



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2021/2022

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE SAN LUIS OBISPO COUNTY MENTAL HEALTH PLAN

CHART REVIEW FINDINGS REPORT

Dates of Review: 2/1/2022 to 2/3/2022

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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 Luis Obispo 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 443 claims submitted for the months of April, May and June of **2020**.

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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 numbers** ¹. 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.**
 - **Line Number** ². Progress note for claimed Medication Support service on ³ only notes that client “FTS” (Failed to Show) and that clinician left a phone message with client about same.
 - **Line Number** ⁴. Progress note for claimed Individual Therapy service on ⁵ indicates that client called and cancelled the appointment.

- 2) **Line numbers** ⁶. The intervention documented on the progress note did not meet the definition of a valid Specialty Mental Health Service. **RR2c, refer to Recoupment Summary for details.**
 - **Line number** ⁷. Progress note for Targeted Case Management service claimed on ⁸ describes provider getting groceries for client.
 - **Line number** ⁹. Progress notes for several Targeted Case Management service claims (service dates: ¹⁰) describe provider leaving voicemail messages with client / client’s guardian as part of outreach to the beneficiary during the early period of Shelter-in-Place protocols.
 - **Line number** ¹¹. Progress notes for two Targeted Case Management service claims (¹²) describe provider rescheduling appointment with client.

¹ Line number(s) removed for confidentiality

² Line number(s) removed for confidentiality

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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 policies, a "Treatment Update/Summary will be completed annually".

The following are specific findings from the chart sample:

- **Line Number** ¹³. Prior Assessment was completed as signed on ¹⁴. Current Assessment was completed as signed on ¹⁵.
- **Line Number** ¹⁶. Prior Assessment was completed as signed on ¹⁷. Current Assessment, an Initial Psychiatric Evaluation, was completed as signed on ¹⁸.
- **Line Number** ¹⁹. Prior Assessment was completed as signed on ²⁰. Current Assessment was completed as signed on ²¹.
- **Line Number** ²². Prior Assessment was completed as signed on ²³. Current Assessment was completed as signed on ²⁴.
- **Line Number** ²⁵. Prior Assessment available for review was completed as signed on ²⁶. Current Assessment was completed as signed on ²⁷. In looking for a more

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recent Prior Assessment, MHP staff located a Prior Assessment dated ²⁸, confirming that Current Assessment was not timely per the MHP's policies.

- **Line Number** ²⁹. Prior Assessment was completed as signed on ³⁰. MHP staff reported locating an Updated Assessment completed after the review period on ³¹.
- **Line Number** ³². Prior Assessment was completed as signed on ³³. Current Assessment was completed as signed on ³⁴.

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 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 ³⁵: 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.* Written medication consent form(s) were unavailable for prescribed medications, Topamax and Lamictal.

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.

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- 2) Written medication consent forms are completed in accordance with 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** ³⁶: 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.
 - **Line number** ³⁷. Prior Client Plan expired on ³⁸; current Client Plan completed on ³⁹. There was one planned IHBS service on ⁴⁰ that was provided within this lapse.
- **Line numbers** ⁴¹: There was a **lapse** between the prior and current Client Plans. However, this occurred outside of the audit review period
 - **Line number** ⁴². Prior Client Plan expired on ⁴³; current Client Plan completed on ⁴⁴.
 - **Line number** ⁴⁵. Prior Client Plan expired on ⁴⁶; current Client Plan completed on ⁴⁷ during this period.
 - **Line number** ⁴⁸. Prior Client Plan expired on ⁴⁹; current Client Plan completed on ⁵⁰.
- **Line numbers** ⁵¹: There was a **lapse** between the prior and current Client Plans. However, there were no claims during this period.
 - **Line number** ⁵². Prior Client Plan expired on ⁵³; current Client Plan completed on ⁵⁴.

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- **Line number** ⁵⁵. Prior Client Plan expired on ⁵⁶; current Client Plan completed on ⁵⁷.

CORRECTIVE ACTION PLAN 8.4.2a:

Due to the transition to the new Documentation Standards that will be effective July 2022, no Corrective Action Plan is required for this item.

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 note was not completed within the MHP's written timeliness standard of 5 days after provision of service. One hundred five (24 percent) of all progress notes reviewed were completed late (76% compliance).
- **Line numbers** ⁵⁹. One or more progress notes 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.**

For the following described Units of Time mismatches in **Line numbers** ⁶⁰, the MHP consulted with their billing department. MHP staff indicate that the service code used for these Medication Support services is claimed in "units" of 15 minutes each, so the claims are claimed at Units of Time that are rounded up to the next highest multiple of a 15-minute unit.

Pursuant to CCR title 9 section 1840.316 (b)(1) The exact number of minutes used by the persons providing a reimbursable service shall be reported and billed. As such these services are to be claimed with the actual and specific number of minutes for each service, and are not to be rounded up in 15-minute increments.

- **Line number** ⁶¹:

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- There was a Medication Support service claimed on ⁶² for ⁶³ minutes, but the progress note indicates the service time was ⁶⁴ minutes.
- There was a Medication Support service claimed on ⁶⁵ for ⁶⁶ minutes, but the progress note indicates the service time was ⁶⁷ minutes.
- **Line number ⁶⁸:**
 - There was a Medication Support service claimed on ⁶⁹ for ⁷⁰ minutes, but the progress note indicates the service time was ⁷¹ minutes.
 - There was a Medication Support service claimed on ⁷² for ⁷³ minutes, but the progress note indicates the service time was ⁷⁴ minutes.

CORRECTIVE ACTION PLAN 8.5.2:

- 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.

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 ⁷⁵.** While progress note(s) themselves did not accurately document the number of group participants on one or more group progress

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⁶⁸ Line number(s) removed for confidentiality
⁶⁹ Date(s) removed for confidentiality
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⁷¹ Minutes(s) removed for confidentiality
⁷² Date(s) removed for confidentiality
⁷³ Minutes(s) removed for confidentiality
⁷⁴ Minutes(s) removed for confidentiality
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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 number ⁷⁶**. There was no progress note in the medical record for the service(s) claimed or a progress note and claim were entered in error. **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 ⁷⁷**. Reviewers noted that content of progress notes for claimed Individual Therapy services on ⁷⁸ and ⁷⁹ were identical. MHP staff followed up with provider of the noted progress notes, who indicated that the ⁸⁰ progress note was entered in error and was an accidental duplication of service provided on ⁸¹.
 - **Line Number ⁸²**. Reviewers noted that there was identical content in 2 progress notes for 2 separate claimed Targeted Case Management services on ⁸³. MHP staff followed up with provider of the noted progress notes, who indicated that the one of these progress notes was entered in error and is a duplication of a single service provided on that date.

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) Actually provided to the beneficiary.
- 2) Ensure that all progress notes:

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- a) Are accurate, complete and legible and meet the documentation requirements described in the MHP Contract with the Department.

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 has policies and procedures in place that demonstrate an understanding of the potential benefit of offering ICC services and IHBS to all children who might meet criteria for these higher intensity services, regardless of Katie A. subclass status. Within the sample, there was also evidence that the MHP is providing ICC services and IHBS to children who meet criteria and need these services. The evidence also supports that the MHP is appropriately following guidelines when providing these services, including providing CFT meetings on a consistent basis.

However, the singular area recommended for improvement is that the MHP does not have a standard procedure for clearly making determinations for all children on whether or not they would meet criteria for ICC services and IHBS. The MHP relies on clinician referral when offering ICC services and IHBS. Though they are able to consistently identify those children that are in Katie A. subclass and would benefit from these services, a referral based system has the potential of missing some children that could meet criteria for ICC services and IHBS, if they are not in the Katie A. subclass.

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.