



**CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

**FISCAL YEAR 2021/2022**

**MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW**

**OF THE SISKIYOU COUNTY MENTAL HEALTH PLAN**

**CHART REVIEW FINDINGS REPORT**

**Dates of Review: 7/26/2022 to 7/27/2022**

DEPARTMENT OF HEALTH CARE SERVICES  
REVIEW OF Siskiyou MENTAL HEALTH PLAN  
7/27/2022  
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 Siskiyou 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 168 claims submitted for the months of October, November and December of **2021**.

**Contents**

*Assessment*..... 3  
*Client Plans* ..... 3  
*Progress Notes*..... 5  
*Provision of ICC Services and IHBS for Children and Youth*..... 6

**DEPARTMENT OF HEALTH CARE SERVICES  
REVIEW OF Siskiyou MENTAL HEALTH PLAN  
7/27/2022  
CHART REVIEW FINDINGS REPORT**

## ***Assessment***

### **FINDING 8.2.1:**

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

- 1) Two assessments were not completed within the initial timeliness and update frequency requirements specified in the MHP's written documentation standards. Per the Siskiyou County Quality Assurance Documentation Manual, "Initial assessments are to be completed within 30 days" and "Assessment updates are completed every year...and should be completed within 30 days of the episode of care date anniversary."

The following are specific findings from the chart sample:

**Line number** <sup>1</sup>. The prior assessment was signed completed <sup>2</sup>. The annual reassessment, which was due on or by <sup>3</sup>, was completed on <sup>4</sup>.

**Line number** <sup>5</sup>. The case was opened to the agency on <sup>6</sup>, but the Initial Assessment was not completed as signed until <sup>7</sup>.

### **CORRECTIVE ACTION PLAN 8.2.1:**

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.

## ***Client Plans***

### **FINDING 8.4.1a:**

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:

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<sup>1</sup> Line number(s) removed for confidentiality

<sup>2</sup> Date(s) removed for confidentiality

<sup>3</sup> Date(s) removed for confidentiality

<sup>4</sup> Date(s) removed for confidentiality

<sup>5</sup> Line number(s) removed for confidentiality

<sup>6</sup> Date(s) removed for confidentiality

<sup>7</sup> Date(s) removed for confidentiality

**DEPARTMENT OF HEALTH CARE SERVICES  
REVIEW OF Siskiyou MENTAL HEALTH PLAN  
7/27/2022  
CHART REVIEW FINDINGS REPORT**

- **Line number** <sup>8</sup>. Targeted Case Management (TCM) was listed as a needed intervention to be provided “every two weeks.” However, during the three-month review period (October through December of 2021) there was no evidence of TCM services. The MHP submitted evidence of TCM services having occurred in the months immediately following the review period; however, based on the documentation available for review these services were provided once per month, on <sup>9</sup>.
- **Line number** <sup>10</sup>. Monthly TCM and Individual Rehabilitation services were listed as needed interventions, but were not provided during the review period.
- **Line number** <sup>11</sup>. Monthly Collateral and bi-weekly Individual Rehabilitation were listed as needed interventions, but were not provided during the review period. The MHP submitted evidence of Individual Rehabilitation services provided prior to the review period; however, the documentation was for services in <sup>12</sup>.
- **Line number** <sup>13</sup>. Four interventions were listed as needed on the <sup>14</sup> Client Plan which were not provided during the review period: Bi-weekly Individual Rehabilitation, quarterly Collateral, monthly TCM, and Therapeutic Behavioral Services (TBS). The MHP submitted evidence that the beneficiary’s guardian declined TBS services in <sup>15</sup> and the other interventions were provided from <sup>16</sup>. However, based on available documentation submitted for review, there was no evidence of these services being provided at the proposed frequency following completion of the <sup>17</sup> Client Plan.

**CORRECTIVE ACTION PLAN 8.4.1a:**

Due to the transition to the new Documentation Standards that will take effect July 1, 2022, a CAP is not required for this item. However, please note that the MHP is expected to continue to ensure compliance with its policies and all current documentation requirements.

**FINDING 8.4.2a:**

One Client Plan was not completed in accordance with the MHP’s initial timeliness standards. Specifically:

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<sup>8</sup> Line number(s) removed for confidentiality

<sup>9</sup> Date(s) removed for confidentiality

<sup>10</sup> Line number(s) removed for confidentiality

<sup>11</sup> Line number(s) removed for confidentiality

<sup>12</sup> Date(s) removed for confidentiality

<sup>13</sup> Line number(s) removed for confidentiality

<sup>14</sup> Date(s) removed for confidentiality

<sup>15</sup> Date(s) removed for confidentiality

<sup>16</sup> Date(s) removed for confidentiality

<sup>17</sup> Date(s) removed for confidentiality

**DEPARTMENT OF HEALTH CARE SERVICES  
REVIEW OF Siskiyou MENTAL HEALTH PLAN  
7/27/2022  
CHART REVIEW FINDINGS REPORT**

- **Line number** <sup>18</sup> : The initial Client Plan was completed late based on the MHP’s documentation standards of timeliness. Per the Siskiyou County Quality Assurance Documentation Manual treatment plans must be completed “within 60 days of initial assessment appointment.” The episode opening date (EOD) was <sup>19</sup> and the Client Plan submitted for review was dated <sup>20</sup>.

**CORRECTIVE ACTION PLAN 8.4.2a:**

Due to the transition to the new Documentation Standards that will take effect July 1, 2022, a CAP is not required for this item. However, please note that the MHP is expected to continue to ensure compliance with its policies and all current documentation requirements.

**FINDING 8.4.3:**

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

- **Line Number** <sup>21</sup>. 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 as a result of the mental health diagnosis.

**CORRECTIVE ACTION PLAN 8.4.3:**

Due to the transition to the new Documentation Standards that will take effect July 1, 2022, a CAP is not required for this item. However, please note that the MHP is expected to continue to ensure compliance with its policies and all current documentation requirements.

***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** <sup>22</sup>. One or more progress note was not completed within the MHP’s written timeliness standard of 6 business days after provision of service.

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<sup>18</sup> Line number(s) removed for confidentiality

<sup>19</sup> Date(s) removed for confidentiality

<sup>20</sup> Date(s) removed for confidentiality

<sup>21</sup> Line number(s) removed for confidentiality

<sup>22</sup> Line number(s) removed for confidentiality

**DEPARTMENT OF HEALTH CARE SERVICES  
REVIEW OF Siskiyou MENTAL HEALTH PLAN  
7/27/2022  
CHART REVIEW FINDINGS REPORT**

**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.

**FINDING 8.5.3:**

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

- **Line number** <sup>23</sup>: The progress note in the medical record for the 60 minute Individual Therapy service claimed on <sup>24</sup> indicated in the body of the note that the appointment was canceled by the clinician. Prior to the virtual onsite review, The MHP submitted a "Services Billed in Error FY 21-22" document with the explanation "Billed time on a cancellation note." **RR2b, refer to Recoupment Summary for details.**

**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) Actually provided to the beneficiary.
  - b) Claimed for the correct service modality billing code, and units of time.

***Provision of ICC Services and IHBS for Children and Youth***

**FINDING 8.6.3:**

The content of one or more progress note claimed as Targeted Case Management (Service Function code "01") indicated that the service provided was actually for an ICC service activity, and should have been claimed as an ICC case management service (Service Function "07"):

- **Line number** <sup>25</sup>: The content of the <sup>26</sup> progress note claimed as TCM began with the following statement, "This was client's CFT meeting which was led by ICC coordinator."

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<sup>23</sup> Line number(s) removed for confidentiality

<sup>24</sup> Date(s) removed for confidentiality

<sup>25</sup> Line number(s) removed for confidentiality

<sup>26</sup> Date(s) removed for confidentiality

DEPARTMENT OF HEALTH CARE SERVICES  
REVIEW OF Siskiyou MENTAL HEALTH PLAN  
7/27/2022  
CHART REVIEW FINDINGS REPORT

**CORRECTIVE ACTION PLAN 8.6.3:**

The MHP shall submit a CAP that describes how it will ensure that all ICC services are documented and claimed accurately with the correct Procedure code, Procedure modifier, Mode of service and Service function code.