



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2020/2021

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE SAN JOAQUIN COUNTY MENTAL HEALTH PLAN

CHART REVIEW FINDINGS REPORT

Review Dates: 12/14/2021 to 12/16/2021

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REVIEW OF San Joaquin MENTAL HEALTH PLAN
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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 Joaquin 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 491 claims submitted for the months of January, February and March of **2020**.

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Medical Necessity

FINDING 8.1.1.3b:

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:

Line numbers ¹. The intervention documented on the progress note did not meet the definition of a valid Specialty Mental Health Service. **RR15b, refer to Recoupment Summary for details.**

- **Line number** ². Progress notes for Rehab Group services on the respective dates ³ included a portion of time claimed for “prep time”. In response to query about these claims, the MHP indicated that contractor providing this service, Victor Community Support Services Inc., reported this “prep time” is time preparing the room for the group service, making worksheets, etc.
- **Line number** ⁴. Progress notes for Group services (Group Therapy and Rehab Groups) on the respective dates ⁵ included a portion of time claimed for “prep time”. In response to query about these claims, the MHP indicated that contractor providing this service, Aspen Cottage, reported this “prep time” is time making copies of worksheets, setting up crafts/activities for the group, etc.

CORRECTIVE ACTION PLAN 8.1.1.3b:

The MHP shall submit a CAP that describes how the MHP will ensure that all SMHS interventions 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.

¹ Line number(s) removed for confidentiality

² Line number(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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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 initial timeliness and/or update frequency requirements specified in the MHP’s written documentation standards.

Per the MHP’s policy statements and training manuals, “a full formal assessment” is completed at the time of intake, and assessment updates are provided “every two years” for adults and “every one year” for children and youths.

The following are specific findings from the chart sample:

- **Line number** ⁶: Prior Assessment expired on ⁷; Current Assessment was completed on ⁸.
- **Line number** ⁹: Prior Assessment expired on ¹⁰; Current Assessment was completed on ¹¹.
- **Line number** ¹²: Client had an Episode Opening Date of ¹³ and although Initial Assessment was initiated on ¹⁴, it was not completed as signed until ¹⁵.
- **Line number** ¹⁶: Prior Assessment expired on ¹⁷; Current Assessment was completed on ¹⁸.
- **Line number** ¹⁹: Prior Assessment expired on ²⁰; Current Assessment was completed on ²¹.

CORRECTIVE ACTION PLAN 8.2.1:

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¹⁹ Line number(s) removed for confidentiality

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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.

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:

Line number ²²: Although there was a written medication consent form in the medical record, there was no medication consent for each of the medications prescribed. *The MHP was given the opportunity to locate the medication consent(s) in question but was unable to locate it/them in the medical record.*

Although the MHP was able to locate a specific Medication Consent form for Bzotropine/Cogentin dated ²³, a medication support progress note revealed that the medication had initially been prescribed ²⁴, almost a year before the Medication Consent form was completed.

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.

FINDING 8.3.2:

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 documented to have been reviewed with the beneficiary, and/or provided in accompanying written materials to the beneficiary:

²² Line number(s) removed for confidentiality

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Duration of taking the medication: **Line numbers** ²⁵.

Medication consent forms use the term “ongoing” to refer to the planned duration of taking the medication, which is not a specific measurement of time. Also, on some of the Medication Consent forms reviewed, providers failed to mark a checkbox to indicate the specific planned duration of taking the medication.

CORRECTIVE ACTION PLAN 8.3.2:

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.

FINDING 8.3.3:

Medication Consent(s) 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, and/or the date the provider completed and entered the document into the medical record. Specifically:

- The date the documentation was completed, signed (or electronic equivalent) and entered into the medical record:
 - **Line number** ²⁶. The Medication Consent form for Olanzapine/Zyprexa was missing the date the document was completed.

CORRECTIVE ACTION PLAN 8.3.3:

The MHP shall submit a CAP that describes how the MHP will ensure that all Medication Consents include the date the signature was completed and the document was entered into the medical record.

Client Plans

FINDING 8.4.3a:

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

- **Line number** ²⁷: There was a **lapse** between the prior and current Client Plans and, therefore, no client plan was in effect during a portion or all of the audit review period. **RR4b, refer to Recoupment Summary for details.**

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Prior Client Plan expired on ²⁸; current Client Plan was completed on ²⁹. There were 2 claims for planned services (planned Medication Support services) that occurred within this lapse.

- **Line number(s)** ³⁰: There was a **lapse** between the prior and current Client Plans. However, there were no claims during this period.
 - **Line number** ³¹. Prior Client Plan expired on ³²; current Client Plan was completed on ³³.
 - **Line number** ³⁴. Prior Client Plan expired on ³⁵; current Client Plan was completed on ³⁶. Services provided within this lapse were services that are permissible to be claimed prior to a Client Plan being in place (Assessment and Plan Development).

CORRECTIVE ACTION PLAN 8.4.3a:

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.

FINDING 8.4.4:

Client Plans did not include all of the required elements identified in the MHP Contract. Specifically:

- One or more proposed intervention did not include a detailed description. Instead, only a "type" or "category" of intervention was recorded. **Line numbers** ³⁷. During the review period, the MHP utilized Client Plan templates that broadly described the categories of interventions and clustered interventions together, which lacked a detailed description of planned interventions. However, during the virtual on-site review, MHP staff described and showed a new Client Plan format that is currently being utilized which gives a more detailed description of planned interventions.

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- One or more proposed intervention did not include an expected frequency or frequency range that was specific enough. **Line numbers** ³⁸.
 - **Line number** ³⁹: Frequency listed for various interventions indicate frequency range with bottom of range being “0” times per time period, which is not a specific increment of time.
 - **Line number** ⁴⁰: Frequency listed for various interventions indicate frequency range with bottom of range being “0” times per time period, which is not a specific increment of time.

CORRECTIVE ACTION PLAN 8.4.4:

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

- 1) 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.).
- 2) Mental health interventions proposed on client plans indicate an expected frequency for each intervention.

Progress Notes

FINDING 8.5.2:

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** ⁴¹. One or more progress note was not completed within the MHP’s written timeliness standard of 1 business day after provision of service.
Two hundred seventy-one (55 percent) of all progress notes reviewed were completed late (45% compliance).

In discussing the percentage of late progress notes and possible factors that might have contributed to this during the virtual on-site review, MHP Staff were able to identify the significant impact of a feature of the MHP’s Electronic Health Record. In cases in which a cosigner is required, the Electronic Health Record only retains the final signer’s date of signature on the progress note, losing the original provider’s date of completion, thereby inadvertently lengthening the time to complete the note.

CORRECTIVE ACTION PLAN 8.5.2:

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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 8.5.3:

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** ⁴². Progress note(s) did not document the specific involvement of each provider in the context of the mental health needs of the beneficiary. **RR13a, refer to Recoupment Summary for details.**

- **Line number** ⁴³. Progress notes for Rehab Group services on the respective dates ⁴⁴ were provided by co-facilitators, but did not document the specific involvement of each provider regarding their individual involvement in the services.

CORRECTIVE ACTION PLAN 8.5.3:

The MHP shall submit a CAP that describes how the MHP will ensure that progress notes 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".

FINDING 8.5.4:

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

- **Line number** ⁴⁵: 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.** The progress note for the service claimed as Individual Therapy on ⁴⁶, describes a TCM service of coordinating a TBS referral for the beneficiary.
- **Line number** ⁴⁷: For Mental Health Services claimed, the service activity (e.g., Assessment, Plan Development, Rehab) identified on the progress note was not consistent with the specific service activity actually documented in the body of

⁴² Line number(s) removed for confidentiality

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the progress note. Progress notes for services claimed as Collateral services on ⁴⁸ and ⁴⁹, each describe services that are consistent with either Assessment or Plan Development, in that they involve obtaining additional information or coordinating with Board and Care staff regarding the beneficiary.

CORRECTIVE ACTION PLAN 8.5.4:

The MHP shall submit a CAP that describes how the MHP will ensure that all Specialty Mental Health Services claimed are accurately 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:

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/or IHBS, and that if appropriate, such services were included in their Client Plan:

- **Line numbers** ⁵⁰.
 - **Line number** ⁵¹: Client was deemed to need a more intensive treatment service of TBS, but evidence was not seen within the medical record that the beneficiary had received an individualized determination of eligibility and need for ICC services and/or IHBS. The MHP was given the opportunity to locate a screening tool that is currently in use by the MHP regarding the determination of need for ICC services and/or IHBS, but was unable to locate it in the medical record.
 - **Line number** ⁵²: Client was deemed to need a more intensive treatment service of TBS, but evidence was not seen within the medical record that the beneficiary had received an individualized determination of eligibility and need for ICC services and/or IHBS. The MHP was given the opportunity to locate a screening tool that is currently in use by the MHP regarding the determination of need for ICC services and/or IHBS, but was unable to locate it in the medical record.
- During the course of the virtual on-site review, the MHP discussed their current practice of providing screening and determination of eligibility and need for ICC services and/or IHBS for all children and youth, not just foster youth. The MHP has been providing these determinations and screenings for all foster youth for a

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several years, but started to provide these screenings for all children and youth around ⁵³, after the review period.

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.

FINDING 8.6.5:

The content of one or more progress notes claimed as another service (i.e. Collateral; Plan Development) indicated that the service provided was actually for participation in a Child and Family Team (CFT) meeting, and should have been claimed as ICC case management (Service Function "07"): **Line number** ⁵⁴.

For the CFT meetings conducted ⁵⁵, and ⁵⁶, three different providers attended and documented their participation on separate progress notes, each claiming different services (ICC, Collateral, and Plan Development).

CORRECTIVE ACTION PLAN 8.6.5:

The MHP shall submit a CAP that describes how it will ensure that the service activity described in the body of all progress notes is consistent with the specific service activity claimed - i.e., all claims submitted must be accurate and consistent with the actual service provided in terms of type of service, date of service and time of service.

⁵³ Date(s) removed for confidentiality

⁵⁴ Line number(s) removed for confidentiality

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⁵⁶ Date(s) removed for confidentiality