

FISCAL YEAR (FY) 2015/2016 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL  
HEALTH SERVICES AND OTHER FUNDED SERVICES  
SAN LUIS OBISPO COUNTY MENTAL HEALTH PLAN REVIEW  
January 4, 2016  
FINAL FINDINGS REPORT

**Section K, “Chart Review – Non-Hospital Services**

The medical records of ten (10) adult and ten (10) child/adolescent Medi-Cal specialty mental health beneficiaries were reviewed for compliance with state and federal regulations; adherence to the terms of the contract between the San Luis Obispo 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 640 claims submitted for the months of January, February and March of 2015.

**Contents**

<i>Medical Necessity</i> .....	2
<i>Medication Consent</i> .....	4
<i>Client Plans</i> .....	5
<i>Progress Notes</i> .....	6

**Medical Necessity**

PROTOCOL REQUIREMENTS	
1.	Does the beneficiary meet all three (3) of the following medical necessity criteria for reimbursement (1a, 1b, and 1c. below)?
1a.	The beneficiary has a current ICD diagnosis which is included for non-hospital SMHS in accordance with the MHP contract?
1b.	The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below): <ol style="list-style-type: none"> <li>1) A significant impairment in an important area of life functioning.</li> <li>2) A probability of significant deterioration in an important area of life functioning.</li> <li>3) A probability that the child will not progress developmentally as individually appropriate.</li> <li>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.</li> </ol>
1c.	Do the proposed and actual intervention(s) meet the intervention criteria listed below: <ol style="list-style-type: none"> <li>1) The focus of the proposed and actual intervention(s) is to address 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 SMHS can correct or ameliorate per No. 1b(4).</li> </ol>
	<ol style="list-style-type: none"> <li>2) The expectation is that the proposed and actual intervention(s) will do at least one (1) of the following (A, B, C, or D):                             <ol style="list-style-type: none"> <li>A. Significantly diminish the impairment.</li> <li>B. Prevent significant deterioration in an important area of life functioning.</li> <li>C. Allow the child to progress developmentally as individually appropriate.</li> <li>D. For full-scope MC beneficiaries under the age of 21 years, correct or ameliorate the condition.</li> </ol> </li> </ol>
1d.	The condition would not be responsive to physical health care based treatment.
	<ul style="list-style-type: none"> <li style="width: 50%;">• CCR, title 9, chapter 11, section 1830.205 (b)(c)</li> <li style="width: 50%;">• CCR, title 9, chapter 11, section 1840.314(d)</li> <li style="width: 50%;">• CCR, title 9, chapter 11, section 1830.210</li> <li style="width: 50%;">• CCR, title 22, chapter 3, section 51303(a)</li> <li style="width: 50%;">• CCR, title 9, chapter 11, section 1810.345(c)</li> <li style="width: 50%;">• Credentialing Boards for MH Disciplines</li> <li style="width: 50%;">• CCR, title 9, chapter 11, section 1840.112(b)(1-4)</li> </ul>

**Reasons for Recoupment (RR): Refer to the enclosed Recoupment Summary for additional details concerning disallowances**

- RR1. Documentation in the medical record does not establish that the beneficiary has a diagnosis contained in California Code of Regulations, (CCR), title 9, chapter 11, section 1830.205(b)(1)(A-R).
- RR2. Documentation in the medical record does not establish that, as a result of a mental disorder listed in CCR, title 9, chapter 11, section 1830.205(b)(1)(A-R), the beneficiary has, at least, one of the identified functional impairments.
- RR3. Documentation in the medical record does not establish that the focus of the proposed intervention is to address the functional impairment identified in CCR, title 9, chapter 11, section 1830.205(b)(2)
- RR4. Documentation in the medical record does not establish the expectation that the proposed intervention will do, at least, one of the following:
  - 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; or
  - d) For full-scope Medi-Cal beneficiaries under the age of 21 years, correct or ameliorate the condition.

**FINDING 1c-2:**

The medical record associated with the following Line number did not meet the medical necessity criteria since there was no expectation that the documented intervention would meet the intervention criteria as specified in the CCR, title 9, chapter 11, section 1830.205(b)(3)(B)(1-4):

- 1. RR4, refer to Recoupment Summary for details

**PLAN OF CORRECTION 1c-2:**

The MHP shall submit a POC that indicates how the MHP will ensure that the interventions provided meet the intervention criteria specified in CCR, title 9, chapter 11, section 1830.205(b)(3)(B)(1-4).

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**Assessment** (Findings in this area do not result in disallowances. Plan of Correction only.)

<b>PROTOCOL REQUIREMENTS</b>	
2.	Regarding the Assessment, are the following conditions met:
2a.	1) Has the Assessment been completed in accordance with the MHP’s established written documentation standards for timeliness?
	2) Has the Assessment been completed in accordance with the MHP’s established written documentation standards for frequency?
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1810.204</li> <li>• CCR, title 9, chapter 11, section 1840.112(b)(1-4)</li> <li>• CCR, title 9, chapter 11, section 1840.314(d)(e)</li> </ul>	<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 4, section 851- Lanterman-Petris Act</li> <li>• MHP Contract, Exhibit A, Attachment I</li> </ul>

**FINDINGS 2a:**

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

- 1) One or more assessments were not completed within the timeliness and frequency requirements specified in the MHP’s written documentation standards. The following are specific findings from the chart sample:
  - 2: There was no initial assessment found in the medical record. *During the review, MHP staff were given the opportunity to locate the missing assessment but could not locate the document in the medical record.*
  - 3: There was no updated assessment found in the medical record. *During the review, MHP staff were given the opportunity to locate the missing assessment but could not locate the document in the medical record.*

**PLAN OF CORRECTION 2a:**

<sup>1</sup> Line number removed for confidentiality  
<sup>2</sup> Line number removed for confidentiality  
<sup>3</sup> Line number removed for confidentiality

The MHP shall submit a POC that:

- 1) Indicates how the MHP will ensure that assessments are completed in accordance with the timeliness and frequency requirements specified in the MHP’s written documentation standards.

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**Medication Consent** *(Findings in this area do not result in disallowances. Plan of Correction only.)*

<b>PROTOCOL REQUIREMENTS</b>	
3b.	Does the medication consent for psychiatric medications include 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?
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1810.204</li> <li>• CCR, title 9, chapter 11, section 1840.112(b)(1-4)</li> <li>• CCR, title 9, chapter 11, section 1840.314(d)(e)</li> </ul>	<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 4, section 851- Lanterman-Petris Act</li> <li>• MHP Contract, Exhibit A, Attachment I</li> </ul>

**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 forms found in the beneficiary’s medical record:

- 1) The reason for taking each medication: <sup>4</sup>
- 2) Reasonable alternative treatments available, if any: <sup>5</sup>
- 3) Type of medication: <sup>6</sup>
- 4) Range of frequency: <sup>7</sup>
- 5) Dosage: <sup>8</sup>
- 6) Method of administration (oral or injection): <sup>9</sup>

<sup>4</sup> Line number removed for confidentiality

<sup>5</sup> Line number removed for confidentiality

<sup>6</sup> Line number removed for confidentiality

<sup>7</sup> Line number removed for confidentiality

<sup>8</sup> Line number removed for confidentiality

<sup>9</sup> Line number removed for confidentiality

- 7) Duration of taking each medication: <sup>10</sup>
- 8) Probable side effects: <sup>11</sup>
- 9) Possible side effects if taken longer than 3 months: <sup>12</sup>
- 10) Consent once given may be withdrawn at any time: <sup>13</sup>

**PLAN OF CORRECTION 3b:**

The MHP shall submit a POC that indicates how the MHP will ensure that every medication consent includes documentation of all of the required elements specified in the MHP Contract with the Department.

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***Client Plans***

<b>PROTOCOL REQUIREMENTS</b>	
4b.	Does the client plan include the items specified in the MHP Contract with the Department?
	1) 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) The proposed type(s) of intervention/modality including a detailed description of the intervention to be provided.
	3) The proposed frequency of intervention(s).
	4) The proposed duration of intervention(s).
	5) Interventions that focus and address the identified functional impairments as a result of the mental disorder or emotional disturbance.
	6) Interventions are consistent with client plan goal(s)/treatment objective(s).
	7) Be consistent with the qualifying diagnoses.
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1810.205.2</li> <li>• CCR, title 9, chapter 11, section 1810.254</li> <li>• CCR, title 9, chapter 11, section 1810.440(c)(1)(2)</li> <li>• CCR, title 9, chapter 11, section 1840.112(b)(2-5)</li> <li>• CCR, title 9, chapter 11, section 1840.314(d)(e)</li> <li>• DMH Letter 02-01, Enclosure A</li> </ul>	<ul style="list-style-type: none"> <li>• WIC, section 5751.2</li> <li>• MHP Contract, Exhibit A, Attachment I</li> <li>• CCR, title 16, Section 1820.5</li> <li>• California Business and Profession Code, Section 4999.20</li> </ul>

**FINDING 4b:**

The following Line numbers had client plans that did not include all of the items specified in the MHP Contract with the Department:

- 4b-2) One or more of the proposed interventions did not include a detailed description. Instead, only a “type” or “category” of intervention was recorded on the client plan (e.g. “Medication Support Services,” “Targeted Case Management,” “Mental Health Services,” etc.). <sup>14</sup>

<sup>10</sup> Line number removed for confidentiality  
<sup>11</sup> Line number removed for confidentiality  
<sup>12</sup> Line number removed for confidentiality  
<sup>13</sup> Line number removed for confidentiality  
<sup>14</sup> Line number removed for confidentiality

**PLAN OF CORRECTION 4b:**

The MHP shall submit a POC that indicates how the MHP will ensure that:

- 1) (4b-2.) All 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.).

<b>PROTOCOL REQUIREMENTS</b>	
4e.	Is there documentation that the contractor offered a copy of the client plan to the beneficiary?
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1810.205.2</li> <li>• CCR, title 9, chapter 11, section 1810.254</li> <li>• CCR, title 9, chapter 11, section 1810.440(c)(1)(2)</li> <li>• CCR, title 9, chapter 11, section 1840.112(b)(2-5)</li> <li>• CCR, title 9, chapter 11, section 1840.314(d)(e)</li> <li>• DMH Letter 02-01, Enclosure A</li> </ul>	<ul style="list-style-type: none"> <li>• WIC, section 5751.2</li> <li>• MHP Contract, Exhibit A, Attachment I</li> <li>• CCR, title 16, Section 1820.5</li> <li>• California Business and Profession Code, Section 4999.20</li> </ul>

**FINDING 4e:**

There was no documentation that the beneficiary or legal guardian was offered a copy of the client plan for the following: <sup>15</sup>

**PLAN OF CORRECTION 4e:**

The MHP shall submit a POC that indicates how the MHP will:

- 1) Ensure that there is documentation substantiating that the beneficiary was offered a copy of the client plan.
- 2) Submit evidence that the MHP has an established process to ensure that the beneficiary is offered a copy of the client plan.

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***Progress Notes***

<b>PROTOCOL REQUIREMENTS</b>	
5a.	Do the progress notes document the following:
	1) Timely documentation (as determined by the MHP) of relevant aspects of client care, including documentation of medical necessity?
	2) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions?
	3) Interventions applied, beneficiary’s response to the interventions, and the location of the interventions?
	4) The date the services were provided?
	2) Documentation of referrals to community resources and other agencies, when appropriate?
	3) Documentation of follow-up care or, as appropriate, a discharge summary?
	4) The amount of time taken to provide services?
	5) The signature of the person providing the service (or electronic equivalent); the person’s type of professional degree, and licensure or job title?

<sup>15</sup> Line number removed for confidentiality

<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1810.254</li> <li>• CCR, title 9, chapter 11, section 1810.440(c)</li> <li>• CCR, title 9, chapter 11, section 1840.112(b)(2-6)</li> <li>• CCR, title 9, chapter 11, section 1840.314</li> </ul>	<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, sections 1840.316 - 1840.322</li> <li>• CCR, title 22, chapter 3, section 51458.1</li> <li>• CCR, title 22, chapter 3, section 51470</li> <li>• MHP Contract, Exhibit A, Attachment I</li> </ul>
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**Reasons for Recoupment (RR): Refer to the enclosed Recoupment Summary for additional details concerning disallowances**

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- RR2. Documentation in the medical record does not establish that, as a result of a mental disorder listed in CCR, title 9, chapter 11, section 1830.205(b)(1)(A-R), the beneficiary has, at least, one of the identified functional impairments.
- RR3. Documentation in the medical record does not establish that the focus of the proposed intervention is to address the functional impairment identified in CCR, title 9, chapter 11, section 1830.205(b)(2)
- RR4. Documentation in the medical record does not establish the expectation that the proposed intervention will do, at least, one of the following:
  - 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; or
  - d) For full-scope Medi-Cal beneficiaries under the age of 21 years, correct or ameliorate the condition.
- RR9. No progress note was found for service claimed.
- RR10. The time claimed was greater than the time documented.
- RR13. The progress note indicates that the service provided was solely for one of the following:
  - a) Academic educational service;
  - b) Vocational service that has work or work training as its actual purpose;
  - c) Recreation; or
  - d) Socialization that consists of generalized group activities that do not provide systematic individualized feedback to the specific targeted behaviors.
- RR15. The progress note was not signed (or electronic equivalent) by the person(s) providing the service.
- RR16. The progress note indicates the service provided was solely transportation.
- RR17. The progress note indicates the service provided was solely clerical.
- RR18. The progress note indicates the service provided was solely payee related.
- RR19a. No service was provided.
- RR19b. The service was claimed for a provider on the Office of Inspector General List of Excluded Individuals and Entities.
- RR19c. The service was claimed for a provider on the Medi-Cal suspended and ineligible provider list
- RR19d. The service was not provided within the scope of practice of the person delivering the service.

**FINDING 5a:**

Progress notes were not completed in accordance with regulatory and contractual requirements and/or with the MHP’s own written documentation standards:

- One or more progress note was not completed within the timeliness and frequency standards in accordance with regulatory and contractual requirements.

- The MHP was not following its own written documentation standards for timeliness of staff signatures on progress notes.
- Progress notes did not document the following:

5a-1) <sup>16</sup>:

Timely documentation of relevant aspects of beneficiary care as specified by the MHP's documentation standards (i.e., progress notes completed late based on the MHP's written documentation standards in effect during the audit period).

**PLAN OF CORRECTION:**

The MHP shall submit a POC that indicates how the MHP will ensure that progress notes document:

- 5a-1) Timely completion by the person providing the service and relevant aspects of client care, as specified in the MHP Contract with the Department and the MHP's written documentation standards.

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<sup>16</sup> Line number removed for confidentiality