**DEPARTMENT OF HEALTH CARE SERVICES**
**REVIEW OF SISKIYOU MENTAL HEALTH PLAN**
**May 8-9, 2019**
**CHART REVIEW FINDINGS REPORT**

## Chart Review – Non-Hospital Services

The medical records of five (5) adult and five (5) child/adolescent Medi-Cal specialty mental health beneficiaries were reviewed for compliance with state and federal regulations; adherence to the terms of the contract between the Sonoma 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 **237** claims submitted for the months of **April, May, and June of 2018**.

## Contents

## *Assessment*

| REQUIREMENTS |
|---|
| All entries in the beneficiary record shall include:<br>1) The date of service.<br>2) The signature of the person providing the service (or electronic equivalent).<br>3) The type of professional degree, licensure, or job title of the person providing the service.<br>4) The date the documentation was entered in the medical record.<br><br>(MHP Contract, Ex. A, Attachment 9) |

**FINDING**

One or more Assessment(s) in the chart sample did not include the signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, job title, or the date the documentation was entered into the medical record. Below are the specific findings pertaining to the charts in the review sample:

- **Line numbers [1]:** The assessments reviewed were missing the associated credentials for the primary person who completed the assessment.

**PLAN OF CORRECTION**

The MHP shall submit a POC that describes how the MHP will ensure that all documentation includes the signature (or electronic equivalent) with the professional degree, licensure or title of the person providing the service.

## *Medication Consent*

| REQUIREMENTS |
|---|
| The provider obtains and retains a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication.<br><br>(MHP Contract, Ex. A., Att.9) |

**FINDING**

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:

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- **Line numbers [2]:** Although there was a written medication consent form in the medical record, there was no medication consent for each of the medications prescribed.
- **Line number [3]:** There was no medication consent form for Prazosin.
- **Line number [4]:** There was no medication consent form for Latuda.
- **Line number [5]:** There was a written medication consent form in the medical record. However when an additional medication was added later, the updated medical consent form was not updated in a timely manner. There is evidence that the beneficiary was being prescribed Latuda on [6] without documentation that the medication consent had been updated by that date. The MHP submitted a medication consent form for Latuda, which was dated a month after the prescription.

*Please note: During the on-site review, MHP staff were given the opportunity to locate missing medication consents in question but were unable to locate them in the medical record.*

**PLAN OF CORRECTION**

The MHP shall submit a POC 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.
2) Written medication consent forms are completed in accordance with the MHP's written documentation standards.

## *Client Plans*

| **REQUIREMENTS** |
|---|
| 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:<br>A) Prior to the initial Client Plan being in place; or<br>B) During the period where there was a gap or lapse between client plans; or,<br>C) When the planned service intervention was not on the current client plan.<br><br>(MHP Contract.; State Plan, Section 3, Supp. 3 to Att. 3.1-A (SPA 12-025), page 2c; MHSUDS Information Notice 17-040) |

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

The client plan shall be updated at least annually, or when there are significant changes in the beneficiary's condition.

(MHP Contract, Ex. A, Attachment 9)

## FINDING

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). Below are the specific findings pertaining to the charts in the review sample:

- **Line number** [7]: There was a **lapse** between the prior and current client plans. However, this occurred outside of the audit review period.
- **Line number** [8]: There was a **lapse** between the prior and current client plans. However, no services were claimed during this lapse.

## PLAN OF CORRECTION

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

1) Ensure that client plans are completed prior to planned services being provided.
2) Ensure that client plans are updated at least on an annual basis as required in the MHP Contract with the Department, and within the timelines and frequency specified in the MHP's written documentation standards.

## REQUIREMENTS

The MHP shall ensure that Client Plans:

a) 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.
b) Identify the proposed type(s) of intervention/modality including a detailed description of the intervention to be provided.
c) Have a proposed frequency of intervention(s).
d) Have a proposed duration of intervention(s).
e) Have interventions that focus and address the identified functional impairments as a result of the mental disorder (from Cal. Code Regs., tit. 9, § 1830.205(b).
f) Have interventions that are consistent with the client plan goals.
g) Be consistent with the qualifying diagnoses.

(MHP Contract, Ex. A, Attachment 9)

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[8] Line number(s) removed for confidentiality

**FINDING**

Client Plans did not include all of the required elements specified in the MHP Contract. Below are the specific findings pertaining to the charts in the review sample:

- **Line numbers [9]:** One or more of the proposed interventions did not indicate an expected duration.

**PLAN OF CORRECTION**

The MHP shall submit a POC that describes how the MHP will ensure that all mental health interventions proposed on client plans indicate an expected duration for each intervention.

## *Progress Notes*

| **REQUIREMENTS** |
|---|
| The MHP shall ensure that progress notes describe how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning outlined in the client plan. Items that shall be contained in the client record related to the beneficiary's progress in treatment include:<br><br>a) Timely documentation of relevant aspects of beneficiary care, including documentation of medical necessity;<br><br>b) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions;<br><br>c) Interventions applied, beneficiary's response to the interventions and the location of the interventions;<br><br>d) The date the services were provided;<br><br>e) Documentation of referrals to community resources and other agencies, when appropriate;<br><br>f) Documentation of follow-up care, or as appropriate, a discharge summary; and<br><br>g) The amount of time taken to provide services; and<br><br>h) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, licensure, or job title.<br><br>(MHP Contract, Ex. A, Attachment 9) |

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## FINDINGS

Progress notes did not include timely documentation of relevant aspects of beneficiary care, including documentation of medical necessity, as required in the MHP Contract. One or more progress notes was not completed within the timeliness and/or frequency standards in accordance with the MHP Contract and the MHP's written documentation standards. Below are the specific findings pertaining to the charts in the review sample:

- **Line numbers [10]:** Progress notes associated with the following line number(s) did not include timely documentation of relevant aspects of beneficiary care, as specified by the MHP's documentation standards. MHP documentation standards in effect during the audit period specify that staff complete progress notes "within six business days from the date of service delivery".

In addition, one or more progress notes did not include the provider's professional degree, licensure or job title.

- **Line numbers [11]:** The MHP did not submit evidence the progress notes included the provider's professional degree, licensure or job title. In preparation for submission of the audit sample to DHCS, the MHP identified numerous progress notes in which providers' credentials were missing from the signature and informed the review team of the associated credentials.

## PLAN OF CORRECTION

The MHP shall submit a POC that describes how the MHP will ensure that progress notes document**:**

- Timely completion by the person providing the service and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP's written documentation standards.
- The provider's/providers' professional degree, licensure or job title.

| **REQUIREMENTS** |
|---|
| The MHP did not submit a progress note corresponding to the claim submitted to DHCS for reimbursement, as follows:<br><br>a) No progress note submitted; or,<br><br>b) The progress note provided by the MHP does not match the claim submitted to DHCS for reimbursement in terms of the following: |

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1) SMHS claimed;
2) Date of service, and/or,
3) Units of time.

(MHSUDS IN No. 17-050, Enclosure 4)

**FINDING**

Progress notes were not consistent with claims submitted to DHCS for reimbursement. Specifically, the type of SMHS (e.g., Medication Support, Targeted Case Management) documented on the progress note was not the same type of SMHS claimed. Refer to the Recoupment Summary for additional details.

Below are the specific findings pertaining to the charts in the review sample:

- **Line number [12]:** Services claimed on [13] were claimed as Individual Therapy, but documentation describes services more consistent with Targeted Case Management.
- **Line number [14]:** Services claimed on [15] were claimed as Targeted Case Management, but documentation describes services more consistent with Collateral.
- **Line number [16]**: Services claimed on [17] were claimed as Individual Therapy, but documentation describes services more consistent with Collateral.

**PLAN OF CORRECTION**

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

1) Ensure that all SMHS claimed are:
    a) Claimed for the correct service modality, billing code, and units of time.
2) Ensure that all progress notes:
    a) Describe the type of service or service activity, the date the service was provided and the amount of time taken to provide the service, as specified in the MHP Contract with the Department.

## *Provision of ICC and IHBS to Children and Youth*

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[15] Date(s) removed for confidentiality
[16] Line number(s) removed for confidentiality
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| REQUIREMENTS |
| --- |
| Each participating provider in a Child and Family Team (CFT) meeting may claim for the time they have contributed to the CFT meeting, up to the length of the meeting, plus documentation and travel time, in accordance with CCR, tit. 9, § 1840.316(b)(3). (Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018) |
| Claims for ICC must use the following:<br><br>1) Procedure code T1017<br>2) Procedure modifier "HK"<br>3) Mode of service 15<br>4) Service function code 07<br><br>(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**

One or more claims were submitted for Targeted Case Management (Service Function "01") but the progress note(s) associated with the date(s) and time(s) of the service claimed describe the provider's participation in a CFT meeting. Services should be claimed as ICC (Service Function "07").

- **Line number [18]**: Services claimed on [19] were claimed as Collateral, but documentation describes a Child and Family Team (CFT) meeting. Service should be claimed as Intensive Care Coordination (ICC).

**PLAN OF CORRECTION**

The MHP shall submit a POC that describes how it will ensure that:

1) The service activity described in the body of all progress notes is consistent with the specific service activity claimed - i.e., all claims submitted must be accurate and consistent with the actual service provided in terms of type of service, date of service and time of service.
2) Claims for ICC use the following codes:

    - Procedure code T1017
    - Procedure modifier "HK"
    - Mode of service 15

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- Service function code 07