CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2019/2020

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE STANISLAUS COUNTY MENTAL HEALTH PLAN

CHART REVIEW FINDINGS REPORT

Review Dates: 1/28/2020 to 1/30/2020

DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Stanislaus MENTAL HEALTH PLAN
1/28/2020-1/30/2020
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 Stanislaus 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 355 claims submitted for the months of January, February and March of **2019**.

Contents

Assessment

REQUIREMENTS
The MHP must establish written standards for (1) timeliness and (2) frequency of the Assessment documentation. (MHP Contract, Ex. A, Att. 9)

FINDING 2A:
Assessments were not completed in accordance with regulatory and contractual requirements, specifically:

One or more assessments were not completed within the timeliness requirements for updated assessments specified in the MHP's written documentation standards.

Per the Stanislaus County Behavioral Health & Recovery Services Authorization Guide: Non-Hospital Specialty Mental Health Services & Residential Substance Use Disorder Services, "A Comprehensive Assessment is to be completed within two (2) years of the most recent comprehensive assessment".

The following are specific findings from the chart sample:

Line numbers [1]. For example, in Line number [2], the prior Assessment was completed on [3], but the updated Assessment was not completed until [4].

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 update frequency requirements specified in the MHP's written documentation standards.

Medication Consent

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

[1] Line number(s) removed for confidentiality
[2] Line number(s) removed for confidentiality
[3] Date(s) removed for confidentiality
[4] Date(s) removed for confidentiality

FINDING 3A:

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:

1) **Line number [5]**: There was no written medication consent form found in the medical record. *During the review, MHP staff was given the opportunity to locate the missing medication consent form but were unable to locate it in the medical record.*
    - **Line number [6]:** Medications were prescribed to the beneficiary by an MHP associated psychiatrist while the beneficiary was in Doctors Behavioral Health Center, an inpatient unit. The MHP attempted to locate medication consents for any medications prescribed during that time, but were unable to locate such consents in their medical record.
    - **Line number [7]:** Medications were prescribed to the beneficiary by an MHP associated psychiatrist while the beneficiary was in a board and care facility, "Davis Guest Home". The MHP attempted to locate medication consents for any medications prescribed during that time, but were unable to locate such consents in their medical record.
2) **Line number [8]**: The written medication consent form was not signed by the beneficiary.

CORRECTIVE ACTION PLAN 3A:

The MHP shall submit a CAP 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.

REQUIREMENTS

[5] Line number(s) removed for confidentiality
[6] Line number(s) removed for confidentiality
[7] Line number(s) removed for confidentiality
[8] Line number(s) removed for confidentiality

Written medication consents shall include, but not be limited to, the following required elements:

1) The reasons for taking such medications.
2) Reasonable alternative treatments available, if any.
3) Type of medication.
4) Range of frequency (of administration).
5) Dosage.
6) Method of administration.
7) Duration of taking the medication.
8) Probable side effects.
9) Possible side effects if taken longer than 3 months.
10) Consent once given may be withdrawn at any time.

(MHP Contract, Ex. A, Att. 9)

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:

- Consent once given may be withdrawn at any time: **Line numbers [9].** The MHP's medication consent form includes the following phrase, "I understand I have the right to refuse this medication, and that it cannot be given to me until I have spoken with my prescriber and agreed to it…" This phrasing does not capture the full extent of the medication consent requirement from the MHP Contract, specifically that "consent once given may be withdrawn at any time".

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.

[9] Line number(s) removed for confidentiality

Progress Notes

REQUIREMENTS
Items that shall be contained in the client record (i.e., Progress Notes) related to the beneficiary's progress in treatment include all of the following: a) Timely documentation of relevant aspects of client care, including documentation of medical necessity; b) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions; c) Interventions applied, beneficiary's response to the interventions and the location of the interventions; d) The date the services were provided; e) Documentation of referrals to community resources and other agencies, when appropriate; f) Documentation of follow-up care, or as appropriate, a discharge summary; and g) The amount of time taken to provide services; and h) The signature of the person providing the service (or electronic equivalent) with the person's type of professional degree, licensure, or job title. (MHP Contract, Ex. A, Att. 9)
Reasons for Recoupment (RR): *Refer to the enclosed Recoupment Summary for additional details about disallowances.*
RR8. The MHP did not submit a progress note corresponding to the claim submitted to DHCS for reimbursement, as follows: a) No progress note submitted b) The progress note provided by the MHP does not match the claim submitted to DHCS for reimbursement in terms of the following: 1) Specialty Mental Health Service claimed. 2) Date of service, and/or 3) Units of time. (MHSUDS IN No. 18-054, Enclosure 4)

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:

- **Line numbers [10].** One or more progress notes was not completed within the MHP's written timeliness standard of 3 business days (5 business days if requiring co-signature) after provision of service. 8.5% of all progress notes reviewed were completed late.
- **Line number [11].** One or more progress notes did not match its corresponding claim in terms of service date. **RR8b2, refer to Recoupment Summary for details.** The details of the progress note for claimed Targeted Case Management service on [12] is identical to the progress note for the claim on [13], except for amount of time claimed. At the onsite, the MHP staff confirmed an entry error for the content of the [14] progress note.
- **Line number [15].** One or more progress notes did not match its corresponding claim in terms of amount of time to provide services: Specifically, these progress notes did not indicate the amount of time of the service provided as required by the MHP Contract. . **RR8b3, refer to Recoupment Summary for details.**
    - For Medication Management claims of 10 minutes each (dated [16]), the MHP submitted copies of "DBHC Inpatient Progress Note", which are from Doctors Behavioral Health Center, an inpatient unit. The units of time for medication monitoring visits on these dates could not be located on the associated progress notes, and as such, DHCS was unable to match the progress notes with the claims information. Further discussions with MHP staff produced billing documents. However, because there is no indication of the amount of time for services within the progress notes, these billing documents do not provide any additional information aside from the amount of time claimed.
- **Line number [17].** The service time documented on one or more progress note was greater than the time claimed. For Medication Management service claims on [18] and [19], claims were for 4 minutes whereas progress notes described appointment duration as lasting 45 minutes. These were medication management services that were provided at a board and care facility, "Davis Guest Home", by an MHP psychiatrist.

CORRECTIVE ACTION PLAN 5B:

[10] Line number(s) removed for confidentiality
[11] Line number(s) removed for confidentiality
[12] Date(s) removed for confidentiality
[13] Date(s) removed for confidentiality
[14] Date(s) removed for confidentiality
[15] Line number(s) removed for confidentiality
[16] Date(s) removed for confidentiality
[17] Line number(s) removed for confidentiality
[18] Date(s) removed for confidentiality
[19] Date(s) removed for confidentiality

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.
2) The MHP shall submit a CAP that describes how the MHP will ensure that both service dates and times recorded on progress notes match their corresponding claims.
3) The MHP shall submit a CAP that describes how the MHP will ensure that Specialty Mental Health Services claimed are accurate and are actually provided to the beneficiary.

REQUIREMENTS
When services are being provided to, or on behalf of, a beneficiary by two or more persons at one point in time, do the progress notes include: 1) Documentation of each person's involvement in the context of the mental health needs of the beneficiary. 2) The exact number of minutes used by persons providing the service. 3) Signature(s) of person(s) providing the services. (CCR, title 9, § 1840.314(c).)

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 number [20].** 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 group participants in the group.

CORRECTIVE ACTION PLAN 5C:
The MHP shall submit a CAP that describes how the MHP will ensure that progress notes**:**

1) 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.

[20] Line number(s) removed for confidentiality

REQUIREMENTS
Progress notes shall be documented at the frequency by types of service indicated below: a) Every service contact for: i. Mental health services; ii. Medication support services; iii. Crisis intervention; iv. Targeted Case Management; b) Daily for: i. Crisis residential; ii. Crisis stabilization (one per 23/hour period); iii. Day Treatment Intensive; iv. Therapeutic Foster Care c) Weekly: i. Day Treatment Intensive: (clinical summary); ii. Day Rehabilitation; iii. Adult Residential. (MHP Contract, Ex.A, Att. 9); (CCR, title 9, §§ 1840.316(a-b);1840.318(a-b), 840.320(a-b),)
Reasons for Recoupment (RR): *Refer to the enclosed Recoupment Summary for additional details about disallowances.* RR8. The MHP did not submit a progress note corresponding to the claim submitted to DHCS for reimbursement, as follows: a) No progress note submitted b) The progress note provided by the MHP does not match the claim submitted to DHCS for reimbursement in terms of the following: 1) Specialty Mental Health Service claimed. 2) Date of service, and/or 3) Units of time. (MHSUDS IN No. 18-054, Enclosure 4)

FINDING 5D:
Progress notes were not documented according to the contractual requirements specified in the MHP Contract. Specifically:

- **Line numbers [21]:** The type of Specialty Mental Health Service (SMHS) (e.g., Medication Support, Targeted Case Management) documented on the progress note was not the same type of SMHS claimed. **RR8b1, refer to Recoupment Summary for details.**
    - **Line number [22]:** The service provided on [23] was claimed as Individual Rehab, but the progress note describes a Targeted Case Management service. The content of progress note is duplicative with a separate progress note on [24] for a Case Management visit.
    - **Line number [25]:** The service provided on [26] was claimed as Collateral, but the progress note describes a Targeted Case Management service.
    - **Line number [27]:** The service provided on [28] was claimed as Individual Rehab, 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.
2) Ensure that all progress notes:
    a) Are accurate, complete and legible and meet the documentation requirements described in the MHP Contract with the Department.
    b) Describe the type of service or service activity, the date of service and the amount of time to provide the service, as specified in the MHP Contract with the Department.

Provision of ICC Services and IHBS for Children and Youth

REQUIREMENTS
The MHP must make individualized determinations of each child's/youth's need for ICC and IHBS, based on the child's/youth's strengths and needs. (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018)

[21] Line number(s) removed for confidentiality
[22] Line number(s) removed for confidentiality
[23] Date(s) removed for confidentiality
[24] Date(s) removed for confidentiality
[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

FINDING 6A:

1) The MHP did not furnish evidence that it has a standard procedure for providing and documenting individualized determinations of eligibility for ICC services and IHBS on behalf of beneficiaries under age 22 that is based on their strengths and needs.
   - The MHP submitted DRAFT versions of their policies and procedures related to the provision of ICC and IHBS services. During the onsite discussion, MHP staff clarified that these services had not been fully implemented at the specific time of the claims sample, January to March 2019.
2) The medical records 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 numbers [29].**
   - **Line number [30].** Prior to involvement with MHP for services, the beneficiary had been released from Juvenile Hall and could have potentially benefited from coordination between different child-serving systems indicating the beneficiary met eligibility criteria for ICC services. However, MHP staff was not making determinations for ICC and IHBS service eligibility for beneficiaries under age 22, as the MHP did not have ICC/IHBS policies in place until after the review period, as noted above.
   - **Line number [31].** The beneficiary was receiving TBS services during course of treatment, a more intensive children's treatment, and therefore would have met criteria for ICC and IHBS services. MHP staff was not making determinations for ICC and IHBS service eligibility for beneficiaries under age 22, as the MHP did not have ICC/IHBS policies in place until after the review period, as noted above.
   - **Line number [32].** The beneficiary had previously been removed from parents' household earlier in life, had some involvement in Victims of Crime counseling and had an IEP at school with behavioral health considerations. Based on this information, the beneficiary would have met criteria for consideration of ICC services, and possibly IHBS services. MHP staff was not making determinations for ICC and IHBS service eligibility for beneficiaries under age 22, as the MHP did not have ICC/IHBS policies in place until after the review period, as noted above.

CORRECTIVE ACTION PLAN 6A:

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

[29] Line number(s) removed for confidentiality
[30] Line number(s) removed for confidentiality
[31] Line number(s) removed for confidentiality
[32] Line number(s) removed for confidentiality

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.