CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2019/2020

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE SANTA BARBARA COUNTY MENTAL HEALTH PLAN

CHART REVIEW FINDINGS REPORT

Review Dates: 2/12/2019 to 2/13/2019

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 Santa Barbara 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 **608** claims submitted for the months of January, February and March of **2019**.

Contents

Medical Necessity

REQUIREMENTS
The beneficiary must meet medical necessity criteria outlined in subsections (1-3) to be eligible for services. (CCR, title 9, § 1830.205(b).) 1) The beneficiary meets DSM criteria for an included ICD diagnosis for outpatient SMHS in accordance with the MHP contract. (MHSUDS IN Nos., 15-030, 16-016, 16-051, and 17-004E)
The beneficiary must have at least one of the following impairments as a result of the mental disorder or emotional disturbance (listed above in A1): 1. A significant impairment in an important area of functioning. 2. A probability of significant deterioration in an important area of life functioning. 3. A probability that the child will not progress developmentally as individually appropriate 4. For full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that SMHS can correct or ameliorate. (CCR, title 9, § 1830.205 (b)(2)(A-C).)
The proposed and actual intervention(s) meet the intervention criteria listed below: b) The focus of the proposed and actual intervention(s) addresses the condition identified in No. 1b (1-3)above, or for full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that the SMHS can correct or ameliorate per No. 1 (b)(4). (CCR, title 9, § 1830.205(b) (3)(A).)
c) The expectation is that the proposed and actual intervention(s) will do at least one (1) of the following (A, B, C, or D): A. Significantly diminish the impairment. B. Prevent significant deterioration in an important area of life functioning. C. Allow the child to progress developmentally as individually appropriate. D. For full-scope MC beneficiaries under the age of 21 years, correct or ameliorate the condition. (CCR, title 9, § 1830.205 (b)(3)(B)(1-4).)
The condition would not be responsive to physical health care based treatment. (CCR, title 9, § 1830.205(b)(3)(C).)
Reasons for Recoupment (RR): ***Refer to the enclosed Recoupment Summary for additional details about disallowances.*** RR1. The Mental Health Plan (MHP) did not submit documentation substantiating it complied with the following requirements: A) The MHP uses the criteria sets in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) as the clinical tool to make diagnostic determinations. (MHP Contract, Exhibit A, Attachment 3)

B) Once a DSM-V diagnosis is determined, the MHP shall determine the corresponding mental health diagnosis, in the International Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10) and use the ICD-10 diagnosis code(s) to submit a claim for specialty mental health services (SMHS) to receive reimbursement of Federal Financial Participation (FFP) in accordance with the covered diagnoses for reimbursement of outpatient and inpatient SMHS.

RR2. Services, except for Crisis Intervention and/or services needed to establish medical necessity criteria, 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. The MHP did not submit documentation substantiating the beneficiary's need for services was established by an Assessment.

RR3. The MHP did not submit documentation substantiating that, as a result of an included ICD-10 diagnosis, the beneficiary has, at least, one of the following impairments:

a) A significant functional impairment in an important area of the beneficiary's life functioning;
b) A probability of significant deterioration in an important area of life functioning;
c) A probability that the child will not progress developmentally as individually appropriate; or
d) For full–scope beneficiaries under the age of 21 years, a condition as a result of the mental disorder that specialty mental health services can correct or ameliorate.

RR5. The MHP did not submit documentation substantiating that the focus of the intervention is to address the beneficiary's included mental health condition.

a) A significant impairment in an important area of life functioning;
b) A probability of significant deterioration in an important area of life functioning;
c) A probability the child will not progress developmentally as individually appropriate
d) For full-scope Medi-Cal beneficiaries under the age of 21 years, a condition as a result of the mental disorder that specialty mental health services can correct or ameliorate

RR6 The MHP did not submit documentation substantiating the expectation that the intervention will do, at least, one of the following:

a) Significantly diminish the impairment;
b) Prevent significant deterioration in an important area of life functioning;
c) Allow the child to progress developmentally as individually appropriate; or
d) For full-scope Medi-Cal beneficiaries under the age of 21 years, correct or ameliorate the condition.

RR7 The progress note does not describe how services provided to the beneficiary reduced impairment, restored functioning, prevented significant deterioration in an important area of life functioning, or how services were necessary to correct or ameliorate a beneficiary's (under the age of 21) mental health condition

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.

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.

RR16. The service provided was not within the scope of practice of the person delivering the service.

(MHSUDS IN No. 18-054, Enclosure 4)

FINDING 1A-3b:
The actual interventions documented on the progress notes for the following Line numbers did not meet medical necessity criteria since the interventions 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. **RR15a, refer to Recoupment Summary for details.**
2) **Line numbers [2].** 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**

CORRECTIVE ACTION PLAN 1A-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.

FINDING 1A-3b1:
The intervention(s) documented on the progress note(s) for the following Line number did not meet medical necessity since the service provided was solely clerical:

- **Line number [3]. RR11f, refer to Recoupment Summary for details.**

CORRECTIVE ACTION PLAN 1A-3b1:
The MHP shall submit a CAP that describes how the MHP will ensure that:

[1] Line number(s) removed for confidentiality
[2] Line number(s) removed for confidentiality
[3] Line number(s) removed for confidentiality

1) Each progress note describes how services reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning.
2) Services provided and claimed are not solely transportation, clerical or payee related.
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, sections 1810.247, 1810.345(a), 1810.335(a)(2), 1830.205(b)(3), and MHSUDS IN. NO. 18-054, Enclosure 4.

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 assessment was not completed within the MHP's initial timeliness standard of no more than 60 days after the beneficiary's Episode Opening Date. Specifically:

- **Line number [4].** The beneficiary's Episode Opening Date was [5], while the only Assessment the MHP submitted was not completed until [6], with no documentation of why the completion date was late.

CORRECTIVE ACTION PLAN 2A:

The MHP shall submit a CAP that:

1) 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.
2) Planned Specialty Mental Health Services are not claimed in the absence of an assessment that substantiates those services.

[4] Line number(s) removed for confidentiality
[5] Date(s) removed for confidentiality
[6] Date(s) removed for confidentiality

REQUIREMENTS
The MHP shall ensure that the following areas are included, as appropriate, as part of a comprehensive beneficiary record when an assessment has been performed: a) Presenting Problem. The beneficiary's chief complaint, history of the presenting problem(s), including current level of functioning, relevant family history and current family information; b) Relevant conditions and psychosocial factors affecting the beneficiary's physical health and mental health; including, as applicable, living situation, daily activities, social support, cultural and linguistic factors and history of trauma or exposure to trauma; c) History of trauma or exposure to trauma; d) Mental Health History. Previous treatment, including providers, therapeutic modality (e.g., medications, psychosocial treatments) and response, and inpatient admissions; e) Medical History, including: Relevant physical health conditions reported by the beneficiary or a significant support person; Name and address of current source of medical treatment; For children and adolescents, the history must include prenatal and perinatal events and relevant/significant developmental history; f) Medications, including: Information about medications the beneficiary has received, or is receiving, to treat mental health and medical conditions, including duration of medical treatment; Documentation of the absence or presence of allergies or adverse reactions to medications; Documentation of informed consent for medications; g) Substance Exposure/Substance Use. Past and present use of tobacco, alcohol, caffeine, CAM (complementary and alternative medications) and over-the-counter drugs, and illicit drugs; h) Client Strengths. Documentation of the beneficiary's strengths in achieving client plan goals related to their mental health needs and functional impairment(s); i) Risks. Situations that present a risk to the beneficiary and others, including past or current trauma; j) Mental Status Examination; k) A Complete Diagnosis. A diagnosis from the current ICD-code that is consistent with the presenting problems, history, mental status exam and/or other clinical data; including any current medical diagnosis (MHP Contract, Ex. A, Att. 9; CCR, title 9, §§ 1810.204 and 1840.112)

FINDING 2B:
One or more of the assessments reviewed did not address all of the required elements specified in the MHP Contract. Specifically:

a) Relevant conditions and psychosocial factors. **Line number [7].**
b) Medical History. **Line number [8].**
c) Medications. **Line number [9].**
d) Trauma History. **Line number [10].**

CORRECTIVE ACTION PLAN 2B:
The MHP shall submit a CAP that describes how the MHP will ensure that every assessment addresses all of the elements specified in the MHP Contract with the Department.

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

1) **Line number [11].** There was no written medication consent form found in the medical record. *During the review, MHP staff was given the opportunity to locate the missing medication consent form but was unable to locate it in the medical record.*
2) **Line number [12].** The medication consent form completed on [13] was not signed by the beneficiary, with no further explanation.

CORRECTIVE ACTION PLAN 3A:
The MHP shall submit a CAP to address actions it will implement to ensure the following:

[7] Line number(s) removed for confidentiality
[8] Line number(s) removed for confidentiality
[9] Line number(s) removed for confidentiality
[10] Line number(s) removed for confidentiality
[11] Line number(s) removed for confidentiality
[12] Line number(s) removed for confidentiality
[13] Date(s) removed for confidentiality

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 Department.

REQUIREMENTS
Written medication consents shall include, but not be limited to, the following required elements: 1) The reasons for taking such medications. 2) Reasonable alternative treatments available, if any. 3) Type of medication. 4) Range of frequency (of administration). 5) Dosage. 6) Method of administration. 7) Duration of taking the medication. 8) Probable side effects. 9) Possible side effects if taken longer than 3 months. 10) Consent once given may be withdrawn at any time. (MHP Contract, Ex. A, Att. 9)

FINDING 3B:
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:

1) Frequency or Frequency Range: **Line numbers [14].**
2) Method of administration (oral or injection): **Line numbers [15].**
3) Duration of taking each medication: **Line numbers [16].**
4) Possible side effects if taken longer than 3 months: **Line number [17].**

CORRECTIVE ACTION PLAN 3B:
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

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

Client Plans

REQUIREMENTS
The client plan has been updated at least annually and/or when there are significant changes in the beneficiary's condition. MHP Contract, Ex. A, Att. 2)
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. 18-054, Enclosure 4)

FINDING 4B-1:
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). Specifically:

- **Line numbers [18]**: Although there was **no** Initial Client Plan found in the medical record, the beneficiary received one or more claimed treatment service. *The MHP was given the opportunity to locate the documents in question but did not submit written evidence of them in the medical record.* **RR4a, refer to Recoupment Summary for details.**
- **Line number [19]:** The beneficiary resided in a Crisis Residential program. However, a valid Client Plan for this service was not found in the medical record. There was a progress note on the date of admission ([20]) containing a section titled, "Treatment Plan/Follow-up", however, that note was signed by an LVN who cannot be the sole signatory of a client plan. *The MHP was given the opportunity to locate the document in question but did not submit written evidence of it in the medical record.* **RR4a, refer to Recoupment Summary for further details.**
- **Line number [21]**: The Initial Client Plan was late However, this occurred outside of the audit review period. (i.e., Episode Opening Date = [22]; Initial Plan completed on [23]).

[18] Line number(s) removed for confidentiality
[19] Line number(s) removed for confidentiality
[20] Date(s) removed for confidentiality
[21] Line number(s) removed for confidentiality
[22] Date(s) removed for confidentiality
[23] Date(s) removed for confidentiality

CORRECTIVE ACTION PLAN 4B-1:
The MHP shall submit a CAP that describes how the MHP will ensure that Client Plans are completed prior to the provision of planned services.

REQUIREMENTS
The client plan has been updated at least annually and/or when there are significant changes in the beneficiary's condition. MHP Contract, Ex. A, Att. 2)

FINDING 4B-2:
One or more client plan(s) was not updated at least annually. Specifically:

- **Line numbers [24]**: There was a **lapse** between the prior and current Client Plans. However, this occurred outside of the audit review period:
  - **Line number [25].** Episode Opening Date = [26]. The MHP did not submit a prior Client Plan; current Client Plan completed on [27].
  - **Line number [28].** Prior Client Plan expired on [29]. Current Client Plan completed on [30].
- **Line number [31]**: There was a **lapse** between the prior and current Client Plans. However, there were no claims during this period:
  - Prior Client Plan expired on [32]. Current Client Plan completed on [33].

CORRECTIVE ACTION PLAN 4B-2:
The MHP shall submit a CAP that describes how the MHP will ensure that 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.

REQUIREMENTS
C. The MHP shall ensure that Client Plans:

[24] Line number(s) removed for confidentiality
[25] Line number(s) removed for confidentiality
[26] Date(s) removed for confidentiality
[27] Date(s) removed for confidentiality
[28] Line number(s) removed for confidentiality
[29] Date(s) removed for confidentiality
[30] Date(s) removed for confidentiality
[31] Line number(s) removed for confidentiality
[32] Date(s) removed for confidentiality
[33] Date(s) removed for confidentiality

1) 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.
2) Identify the proposed type(s) of intervention/modality including a detailed description of the intervention to be provided.
3) Have a proposed frequency of the intervention(s).
4) Have a proposed duration of intervention(s).
5) Have interventions that focus and address the identified functional impairments as a result of the mental disorder or emotional disturbance (CCR, title. 9, § 1830.205(b).
6) Have interventions that are consistent with client plan goal(s)/treatment objective(s).
7) Have interventions consistent with the qualifying diagnosis.

MHP Contract, Ex. A, Att. 9)

FINDING 4C:

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

- One or more goal/treatment objective was not specific, observable, and/or quantifiable and related to the beneficiary's mental health needs and identified functional impairments.
  - **Line number [34]**. Provider #[35]. Plan completed on [36].
- One or more proposed intervention did not include an expected frequency or frequency range that was specific enough.
  - **Line number [37].** Provider #[38]. Plan completed on [39].
  - **Line number [40].** Provider #[41]. Plan completed on [42].
- One or more proposed intervention did not include an expected duration.
  - **Line number [43].** Provider #[44]. Plan completed on [45].

[34] Line number(s) removed for confidentiality
[35] Provider Number removed for confidentiality
[36] Date(s) removed for confidentiality
[37] Line number(s) removed for confidentiality
[38] Provider Number removed for confidentiality
[39] Date(s) removed for confidentiality
[40] Line number(s) removed for confidentiality
[41] Provider Number removed for confidentiality
[42] Date(s) removed for confidentiality
[43] Line number(s) removed for confidentiality
[44] Provider Number removed for confidentiality
[45] Date(s) removed for confidentiality

- **Line number [46].** Provider #[47]. Plan completed on [48].

CORRECTIVE ACTION PLAN 4C:

The MHP shall submit a CAP 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) Mental health interventions proposed on all client plans indicate both an expected frequency, or frequency range, and a specific duration for each intervention.

REQUIREMENTS
The MHP shall ensure that Client Plans are signed (or electronic equivalent) by: a) The person providing the service(s) or, b) A person representing a team or program providing the service(s) or, c) A person representing the MHP providing service(s). CCR, title 9, § 1810.440(c).)
Services (i.e., Plan Development) shall be provided within the scope of practice of the person delivering the service, if professional licensure is required for the service. Services shall be provided under the direction of one or more of the following: A. Physician B. Psychologist C. Licensed Clinical Social Worker D. Licensed Marriage and Family Therapist E. Licensed Professional Clinical Counselor F. Registered Nurse, including but not limited to nurse practitioners and clinical nurse specialists G. Waivered/Registered Professional when supervised by a licensed mental health professional in accordance with laws and regulations governing the registration or waiver. (CCR, title 9, § 1840.314(e); CCR, title 9, § 1810.440(c).); State Plan, Supplement 3, Attachment 3. 1-A, pp. 2m-p, MHSUDS IN No. 17-040
The Client Plan must be co-signed by the LMHP directing services, within their scope of practice under State law. If the individual providing services must be under the direction of an LMHP (from the categories above). (CCR, title 9, § 1840.314(e); CCR, title 9, § 1810.440(c).); State Plan, Supplement 3, Attachment 3. 1-A, pp. 2m-p, MHSUDS IN No. 17-040

[46] Line number(s) removed for confidentiality
[47] Provider Number removed for confidentiality
[48] Date(s) removed for confidentiality

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.

(MHP Contract, Ex A, Att. 2; MHSUDS IN No. 18-054, Enclosure 4)

FINDING 4D:

The Client Plan was not signed (or electronic equivalent) by the appropriate provider, as specified in the MHP Contract and CCR, title 9, chapter 11, section 1810.440(c)(1)(A-C):

- **Line number** [49]: The Client Plan was not signed or co-signed (or electronic equivalent) by an approved category of provider: i.e., MD/DO, RN, licensed/registered/waivered LCSW, MFT, LPCC, or licensed / waivered psychologist). **RR4a, refer to Recoupment Summary for details.**

CORRECTIVE ACTION PLAN 4D:

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

1) The appropriate provider signs the Client Plan.
2) The signature and co-signature of an approved category of provider is obtained when required as specified in the MHP Contract or the MHPs own policy.

REQUIREMENTS
The MHP shall ensure that Client Plans include documentation of the beneficiary's participation in and agreement with the Client Plan. (MHP Contract, Ex. A, Att. 9; CCR, title 9, § 1810(c)(2).)
The MHP shall ensure that Client Plans include the beneficiary's signature or the signature of the beneficiary's legal representative when: a. The beneficiary is expected to be in long-term treatment, as determined by the MHP, and, b. The client plan provides that the beneficiary will be receiving more than one (1) type of SMHS. (CCR, title 9, § 1810.440(c)(2)(A).)
When the beneficiary's signature or the signature of the beneficiary's legal representative is required on the client plan and the beneficiary refuses or is

[49] Line number(s) removed for confidentiality

unavailable for signature, the client plan includes a written explanation of the refusal or unavailability of the signature.

(CCR, title 9, § 1810.440(c)(2)(B).)

FINDING 4E:

The MHP's written documentation standards require the beneficiary or legal representative to sign each Client Plan as evidence of participation in and agreement with the Plan. However, a signature was missing, and there was no written explanation of the beneficiary's refusal or unavailability to sign on the following Client Plans:

- **Line number [50].** Provider #[51]. Plan completed [52]
- **Line number [53].** Provider #[54]. Plan completed on [55]
- **Line number [56].** Provider #[57]. Plan completed on [58]*****
- **Line number [59].** Provider #[60]. Plan completed on [61]
- **Line number [62].** Provider #[63]. Plan completed on [64]

  **** The signature of, or other evidence for, the LPS Conservator's agreement with the beneficiary's Client Plan was missing.***

CORRECTIVE ACTION PLAN 4E:

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

1) Evidence for the participation in and agreement with all client plans is obtained from and documented for the beneficiary or, if appropriate, from the Legal Guardian if the beneficiary is a child, or from the LPS Conservator if the beneficiary is Conserved;
2) The beneficiary's signature is obtained on the Client Plan as is required by the MHP's chart documentation standards;
3) Planned treatment services are not claimed when the beneficiary's signature is not obtained, and a specific reason for refusal is not documented.

[50] Line number(s) removed for confidentiality
[51] Provider Number removed for confidentiality
[52] Date(s) removed for confidentiality
[53] Line number(s) removed for confidentiality
[54] Provider Number removed for confidentiality
[55] Date(s) removed for confidentiality
[56] Line number(s) removed for confidentiality
[57] Provider Number removed for confidentiality
[58] Date(s) removed for confidentiality
[59] Line number(s) removed for confidentiality
[60] Provider Number removed for confidentiality
[61] Date(s) removed for confidentiality
[62] Line number(s) removed for confidentiality
[63] Provider Number removed for confidentiality
[64] Date(s) removed for confidentiality

REQUIREMENTS
There is documentation in the Client Plan that a copy of the Client Plan was offered to the beneficiary. MHP Contract, Ex. A, Att. 9)

FINDING 4G:

There was no documentation on the current Client Plan that the beneficiary or legal guardian was offered a copy of the Client Plan. Specifically:

- **Line number [65].** Plan completed on [66]
- **Line number [67].** Plan completed on [68]

CORRECTIVE ACTION PLAN 4G:

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

1) Ensure that there is documentation on the Client Plan substantiating that the beneficiary was offered a copy of the Client Plan.
2) Submit evidence that the MHP has an established process to document that each beneficiary is offered a copy of their current Client Plan.

[6565] Line number(s) removed for confidentiality
[66] Date(s) removed for confidentiality
[67] Line number(s) removed for confidentiality
[68] Date(s) removed for confidentiality

Progress Notes

REQUIREMENTS
Items that shall be contained in the client record (i.e., Progress Notes) related to the beneficiary's progress in treatment include all of the following: a) Timely documentation of relevant aspects of client 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; 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) with the person's type of professional degree, licensure, or job title. (MHP Contract, Ex. A, Att. 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. RR14. The progress note was not signed (or electronic equivalent) by the person(s) providing the service. (MHSUDS IN No. 18-054, Enclosure 4)

FINDING 5B:

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 [69].** Several progress notes were not completed within the MHP's written timeliness standard of one (1) business days after provision of service. 177 or 29.1 percent of all progress notes reviewed were completed late.
- **Line number [70].** One 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. **RR8b3, refer to Recoupment Summary for details.**

CORRECTIVE ACTION PLAN 5B:

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

1) 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) Specialty Mental Health Services claimed are accurate and are actually provided to the beneficiary.

REQUIREMENTS
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).)

[69] Line number(s) removed for confidentiality
[70] Line number(s) removed for confidentiality

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

RR12. The claim for a group activity, which is provided as a Mental Health Service, Medication Support, Crisis Intervention, or TCM service, was not properly apportioned to all clients present, and resulted in excess time claimed.

RR13. For service activities involving one (1) or more providers, progress notes, or other relevant documentation in the medical record, did not clearly include the following:

a) The total number of providers and their specific involvement in the context of the mental health needs of the beneficiary; **or**

b) The specific amount of time of involvement of each provider in providing the service, including travel and documentation time if applicable; ***or***

c) The total number of beneficiaries participating in the service activity.

(MHSUDS IN No. 18-054, Enclosure 4)

FINDING 5C:

Documentation of services provided to, or on behalf of, a beneficiary by more than one person at one point in time did not include all required components. Specifically:

- **Line numbers [71].** Several progress notes 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.**

CORRECTIVE ACTION PLAN 5C:

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

1) 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".
2) 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.
3) Include a clinical rationale when more than one (1) provider renders services within the same group session or activity.

[71] Line number(s) removed for confidentiality

REQUIREMENTS
Progress notes shall be documented at the frequency by types of service indicated below: a) Every service contact for: i. Mental health services; ii. Medication support services; iii. Crisis intervention; iv. Targeted Case Management; b) Daily for: i. Crisis residential; ii. Crisis stabilization (one per 23/hour period); iii. Day Treatment Intensive; iv. Therapeutic Foster Care c) Weekly: i. Day Treatment Intensive: (clinical summary); ii. Day Rehabilitation; iii. Adult Residential. (MHP Contract, Ex.A, Att. 9); (CCR, title 9, §§ 1840.316(a-b);1840.318(a-b), 840.320(a-b),)
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. RR20. Required DTI/DR documentation was not present as follows: a) There was not a clinical summary present for Day Treatment Intensive Services for the week of the service reviewed b) There was not a daily progress note present for Day Treatment Intensive Services for the day of the service reviewed c) There was not a weekly progress note present for Day Rehabilitation Services for the week of the service reviewed. (MHSUDS IN No. 18-054, Enclosure 4)

FINDING 5D:

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

- **Line numbers** [72]: There was no progress note in the medical record for the services claimed. **RR8a, refer to Recoupment Summary for details**.
  The MHP was given the opportunity to locate the documents in question but did not provide them.
- **Line number** [73]: 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 the progress note. Specifically:
  - While the progress notes corresponding to services provided on [74] and [75] recorded and claimed as ICC services, the Client Plan included Targeted Case Management, but not ICC services.

CORRECTIVE ACTION PLAN 5D:

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

1) Ensure that all Specialty Mental Health Services claimed are:
   d) Documented in the medical record.
   e) Actually provided to the beneficiary.
   f) 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).
   g) 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.

[72] Line number(s) removed for confidentiality
[73] Line number(s) removed for confidentiality
[74] Date(s) removed for confidentiality
[75] Date(s) removed for confidentiality

Provision of ICC Services and IHBS for 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:
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, and that if appropriate, such services were included on their Client Plan:

- **Line numbers [76].**

CORRECTIVE ACTION PLAN 6A:
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.

[76] Line number(s) removed for confidentiality