DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF PLUMAS MENTAL HEALTH PLAN
May 28 – 30, 2019
CHART REVIEW FINDINGS REPORT

Chart Review – Non-Hospital Services

The medical records of five (5) adult and five (5) child/adolescent Medi-Cal specialty mental health beneficiaries 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 **184** claims submitted for the months of July, August and September of 2018.

Contents

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:
One or more assessments were not completed within the timeliness and/or update frequency requirements specified in the MHP's written documentation standards. Specifically, the MHP's "PCBH Documentation Manual" indicates that, "Reassessments are to be completed every two years for adults and every year for children and adolescents to determine the continuing presence of medical necessity." The following are specific findings from the chart sample:

- **Line numbers [1]**: There was no updated assessment found in the medical record. *During the review, MHP staff was given the opportunity to locate the missing assessment but could not locate the document in the medical record.*
- **Line numbers [2]**: The updated assessments were completed late as follows:
    - **Line number [3]**: The current assessment was completed as signed on [4]; however as it was a reassessment it was due on [5], based on the MHP's policy of a two-year reassessment period for adults.
    - **Line number [6]**: The current assessment was completed as signed on [7]; however as it was a reassessment it was due on [8], based on the MHP's policy of a one-year reassessment period for children.
    - **Line number [9]**: The current assessment was completed as signed on [10]; however as it was a reassessment it was due on [11], based on the MHP's policy of a one-year reassessment period for children.

PLAN OF CORRECTION 2A:
The MHP shall submit a POC 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.

[1] Line number(s) removed for confidentiality
[2] Line number(s) removed for confidentiality
[3] Line number(s) removed for confidentiality
[4] Date(s) removed for confidentiality
[5] Date(s) removed for confidentiality
[6] Line number(s) removed for confidentiality
[7] Date(s) removed for confidentiality
[8] Date(s) removed for confidentiality
[9] Line number(s) removed for confidentiality
[10] Date(s) removed for confidentiality
[11] Date(s) removed for confidentiality

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 an explanation regarding the beneficiary's refusal or unavailability to sign the medication consent:

- **Line numbers [12]:** There was no written medication consent form found in the medical record, specifically for telepsychiatry services. *During the on-site review, MHP staff were given the opportunity to locate the missing medication consent form but were unable to locate it in the medical record.*

  During the onsite discussion, the MHP staff acknowledged current issues with contracted telepsychiatry staff not completing medication consent forms. The MHP staff discussed plans to start contracting with a new telepsychiatry service and are planning on incorporating medication consent requirements into this new contract.

PLAN OF CORRECTION 3A:
The MHP shall submit a POC 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, and with the MHP Contract with the State.

REQUIREMENTS
The MHP shall implement mechanisms to monitor the safety and effectiveness of medication practices. The monitoring mechanism shall be: 1) Under the supervision of a person licensed to prescribe or dispense medication. 2) Performed at least annually. 3) Inclusive of medications prescribed to adults and youth. (MHP Contract, Ex.A, Att.5)

FINDING 3D:

[12] Line number(s) removed for confidentiality

The MHP did not furnish evidence it has an ongoing mechanism for monitoring and ensuring the safety and effectiveness of its medication practices. Specifically, DHCS reviewed the following documentation: Policy No. 203.1, Medication Policy: Storage and Dispensing.

It was determined the documentation did not provide evidence of compliance with this requirement, as it did not address the implementation of a mechanism to monitor the safety and effectiveness of medication processes. In a further discussion, MHP staff acknowledged that Plumas County currently does not have a medication monitoring policy.

PLAN OF CORRECTION 3D:
The MHP shall submit a POC that describes how the MHP will ensure that mechanisms for monitoring and assessing the effectiveness of medication practices are in place, are under the supervision of qualified staff, performed at least annually, and pertain to adults, children and adolescents.

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. Services shall be provided in an amount, duration, and scope as specified in the individualized Client Plan for each beneficiary. (MHP Contract, Ex. A, Attachment 2)

FINDING 4A-2:
Services for **Line Numbers** [13] were not provided in an amount, duration, and scope specified in the beneficiary's individualized Client Plan. Specifically:

- **Line Number** [14]**:** The Client Plan in effect during the sample review period indicated that the beneficiary was in need of services that included Individual Rehabilitation on a weekly basis and Individual Psychotherapy sessions every two (2) weeks . However, neither of these service modalities were provided during the entire three-month review period.

- **Line number** [15]: The Client Plan included planned interventions of Medication Evaluation, Initial Medication Assessment, Medication Refill, and Medication Management, but no evidence could be identified that these services were being provided during the review period.

[13] Line number(s) removed for confidentiality
[14] Line number(s) removed for confidentiality
[15] Line number(s) removed for confidentiality

In a discussion during the onsite review, MHP staff indicated that for this beneficiary, it was determined following the Client Plan development that these services were no longer needed. However, the initial client plan was not reviewed and updated. During the onsite discussion, MHP staff acknowledged that the planned intervention for medication evaluation should have been changed to inactive status or removed from the plan.

PLAN OF CORRECTION 4A-2:

The MHP shall submit a POC that describes how the MHP will ensure that services are provided in an amount, duration, and scope as specified in each beneficiary's individualized Client Plan, or that the Client Plan is updated to reflect a change in the beneficiary's mental health service needs.

REQUIREMENTS
The client plan shall be updated at least annually, or when there are significant changes in the beneficiary's condition. (MHP Contract, Ex. A, Attachment 9)
Reasons for Recoupment (RR): ***Refer to the enclosed Recoupment Summary for additional details about disallowances.*** RR4. Services shall be provided, in accordance with the State Plan, based on the beneficiary's need for services established by an Assessment and documented in the Client Plan. Services were claimed: a) Prior to the initial Client Plan being in place; or b) During the period where there was a gap or lapse between client plans; or c) When the planned service intervention was not on the current client plan. (MHSUDS IN No. 17-050, Enclosure 4)

FINDING 4B:

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). Below are the specific findings pertaining to the charts in the review sample:

- **Line number [16]**: There was a **lapse** between the prior and current client plan and therefore, there was no client plan in effect during a portion or all of the audit review period. Prior plan was completed as signed on [17], but subsequent plan was completed as signed on [18]. There was no plan in effect between [19] and [20]. **RR4b, refer to Recoupment Summary for details**

[16] Line number(s) removed for confidentiality
[17] Date(s) removed for confidentiality
[18] Date(s) removed for confidentiality
[19] Date(s) removed for confidentiality
[20] Date(s) removed for confidentiality

- **Line number** [21]: There was a **lapse** between the prior and current client plans. However, no services were claimed (i.e. the prior plan expired on [22] while the subsequent plan was signed on [23]).

PLAN OF CORRECTION 4B:

The MHP shall submit a POC that describes how the MHP will ensure that:

1) Client plans are completed prior to planned services being provided.
2) Client plans are updated at least on an annual basis as required in the MHP Contract with the Department, and within the timelines and frequency specified in the MHP's written documentation standards.
3) Client plans are reviewed and updated whenever there is a significant change in the beneficiary's condition.

REQUIREMENTS
The MHP shall ensure that Client Plans: a) 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. b) Identify the proposed type(s) of intervention/modality including a detailed description of the intervention to be provided. c) Have a proposed frequency of intervention(s). d) Have a proposed duration of intervention(s). e) Have interventions that focus and address the identified functional impairments as a result of the mental disorder (from Cal. Code Regs., tit. 9, § 1830.205(b). f) Have interventions that are consistent with the client plan goals. g) Be consistent with the qualifying diagnoses. (MHP Contract, Ex. A, Attachment 9)

FINDING 4C:

Client Plans did not include all of the required elements specified in the MHP Contract. Below are the specific findings pertaining to the charts in the review sample:

- One or more of the goals/treatment objectives were 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 number [24].**
- One or more of the proposed interventions did not include a detailed description. Instead, only a "type" or "category" of intervention was recorded on the client plan. **Line numbers [25].**

[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] Line number(s) removed for confidentiality

- One or more of the proposed interventions did not indicate an expected frequency. **Line number [26].** The client plan includes "Ad Hoc" on some of the proposed interventions.
- One or more of the proposed interventions did not include information that would allow the reader to obtain an expected duration. **Line numbers [27].**

PLAN OF CORRECTION 4C:
The MHP shall submit a POC 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) All mental health interventions proposed on client plans include a detailed description of the interventions to be provided and do not only identify a type or modality of service (e.g. "therapy", "medication", "case management", etc.).
3) All mental health interventions proposed on Client Plans indicate both an expected frequency and duration for each intervention.
4) All mental health interventions/modalities proposed on the MHP's Client Plans address the mental health needs and identified functional impairments of the beneficiary as a result of the mental disorder.
5) All mental health interventions proposed on the MHP's Client Plans are consistent with client plan goals/treatment objectives.
6) All Client Plans are consistent with the beneficiary's qualifying diagnosis

Progress Notes

REQUIREMENTS
The MHP shall ensure that progress notes describe how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning outlined in the client plan. Items that shall be contained in the client record related to the beneficiary's progress in treatment include: a) Timely documentation of relevant aspects of beneficiary 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;

[26] Line number(s) removed for confidentiality
[27] Line number(s) removed for confidentiality

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); the person's type of professional degree, licensure, or job title.

(MHP Contract, Ex. A, Attachment 9)

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

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. 17-050, Enclosure 4)

FINDING 5B:

Progress Notes did not include timely documentation of relevant aspects of beneficiary care, including documentation of medical necessity, as required in the MHP Contract. One or more Progress Notes were not completed within the timeliness and/or frequency standards in accordance with the MHP Contract and the MHP's written documentation standards. Below are the specific findings pertaining to the charts in the review sample:

- Progress notes associated with the following line numbers were not completed within the timeline established by the MHP's documentation standard. MHP documentation standards in effect during the audit period specified that progress notes should be completed at latest "by the end of the next business day". *The total percent of progress notes completed late per the MHP's documentation standard was greater than 30 percent.* **Line numbers [28].**
- Progress notes did not include the primary provider's professional degree, licensure or job title. *The total percent of progress notes that did not include the primary provider's professional degree, licensure, or job title was approximately 10 percent.* **Line numbers [29].**

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

- Appointment was missed or cancelled. **Line numbers [30]. RR15a, refer to Recoupment Summary for details.**
- Progress notes did not clearly document the specific interventions applied and/or the beneficiary's response to the interventions. For **Line numbers [31],** the same descriptive verbiage was used for all of the interventions noted below, and therefore the progress notes did not accurately document the specific interventions applied and/or the beneficiary's response to the interventions.
    - **Line number [32].** Progress notes dated: [33]
    - **Line number [34].** Progress notes dated: [35]

PLAN OF CORRECTION 5B:

1) The MHP shall submit a POC that describes how the MHP will ensure that Progress Notes document**:**
    - Timely completion by the person providing the service and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP's written documentation standards.
    - The date the Progress Note was completed and entered into the medical record by the person(s) providing the service in order to determine the timeliness of completion, as specified in the MHP Contract with the Department.
    - The provider's/providers' professional degree, licensure or job title.
2) Documentation is individualized for each service provided.
3) Each progress note describes how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning.
4) All services claimed are appropriate, relate to the qualifying diagnosis and identified functional impairments and are medically necessary as delineated in the CCR, title 9, chapter 11, sections 1830.205(a)(b).

REQUIREMENTS

[30] Line number(s) removed for confidentiality
[31] Line number(s) removed for confidentiality
[32] Line number(s) removed for confidentiality
[33] Date(s) removed for confidentiality
[34] Line number(s) removed for confidentiality
[35] Date(s) removed for confidentiality

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 being provided to, or on behalf of, a beneficiary by two or more persons at one point in time did not include all required components. Specifically:

As stated in MHSUDS IN No. 17-050, "The progress note should include the total number of group participants (Medi-Cal and non-Medi-Cal participants) …"

- **Line number [36]:** Progress notes did not accurately document the number of group participants. The progress notes for groups held on [37], and [38] did not display the correct number of group participants.
- **Line number [39]:** Progress note did not accurately document the number of group participants. The progress notes for group held on [40] did not display the correct number of group participants.

Electronic Health Record progress notes for these group notes consistently list the number of participants as "1". However, an additional review of billing records corrobated the actual participants present in each group.

PLAN OF CORRECTION 5C:

The MHP shall submit a POC that describes how the MHP will ensure that**:**

1) All group progress notes document the number of clients in the group, number of staff, units of time, type of service and dates of service (DOS).
2) The number of clients in the group, number of staff, units of time, type of service and dates of service (DOS) documented on the group progress notes are accurate and consistent with the documentation in the medical record and that services are not claimed when billing criteria are not met.

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

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

a) Every Service Contact:
   i. Mental Health Services;
   ii. Medication Support Services;
   iii. Crisis Intervention;
   iv. Targeted Case Management;

b) Daily:
   i. Crisis Residential;
   ii. Crisis Stabilization (1x/23hr);
   iii. Day Treatment Intensive;

c) Weekly:
   i. Day Treatment Intensive: a clinical summary reviewed and signed by a physician, a licensed/waivered psychologist, clinical social worker, or marriage and family therapist; or a registered nurse who is either staff to the day treatment intensive program or the person directing the service;
   ii. Day Rehabilitation;
   iii. Adult Residential.

(MHP Contract, Ex. A, Attachment 9)

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. 17-050, Enclosure 4)

FINDING 5D:

Progress Notes were not documented according to the requirements specified in the MHP Contract. Below are the specific findings pertaining to the charts in the review sample:

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

[41] Line number(s) removed for confidentiality

- **Line number [42]:** The service provided on [43] was claimed as Rehab, but describes a Targeted Case Management service.

- **Line number [44]:** The service provided on [45] was claimed as Rehab, but describes a Targeted Case Management Service.

- **Line numbers [46].** For Mental Health Services claimed, the service activity (e.g., Assessment, Plan Development, Rehab, Psychotherapy) identified on the Progress Note was not consistent with the specific service activity actually documented in the body of the progress note, as follows:

  - **Line number [47]:** The service provided on [48] was claimed as Therapy, but describes a Rehab service.

  - **Line number [49]:** The service provided on [50] was claimed as Therapy, but describes a Rehab service.

  - **Line number [51]:** The service provided on [52] was claimed as Rehab, but describes a Therapy service.

  - **Line number [53]:** The service provided on [54] was claimed as Rehab, but describes a Therapy service.

  - **Line number [55]:** The service provided on [56] was claimed as Rehab, but describes a Therapy service.

  - **Line number [57]:** The service provided on [58] was claimed as Assessment, but describes a Rehab service.

  - **Line number [59]:** The service provided on [60] was claimed as Rehab, but describes a Collateral service.

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

PLAN OF CORRECTION 5D:
The MHP shall submit a POC that describes how the MHP will:

1) Ensure that all SMHS claimed are:
   a) Claimed for the correct service modality billing code, and units of time.
2) Ensure that all Progress Notes:
   a) Are accurate, complete and meet the documentation requirements described in the MHP Contract with the Department.
   b) Describe the type of service or service activity, the date the service was provided and the amount of time taken to provide the service, as specified in the MHP Contract with the Department.

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

RR9. The service was provided while the beneficiary resided in a setting where the beneficiary was ineligible for Federal Financial Participation (e.g., Institution for Mental Disease [IMD], jail, and other similar settings, or in a setting subject to lockouts per CCR, Title 9, chapter 11).

RR10. The service was provided to a beneficiary in juvenile hall and when ineligible for Medi-Cal. (A dependent minor in a juvenile detention center prior to disposition, if there is a plan to make the minor's stay temporary, is Medi-Cal eligible. See CCR, Title 22, Section 50273(c)(5). A delinquent minor is only Medi-Cal eligible after adjudication for release into community. See CCR, Title 22, Section 50273(c)(1))

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

FINDING 5E2:
A Progress Note for the following Line number indicates that the service provided was solely "Clerical": **Line number [61]. RR11f, refer to Recoupment Summary for details.**

PLAN OF CORRECTION 5E2:
The MHP shall submit a POC that describes how the MHP will ensure that:

1) Each Progress Note describes how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning, as outlined in the client plan.

[61] Line number(s) removed for confidentiality

2) Services provided and claimed are not solely clerical.
3) All services claimed are appropriate, relate to the qualifying diagnosis and identified functional impairments and are medically necessary as delineated in the CCR, title 9, chapter 11, sections 1830.205(a)(b).

Provision of ICC and IHBS to 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:

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 for beneficiaries under age 22 that is based on their strengths and needs. Documents provided by the MHP regarding ICC services and IHBS were general documents that are applicable Statewide, such as the "Medi-Cal Manual For Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries (Third Edition, January 2018)".

References within the MHP's "PCBH Documentation Manual" include general guidelines on the implementation of ICC/IHBS services, but reviewers were unable to determine the MHP's specific practice guidelines for making individualized determinations of eligibility for ICC services and IHBS.

During the onsite discussion, the MHP staff informed that they have new contracted providers who will be providing ICC services and IHBS for the MHP. Prior to these new contracts and during the review period, ICC services and IHBS were primarily provided by the county's Social Services/Child Welfare department, and the MHP staff inform that there was a historical separation between the county departments. More recently, the MHP has staff embedded within the county's Social Services/Child Welfare department, which is showing evidence of improvement regarding the collaboration on ICC and IHBS services.

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: **Line numbers [62].**

During a review of Medical Records pertaining to beneficiaries under age 22, it was noted that there was no evidence nor claim samples of ICC services or IHBS being provided to any of these beneficiaries.

[62] Line number(s) removed for confidentiality

Additionally, no evidence could be located that determinations were made regarding eligibility or need for ICC/IHBS services (i.e. there was no indication of planned ICC/IHBS services on client plans, nor mention of ICC/IHBS planning in assessments).

As noted above, the MHP staff indicated that historically, ICC services and IHBS were provided by the Social Services/Child Welfare Services department and primarily to Katie A. subclass members. As noted, the MHP is in the process of implementing plans to increase the provision of ICC services and IHBS to their beneficiaries, including the development of new contracts with ICC/IHBS providers.

PLAN OF CORRECTION 6A:

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

1) Written documentation is in place describing the process for determining and documenting the eligibility and need for ICC and IHBS.
2) Training is provided to all staff and contracted providers who have the responsibility for determining the eligibility and need for the provision of ICC and IBHS.
3) Each beneficiary under age 22 who is authorized to receive Specialty Mental Health Services (SMHS) also receives an individualized determination of eligibility and need for ICC and IHBS prior to or during the development of the beneficiary's Initial Client Plan.