CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2020/2021

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE SANTA CRUZ COUNTY MENTAL HEALTH PLAN

CHART REVIEW FINDINGS REPORT

Review Dates: 5/11/2021 to 5/13/2021

DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Santa Cruz MENTAL HEALTH PLAN
5/11/2021
CHART REVIEW FINDINGS REPORT

Chart Review – Non-Hospital Services

The medical records of five (5) adult and five (5) 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 Cruz 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 **507** claims submitted for the months of April, May and June of **2020**.

Contents

Assessment

FINDING 8.2.2:
One or more of the assessments reviewed did not address all of the required elements specified in the MHP Contract. Specifically:

- A Mental Status Examination: **Line number(s) [1].**

CORRECTIVE ACTION PLAN 8.2.2:
The MHP shall submit a CAP that describes how the MHP will ensure that every assessment contains all of the required elements specified in the MHP Contract with the Department.

Client Plans

FINDING 8.4.3a:
One or more client plan(s) was not completed in accordance with the MHP's initial timeliness standards, or updated at least annually. Specifically:

- **Line number [2].** The initial Client Plan was completed late based on the MHP's documentation standards of timeliness. Based on the MHP's documentation standards, the initial client plan should be completed "within 60 days from the date of the first service" in the respective treatment program.
    - **Line number [3].** For Provider #[4], the Episode Opening Date (EOD) was listed as [5] and the initial Client Plan would have been due on [6]; however, the initial Client Plan was completed on [7]. This lapse between initial Client Plan expected date and completion date occurred outside of the audit review period and there were no claims during this period.
- **Line numbers [8]**. There was a **lapse** between the prior and current Client Plans. However, this occurred outside of the audit review period.
    - **Line number [9].** For Provider #[10], the prior Client Plan expired on [11]; however, the current Client Plan was completed on [12].

[1] Line number(s) removed for confidentiality
[2] Line number(s) removed for confidentiality
[3] Line number(s) removed for confidentiality
[4] Provider number removed for confidentiality
[5] Date(s) removed for confidentiality
[6] Date(s) removed for confidentiality
[7] Date(s) removed for confidentiality
[8] Line number(s) removed for confidentiality
[9] Line number(s) removed for confidentiality
[10] Provider number removed for confidentiality
[11] Date(s) removed for confidentiality
[12] Date(s) removed for confidentiality

- **Line number [13].** For Provider #[14], the prior Client Plan expired on [15]; however, the current Client Plan was completed on [16].

- **Line number [17]**. There was a **lapse** between the prior and current Client Plans. However, there were no claims during this period.
  - **Line number [18].** For Provider #[19], the prior Client Plan expired on [20]; however, the current Client Plan was completed on [21].

    Although there were two claimed services during the lapse between Client Plans, these services were service activities that are deemed as being reimbursable prior to a current Client Plan being completed (i.e. assessment and Targeted Case Management for referral/linkage).

CORRECTIVE ACTION PLAN 8.4.3a:
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.

FINDING 8.4.4:
Client Plans did not include all of the required elements identified in the MHP Contract. Specifically:

- One or more proposed interventions did not include an expected frequency or frequency range that was specific enough. **Line number(s) [22].**
  - **Line number [23].** The Client Plan completed as signed on [24] by Provider #[25] notes "or as needed" as its expected frequency, which is not a specific frequency of time, as it does not specifically state the rate at which a service will occur.

[13] Line number(s) removed for confidentiality
[14] Provider number removed for confidentiality
[15] Date(s) removed for confidentiality
[16] Date(s) removed for confidentiality
[17] Line number(s) removed for confidentiality
[18] Line number(s) removed for confidentiality
[19] Provider number removed for confidentiality
[20] Date(s) removed for confidentiality
[21] Date(s) removed for confidentiality
[22] Line number(s) removed for confidentiality
[23] Line number(s) removed for confidentiality
[24] Date(s) removed for confidentiality
[25] Provider number removed for confidentiality

- **Line number [26].** The Client Plan completed as signed on [27] by Provider #[28] notes "as needed" as its expected frequency, which is not a specific frequency of time.
- **Line number [29].** The Client Plans (completed as signed on [30] and [31]) by Provider #[32] noted "or as needed" as its expected frequency, which is not a specific frequency of time.
- **Line number [33].** The Client Plan completed as signed on [34] by Provider #[35] was missing an expected frequency for its planned Family Rehab Counseling service.
- **Line number [36].** The Client Plan completed as signed on [37] by Provider #[38] was missing an expected frequency for its planned Case Management service.

CORRECTIVE ACTION PLAN 8.4.4:
The MHP shall submit a CAP that describes how the MHP will ensure that mental health interventions proposed on client plans indicate specific expected frequencies for each intervention.

FINDING 8.4.11:
Line number [39]: There was no documentation on the current Client Plan that the beneficiary or legal guardian was offered a copy of the Client Plan.

CORRECTIVE ACTION PLAN 8.4.11:
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.

[26] Line number(s) removed for confidentiality
[27] Date(s) removed for confidentiality
[28] Provider number removed for confidentiality
[29] Line number(s) removed for confidentiality
[30] Date(s) removed for confidentiality
[31] Date(s) removed for confidentiality
[32] Provider number removed for confidentiality
[33] Line number(s) removed for confidentiality
[34] Date(s) removed for confidentiality
[35] Provider number removed for confidentiality
[36] Line number(s) removed for confidentiality
[37] Date(s) removed for confidentiality
[38] Provider number removed for confidentiality
[39] Line number(s) removed for confidentiality

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 [40].** One or more progress notes were not completed within the MHP's written timeliness standard of 7 calendar days after provision of service. Five (1 percent) of all progress notes reviewed were completed late (99% compliance).

CORRECTIVE ACTION PLAN 8.5.2:
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 [41].** While the MHP was able to provide separate documentation listing the number of participants in each group, one or more group progress notes did not accurately document the number of participants in the group.

  Four (8 percent) of all group progress notes did not accurately document the number of group participants in the progress notes. (92% compliance) The MHP currently incorporates the practice of instructing providers to write the number of group participants in their progress notes, as this is not automatically embedded by the MHP's Electronic Health Record (EHR) program. In the identified progress notes above, the providers had not written the number of participants into the progress notes.

CORRECTIVE ACTION PLAN 8.5.3:
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.

Provision of ICC Services and IHBS for Children and Youth

FINDING 8.6.1:

[40] Line number(s) removed for confidentiality
[41] Line number(s) removed for confidentiality

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:

For the following Line Numbers, there was evidence within the medical record that beneficiaries merited some level of consideration for the possibility of more intensive services such as ICC and/or IHBS. However, an individualized determination of eligibility and need for ICC services and/or IHBS could not be located.

During the review, MHP staff discussed their recent implementation of an updated ICC/IHBS eligibility form for all children and youth beneficiaries, but this form was implemented as of 2021, after the post-payment chart review period of this review.

- **Line numbers [42].**
    - **Line number [43].** The beneficiary's medical record indicates the beneficiary is experiencing a frequent need for crisis intervention and an elevated self-harm ideation.
    - **Line number [44].** The beneficiary's medical record documents that the beneficiary has had involvement with multiple child serving systems (i.e., Legal Services and behavioral problems at school).
    - **Line number [45].** Per the beneficiary's medical record, the client continues to be in foster care, but no evidence could be located regarding an individualized determination of the need for ICC or IHBS services.

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.

[42] Line number(s) removed for confidentiality
[43] Line number(s) removed for confidentiality
[44] Line number(s) removed for confidentiality
[45] Line number(s) removed for confidentiality