



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2020/2021

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE TEHAMA COUNTY MENTAL HEALTH PLAN

CHART REVIEW FINDINGS REPORT

Review Dates: 6/22/2021 to 6/24/2021

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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 Tehama 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 144 claims submitted for the months of January, February and March of **2020**.

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Medical Necessity

FINDING 8.1.1.3b1:

The intervention(s) documented on the progress note(s) for the following Line number(s) did not meet medical necessity since the service provided did not specifically address the mental health condition or impairment identified in the assessment, and was solely:

- Clerical: **Line number** ¹. **RR11f, refer to Recoupment Summary for details.** The service claimed as a Collateral service on ² (20 Units of Time) describes the provider leaving a voicemail message only with the provider's availability for return call.

CORRECTIVE ACTION PLAN 8.1.1.3b1:

The MHP shall submit a CAP that describes how the MHP will ensure that services provided and claimed are not solely clerical.

Medication Consent

FINDING 8.3.1:

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** ³: 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 was unable to locate it in the medical record.*
 - **Line number** ⁴. During the review period, the client was prescribed Clozaril, Paxil, Abilify, Ativan, and Propranalol, but the MHP was unable to locate Medication Consent(s) for these medications.
 - **Line number** ⁵. During the review period, the client was prescribed Methylphenidate ER, but the MHP was unable to locate a Medication Consent for these medications.
- 2) **Line numbers** ⁶: Although there was a written medication consent form in the medical record, there was no medication consent for each of the medications prescribed. *The MHP was given the opportunity to locate the medication consent(s) in question but was unable to locate it/them in the medical record.*

¹ Line number(s) removed for confidentiality

² Date(s) removed for confidentiality

³ Line number(s) removed for confidentiality

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- **Line number** ⁷. Although medication consent forms were provided for the majority of prescribed medications, a medication consent form could not be located for Prozac.
- **Line number** ⁸. Although medication consent forms were provided for the majority of prescribed medications, medication consent form(s) could not be located for Topamax and Imitrex.
- **Line number** ⁹. Although medication consent forms were provided for the majority of prescribed medications, medication consent form(s) could not be located for Clonidine, Wellbutrin, and Pramipexole.

CORRECTIVE ACTION PLAN 8.3.1:

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.

FINDING 8.3.2:

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) Type of medication: **Line number** ¹⁰.
 - **Line number** ¹¹. The Medication Consent form for Sertraline (unknown completion date) did not contain information about the type of medication.
- 2) Range of Frequency (of administration): **Line numbers** ¹² (**see summary note regarding older Medication Consent form**) and ¹³.

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- **Line number** ¹⁴. The Medication Consent forms for Cymbalta, Prazosin, and Guanfacine (completed ¹⁵, and ¹⁶ respectively) did not contain information about the range of frequency.
 - **Line number** ¹⁷. The Medication Consent form for Sertraline (unknown completion date) did not contain information about the range of frequency.
- 3) Dosage: **Line numbers** ¹⁸ (see summary note regarding older Medication Consent form) and ¹⁹.
- **Line number** ²⁰. The Medication Consent form for Cymbalta, Prazosin, and Guanfacine (completed ²¹, and ²² respectively) did not contain information about the dosage.
- 4) Method of administration: **Line numbers** ²³ (see summary note regarding older Medication Consent form) and ²⁴.
- **Line number** ²⁵. The Medication Consent form for Topomax (completed ²⁶) did not contain information about the route of administration.
 - **Line number** ²⁷. The Medication Consent form for Sertraline (unknown completion date) did not contain information about the route of administration.
- 5) Duration of taking the medication: **Line numbers** ²⁸ (see summary note regarding older Medication Consent form), ²⁹, and ³⁰.
- **Line number** ³¹. The Medication Consent form for Gabapentin (completed ³²) indicated the expected duration was “ongoing”, which is insufficient detail

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for fully informing the beneficiary of the length of time they would be taking the medication.

- **Line number** ³³. The Medication Consent form for Topomax (completed ³⁴) did not contain information about the expected duration.
 - **Line number** ³⁵. The Medication Consent form for Sertraline (unknown completion date) did not contain information about the expected duration.
 - **Line number** ³⁶. The Medication Consent form for Cymbalta, Prazosin, and Guanfacine (completed ³⁷, and ³⁸ respectively) indicated the expected duration was “ongoing”, which is insufficient detail for fully informing the beneficiary of the length of time they would be taking the medication.
 - **Line number** ³⁹. The Medication Consent form for Latuda, Lamictal, and Ativan (unknown completion date) indicated the expected duration was “ongoing”, which is insufficient detail for fully informing the beneficiary of the length of time they would be taking the medication.
- 6) Possible side effects if taken longer than 3 months: **Line number** ⁴⁰ (**see summary note regarding older Medication Consent form**).

DHCS notes the following:

The older version of the Medication Consent form was missing elements including range of frequency (of administration), dosage, method of administration, duration of taking the medication, and possible side effects if taken longer than 3 months.

Subsequent to the last Triennial Review, the MHP made changes to their standard medication consent form in order to meet compliance standards and address required elements. During the on-site review, MHP staff indicated that the new medication form has been in use for any newly prescribed medications (as well as other circumstances that require a new medication consent), but MHP providers did not complete a new medication consent form for medications that clients may have been prescribed on a long-term basis (i.e. prescribed prior to last Triennial Review).

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For example, with **Line number** ⁴¹, the MHP provided a medication consent form (Celexa, Abilify, Trazadone, Klonopin, Buspar, and Gabapentin, completed on ⁴²) that was in use prior to the last Triennial Review.

CORRECTIVE ACTION PLAN 8.3.2:

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.

FINDING 8.3.3:

Medication Consent(s) in the chart sample did not include the signature of the provider of service (or electronic equivalent) that includes the provider's professional degree, licensure, job title, and/or the date the provider completed and entered the document into the medical record. Specifically:

- The signature of the person providing the service (or electronic equivalent)
 - **Line numbers** ⁴³.
 - **Line number** ⁴⁴. The Medication Consent form for Sertraline (unknown completion date) did not contain the signature of the person providing the service.
 - **Line number** ⁴⁵. The Medication Consent form for Latuda, Lamictal, and Ativan (unknown completion date) did not contain the signature of the person providing the service.
- The type of professional degree, licensure, or job title of person providing the service:
 - **Line numbers** ⁴⁶.
 - **Line number** ⁴⁷. The provided Medication Consent Forms for Topomax and Gabapentin (completed ⁴⁸ and ⁴⁹ respectively) did not include the professional degree, licensure, or job title of person providing the service.
 - **Line number** ⁵⁰. The provided Medication Consent form for Cymbalta, Prazosin, and Guanfacine (completed ⁵¹, and ⁵² respectively) did not

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include the professional degree, licensure, or job title of person providing the service.

- **Line number** ⁵³. The provided Medication Consent form for Guanfacine and Clonidine (completed ⁵⁴) did not include the professional degree, licensure, or job title of person providing the service.
- The date the documentation was completed, signed (or electronic equivalent) and entered into the medical record:
 - **Line numbers** ⁵⁵.
 - **Line number** ⁵⁶. The Medication Consent form for Sertraline did not contain the date the documentation was completed, signed (or electronic equivalent) and entered into the medical record.
 - **Line number** ⁵⁷. The Medication Consent form for Latuda, Lamictal, and Ativan did not contain the date the documentation was completed, signed (or electronic equivalent) and entered into the medical record.

CORRECTIVE ACTION PLAN 8.3.3:

The MHP shall submit a CAP that describes how the MHP will ensure that all Medication Consents include the:

- 1) Provider's signature (or electronic equivalent).
- 2) Provider's signature (or electronic equivalent) that includes professional degree, licensure or title.
- 3) Date the signature was completed and the document was entered into the medical record.

Client Plans

FINDING 8.4.4:

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

- 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. **Line number** ⁵⁸.

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On the “Annual Mental Health Medication Support Service Plan” completed as signed on ⁵⁹, the objective is indicated by a checkbox for the client to their level of Physical Activity, and shows their objective as an “increase in frequency of physical activity from 1 days a week to 2 days a week...”

This objective was not related to the beneficiary’s identified functional impairments in that the described functional impairments were related to Activities of Daily Living.

- One or more proposed intervention did not include a detailed description. Instead, only a “type” or “category” of intervention was recorded. **Line number 60.**

On the “Mental Health Recovery Plan” completed as signed on ⁶¹, the Therapy intervention content section states, “Clinician will continue to collaborate with client and CRS staff to coordinate care and will meet with client at least once per 6 month authorization period to assess progress and functioning and revise treatment goals.” This content is not a detailed description consistent with planned therapy intervention.

CORRECTIVE ACTION PLAN 8.4.4:

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

- 1) Client plan goals/treatment objectives are specific, observable and/or quantifiable and relate to the beneficiary’s documented mental health needs and functional impairments as a result of the mental health diagnosis.
- 2) Mental health interventions/modalities proposed on client plans include a detailed description of the interventions to be provided and do not just identify a type or modality of service (e.g. “therapy”, “medication”, “case management”, etc.).

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 62.** One or more progress note was not completed within the MHP’s written timeliness standard of 1 day after provision of service. MHP’s timeliness policy describes that progress notes should be completed concurrently with service or on the same day. Eight (6 percent) of all progress notes reviewed were completed late (94% compliance).

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- **Line numbers** ⁶³. Progress note “Completion Timeliness” could not be determined because the provider signed, but did not date the note. Therefore, the note was considered late. Twelve (8 percent) of all progress notes reviewed did not include provider signature completion date (or electronic equivalent).(92% compliance)

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.
 - Date the progress note was completed and entered into the medical record in order to determine completion timeliness, as specified in the MHP Contract with the Department.

FINDING 8.5.4:

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

- **Line number** ⁶⁴: There was no progress note in the medical record for the service claimed on ⁶⁵; Service Function 60; Units of Time 6). **RR8a, refer to Recoupment Summary for details.**
The MHP was given the opportunity to locate the document(s) in question but did not provide written evidence of the document(s) in the medical record.

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 documented in the medical record.

Provision of ICC Services and IHBS for Children and Youth

FINDING 8.6.1:

- 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.
 - For this review, the MHP submitted a Policy and Procedure document (Policy Number 03-01-1135; Dated May 13, 2021) regarding Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), Therapeutic Foster

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Care (TFC) and the Child and Family Team. This document describes the MHP's policies regarding ICC, IHBS, and TFC, including procedures on the provision of said services.

As noted, this is a recent document, and evidence from this review and the review sample, indicate that the MHP is in a state of transition regarding the determination and provision of ICC and IHBS services.

During the on-site review, MHP staff discussed that previously the MHP conducted CFT meetings but currently these responsibilities are primarily performed by a contracted provider, specifically for those youth referred by County Welfare Services. At time of this review, the MHP is also in the process of developing additional contracts with providers who will be providing ICC and IHBS services on behalf of the MHP.

- 2) 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 numbers** ⁶⁶.
 - **Line number** ⁶⁷. Client is a child in foster care and presenting with behavioral issues. Though there was a notation on the MHP's authorization for services form (ASR Worksheet) that client is "non Katie A – High Needs", there was no further evidence that a determination was made on client's eligibility or need for ICC services and/or IHBS.
 - **Line number** ⁶⁸. Client is a child in foster care and previously in an intensive group home situation, but there is was no evidence that a determination was made on client's eligibility or need for ICC services and/or IHBS.
 - **Line number** ⁶⁹. Client is a child in foster care and with history of trauma exposure, but there was no evidence that a determination was made on client's eligibility or need for ICC services and/or IHBS.

CORRECTIVE ACTION PLAN 8.6.1:

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

- 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.

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- 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.