need for services established by an assessment and documented in the client plan.

MHP Contract, Ex. A, Att. 2)

**FINDING 4A:**

The Initial Client Plan was not completed in compliance with the MHP's written timeliness standard of no more than 60 days following the beneficiary's Episode Opening Date. Therefore, treatment services were not provided or delayed, due to an incomplete client plan. Specifically:

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<sup>15</sup> Line number(s) removed for confidentiality

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- **Line number** <sup>16</sup>. Episode Opening Date, <sup>17</sup>; Initial Client Plan completed on <sup>18</sup>. Note - the beneficiary did not receive any planned treatment service prior to completion of the Initial Client Plan.

**CORRECTIVE ACTION PLAN 4A:**

The MHP shall submit a CAP that describes how the MHP will ensure that initial client plans are completed within the MHP’s written timeliness standard for its initial client plans.

<b>REQUIREMENTS</b>
<p>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.</p> <p>MHP Contract, Ex. A, Att. 2)</p>
<p>Monitoring and follow up activities [shall] ensure the beneficiary’s client plan is being implemented and that it adequately addresses the beneficiary’s individual needs.</p> <p>(MHSUDS IN No.17-040)</p>

**FINDING 4A-2a:**

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

**Line number** <sup>19</sup>. While the Care Plan indicated the need for “Collateral Therapy” sessions weekly, the beneficiary was actually seen only four times during the three month review period.

- Eight other Collateral services claimed were provided by phone with the parent, without the participation of the beneficiary, and targeted the parent’s issues/problems without addressing the beneficiary’s behavior. For example, progress notes described the intervention as, “engaged mother in emotional check-in .... “Reflected back mother’s feelings/experiences and validated mother responses/experiences” ... “processed with mother her recent [medical] recovery.”

**CORRECTIVE ACTION PLAN 4A-2a:**

The MHP shall submit a CAP that describes how the MHP will ensure that services actually provided and documented on progress notes are consistent and sufficient in amount, duration or scope when compared to the interventions proposed on the Client Plan in effect during the provision of those services.

<sup>16</sup> Line number(s) removed for confidentiality

<sup>17</sup> Date(s) removed for confidentiality

<sup>18</sup> Date(s) removed for confidentiality

<sup>19</sup> Line number(s) removed for confidentiality



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**REQUIREMENTS**

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

MHP Contract, Ex. A, Att. 2)

**FINDING 4B:**

One or more client plan was not updated at least annually. Specifically:

- **Line numbers** <sup>20</sup>: There was a **lapse** between the prior and current client plans. However, this occurred outside of the audit review period. Specifically:
  - Line number <sup>21</sup>. Prior Client Plan expired on <sup>22</sup>; current Client Plan completed on <sup>23</sup>.
  - Line number <sup>24</sup>. Prior Client Plan expired on <sup>25</sup>; current Client Plan completed on <sup>26</sup>.
  - Line number <sup>27</sup>. Prior Client Plan expired on <sup>28</sup>; current Client Plan completed on <sup>29</sup>.
  - Line number <sup>30</sup>. Prior Client Plan expired on <sup>31</sup>; current Client Plan completed on <sup>32</sup>.

**CORRECTIVE ACTION PLAN 4B:**

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.

**REQUIREMENTS**

C. The MHP shall ensure that Client Plans:

<sup>20</sup> Line number(s) removed for confidentiality

<sup>21</sup> Line number(s) removed for confidentiality

<sup>22</sup> Date(s) removed for confidentiality

<sup>23</sup> Date(s) removed for confidentiality

<sup>24</sup> Line number(s) removed for confidentiality

<sup>25</sup> Date(s) removed for confidentiality

<sup>26</sup> Date(s) removed for confidentiality

<sup>27</sup> Line number(s) removed for confidentiality

<sup>28</sup> Date(s) removed for confidentiality

<sup>29</sup> Date(s) removed for confidentiality

<sup>30</sup> Line number(s) removed for confidentiality

<sup>31</sup> Date(s) removed for confidentiality

<sup>32</sup> Date(s) removed for confidentiality

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- 1) Have specific observable and/or specific quantifiable goals/treatment objectives related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis.
- 2) Identify the proposed type(s) of intervention/modality including a detailed description of the intervention to be provided.
- 3) Have a proposed frequency of the intervention(s).
- 4) Have a proposed duration of intervention(s).
- 5) Have interventions that focus and address the identified functional impairments as a result of the mental disorder or emotional disturbance (CCR, title. 9, § 1830.205(b).
- 6) Have interventions that are consistent with client plan goal(s)/treatment objective(s).
- 7) Have interventions consistent with the qualifying diagnosis.

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 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** <sup>33</sup>.
- One or more proposed intervention did not include a detailed description. Instead, only a "type" or "category" of intervention was recorded. **Line numbers** <sup>34</sup>.
- One or more proposed intervention did not include an expected frequency or frequency range that was specific enough. **Line number** <sup>35</sup>.
- One or more proposed intervention did not include a specific expected duration. **Line numbers** <sup>36</sup>.

**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/modalities proposed on client plans include a detailed description of the interventions to be provided and do not just identify a type or modality of service (e.g. "therapy", "medication", "case management", etc.).
- 3) Mental health interventions proposed on client plans indicate both an expected frequency and specific duration for each intervention.

**REQUIREMENTS**

<sup>33</sup> Line number(s) removed for confidentiality

<sup>34</sup> Line number(s) removed for confidentiality

<sup>35</sup> Line number(s) removed for confidentiality

<sup>36</sup> Line number(s) removed for confidentiality

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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).)

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).)

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))

**FINDING 4E:**

There was no documentation of the beneficiary's or legal representative's degree of participation in and agreement with the Client Plan, when a signature was required by the MHP Contract with the Department and by the MHP's written documentation standards:

- **Line number** <sup>37</sup>. Plan documented on a progress note, with no explanation of the degree of the beneficiary's participation in and agreement with the Client Plan .
- **Line number** <sup>38</sup>.
- **Line number** <sup>39</sup>.
- **Line number** <sup>40</sup>.
- **Line number** <sup>41</sup>.

**CORRECTIVE ACTION PLAN 4E:**

At the on-site review, the MHP demonstrated that they have modified their "Interim Care Plans" to include all required elements, including a prompt for the beneficiary's signature. Therefore, no Corrective Action Plan is required for this finding.

**REQUIREMENTS**

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

MHP Contract, Ex. A, Att. 9)

<sup>37</sup> Line number(s) removed for confidentiality

<sup>38</sup> Line number(s) removed for confidentiality

<sup>39</sup> Line number(s) removed for confidentiality

<sup>40</sup> Line number(s) removed for confidentiality

<sup>41</sup> Line number(s) removed for confidentiality

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**FINDING 4G:**

**Line numbers** <sup>42</sup>: There was no documentation on the current Client Plan that the beneficiary or legal guardian was offered a copy of the Plan.

- **Note - Line number** <sup>43</sup> had no documentation that the beneficiary was offered a copy of the Plan, although this was not an Interim Care Plan. Therefore, a Corrective Action Plan is required.

**CORRECTIVE ACTION PLAN 4G:**

The MHP shall submit a CAP that describes how the MHP will ensure that there is documentation on the Client Plan substantiating that the beneficiary was offered a copy of the Client Plan.

***Progress Notes***

<b>REQUIREMENTS</b>
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: <ul style="list-style-type: none"><li>a) Timely documentation of relevant aspects of client care, including documentation of medical necessity;</li><li>b) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions;</li><li>c) Interventions applied, beneficiary's response to the interventions and the location of the interventions;</li><li>d) The date the services were provided;</li><li>e) Documentation of referrals to community resources and other agencies, when appropriate;</li><li>f) Documentation of follow-up care, or as appropriate, a discharge summary; and</li><li>g) The amount of time taken to provide services; and</li><li>h) The signature of the person providing the service (or electronic equivalent) with the person's type of professional degree, licensure, or job title.</li></ul> (MHP Contract, Ex. A, Att. 9)

<sup>42</sup> Line number(s) removed for confidentiality

<sup>43</sup> Line number(s) removed for confidentiality

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

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

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

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

**FINDING 5B:**

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

- **Line numbers** <sup>44</sup>. Thirty nine progress notes were not completed within the MHP's written timeliness standard of 14 days after the provision of service.
- **Line number** <sup>45</sup>. Nine progress notes did not document the beneficiary's response to the interventions provided
- **Line number** <sup>46</sup>. One progress note did not match its corresponding claim in terms of service date. **RR8b2, refer to Recoupment Summary for details.**
- **Line number** <sup>47</sup>. Three 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. **RR8b3, refer to Recoupment Summary for details.**
- **Line numbers** <sup>48</sup>. Twenty five progress notes were missing the provider's professional degree, licensure or job title.

**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.

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<sup>44</sup> Line number(s) removed for confidentiality

<sup>45</sup> Line number(s) removed for confidentiality

<sup>46</sup> Line number(s) removed for confidentiality

<sup>47</sup> Line number(s) removed for confidentiality

<sup>48</sup> Line number(s) removed for confidentiality

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- Interventions applied, the beneficiary's response to the interventions and the location of the interventions, as specified in the MHP Contract with the Department.
  - The provider's 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.