



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2019/2020

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE TUOLUMNE COUNTY MENTAL HEALTH PLAN

CHART REVIEW FINDINGS REPORT

Review Dates: 6/2/2020 to 6/3/2020

**DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF TUOLUMNE MENTAL HEALTH PLAN
6/2/2020-6/3/2020
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 Tuolumne 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 239 claims submitted for the months of April, May and June of **2019**.

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Medical Necessity

REQUIREMENTS
<p>The beneficiary must meet medical necessity criteria outlined in subsections (1-3) to be eligible for services. (CCR, title 9, § 1830.205(b).)</p> <p>1) The beneficiary meets DSM criteria for an included ICD diagnosis for outpatient SMHS in accordance with the MHP contract. (MHSUDS IN Nos., 15-030, 16-016, 16-051, and 17-004E)</p>
<p>The beneficiary must have at least one of the following impairments as a result of the mental disorder or emotional disturbance (listed above in A1):</p> <ol style="list-style-type: none"> 1. A significant impairment in an important area of functioning. 2. A probability of significant deterioration in an important area of life functioning. 3. A probability that the child will not progress developmentally as individually appropriate 4. For full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that SMHS can correct or ameliorate. (CCR, title 9, § 1830.205 (b)(2)(A-C).)
<p>The proposed and actual intervention(s) meet the intervention criteria listed below:</p> <p>b) The focus of the proposed and actual intervention(s) addresses the condition identified in No. 1b (1-3)above, or for full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that the SMHS can correct or ameliorate per No. 1 (b)(4). (CCR, title 9, § 1830.205(b) (3)(A).)</p>
<p>c) The expectation is that the proposed and actual intervention(s) will do at least one (1) of the following (A, B, C, or D):</p> <ol style="list-style-type: none"> A. Significantly diminish the impairment. B. Prevent significant deterioration in an important area of life functioning. C. Allow the child to progress developmentally as individually appropriate. D. For full-scope MC beneficiaries under the age of 21 years, correct or ameliorate the condition. (CCR, title 9, § 1830.205 (b)(3)(B)(1-4).)
<p>The condition would not be responsive to physical health care based treatment. (CCR, title 9, § 1830.205(b)(3)(C).)</p>
<p><u>Reasons for Recoupment (RR): Refer to the enclosed Recoupment Summary for additional details about disallowances.</u></p> <p>RR15. The MHP did not submit documentation that a valid service was provided to, or on behalf of, the beneficiary:</p> <ol style="list-style-type: none"> a) No show / appointment cancelled, and no other eligible service documented (e.g., chart review to prepare for an appointment that turns out to be a “no show”), or b) Service provided did not meet the applicable definition of a SMHS.

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(MHSUDS IN No. 18-054, Enclosure 4)

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; b) prevent deterioration in an important area of life functioning; c) allow the child to progress developmentally; d) correct or ameliorate the mental health condition of a beneficiary who is under age 21. Specifically:

Line number ¹. The progress note indicated a “no-show” or cancelled appointment and the documentation failed to provide evidence of another valid service. **RR15a, refer to Recoupment Summary for details.** Progress note for group therapy service on ² indicates that client was a no-show on this date.

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, prevent the condition’s deterioration, or help a beneficiary who is under age 21 to progress developmentally as individually appropriate.

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 initial timeliness requirements specified in the MHP’s written documentation standards. *Per the MHP’s “Policy: Documentation Standards for Client Records”, “comprehensive assessment(s) shall be completed at time of intake and at minimum, every two years”.*

The following are specific findings from the chart sample:

¹ Line number(s) removed for confidentiality

² Date(s) removed for confidentiality

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- **Line number** ³. Initial assessment completed on ⁴. Initial assessment would have been due on ⁵ based on an Episode Opening Date of ⁶ (taking into account MHP's standard of having 2 business days to document a non-crisis service).

CORRECTIVE ACTION PLAN 2A:

The MHP shall submit a CAP that describes how the MHP will ensure that assessments are completed in accordance with the initial timeliness 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)

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:

Line number ⁷: 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.* Per medication management progress notes on ⁸ and ⁹, the tele-psychiatrist was prescribing Cymbalta, but a medication consent could not be located for this medication.

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.

³ Line number(s) removed for confidentiality

⁴ Date(s) removed for confidentiality

⁵ Date(s) removed for confidentiality

⁶ Date(s) removed for confidentiality

⁷ Line number(s) removed for confidentiality

⁸ Date(s) removed for confidentiality

⁹ Date(s) removed for confidentiality

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- 2) Written medication consent forms are completed in accordance with the MHP's written documentation standards.

REQUIREMENTS
Written medication consents shall include, but not be limited to, the following required elements: <ol style="list-style-type: none">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:

During the review, the MHP provided samples of the current medication consent form that cover the required elements specified in the MHP Contract with the Department.

However, for a portion of the sample, the medication consents available were an older format that did not contain all of the required elements, and available medical records did not show updated consent forms for these medications.

Specifically, for the following Line Numbers, there were older medication consent forms submitted that were missing the noted elements:

- 4) Range of Frequency: **Line numbers** ¹⁰.
- 5) Dosage: **Line numbers** ¹¹.
- 6) Method of administration (oral or injection): **Line numbers** ¹².
- 7) Duration of taking each medication: **Line numbers** ¹³.
- 9) Possible side effects if taken longer than 3 months: **Line numbers** ¹⁴.

¹⁰ Line number(s) removed for confidentiality

¹¹ Line number(s) removed for confidentiality

¹² Line number(s) removed for confidentiality

¹³ Line number(s) removed for confidentiality

¹⁴ Line number(s) removed for confidentiality

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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.

Client Plans

REQUIREMENTS
<p>The MHP shall ensure that services are provided in an amount, duration, and scope as specified in the individualized Client Plan for each beneficiary. (MHP Contract, Ex. A, Att. 2, 1. B.)</p> <p>The Contractor shall ensure that all medically necessary covered Specialty Mental Health Services are sufficient in amount, duration, or scope to reasonably achieve the purpose for which the services are furnished. (MHP Contract, Ex. A, Att. 2, 1. C.)</p>
<p>Monitoring and follow up activities [shall] ensure the beneficiary's client plan is being implemented and that it adequately addresses the beneficiary's individual needs.</p> <p>(MHSUDS IN No.17-040)</p>

FINDING 4A-2a:

Services claimed and documented in the 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** ¹⁵. Case Linkage/Consultation (TCM), Collateral, Individual / Group Rehab, and Group Therapy services were listed on the beneficiary's Client plan, however, during the three month review period there were no claims for these services. The MHP staff confirmed that these services were not being provided during the period the client plan was in effect.
- **Line number** ¹⁶. Medication Evaluation, Management, and Refill services were on the beneficiary's Client plan but there were no claims for these services within the review period. MHP staff confirmed that these services did not appear to be provided during the client plan effective period, and suspected but

¹⁵ Line number(s) removed for confidentiality

¹⁶ Line number(s) removed for confidentiality

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could not confirm that the beneficiary may have received with medication services from the Mi-Wuk Health Center.

- **Line number** ¹⁷. Group Support, Individual Rehab, and Case Linkage/Consultation (TCM) were listed on the Client Plan, however, during the three month review period there were no claims for these services. The MHP staff confirmed that these services were not provided during the period the client plan was in effect.

CORRECTIVE ACTION PLAN 4A-2a:

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.

REQUIREMENTS
The client plan has been updated at least annually and/or when there are significant changes in the beneficiary's condition. MHP Contract, Ex. A, Att. 2)

FINDING 4B-2:

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 number** ¹⁸: There was a **lapse** between the prior and current Client Plans. However, this occurred outside of the audit review period. The prior Client Plan expired on ¹⁹; the current Client Plan was completed on ²⁰.

CORRECTIVE ACTION PLAN 4B-2:

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

- 1) 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.

REQUIREMENTS
C. The MHP shall ensure that Client Plans:

¹⁷ Line number(s) removed for confidentiality

¹⁸ Line number(s) removed for confidentiality

¹⁹ Date(s) removed for confidentiality

²⁰ Date(s) removed for confidentiality

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- 1) 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.
- 2) Identify the proposed type(s) of intervention/modality including a detailed description of the intervention to be provided.
- 3) Have a proposed frequency of the intervention(s).
- 4) Have a proposed duration of intervention(s).
- 5) Have interventions that focus and address the identified functional impairments as a result of the mental disorder or emotional disturbance (CCR, title. 9, § 1830.205(b).
- 6) Have interventions that are consistent with client plan goal(s)/treatment objective(s).
- 7) Have interventions consistent with the qualifying diagnosis.

MHP Contract, Ex. A, Att. 9)

FINDING 4C:

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

- One or more proposed intervention did not include an expected duration. **Line numbers** ²¹. During the review, the MHP confirmed that the MHP's current client plans have not included an expected duration for each proposed intervention of the client plan.

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 an expected duration for each intervention.

Progress Notes

REQUIREMENTS

²¹ Line number(s) removed for confidentiality

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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:

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- **Line numbers** ²². One or more progress note was not completed within the MHP’s written timeliness standard of 2 business days after provision of service.
- **Line number** ²³. One or more progress note did not match its corresponding claim in terms of service date. **RR8b2, refer to Recoupment Summary for details.** The progress note for the Medication Management service on ²⁴ indicated that this was a duplicate claim for a service that had already been provided, claimed, and documented on the same date.
- **Line number** ²⁵. One or more progress notes was missing documentation of follow-up care, and/or if appropriate, a discharge summary. The progress note for the psychotherapy service on ²⁶ indicates that the provider was concerned about the beneficiary’s well-being, and planned to call during the week to follow-up on their status. However, no follow-up documentation was available for review and the next psychotherapy appointment was not scheduled until ²⁷.
- **Line numbers** ²⁸. One or more progress note did not match its corresponding claim in terms of amount of time to provide services: The service time documented on the Progress Note was entirely missing on the Progress Notes listed below. **RR8b3, refer to Recoupment Summary for details.**

During the review, MHP staff discussed the contracts that the MHP has with separate hospitals in which beneficiaries in crisis may be hospitalized. Per these contracts, there are separate flat rate Professional Fees that the hospitals charge to the MHP for each day of psychiatric services provided to the beneficiaries while at their respective locations.

Per the MHP Contract, Progress Notes should specify the amount of time taken to provide services as Specialty Mental Health Services are claimed per specific units of time.

- **Line number** ²⁹. For Medication Support claims (Service Function 60) on the following dates with associated Units of Time, the MHP submitted copies of Doctors Behavioral Health inpatient notes and St. Helena Hospital (Adult) inpatient notes, respectively. Units of time for visits on these dates could not be located on the associated progress notes, and therefore individual progress notes could not be matched with claims information.

²² Line number(s) removed for confidentiality

²³ Line number(s) removed for confidentiality

²⁴ Date(s) removed for confidentiality

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²⁷ Date(s) removed for confidentiality

²⁸ Line number(s) removed for confidentiality

²⁹ Line number(s) removed for confidentiality

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- Doctors Behavioral Health (hospitalized ³⁰ to ³¹):
 - ³² (50 units of time)
 - Consecutive Days ³³ through ³⁴ (15 units of time each)
 - ³⁵ (50 units of time)
- St. Helena Hospital (Adult) / (hospitalized ³⁶ to ³⁷):
 - ³⁸ (15 units of time)
 - ³⁹ (25 units of time each)
 - Consecutive Days ⁴⁰ through ⁴¹ (35 units of time each)
 - ⁴² and ⁴³ (25 units of time each)
 - Consecutive Days ⁴⁴ through ⁴⁵ (35 units of time each)
 - ⁴⁶ and ⁴⁷ (25 units of time each)
 - Consecutive Days ⁴⁸ through ⁴⁹ (35 units of time each)
 - ⁵⁰ and ⁵¹ (25 units of time each)
 - Consecutive Days ⁵² through ⁵³ (35 units of time each)
 - ⁵⁴ (25 units of time)
 - Consecutive Days ⁵⁵ through ⁵⁶ (35 units of time each)

³⁰ Date(s) removed for confidentiality
³¹ Date(s) removed for confidentiality
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⁵⁶ Date(s) removed for confidentiality

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- ⁵⁷ (25 units of time)
- Consecutive Days ⁵⁸ through ⁵⁹ (35 units of time)
- ⁶⁰ and ⁶¹ (25 units of time)
- **Line number ⁶²**. For Medication Support claims (Service Function 60) on the following dates with associated Units of Time, the MHP submitted copies of St. Helena Center for Behavioral Health (Child/Adolescent) inpatient note summaries. Units of time for visits on these dates could not be located on the associated progress notes, and therefore individual progress notes could not be matched with claims information.
 - Consecutive Days ⁶³ through ⁶⁴ (25 units of time)
 - ⁶⁵ (30 units of time)
- **Line number ⁶⁶**. For Medication Support claims (Service Function 60) on the following dates with associated Units of Time, the MHP submitted copies of St. Helena Center for Behavioral Health (Child/Adolescent) inpatient note summaries. Units of time for visits on these dates could not be located on the associated progress notes, and therefore individual progress notes could not be matched with claims information.
 - ⁶⁷ (70 units of time)
 - ⁶⁸ (25 units of time)
 - ⁶⁹ (25 units of time)
 - ⁷⁰ (35 units of time)
 - ⁷¹ (35 units of time)
 - ⁷² (35 units of time)
 - ⁷³ (25 units of time)

⁵⁷ Date(s) removed for confidentiality

⁵⁸ Date(s) removed for confidentiality

⁵⁹ Date(s) removed for confidentiality

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⁶¹ Date(s) removed for confidentiality

⁶² Line number(s) removed for confidentiality

⁶³ Date(s) removed for confidentiality

⁶⁴ Date(s) removed for confidentiality

⁶⁵ Date(s) removed for confidentiality

⁶⁶ Line number(s) removed for confidentiality

⁶⁷ Date(s) removed for confidentiality

⁶⁸ Date(s) removed for confidentiality

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⁷¹ Date(s) removed for confidentiality

⁷² Date(s) removed for confidentiality

⁷³ Date(s) removed for confidentiality

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- ⁷⁴ (30 units of time)
- **Line number ⁷⁵**. For Medication Support claims (Service Function 60) on the following dates with associated Units of Time, the MHP submitted copies of St. Helena Center for Behavioral Health (Child/Adolescent) inpatient notes summaries, with two separate hospitalization periods. Units of time for visits on these dates could not be located on the associated progress notes, and therefore individual progress notes could not be matched with claims information.
- St. Helena Center for Behavioral Health (Child / Adolescent) / (hospitalized ⁷⁶ to ⁷⁷):
 - Consecutive Days ⁷⁸ through ⁷⁹ (25 units of time each)
 - ⁸⁰ and ⁸¹ (35 units of time each)
 - Consecutive Days ⁸² through ⁸³ (25 units of time each)
 - ⁸⁴ (30 units of time)
- St. Helena Center for Behavioral Health (Child / Adolescent) / (hospitalized ⁸⁵ to ⁸⁶):
 - ⁸⁷ (70 units of time)
 - ⁸⁸ (25 units of time)
 - Consecutive Days ⁸⁹ through ⁹⁰ (35 units of time each)
 - ⁹¹ (25 units of time)
 - ⁹² (35 units of time)
 - Consecutive Days ⁹³ through ⁹⁴ (25 units of time each)

⁷⁴ Date(s) removed for confidentiality

⁷⁵ Line number(s) removed for confidentiality

⁷⁶ Date(s) removed for confidentiality

⁷⁷ Date(s) removed for confidentiality

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⁷⁹ Date(s) removed for confidentiality

⁸⁰ Date(s) removed for confidentiality

⁸¹ Date(s) removed for confidentiality

⁸² Date(s) removed for confidentiality

⁸³ Date(s) removed for confidentiality

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- ⁹⁵ and ⁹⁶ (35 units of time each)
- Consecutive Days ⁹⁷ through ⁹⁸ (25 units of time each)

CORRECTIVE ACTION PLAN 5B:

- 1) The MHP shall submit a CAP that describes how the MHP will ensure that progress notes document:
 - The amount of time taken to provide services;
 - 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.
 - Follow-up care and, if appropriate, a discharge summary, as specified in the MHP Contract with the Department.
- 2) The MHP shall submit a CAP that describes how the MHP will ensure that both service dates and units of time recorded on progress notes match their corresponding claims.

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 numbers** ⁹⁹. 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.

⁹⁵ Date(s) removed for confidentiality

⁹⁶ Date(s) removed for confidentiality

⁹⁷ Date(s) removed for confidentiality

⁹⁸ Date(s) removed for confidentiality

⁹⁹ Line number(s) removed for confidentiality

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- **Line number** ¹⁰⁰: Progress notes for group session on ¹⁰¹ did not accurately document the number of group participants. However, the MHP submitted a “Client Services Report” which showed the number of participants in the noted group.
- **Line number** ¹⁰²: Progress notes for group sessions (on following dates: ¹⁰³, and ¹⁰⁴) did not accurately document the number of group participants. However, the MHP submitted a “Client Services Report” which showed the number of participants in noted groups.

CORRECTIVE ACTION PLAN 5C:

The MHP shall submit a CAP that describes how the MHP will ensure that progress notes contain the actual number of clients participating in a group activity.

REQUIREMENTS	
Progress notes shall be documented at the frequency by types of service indicated below:	
a)	Every service contact for: <ul style="list-style-type: none"> i. Mental health services; ii. Medication support services; iii. Crisis intervention; iv. Targeted Case Management;
b)	Daily for: <ul style="list-style-type: none"> i. Crisis residential; ii. Crisis stabilization (one per 23/hour period); iii. Day Treatment Intensive; iv. Therapeutic Foster Care
c)	Weekly: <ul style="list-style-type: none"> 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),)	

¹⁰⁰ Line number(s) removed for confidentiality

¹⁰¹ Date(s) removed for confidentiality

¹⁰² Line number(s) removed for confidentiality

¹⁰³ Date(s) removed for confidentiality

¹⁰⁴ Date(s) removed for confidentiality

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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 frequency requirements specified in the MHP Contract. Specifically:

- **Line numbers** ¹⁰⁵. 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** ¹⁰⁶: Progress note for Plan Development claim on ¹⁰⁷ has content of informing client of new therapist assignment. This service is more consistent with Targeted Case Management service.
 - **Line number** ¹⁰⁸: Progress note for Plan Development claim on ¹⁰⁹ has content of informing client of new therapist assignment. This service is more consistent with Targeted Case Management service.
- **Line numbers** ¹¹⁰. 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.

¹⁰⁵ Line number(s) removed for confidentiality

¹⁰⁶ Line number(s) removed for confidentiality

¹⁰⁷ Date(s) removed for confidentiality

¹⁰⁸ Line number(s) removed for confidentiality

¹⁰⁹ Date(s) removed for confidentiality

¹¹⁰ Line number(s) removed for confidentiality

**DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF TUOLUMNE MENTAL HEALTH PLAN
6/2/2020-6/3/2020
CHART REVIEW FINDINGS REPORT**

- **Line number** ¹¹¹: Progress notes for claimed Individual Rehabilitation services described content showing Therapy service elements on the following dates: ¹¹², and ¹¹³.
- **Line number** ¹¹⁴: Progress note for Plan Development claim on ¹¹⁵ has content for therapy preparation. When conducting chart review, claim should be for associated service (e.g. therapy). (See MHSUDS IN 17-040, Section P: "Claiming for Chart Review")
- **Line number** ¹¹⁶: Progress note for Plan Development claim on ¹¹⁷ shows that the service provided was a Collateral Services.

CORRECTIVE ACTION PLAN 5D:

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.

¹¹¹ Line number(s) removed for confidentiality

¹¹² Date(s) removed for confidentiality

¹¹³ Date(s) removed for confidentiality

¹¹⁴ Line number(s) removed for confidentiality

¹¹⁵ Date(s) removed for confidentiality

¹¹⁶ Line number(s) removed for confidentiality

¹¹⁷ Date(s) removed for confidentiality