



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2021/2022

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE PLUMAS COUNTY MENTAL HEALTH PLAN

CHART REVIEW FINDINGS REPORT

Dates of Review: 5/17/2022 to 5/18/2022

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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 Plumas 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 212 claims submitted for the months of April, May and June of **2021**.

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Medical Necessity

FINDING 8.1.2:

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:

- 1) **Line number** ¹. The interventions documented on two Plan Development progress notes, dated ² and ³, did not meet the definition of a valid Specialty Mental Health Service. **RR2c, refer to Recoupment Summary for details.**

CORRECTIVE ACTION PLAN 8.1.1a:

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

Assessment

FINDING 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 MHP's PCBH Provider Mental Health Medi-Cal Documentation Manual, "Reassessments are to be completed at expiration of UM authorization or at minimum annually."

The following is a specific finding from the chart sample:

Line number ⁴. MHP submitted one assessment for review which was signed as completed on ⁵, the date the case was opened to the agency and the date that the Utilization Review form was also signed. Based on MHP policy a

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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reassessment should have been dated on or by ⁶. *The MHP was given the opportunity to locate the document in question but could not find written evidence of it in the medical record.*

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 update frequency requirements specified in the MHP's written documentation standards.

FINDING 8.2.2:

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

- a) A Complete Diagnosis: a diagnosis from the current ICD code that is consistent with the presenting problems, history, MSE and/or clinical data, including any current medical diagnosis:

Line number ⁷. The Diagnostic Review form, signed as completed ⁸, indicated the beneficiary was diagnosed with acute stress disorder, the symptoms of which, according to DSM criteria, last from three days to one month thereby necessitating a reassessment and updated diagnosis (e.g., progressing to PTSD after one month). However, the MHP reported during the virtual onsite review that the beneficiary's diagnosis was not updated until ⁹.

Line number ¹⁰. The Diagnostic Review form, signed as completed ¹¹, indicated that at the time of the assessment providers indicated a Rule Out of PTSD; however, the Client Plan addresses treating PTSD symptoms. It appears that the MHP did not update their Diagnostic Review form, as indicated in their policy.

Per the PCBH Provider Mental Health Medi-Cal Documentation Manual, "An updated diagnosis should be documented in a progress note to show the justification for the change. In addition, the Diagnosis Review Form must also be updated. Depending on the change in diagnosis, the treatment plan may need to be revised."

CORRECTIVE ACTION PLAN 8.2.2:

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, and contains an updated diagnosis if changes in the beneficiary's condition warrants it.

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⁹ Date(s) removed for confidentiality

¹⁰ Line number(s) removed for confidentiality

¹¹ Date(s) removed for confidentiality

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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:

- 1) **Line numbers** ¹²: Written medication consent forms were absent from the medical record. *During the virtual onsite review MHP staff reported medication consent forms were not completed for either beneficiary.*

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.

Client Plans

FINDING 8.4.1:

The medical record did not include services that were sufficient to adequately "achieve the purpose for which the services are furnished". Specifically:

- **Line number** ¹³: The assessment, signed completed on ¹⁴, documented the beneficiary had an "open CPS case" and was "recently placed in voluntary foster care placement for client and family's safety" indicating the beneficiary met eligibility criteria for ICC services and IHBS due to the beneficiary's involvement with multiple child serving agencies. However, ICC/IHBS services were not included on the current Client Plan signed completed on ¹⁵.

¹² Line number(s) removed for confidentiality

¹³ Line number(s) removed for confidentiality

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- **Line numbers** ¹⁶: Although two (2) or more different individuals contributed to the assessment and treatment planning process on behalf of the beneficiary, the medical record, including services proposed on the Client Plan, lacked evidence for the coordination of care and communication among these separate providers.

The following are specific findings from the chart sample. In both cases one clinician completed the assessment and diagnostic review and a second clinician completed the treatment plan and provided clinical services:

Line number ¹⁷. The Diagnostic Review form, signed completed ¹⁸, indicated the beneficiary was diagnosed with PTSD and panic disorder. However, while the ¹⁹ Client Plan specifies treatment for both PTSD and panic attacks it also includes interventions addressing a third diagnosis, bipolar disorder, which is not present on either the assessment or Diagnostic Review form.

Weekly Individual Rehab is recommended to “derease [sic] symptoms of bipolar” as well as an Initial Medication Assessment for “PTSD and reported Bi-polar disorder.” In addition, multiple progress notes document the beneficiary’s functional impairment as, “Client experiences daily impairment due to PTSt [sic] and Bipolar Symptoms.”

During the virtual onsite review, the MHP explained that the treatment plan and progress notes specifying bipolar disorder (despite a lack of formal diagnosis) are possibly due to lack of communication between providers in assigning a diagnosis and “providers not looking at previous documentation.”

Line number ²⁰. The Diagnostic Review form, signed completed ²¹, indicated the beneficiary was diagnosed with MDD and GAD with a rule out for PTSD. However, the Client Plan, signed completed on ²², specifically defines the problem as “Emotional/behavioral symptoms of PTSD” with the goal of the beneficiary “gain[ing] control over her emotional/behavioral symptoms of PTSD,” although there is no evidence of a PTSD diagnosis within the medical record submitted for review.

During the virtual onsite review, the MHP explained this discrepancy in diagnosis and treatment as possibly due to ineffective communication between the intake and assigned therapists.

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CORRECTIVE ACTION PLAN 8.4.1:

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 8.4.1a:

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** ²³. Twice weekly Individual Therapy and ad hoc Individual Rehab were listed as needed interventions on the Client Plan signed as completed on ²⁴. However, during the three-month review period Individual Rehab was provided 42 times and Individual Therapy was provided twice.
- **Line number** ²⁵. Weekly Collateral services were listed as a needed intervention on the Client Plan signed as completed on ²⁶. However, Collateral services were only provided twice during the review period.
- **Line number** ²⁷. Weekly Collateral services were listed as a needed intervention on the Client Plan signed as completed on ²⁸. However Collateral services were only provided three times during the review period.
- **Line number** ²⁹. Weekly Case Management services were listed as a needed intervention on an updated Client Plan signed as completed on ³⁰. However, Case Management services were not provided during the remainder of the review period. *MHP was given the opportunity to locate documentation of Case Management services following the review period, but could not locate written evidence of them in the medical record.*

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.

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FINDING 8.4.2a:

One or more client plan(s) was not completed in accordance with the MHP's initial timeliness standards, or updated at least annually and/or when there were significant changes in the beneficiary's condition. Specifically:

- **Line number** ³¹. The initial Client Plan was completed late based on the MHP's documentation standards of timeliness. Per the PCBH Provider Mental Health Medi-Cal Documentation Manual, "An initial Treatment Plan must be signed by an LMHP...within 60 days of the first billed service." The case was opened to agency on ³². The initial Client Plan submitted for review was signed completed on ³³. However, this was prior to the Review Period and no planned services were provided prior to Client Plan completion.
- **Line number** ³⁴. The case was opened to agency on ³⁵. The initial Client Plan submitted for review was not signed completed until ³⁶. However, this was prior to the Review Period and no planned services were provided prior to the Client Plan completion.
- **Line numbers** ³⁷: There was a **lapse** between the prior and current Client Plans. However, this occurred outside of the audit review period.
 - **Line number** ³⁸. Prior Client Plan expired on ³⁹; current Client Plan was completed on ⁴⁰.
 - **Line number** ⁴¹. Prior Client Plan expired on ⁴²; current Client Plan was completed on ⁴³.

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:

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³⁶ Date(s) removed for confidentiality

³⁷ Line number(s) removed for confidentiality

³⁸ Line number(s) removed for confidentiality

³⁹ Date(s) removed for confidentiality

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⁴¹ Line number(s) removed for confidentiality

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- 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** ⁴⁴.
- One or more client plan was not consistent with the qualifying diagnosis. **Line number** ⁴⁵.
 - **Line number** ⁴⁶. The Diagnostic Review form, signed as completed ⁴⁷, indicated the beneficiary was diagnosed with PTSD whereas the ⁴⁸ treatment plan states the problem as “due to symptoms related to Generalized Anxiety Disorder,” with goals and objectives to “gain control over” and “learn and practice coping skills as a way of better managing symptoms related to Generalized Anxiety Disorder.”
 - **Line number** ⁴⁹. The Diagnostic Review form, signed as completed ⁵⁰, indicated the beneficiary was diagnosed with MDD and GAD whereas the ⁵¹ Client Plan states the problem as “Emotional/behavioral symptoms of PTSD” and “panic attacks” and a goal of “gain[ing] control over her emotional/behavioral symptoms of PTSD” and to “manage stress without having a panic attack.”

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 numbers** ⁵²: Although the signature requirement for client plans have been temporarily waived during the COVID-19 public health emergency,

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⁴⁷ Date(s) removed for confidentiality
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⁴⁹ Line number(s) removed for confidentiality
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DHCS's May 20, 2020 guidelines for behavioral health programs during COVID-19 stipulated, "If a signature cannot be obtained, for any reason, the reason for the missing signature should be documented in the client record."⁵³

- **Line number** ⁵⁴. The beneficiary's signature was not present on the Client Plan, signed completed on ⁵⁵, and there was no supporting documentation within the medical record of the beneficiary's participation in and agreement with the Client Plan.
- **Line number** ⁵⁶. The beneficiary's signature was not present on the Client Plan, signed completed on ⁵⁷, and there was no supporting documentation within the medical record of the beneficiary's participation in and agreement with the Client Plan.

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.

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** ⁵⁸. One or more progress notes were not completed within the MHP's written timeliness standard "by the end of the next business day" after provision of service.
- **Line numbers** ⁵⁹. One or more progress note was missing the provider's professional degree, licensure or job title.

CORRECTIVE ACTION PLAN 8.5.2:

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

⁵³ Department of Health Care Services, Behavioral Health Information Notice No: 20-009, p. 18

⁵⁴ Line number(s) removed for confidentiality

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⁵⁷ Date(s) removed for confidentiality

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- 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.

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** ⁶⁰. While progress notes themselves did not accurately document the number of group participants on one or more group progress notes, the MHP was able to provide separate documentation listing the number of participants in each group.

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.

FINDING 8.5.3:

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

- **Line numbers** ⁶¹: 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. **RR5, refer to Recoupment Summary for details.**
- **Line number** ⁶²: The Individual Therapy service activity identified on the ⁶³ progress note was not consistent with the specific service activity actually documented in the body of the progress note, which appeared to describe Individual Rehab and not Individual Therapy. The intervention stated the beneficiary "is requesting a letter from clinician about why he missed so much work" for which "Had client help clinician create a letter," with the beneficiary's response as having "wrote letter together. Sent letter."

CORRECTIVE ACTION PLAN 8.5.3:

⁶⁰ Line number(s) removed for confidentiality

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⁶² Line number(s) removed for confidentiality

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The MHP shall submit a CAP that describes how the MHP will ensure that all Specialty Mental Health Services claimed are claimed for the correct service modality billing code, and units of time.

Provision of ICC Services and IHBS for Children and Youth

FINDING 8.6.1:

1) The MHP did not furnish evidence that it has a standard procedure for providing and documenting individualized determinations of eligibility for ICC services and IHBS on behalf of beneficiaries under age 22 that is based on their strengths and needs.

- The MHP submitted the Authorization for Intensive Care Coordination and In Home-Based Services for Youth (Policy Number 200.8); however, it is dated ⁶⁴, which is after the review period from April through June of 2021.

2) 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:

Documentation of individualized determinations of eligibility for ICC and IHBS services submitted for review was limited and brief for line number ⁶⁵ and altogether absent for line numbers ⁶⁶.

- **Line number ⁶⁷**. Evidence of determination consisted of the statement “good candidate for IHBS” on the ⁶⁸ Utilization Review form. However, ICC/IHBS services were not included on Client Plans dated ⁶⁹ and ⁷⁰ and there was no explanation for why IHBS services were not included in their Client Plan.
- **Line numbers ⁷¹**. No evidence of individualized determinations of each beneficiary’s need for ICC/IHBS services were submitted.

Line number ⁷² Plumas County Comprehensive Intake Assessment, signed completed ⁷³, documented an “Open CPS case, child recently placed in voluntary foster care placement...” which indicated the beneficiary had involvement with multiple child-serving systems and met eligibility criteria for ICC services and IHBS. *The MHP was given the opportunity to locate*

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determinations of eligibility and need for ICC services and IHBS, but could not find written evidence in the medical record.

CORRECTIVE ACTION PLAN 8.6.1:

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

- 1) Written documentation is in place describing the process for determining and documenting eligibility and need for ICC Services and IHBS.
- 2) Training is provided to all staff and contract providers who have the responsibility for determining eligibility and need for ICC and IBHS.
- 3) 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.