



**CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

**FISCAL YEAR 2020/2021**

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

**OF THE SOLANO COUNTY MENTAL HEALTH PLAN**

**CHART REVIEW FINDINGS REPORT**

**Review Dates: 12/7/2021 to 12/9/2021**

**DEPARTMENT OF HEALTH CARE SERVICES  
REVIEW OF Solano MENTAL HEALTH PLAN  
12/7/2021  
CHART REVIEW FINDINGS REPORT**

**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 Solano 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 349 claims submitted for the months of January, February and March of **2020**.

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***Client Plans***

**FINDING 8.4.2b:**

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 number** <sup>1</sup>. Interventions documented on the Treatment Plans dated <sup>2</sup> (Coverage Period: <sup>3</sup> and <sup>4</sup> (Coverage Period: <sup>5</sup>) included Individual Rehabilitation once to twice per week, Individual Therapy and Group Therapy once per week, Family Therapy once per month, Collateral and Case Management services once to twice per month, and Medication Management "as needed." However, Individual Rehabilitation, Group Therapy, Family Therapy, and Collateral services were not provided during the three-month review period and Case Management was provided only once.

The MHP provided the following statement in response, "Previously we would include services such as Group therapy, Family therapy and Medication management if there was a possibility for the client to participate. We have since changed those practices and now only put those onto the treatment plans when they are very close or actively working towards those services. So these services were included with the hopes and plan for the client to engage in them and to provide the option should the client be willing to engage."

Although it appears MHP has altered their approach to evaluating which intervention services to include in the beneficiary's individualized treatment plan, the services provided during *this* review period (<sup>6</sup> through <sup>7</sup>) were inconsistent with the frequencies proposed on both the <sup>8</sup> and <sup>9</sup> Client Plans.

**CORRECTIVE ACTION PLAN 8.4.2b:**

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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> Date(s) removed for confidentiality

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

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

<sup>8</sup> Date(s) removed for confidentiality

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

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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 8.4.3a:**

One or more client plan(s) was not updated at least annually and/or when there were significant changes in the beneficiary's condition. Specifically:

- **Line numbers** <sup>10</sup>: There was a **lapse** between the prior and current Client Plans. However, this occurred outside of the audit review period.
  - Line number <sup>11</sup>. Prior Client Plan expired on <sup>12</sup>; current Client Plan was completed on <sup>13</sup>.
  - Line number <sup>14</sup>. Prior Client Plan expired on <sup>15</sup>; current Client Plan was completed on <sup>16</sup>.

**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 numbers** <sup>17</sup>. For each of the preceding line numbers the expected frequency for medication support services was documented "as medically necessary," "as needed," or "Psychiatrist will provide medication management, frequency to be determined by medical necessity."

The MHP responded during the virtual onsite review, that the frequency of medication support services was "out of our scope" of practice and more appropriate for the prescribing psychiatrist to set. However, MHP staff were given the opportunity to provide evidence that the treating psychiatrist

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<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> Date(s) removed for confidentiality

<sup>14</sup> Line number(s) removed for confidentiality

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

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

<sup>17</sup> Line number(s) removed for confidentiality

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documented an expected frequency in a separate plan or progress note, but were unable to locate such documentation in the medical record.

**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 both an expected frequency and a specific duration for each intervention.

***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** <sup>18</sup>. One or more progress note(s) was not completed within the MHP's written timeliness standard of 7 days after provision of service. Fifty-nine (17 percent) of all progress notes reviewed were completed late (83% 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 8.5.4:**

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

- **Line number** <sup>19</sup>: 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.

The content of a <sup>20</sup> progress note for Individual Therapy describes a Collateral intervention, rather than Individual Therapy services and is initially described as such by the provider who noted under Behavioral/Presenting Problems, "Clinician

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<sup>19</sup> Line number(s) removed for confidentiality

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

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met with the mother for a collateral session directly following a Child and Family Team meeting.”

**CORRECTIVE ACTION PLAN 8.5.4:**

The MHP shall submit a CAP that describes how the MHP will ensure that all Specialty Mental Health Services claimed are claimed for the correct service modality billing code, and units of time.

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

**FINDING 8.6.1:**

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:

- **Line number** <sup>21</sup>. MHP submitted the Solano County Mental Health Screening Tool (MHST), which would otherwise have met requirements for an individualized determination of eligibility; however, the document is not dated, rendering it difficult to determine the timeliness of re-determination of eligibility as defined by MHP policy, given the provided episode opening date for the beneficiary was <sup>22</sup>.

**CORRECTIVE ACTION PLAN 8.6.1:**

The MHP shall submit a CAP that describes how it will ensure that 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.

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

<sup>22</sup> Date(s) removed for confidentiality