



**CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

**FISCAL YEAR 2021/2022**

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

**CHART REVIEW FINDINGS REPORT**

**Dates of Review: 8/30/2022 to 9/1/2022**

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8/30/2022  
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 San Bernardino 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 562 claims submitted for the months of July, August and September 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** <sup>1</sup>. The progress note indicated a “no-show” or cancelled appointment and the documentation failed to provide evidence of another valid service. **RR2b, refer to Recoupment Summary for details.** The progress note for the last claim of the client’s Arrowhead Regional Medical Center stay in the Emergency Department (<sup>2</sup>, **Service Function 30; Units of Time 15**) describes an RN attempting to conduct a reassessment of the client following prior administration of Tylenol, but the client had already discharged from the unit and was no longer there.

### **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.

## ***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** <sup>3</sup>: There was **no** Updated Client Plan found in the medical record. The most recent Client Plan provided for review was effective between <sup>4</sup> and <sup>5</sup>, whereas the review period was from July through September of 2021.

*During the review, MHP staff was given the opportunity to locate the document in question but could not find written evidence of it in the medical record.*

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

<sup>2</sup> Date(s) removed for confidentiality

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

<sup>4</sup> Date(s) removed for confidentiality

<sup>5</sup> Date(s) removed for confidentiality

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**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.

***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** <sup>6</sup>. One or more progress note was not completed within the MHP's written timeliness standard of 5 business days after provision of service. Eighty-eight (16 percent) of all progress notes reviewed were completed late (84% compliance).
- **Line numbers** <sup>7</sup>. 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. **RR7, refer to Recoupment Summary for details.**

In the following items, the MHP provided the noted progress notes in support of the claims, but each progress note was missing the Units of Time used during the respective service. Therefore, the reviewer was unable to match the progress notes with the claims information.

MHP staff were given the opportunity to submit any evidence that might verify the Units of Time claimed related to the associated service (e.g. claims forms that included Units of Time, crosswalks explaining Units of Time for psychiatric evaluation in Emergency Department, etc.), but these additional documents could not be located.

MHP staff discussed at the virtual onsite and later submitted an example of an updated Electronic Health Record note template for the Arrowhead Regional Medical Center Emergency Department services, in which the template guides the provider to include discussion of Units of Time used in the service. This Electronic Health Record guidance had not been implemented at time of the Review Period.

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

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

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- **Line number** <sup>8</sup>: For Medication Support claim (Service Function 60) of 60 Minutes on <sup>9</sup>, MHP submitted a copy of an Arrowhead Regional Medical Center “BH Initial Psych Eval” progress note, which was missing the Units of Time.
- **Line number** <sup>10</sup>: For Medication Support claim (Service Function 60) of 60 Minutes on <sup>11</sup>, MHP submitted a copy of an Arrowhead Regional Medical Center “Behavioral Health Note” progress note which was missing the Units of Time.
- **Line number** <sup>12</sup>: For Medication Support claim (Service Function 60) of 60 Minutes on <sup>13</sup>, MHP submitted a copy of an Arrowhead Regional Medical Center “BH Initial Psych Eval” progress note which was missing the Units of Time.
- **Line number** <sup>14</sup>: For Medication Support claim (Service Function 60) of 60 Minutes on <sup>15</sup>, MHP submitted a textual version of a note by Gagandeep Mand, MD (noted elsewhere by MHP staff to be an Arrowhead Regional Medical Center note). This note was entitled “BH Initial Psych Eval”. This progress note was missing the Units of Time.
- **Line number** <sup>16</sup>: For Mental Health Services claim (Service Function 30) of 25 Minutes on <sup>17</sup>, MHP submitted a copy of Community Hospital of San Bernardino Behavioral Health (Dignity Health) “Assessment Documentation” progress note which was missing the Units of Time.
- **Line number** <sup>18</sup>: For Medication Support claims (Service Function 60) of 60 Minutes on <sup>19</sup> and 30 minutes on <sup>20</sup>, MHP submitted copies of Arrowhead Regional Medical Center “BH Initial Psych Eval” and “Behavioral Health Note” progress notes which were missing the Units of Time.

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

<sup>9</sup> Date(s) removed for confidentiality

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

<sup>11</sup> Date(s) removed for confidentiality

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

<sup>13</sup> Date(s) removed for confidentiality

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

<sup>15</sup> Date(s) removed for confidentiality

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

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

<sup>18</sup> Line number(s) removed for confidentiality

<sup>19</sup> Date(s) removed for confidentiality

<sup>20</sup> Date(s) removed for confidentiality

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- **Line number** <sup>21</sup>: For Medication Support claim (Service Function 60) of 60 Minutes on <sup>22</sup>, MHP submitted a copy of an Arrowhead Regional Medical Center “BH Initial Psych Eval” progress note which was missing the Units of Time.
- **Line number** <sup>23</sup>:
  - For Medication Support claim (Service Function 60) of 60 Minutes on <sup>24</sup>, MHP submitted a copy of an Arrowhead Regional Medical Center “BH Initial Psych Eval” progress note which was missing the Units of Time.
  - For Medication Support claim (Service Function 60) of 60 Minutes on <sup>25</sup>, MHP submitted a copy of an Arrowhead Regional Medical Center “BH Initial Psych Eval” progress note which was missing the Units of Time.

**CORRECTIVE ACTION PLAN 8.5.1:**

- 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.
- 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.

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

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

<sup>23</sup> Line number(s) removed for confidentiality

<sup>24</sup> Date(s) removed for confidentiality

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

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**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** <sup>26</sup>. 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.

**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.

**FINDING 8.5.3:**

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

- **Line numbers** <sup>27</sup>: There was no progress note in the medical record for the service(s) claimed. **RR2a, refer to Recoupment Summary for details.**  
*The MHP was given the opportunity to locate the document(s) in question but did not provide written evidence of the document(s) in the medical record*
  - **Line Number** <sup>28</sup>. Progress note could not be located for Medication Support (Service Function 60) claim on <sup>29</sup> (15 minutes) of 15 Minutes on <sup>30</sup>.
  - **Line number** <sup>31</sup>. Progress note could not be located for Crisis Intervention (Service Function 70) claims on <sup>32</sup> (30 minutes).

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<sup>26</sup> Line number(s) removed for confidentiality

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

<sup>28</sup> Line number(s) removed for confidentiality

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

<sup>30</sup> Date(s) removed for confidentiality

<sup>31</sup> Line number(s) removed for confidentiality

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

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- **Line number** <sup>33</sup>.
  - Progress notes could not be located for Mental Health (Service Function 30) claims on <sup>34</sup> (50 minutes), <sup>35</sup> (25 minutes), and <sup>36</sup> (50 minutes). After attempting to locate, MHP staff indicated that these were Fee-For-Service billings and that no documentation was submitted for these claims.
  - Progress notes could not be located for Crisis Intervention (Service Function 70) claims on <sup>37</sup> (15 minutes) and <sup>38</sup> (15 minutes).
- **Line number** <sup>39</sup>. Progress notes could not be located for Mental Health (Service Function 30) claims on <sup>40</sup> (1 minute) and <sup>41</sup> (1 minute). Based on the short Unit of Time, the MHP believes these claims were claimed in error.
- **Line number** <sup>42</sup>. Progress note could not be located for Mental Health (Service Function 30) claim on <sup>43</sup> (1 minute). Based on the short Unit of Time, the MHP believes this claim was claimed in error.
- **Line number** <sup>44</sup>: 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.** Progress notes for 2 services claimed as Rehabilitation Services on <sup>45</sup> (150 minutes) and <sup>46</sup> (330 minutes) described TCM services of linkage activities.

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

<sup>34</sup> Date(s) removed for confidentiality

<sup>35</sup> Date(s) removed for confidentiality

<sup>36</sup> Date(s) removed for confidentiality

<sup>37</sup> Date(s) removed for confidentiality

<sup>38</sup> Date(s) removed for confidentiality

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

<sup>40</sup> Date(s) removed for confidentiality

<sup>41</sup> Date(s) removed for confidentiality

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

<sup>43</sup> Date(s) removed for confidentiality

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

<sup>45</sup> Date(s) removed for confidentiality

<sup>46</sup> Date(s) removed for confidentiality



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**CORRECTIVE ACTION PLAN 8.5.3:**

The MHP shall submit a CAP that describes how the MHP will:

- 1) Ensure that all Specialty Mental Health Services claimed are:
  - a) Documented in the medical record.
  - b) Claimed for the correct service modality billing code, and units of time.
- 2) Ensure that all progress notes:
  - a) Are accurate, complete and legible and meet the documentation requirements described in the MHP Contract with the Department.
  - b) Describe the type of service or service activity, the date of service and the amount of time to provide the service, as specified in the MHP Contract with the Department.
  - c) Are completed within the timeline and frequency specified in the MHP Contract with the Department, and as specified in the MHP's written documentation standards.