CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2021/2022

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE RIVERSIDE COUNTY MENTAL HEALTH PLAN

CHART REVIEW FINDINGS REPORT

Dates of Review: 6/7/2022 to 6/9/2022

DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Riverside MENTAL HEALTH PLAN
6/7/2022
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 Riverside 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 **617** claims submitted for the months of April, May and June of **2021**.

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Assessment

FINDING 8.2.1.:
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.
> *Per a "Department Updates" memorandum from 2018 submitted by the MHP, re-assessments are required "every 3 years".*
>
> The following is a specific example from the chart sample:
>
> **Line Number [1].** The prior Assessment was completed as signed on [2], but the current Assessment was completed as signed on [3].

CORRECTIVE ACTION PLAN 8.2.1:
The MHP shall submit a CAP that describes how the MHP will ensure that assessments are completed in accordance with the initial timeliness and update frequency requirements specified in the MHP's written documentation standards.

Client Plans

FINDING 8.4.2a:
One or more client plan(s) was not updated at least annually and/or when there were significant changes in the beneficiary's condition. Specifically:

- **Line number [4].** There was a **lapse** between the prior and current Client Plans. However, this occurred outside of the audit review period.
  - **Line number [5].** The prior Client Plan expired on [6]; however, the current Client Plan was not completed until [7].

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.

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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 [8].** One or more progress notes were not completed within the MHP's written timeliness standard of 5 business days after provision of service. Forty (6.5 percent) of all progress notes reviewed were completed late (93.5% compliance).

CORRECTIVE ACTION PLAN 8.5.1:
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.

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 number [9].** Progress note(s) did not document the specific involvement of each provider in the context of the mental health needs of the beneficiary. **RR8a, refer to Recoupment Summary for details.**

  For group treatment services that were provided on [10], and [11], there were two co-facilitators of the group. One provider wrote the progress note, but did not document the specific involvement of the other provider regarding the group service. It should be noted that this omission is in contrast to other co-facilitated group services that were seen within the sample.
- **Line numbers [12].** While progress note(s) 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.

  Within the noted Line Numbers, there were some progress notes in which the MHP staff confirmed an error with their Electronic Health Record in which it would input the wrong number of participants on the progress notes (typically off by 1). However, the MHP staff were able to provide additional documentation that accurately showed the number of participants attending the

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noted group services and these numbers matched the claim sample calculations.

CORRECTIVE ACTION PLAN 8.5.2:

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

1) 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.
2) Document and differentiate the contribution, specific involvement, and units of direct service, travel and documentation times for each provider/facilitator whenever a claim represents services rendered by more than one (1) provider within the same activity or session, including groups, "team meetings" and "case consultations".
3) Contain accurate and complete documentation of claimed service activities, that the documentation is consistent with services claimed, and that services are not claimed when billing criteria are not met.
4) Include a clinical rationale when more than one (1) provider renders services within the same group session or activity.

FINDING 8.5.3:

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

- **Line numbers [13].** 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 [14].** For services claimed as Mental Health Services on [15], and [16]; progress notes describe the provider assisting the beneficiary with housing support services, which is a Targeted Case Management service.
    - **Line number [17].** For service claimed on [18] as a Mental Health Service ("Non-Family Therapy without Client"), the progress note describes a primarily informational note that the beneficiary will not be opened to the TAY program due to the client expressing that they were not interested, a Targeted Case Management service.

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CORRECTIVE ACTION PLAN 8.5.3:
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 medical record associated with the following Line number(s) did not contain evidence that the beneficiary received an individualized determination of eligibility and need for ICC services and IHBS, and that if appropriate, such services were included in their Client Plan:
   - **Line numbers [19].**
     - **Line number [20].** Beneficiary was receiving TBS services but evidence of a determination of eligibility or need for ICC services and IHBS could not be located. *The MHP was given the opportunity to locate additional evidence regarding eligibility or need for ICC services and IHBS, but was unable to locate additional evidence of same in the medical record.*
     - **Line number [21].** There is evidence that the beneficiary was receiving services at more than one child-serving system and that coordination between these systems was occurring. However, evidence of a determination of eligibility or need for ICC services could not be located. *The MHP was given the opportunity to locate additional evidence regarding eligibility or need for ICC services, but was unable to locate additional evidence of same in the medical record.*

CORRECTIVE ACTION PLAN 8.6.1:
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 IBHS.
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.

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