



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2020/2021

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE YOLO COUNTY MENTAL HEALTH PLAN

CHART REVIEW FINDINGS REPORT

Review Dates: 5/25/2021 to 5/27/2021

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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 Yolo 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 466 claims submitted for the months of April, May and June of 2020.

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Medical Necessity

FINDING 8.1.1.3b:

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:

- 1) **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.**
- 2) **Line number 2.** The intervention documented on the progress note did not meet the definition of a valid Specialty Mental Health Service. **RR15b, refer to Recoupment Summary for details.**

CORRECTIVE ACTION PLAN 8.1.1.3b:

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.

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 numbers 3.** **RR11f, refer to Recoupment Summary for details.**

CORRECTIVE ACTION PLAN 8.1.1.3b1:

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

- 1) Services provided and claimed are not solely transportation, clerical or payee related.
- 2) All services claimed are appropriate, relate to the qualifying diagnosis and identified functional impairments and are medically necessary as delineated in the CCR, title 9, sections 1810.247, 1810.345(a), 1810.335(a)(2), 1830.205(b)(3), and MHSUDS IN. NO. 20-061, Enclosure 4.

¹ Line number(s) removed for confidentiality

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Assessment

FINDING 8.2.1.:

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

- 1) One or more assessments were not completed within the initial timeliness and/or update frequency requirements specified in the MHP's written documentation standards. Per the MHP's policy, initial assessments are to be completed within 30 days of the episode opening date for all beneficiaries. The MHP's policy also indicates that assessments are to be updated annually for children/youth; and every three years for adults.

The following are specific findings from the chart sample:

- **Line number** ⁴. The initial Crisis Residential assessment was not co-signed by a licensed provider until ⁵, which was following not only all claimed services, but also following the beneficiary's discharge from Crisis Residential.
- **Line number** ⁶. The initial assessment was due to be completed by ⁷ given that the episode opening date was ⁸; however, the initial assessment was not finalized until ⁹.
- **Line number** ¹⁰. The initial assessment was due to be completed by ¹¹ given that the episode opening date was ¹²; however, the initial assessment was not finalized until ¹³.
- **Line number** ¹⁴. The prior assessment was completed on ¹⁵. The updated assessment was due by ¹⁶; however, the updated assessment was not finalized until ¹⁷.

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- **Line number** ¹⁸. The prior assessment was completed on ¹⁹. The updated assessment was due by ²⁰; however, the updated assessment was not finalized until ²¹.

CORRECTIVE ACTION PLAN 8.2.1:

The MHP shall submit a CAP that:

- 1) Describes how the MHP will ensure that assessments are completed in accordance with the initial timeliness and update frequency requirements specified in the MHP's written documentation standards.
- 2) Planned Specialty Mental Health Services are not claimed in the absence of an assessment that substantiates those services.

FINDING 8.2.3:

One or more of the assessments reviewed did not include the signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, job title, or the date the documentation was entered into the medical record. Specifically:

- The type of professional degree, licensure, or job title of person providing the service:
 - **Line number** ²².

CORRECTIVE ACTION PLAN 8.2.3:

The MHP shall submit a CAP that describes how the MHP will ensure that all documentation includes the signature of the qualified person (or electronic equivalent) with the professional degree, licensure or title of the person providing the service.

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:

¹⁸ Line number(s) removed for confidentiality

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- 1) **Line number** ²³: 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.*
- 2) **Line number** ²⁴: 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 consents in question but was unable to locate it/them in the medical record.*

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) The reason for taking each medication: **Line number** ²⁵.
- 2) Reasonable alternative treatments available, if any: **Line number** ²⁶.
- 3) Duration of taking the medication: **Line number** ²⁷.
- 4) Probable side effects: **Line number** ²⁸.
- 5) Possible side effects if taken longer than 3 months: **Line numbers** ²⁹.
- 6) Consent once given may be withdrawn at any time: **Line number** ³⁰.

CORRECTIVE ACTION PLAN 8.3.2:

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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 Consents 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 type of professional degree, licensure, or job title of person providing the service:
 - **Line numbers** ³¹.

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 provider's signature (or electronic equivalent) that includes professional degree, licensure or title.

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 numbers** ³².
 - **Line number** ³³. Per the Client Plan completed on ³⁴, Group Rehabilitation with a frequency of 1-4 times weekly, Collateral with a frequency of 1-4 times monthly, and Individual Therapy with a frequency of 1-4 times monthly, were listed as needed interventions. However, none of these services were provided during the three-month review period.
 - **Line number** ³⁵. Per Client Plans completed on ³⁶ and ³⁷, Group Rehabilitation and Medication Support with a frequency of twice monthly were listed as needed interventions. However, none of these services were provided during the three-month review period.

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- **Line number** ³⁸. Per the Client Plan completed on ³⁹, Group Rehabilitation with a frequency of once monthly, Individual Therapy with a frequency of twice monthly, Individual Rehabilitation with a frequency of twice monthly, and Medication Support with a frequency of once every 90 days were listed as needed interventions. However, none of these services were provided during the three-month review period.
- **Line number** ⁴⁰. Per the Client Plan completed on ⁴¹, Individual Rehabilitation with a frequency of twice monthly, Group Rehabilitation with a frequency of once monthly, Collateral with a frequency of once every 3 months, and Individual Therapy with a frequency of twice monthly were all listed as needed interventions. However, none of these services were provided during the three-month review period.
- **Line number** ⁴². Per the Client Plan completed on ⁴³, Medication Support with a frequency of once every 90 days was listed as a needed intervention. However, this service was not provided by the MHP during the three-month review period.
- **Line number** ⁴⁴. Per the Client Plan completed on ⁴⁵, IHBS with a frequency of once weekly and medication Support with a frequency of once monthly were listed as a needed interventions. However, Medication Support was provided only once and IHBS was not provided by the MHP during the three-month review period.
- **Line number** ⁴⁶. Per the Client Plans completed on ⁴⁷ and ⁴⁸, Collateral services with a frequency of 1-4 times monthly was listed as a needed intervention. However, this service was not provided by the MHP during the three-month review period.
- **Line number** ⁴⁹. Per the Client Plan completed on ⁵⁰, ICC, IHBS, and Rehabilitation, all with a frequency of 0-2 times weekly, in addition to, Medication Support with a frequency of 0-2 times monthly, were all listed as needed interventions. However, these services were not provided by the MHP during the three-month review period.

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CORRECTIVE ACTION PLAN 8.4.2b:

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, or that the Client Plan is updated to reflect that the proposed interventions are no longer needed or that those services can no longer be provided due to extenuating circumstances.

FINDING 8.4.3:

Client Plans were not completed prior to the delivery of planned services and/or were not updated at least annually or reviewed and updated when there was a significant change in the beneficiary's condition (as required in the MHP Contract with the Department and/or as specified in the MHP's documentation standards). Specifically:

- **Line number ⁵¹:** There was **no** Client Plan for one or more type of claimed service. *The MHP was given the opportunity to locate the service(s) on a client plan that was in effect during the review period but could not find written evidence of it.*
RR4c, refer to Recoupment Summary for details.

CORRECTIVE ACTION PLAN 8.4.3:

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

- 1) Client plans are completed prior to the provision of planned services.
- 2) Planned services are not claimed when the service provided is not included on a current Client Plan.

FINDING 8.4.3a:

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

- **Line numbers ⁵²:** There was a **lapse** between the prior and current Client Plans. However, there were no claims during this period.
 - **Line number ⁵³.** The prior Client Plan expired on ⁵⁴ and the updated Client Plan was not completed until ⁵⁵. **RR4b, refer to Recoupment Summary for details.**
 - **Line number ⁵⁶.** Prior Client Plans expired on ⁵⁷ and ⁵⁸. Albeit just prior to end of the audit review period; there was one TCM claim during this lapse in Client Plans. It should be noted that TCM can be provided without a

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Client Plan in place or during a lapse in Client Plans, if the service describes linkage; which in this case it did. *The MHP was given the opportunity to locate a valid Client Plan covering the remainder of review period but could not find written evidence of it in the medical record.*

CORRECTIVE ACTION PLAN 8.4.3a:

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

- 1) Client plans are completed prior to the provision of planned services.
- 2) 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.
- 3) Planned services are not claimed when the service provided is not included on a current Client Plan.

FINDING 8.4.4:

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

- One or more proposed intervention did not include an expected frequency or frequency range that was specific enough. **Line numbers** ⁵⁹.
 - **Line number** ⁶⁰. Per the Client Plan completed on ⁶¹, group therapy, with a frequency of "up to 5 days a week" is listed as the proposed intervention; however, by not indicating the bottom of the range (i.e.1-5 days per week), the frequency is not sufficiently descriptive of the actual range of times services will be provided.
 - **Line number** ⁶². Per the Client Plan completed on ⁶³, ICC, IHBS, and Rehabilitation, all with a proposed frequency of 0-2 times weekly, in addition to, Medication Support with a frequency of 0-2 times monthly. The frequency range of "0-2 times" is inappropriate, as it in effect makes the range equivalent to "PRN" or "as needed" which is not specific.

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 duration for each intervention.

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FINDING 8.4.6:

The Client Plan was not signed (or electronic equivalent) by the appropriate provider, as specified in the MHP Contract and CCR, title 9, chapter 11, section 1810.440(c)(1)(A-C):

- **Line number** ⁶⁴: The Client Plan completed on ⁶⁵ was not signed or co-signed (or electronic equivalent) by an approved category of provider: i.e., MD/DO, RN, licensed/registered/waivered LCSW, MFT, LPCC, or licensed / waivered psychologist); however, this was outside of the review period.
- **Line number** ⁶⁶. Services were claimed when the Client Plan was not signed or co-signed (or electronic equivalent) by an approved category of provider until after the claimed service dates. Although an unlicensed provider signed the Initial Client Plan, the MHP policy requires a licensed signature or co-signature of the Client Plan. In this case, the licensed co-signature was dated long after the beneficiary received the claimed services. *The MHP was given the opportunity to locate a valid Client Plan covering the review period but could not find written evidence of it in the medical record. RR4a, refer to Recoupment Summary for details.*

CORRECTIVE ACTION PLAN 8.4.6:

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

- 1) The appropriate provider signs the Client Plan.
- 2) The signature and co-signature of an approved category of provider is obtained when required as specified in the MHP Contract or the MHPs own policy.
- 3) The signature/co-signature of the appropriate provider is timely.

FINDING 8.4.11:

Line number ⁶⁷: There was no documentation on the current Client Plan that the beneficiary or legal guardian was offered a copy of the Client Plan.

CORRECTIVE ACTION PLAN 8.4.11:

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

- 1) Ensure that there is documentation on the Client Plan substantiating that the beneficiary was offered a copy of the Client Plan.
- 2) Submit evidence that the MHP has an established process to document that each beneficiary is offered a copy of their current Client Plan.

FINDING 8.4.12:

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One or more Client Plan did not include signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, job title, relevant identification number, or date the documentation was entered into the medical record. Specifically:

- **Line number** ⁶⁸: Missing provider's professional degree, licensure, or job title on the Client Plan in effect during the review period.

CORRECTIVE ACTION PLAN 8.4.12:

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

- The provider signature (or electronic equivalent) with the professional degree, licensure, or job title.
- The date the provider completed the document and entered it into the medical record, as evidenced by a signature date (or electronic equivalent).

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** ⁶⁹. One or more progress note was not completed within the MHP's written timeliness standard of 5 business days after provision of service. 88 (or 18.9 percent) of all progress notes reviewed were completed late.
- **Line number** ⁷⁰. 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 less than the time claimed, or the service time was entirely missing on the Progress Note. **RR8b3, refer to Recoupment Summary for details.**
- **Line numbers** ⁷¹. One or more progress note was missing the provider's professional degree, licensure or job title. 42 (or 9 percent) of all progress notes reviewed did not include the provider's professional degree, licensure or job title. (91% compliance)
- **Line number** ⁷². Multiple progress notes contained the exact same verbiage, and therefore those progress notes were not individualized in terms of the specific interventions applied, as specified in the MHP Contract with the Department.

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- **Line number** ⁷³. There are multiple progress notes (⁷⁴) with identical verbiage whereas the “client’s strengths” provide the only variability.
- **Line number** ⁷⁵. Assessment progress notes dated ⁷⁶ and ⁷⁷ are identical in verbiage. Family Therapy progress notes dated ⁷⁸ and ⁷⁹ are also identical in verbiage.

CORRECTIVE ACTION PLAN 8.5.2:

- 1) The MHP shall submit a CAP that describes how the MHP will ensure that the MHP has written documentation standards for progress notes, including timeliness and frequency, as required by the MHP Contract with the Department.
- 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.
 - 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.
 - The provider’s/providers’ professional degree, licensure or job title.
- 3) 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.
- 4) The MHP shall submit a CAP that describes how the MHP will ensure that progress notes contain documentation that is individualized for each service provided.
- 5) 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.

FINDING 8.5.4:

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

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- **Line numbers** ⁸⁰: There was no progress note in the medical record for the services claimed. **RR8a, refer to Recoupment Summary for details.**
The MHP was given the opportunity to locate the documents in question but did not provide written evidence of the documents in the medical record.

CORRECTIVE ACTION PLAN 8.5.4:

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

- 1) Ensure that all Specialty Mental Health Services claimed are:
 - a) Documented in the medical record.
 - b) Actually provided to the beneficiary.
 - c) Claimed for the correct service modality billing code, and units of time.
- 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.
 - c) Are completed within the timeline and frequency specified in the MHP Contract with the Department, and as specified in the MHP's written documentation standards.

⁸⁰ Line number(s) removed for confidentiality