



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2019/2020

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE SHASTA COUNTY MENTAL HEALTH PLAN

CHART REVIEW FINDINGS REPORT-AMENDED****

Review Dates: 9/22/2020 to 9/24/2020

**DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF SHASTA MENTAL HEALTH PLAN
9/22/2020-9/24/2020
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 Shasta 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 **229** claims submitted for the months of April, May and June of 2019.

Contents

<i>Medical Necessity</i>	3
<i>Assessment</i>	4
<i>Medication Consent</i>	5
<i>Client Plans</i>	6
<i>Progress Notes</i>	8
<i>Provision of ICC Services and IHBS for Children and Youth</i>	10

**DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF SHASTA MENTAL HEALTH PLAN
9/22/2020-9/24/2020
CHART REVIEW FINDINGS REPORT**

Medical Necessity

FINDING 1A-1a:

The medical record associated with the following Line number(s) did not establish that the beneficiary had a mental health diagnosis consistent with those included in the CCR, title 9, chapter 11, section 1830.205(b)(1)(A-R) and in the MHP Contract:

Line number ¹. The diagnosis was not linked in time as an addendum to the assessment.

An Assessment was completed ² with no accompanying diagnosis or confirmation of the previous diagnosis available for review. The previous diagnosis was completed on ³.

CORRECTIVE ACTION PLAN 1A-1a:

The MHP shall submit a CAP that describes how the MHP will ensure that the diagnosis is linked in time to the assessment and is consistent with the presenting problems, history, mental status examination and/or other clinical data documented in the assessment.

FINDING 1A-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 number ⁴. 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.

¹ Line number(s) removed for confidentiality

² Date(s) removed for confidentiality

³ Date(s) removed for confidentiality

⁴ Line number(s) removed for confidentiality

**DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF SHASTA MENTAL HEALTH PLAN
9/22/2020-9/24/2020
CHART REVIEW FINDINGS REPORT**

Assessment

FINDING 2A:

Assessments were not completed in accordance with regulatory and contractual requirements, specifically:

One or more assessments were not completed within the initial timeliness and update frequency requirements specified in the MHP's written documentation standards.

Per Shasta County's Comprehensive Mental Health Assessment and Medication Evaluation Policy (Policy Number 2013-02, Rev 3), Comprehensive Assessments are completed within the initial 60-day authorization period, and every three years from the start date of the current Comprehensive Assessment (Triennial Assessment).

The following are specific findings from the chart sample:

Initial:

Line number ⁵. The Episode Opening Date of ⁶ requires the initial assessment to be due ⁷; however, the initial assessment was completed ⁸.

Updated Assessments:

Line number ⁹: The previous comprehensive assessment is dated ¹⁰. The updated assessment was due ¹¹. The assessment was submitted ¹² by a student intern, however, it was not co-signed by the registered provider until ¹³. Shasta County's Policy 2013-02, Rev 3 states "assessments completed by Graduate Students must include a LPHA co-signature."

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.

⁵ Line number(s) removed for confidentiality

⁶ Date(s) removed for confidentiality

⁷ Date(s) removed for confidentiality

⁸ Date(s) removed for confidentiality

⁹ Line number(s) removed for confidentiality

¹⁰ Date(s) removed for confidentiality

¹¹ Date(s) removed for confidentiality

¹² Date(s) removed for confidentiality

¹³ Date(s) removed for confidentiality

**DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF SHASTA MENTAL HEALTH PLAN
9/22/2020-9/24/2020
CHART REVIEW FINDINGS REPORT**

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

FINDING 2B:

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

- a) Medical History: **Line number** ¹⁴.
- b) Medications: **Line numbers** ¹⁵
- c) Risks: **Line number** ¹⁶.

CORRECTIVE ACTION PLAN 2B:

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.

Medication Consent

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) The reason for taking each medication: **Line number** ¹⁷.
- 2) Method of administration (oral or injection): **Line number** ¹⁸.
- 3) Duration of taking each medication: **Line numbers** ¹⁹.
- 4) Possible side effects if taken longer than 3 months: **Line number** ²⁰.

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

¹⁸ Line number(s) removed for confidentiality

¹⁹ Line number(s) removed for confidentiality

²⁰ Line number(s) removed for confidentiality

**DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF SHASTA MENTAL HEALTH PLAN
9/22/2020-9/24/2020
CHART REVIEW FINDINGS REPORT**

Client Plans

FINDING 4A-2:

The medical record did not include services that were sufficient to adequately “achieve the purpose for which the services are furnished”. Specifically:

- **Line number** ²¹: Although two (2) or more different individuals provided services on behalf of the beneficiary at the same point in time, the medical record, including services proposed on the client plan, lacked evidence of the coordination of care and communication among these separate providers.

This beneficiary was receiving her psychiatric medications from a non-county provider. There was no documentation of coordination of care during the three-month review period. In addition, the MHP was unable to provide any other documentation outside of the review period that the beneficiary’s care was coordinated.

CORRECTIVE ACTION PLAN 4A-2:

The MHP shall submit a CAP that describes how the MHP will ensure that all Client Plans and actual services provided include documentation for the coordination of care when the beneficiary receives services from multiple providers at the same point in time in order to help “achieve the purpose for which the services are furnished”.

FINDING 4A-2a:

Services claimed and documented on the beneficiary’s progress notes were not sufficient and consistent in amount, duration or scope with those documented on the beneficiary’s current Client Plan. Specifically:

- **Line numbers** ²².
 - **Line number** ²³: The client plan dated ²⁴ includes the interventions of case management (weekly), collateral (monthly), individual therapy (weekly), group therapy (weekly), individual rehabilitation (weekly), and group rehabilitation (weekly). During the three month review period, the client did not receive individual rehabilitation, group rehabilitation, nor group therapy.

²¹ Line number(s) removed for confidentiality

²² Line number(s) removed for confidentiality

²³ Line number(s) removed for confidentiality

²⁴ Date(s) removed for confidentiality

**DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF SHASTA MENTAL HEALTH PLAN
9/22/2020-9/24/2020
CHART REVIEW FINDINGS REPORT**

The MHP was unable to provide progress notes outside of the review period to demonstrate the client received these services at a different time, or documentation explaining why the client was not receiving these services.

- **Line number** ²⁵: The client plan dated ²⁶ includes the interventions of case management (quarterly), med support (monthly), individual rehabilitation (quarterly), group rehabilitation (monthly), and group therapy (weekly). During the three month review period, the client received case management services 2-3 times per month, and no individual rehabilitation, group rehabilitation, or group therapy.

The MHP was unable to provide progress notes outside of the review period to demonstrate the client received these services at a different time, or documentation explaining why the client was not receiving these services.

CORRECTIVE ACTION PLAN 4A-2a:

The MHP shall submit a CAP that describes how the MHP will ensure that services are provided in the amount, duration, and scope as specified in the Individualized Client Plan for each beneficiary.

FINDING 4B-2:

One or more client plans was not updated at least annually. Specifically:

- **Line number** ²⁷: There was a **lapse** between the prior and current Client Plans. However, this occurred outside of the audit review period.
 - The prior Client Plan expired on ²⁸; the current Client Plan was completed on ²⁹.
- **Line number** ³⁰: The initial client plan was not timely. However, this occurred outside of the audit review period.
 - The Episode Opening Date is ³¹. The client plan was due ³², however, it was not completed until ³³. Per Shasta County's Treatment Plan Policy

²⁵ Line number(s) removed for confidentiality

²⁶ Date(s) removed for confidentiality

²⁷ Line number(s) removed for confidentiality

²⁸ Date(s) removed for confidentiality

²⁹ Date(s) removed for confidentiality

³⁰ Line number(s) removed for confidentiality

³¹ Date(s) removed for confidentiality

³² Date(s) removed for confidentiality

³³ Date(s) removed for confidentiality

**DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF SHASTA MENTAL HEALTH PLAN
9/22/2020-9/24/2020
CHART REVIEW FINDINGS REPORT**

(Policy Number 2015-01.2) the “first Annual Treatment Plan;” regardless of whether the client is opened with an Access Treatment Plan or the Annual Treatment Plan, must be completed and signed by the LPHA by the end of the 60-day initial authorization period.”

CORRECTIVE ACTION PLAN 4B-2:

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 4C:

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

- One or more proposed intervention(s) did not include an expected duration. **Line numbers** ³⁴.

All client plans included in the sample had a duration listed for either the goal and/or objective, but were not specific to each intervention. Please note that a duration is required for each intervention, per the MHP Contract and Information Notice 17-040.

CORRECTIVE ACTION PLAN 4C:

The MHP shall submit a CAP that describes how the MHP will ensure that Mental Health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.

Progress Notes

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:

³⁴ Line number(s) removed for confidentiality

**DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF SHASTA MENTAL HEALTH PLAN
9/22/2020-9/24/2020
CHART REVIEW FINDINGS REPORT**

- **Line numbers** ³⁵. One or more progress notes were not completed within the MHP's written timeliness standard of five days after provision of service. Forty-one (41) of 229 progress notes or 18% percent of all progress notes reviewed were completed late.

CORRECTIVE ACTION PLAN 5B:

The MHP shall submit a CAP that describes how the MHP will ensure that the MHP has written documentation standards for progress notes, including timeliness and frequency, as required by the MHP Contract with the Department.

FINDING 5C:

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** ³⁶. 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. Specifically:
 - **Line number** ³⁷: Eleven (11) progress notes did not document the number of group participants.
 - **Line number** ³⁸: Three (3) progress notes did not document the number of group participants.

CORRECTIVE ACTION PLAN 5C:

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, the number and identification of all group provider/facilitators, the correct type of service (e.g., Group Rehabilitation or Group Psychotherapy), and date of service.

FINDING 5D:

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

- **Line number** ³⁹: The type of Specialty Mental Health Service (SMHS) (e.g., Medication Support, Targeted Case Management) documented on the progress

³⁵ Line number(s) removed for confidentiality

³⁶ Line number(s) removed for confidentiality

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**DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF SHASTA MENTAL HEALTH PLAN
9/22/2020-9/24/2020
CHART REVIEW FINDINGS REPORT**

note was not the same type of SMHS claimed. **RR8b1, refer to Recoupment Summary for details.**

- The service provided was claimed as Collateral, but the progress note describes a Targeted Case Management service.

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:
 - a) Claimed for the correct service modality billing code, and units of time.

- 2) Ensure that all progress notes:
 - a) 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.

Provision of ICC Services and IHBS for Children and Youth

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 in their Client Plan:

- **Line number ⁴⁰:** The assessment dated ⁴¹, completed by provider ⁴², documented that the beneficiary is being served by multiple child serving systems ((i.e., Legal / Child Protective Services, Individual Education Plan with placement in classroom for emotional behavioral challenges, School based counseling and community counseling, group home placement, etc.)), indicating the beneficiary may have met eligibility criteria for ICC services and IHBS; however, these services were not included in the ⁴³ client plan, and no documentation was provided to confirm they were assessed for such services.

- **Line number ⁴⁴:** The assessment dated ⁴⁵, completed by provider ⁴⁶, documented the beneficiary is being served by multiple child serving systems

⁴⁰ Line number(s) removed for confidentiality

⁴¹ Date(s) removed for confidentiality

⁴² Provider ID(s) removed for confidentiality

⁴³ Date(s) removed for confidentiality

⁴⁴ Line number(s) removed for confidentiality

⁴⁵ Date(s) removed for confidentiality

⁴⁶ Provider ID(s) removed for confidentiality

**DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF SHASTA MENTAL HEALTH PLAN
9/22/2020-9/24/2020
CHART REVIEW FINDINGS REPORT**

((i.e., Legal / Child Protective Services, Individual Education Plan with placement in classroom for emotional behavioral challenges, School based counseling and community counseling, group home placement, etc.), indicating the beneficiary may have met eligibility criteria for ICC services and IHBS; however, these services were not included in the ⁴⁷ client plan, and no documentation was provided to confirm they were assessed for such services.

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.

⁴⁷ Date(s) removed for confidentiality