



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2019/2020

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE TRINITY COUNTY MENTAL HEALTH PLAN

CHART REVIEW FINDINGS REPORT

Review Dates: 8/26/2020 to 8/27/2020

**DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF TRINITY MENTAL HEALTH PLAN
8/26/19-8/27/19
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 Trinity 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 120 claims submitted for the months of April, May and June of **2019**.

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Medical Necessity

FINDING 1A-3b:

The actual interventions documented in the progress note(s) for the following Line number(s) did not meet medical necessity criteria since the intervention(s) were not reasonably likely to result in at least one of the following: a) significantly diminish the impairment, or b) prevent deterioration in an important area of life functioning.

Specifically: **Line number 1:** The intervention documented on the progress note does not meet the definition of a valid Specialty Mental Health Service. **RR15b, refer to Recoupment Summary for details.**

- The progress note was claimed as collateral and describes a clerical function; specifically, it provides information regarding the clinician's preparation of a Release of Information associated with the beneficiary's court hearing.

CORRECTIVE ACTION PLAN 1A-3b:

The MHP shall submit a CAP that describes how the MHP will ensure that all SMHS interventions are reasonably likely to correct or reduce the beneficiary's documented mental health condition and meet the definition of a valid Specialty Mental Health Service.

Medication Consent

FINDING 3B:

Written medication consents do 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:

Possible side effects if taken longer than 3 months: **Line number(s) ².**

During the review, the MHP provided DHCS reviewers with Medication Information Forms associated with the specific medications prescribed to the line numbers above. The MHP stated in the review that the Medication Information Forms are given to the beneficiaries in tandem with their initial prescriptions, at the time they complete their Medication Consent Forms.

¹ Line number(s) removed for confidentiality

² Line number(s) removed for confidentiality

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Neither the Medication Information Forms nor the beneficiary's accompanying Medication Consent Forms include information specifically describing possible side effects if the medication is taken longer than 3 months.

CORRECTIVE ACTION PLAN 3B:

The MHP shall submit a CAP that describes how the MHP will ensure that every medication consent process addresses whether possible side effects may be experienced if the medication is taken longer than 3 months.

FINDING 3D:

The MHP did not furnish evidence that it has a mechanism for ensuring the safety and effectiveness of its medication practices. Specifically:

The MHP did not submit evidence that it has a Policy and Procedure or other written process describing how it monitors the safety and effectiveness of its medication practices.

CORRECTIVE ACTION PLAN 3D:

The MHP shall submit a CAP that describes how the MHP will ensure that mechanisms for monitoring and assessing the effectiveness of its medication practices are in place, are under the supervision of qualified individuals, are performed at least annually, with findings documented in written form, and include monitoring of all medications the MHP prescribes to children, adolescents, adults and seniors.

Client Plans

FINDING 4C:

Client Plans do not include all of the required elements specified in the MHP Contract. Specifically:

- One or more proposed intervention does not include an expected duration. **Line number(s)** ³.

CORRECTIVE ACTION PLAN 4C:

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 duration for each intervention.

³ Line number(s) removed for confidentiality

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Progress Notes

FINDING 5B:

Progress notes do not include all required elements specified in the MHP Contract, and/or are not in accordance with the MHP's written documentation standards.

Specifically:

- **Line number(s)** ⁴. One or more progress note was not completed within the MHP's written timeliness standard of **within 3 business days from the date of service**. Fourteen (**14**) or **11%** of all progress notes reviewed were completed late.
- **Line number** ⁵: One or more progress note is missing the provider's professional degree, licensure or job title.
 - The note provided for the following date is missing the provider's degree or job title: ⁶

CORRECTIVE ACTION PLAN 5B:

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.
- The provider's/providers' professional degree, licensure or job title.

FINDING 5D:

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

- **Line number** ⁷: 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 note provided for the following date was claimed as Collateral; however, the service described is Plan Development: ⁸

CORRECTIVE ACTION PLAN 5D:

⁴ Line number(s) removed for confidentiality

⁵ Line number(s) removed for confidentiality

⁶ Date(s) removed for confidentiality

⁷ Line number(s) removed for confidentiality

⁸ Date(s) removed for confidentiality

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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 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.
- 2) The medical record associated with the following Line number(s) does 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 are included in their Client Plan:
 - **Line number(s)** ⁹.

For example: **Line number** ¹⁰: The ¹¹ Assessment documents that the beneficiary experienced circumstances which may have required multiple child service systems (e.g., removal from home by Child Protective Services, guardian's history of addiction, school-based challenges, etc.), indicating the beneficiary might have met eligibility criteria for ICC services and IHBS.

CORRECTIVE ACTION PLAN 6A:

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.
- 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.

⁹ Line number(s) removed for confidentiality

¹⁰ Line number(s) removed for confidentiality

¹¹ Date(s) removed for confidentiality

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FINDING 6B:

The MHP did not furnish evidence that it has a specific procedure for beneficiaries under age 22 who are receiving ICC services to receive a reassessment, during a CFT or other meeting, of the strengths and needs of these beneficiaries and their families at least every 90-days for the purpose of determining if ICC services and/or IBHS should be increased, reduced or otherwise modified.

CORRECTIVE ACTION PLAN 6B:

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

- 1) Written documentation is in place describing the process for reassessing and documenting the eligibility and need for IHBS and ICC services at least every 90-days for all beneficiaries who are already receiving ICC services.
- 2) All staff and contract providers who have the responsibility for determining eligibility and need for the provision of ICC services receive training about ICC service requirements.
- 3) All beneficiaries under age 22 who receive ICC services have a case consultation, team or CFT meeting at least every 90 days to discuss the beneficiaries' current strengths and needs.