FISCAL YEAR (FY) 2017/2018 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES
SAN DIEGO COUNTY MENTAL HEALTH PLAN REVIEW
March 26, 2018
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 Diego 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 **_367_** claims submitted for the months of July, August, and September of 2017.

Contents

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):

1) A significant impairment in an important area of life 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.

1c. Do the proposed and actual intervention(s) meet the intervention criteria listed below:

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).

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):

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.

1d. The condition would not be responsive to physical health care based treatment.

- *CCR, title 9, chapter 11, section 1830.205 (b)(c)*
- *CCR, title 9, chapter 11, section1830.210*
- *CCR, title 9, chapter 11, section 1810.345(c)*
- *CCR, title 9, chapter 11, section 1840.112(b)(1-4)*
- *CCR, title 9, chapter 11, section 1840.314(d)*
- *CCR, title 22, chapter 3, section 51303(a)*
- *Credentialing Boards for MH Disciplines*

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 following impairments:

a) A significant functional impairment in an important area of the beneficiary's life functioning;
b) A reasonable probability of significant deterioration in an important area of the beneficiary's life functioning;
c) A reasonable probability that the child will not progress developmentally as individually appropriate;
d) For full–scope beneficiaries under the age of 21 years, a condition as a result of the mental disorder
that specialty mental health services can correct or ameliorate.

RR3. Documentation in the medical record does not establish the expectation that the claimed intervention(s) 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;
d) For full-scope Medi-Cal beneficiaries under the age of 21 years, correct or ameliorate the condition.

RR13. No service provided:
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 definition of a specific SMHS,

RR14. The service provided was not within the scope of practice of the person delivering the service.

FINDING 1c-1:

The medical record associated with the following Line number did not meet medical necessity criteria since the focus of the proposed and actual interventions did not address the mental health condition, as specified in the CCR, title 9, chapter 11, section 1830.205(b)(3)(A):

- **Line number [1]. RR13b refer to Recoupment Summary for details.**

PLAN OF CORRECTION 1c-1:

[1] Line number(s) removed for confidentiality

The MHP shall submit a POC that describes how the MHP will ensure that interventions are focused on a significant functional impairment that is directly related to the mental health condition, as specified in CCR, title 9, chapter 11, section 1830.205(b)(3)(A).

FINDING 1c-2:
The medical record associated with the following Line numbers did not meet medical necessity criteria since there was no expectation that the claimed intervention would meet the intervention criteria, as specified in the CCR, title 9, chapter 11, section 1830.205(b)(3)(B)(1-4):

- **Line number(s) [2]. RR3a, refer to Recoupment Summary for details.**

PLAN OF CORRECTION 1c-2:
The MHP shall submit a POC that describes 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).

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

PROTOCOL REQUIREMENTS

2. Regarding the Assessment, are the following conditions met:
   1) Has the Assessment been completed in accordance with the MHP's established written documentation standards for timeliness?
2a. 2) Has the Assessment been completed in accordance with the MHP's established written documentation standards for frequency?

- *CCR, title 9, chapter 11, section 1810.204*
- *CCR, title 9, chapter 11, section 1840.112(b)(1-4)*
- *CCR, title 9, chapter 11, section 1840.314(d)(e)*
- *CCR, title 9, chapter 4, section 851- Lanterman-Petris Act*
- *MHP Contract, Exhibit A, Attachment I*

FINDINGS 2a:
Assessments were not completed in accordance with regulatory and contractual requirements, specifically:

One or more assessments were not completed within the timeliness and/or frequency requirements specified in the MHP's written documentation standards. The following are specific findings from the chart sample:

- **Line number [3]**: The updated assessment was completed late.

[2] Line number(s) removed for confidentiality
[3] Line number(s) removed for confidentiality

PLAN OF CORRECTION 2a:
The MHP shall submit a POC that describes 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.

PROTOCOL REQUIREMENTS

2b. Do the Assessments include the areas specified in the MHP Contract with the Department?

1) Presenting Problem. The beneficiary's chief complaint, history of presenting problem(s) including current level of functioning, relevant family history and current family information;
2) Relevant conditions and psychosocial factors affecting the beneficiary's physical health and mental health including, as applicable; living situation, daily activities, social support, and cultural and linguistic factors;
3) History of trauma or exposure to trauma;
4) Mental Health History. Previous treatment, including providers, therapeutic modality (e.g., medications, psychosocial treatments) and response, and inpatient admissions. If possible, include information from other sources of clinical data such as previous mental health records and relevant psychological testing or consultation reports;
5) Medical History. Relevant physical health conditions reported by the beneficiary or a significant support person. Include name and address of current source of medical treatment. For children and adolescents the history must include prenatal and perinatal events and relevant/significant developmental history. If possible, include other medical information from medical records or relevant consultation reports
6) Medications. Information about medications the beneficiary has received, or is receiving, to treat mental health and medical conditions, including duration of medical treatment. The assessment must include documentation of the absence or presence of allergies or adverse reactions to medications and documentation of an informed consent for medications;
7) Substance Exposure/Substance Use. Past and present use of tobacco, alcohol, caffeine, CAM (complementary and alternative medications) and over-the-counter drugs, and illicit drugs;
8) Client Strengths. Documentation of the beneficiary's strengths in achieving client plan goals related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis;
9) Risks. Situations that present a risk to the beneficiary and/or others, including past or current trauma;
10) A mental status examination;

11) A Complete Diagnosis; A diagnosis from the current ICD-code must be documented, consistent with the presenting problems, history, mental status examination and/or other clinical data; including any current medical diagnoses.

- *CCR, title 9, chapter 11, section 1810.204*
- *CCR, title 9, chapter 11, section 1840.112(b)(1-4)*
- *CCR, title 9, chapter 11, section 1840.314(d)(e)*
- *CCR, title 9, chapter 4, section 851- Lanterman-Petris Act*
- *MHP Contract, Exhibit A, Attachment I*

FINDING 2b:
One or more of the assessments reviewed did not include all of the elements specified in the MHP Contract with the Department. The following required elements were incomplete or missing:

1) Medications: **Line number(s) [4].**

PLAN OF CORRECTION 2b: The MHP shall submit a POC that describes how the MHP will ensure that every assessment contains all of the required elements specified in the MHP Contract with the Department.

Client Plans

PROTOCOL REQUIREMENTS

4. Regarding the client plan, are the following conditions met:

4a. Has the client plan been updated at least annually and/or when there are significant changes in the beneficiary's condition?

- *CCR, title 9, chapter 11, section 1810.205.2*
- *CCR, title 9, chapter 11, section 1810.254*
- *CCR, title 9, chapter 11, section 1810.440(c)(1)(2)*
- *CCR, title 9, chapter 11, section 1840.112(b)(2-5)*
- *CCR, title 9, chapter 11, section 1840.314(d)(e)*
- *DMH Letter 02-01, Enclosure A*
- *WIC, section 5751.2*
- *MHP Contract, Exhibit A, Attachment I*
- *CCR, title 16, Section 1820.5*
- *California Business and Profession Code, Section 4999.20*

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

[4] Line number(s) removed for confidentiality

RR5. Services that cannot be claimed without a Client Plan in place were claimed either:
a) Prior to the initial Client Plan being in place; or
b) During the period where there was a gap or lapse between client plans; or
c) When there was no client plan in effect.

FINDING 4a:
The Client Plan was not 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):

1) **Line number [5]**: The medical record indicated an acute change in the beneficiary's mental health status. (The beneficiary was admitted into crisis stabilization unit three times. The discharge dates were [6] following multiple crisis intervention encounters). However, no evidence was found in the medical record that the client plan was reviewed and/or updated in response to the change.

PLAN OF CORRECTION 4a:
The MHP shall submit a POC that describes how the MHP will ensure that client plans are reviewed and updated whenever there is a significant change in the beneficiary's condition.

PROTOCOL REQUIREMENTS

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.

[5] Line number(s) removed for confidentiality
[6] Date(s) removed for confidentiality

- *CCR, title 9, chapter 11, section 1810.205.2*
- *CCR, title 9, chapter 11, section 1810.254*
- *CCR, title 9, chapter 11, section 1810.440(c)(1)(2)*
- *CCR, title 9, chapter 11, section 1840.112(b)(2-5)*
- *CCR, title 9, chapter 11, section 1840.314(d)(e)*
- *DMH Letter 02-01, Enclosure A*
- *WIC, section 5751.2*
- *MHP Contract, Exhibit A, Attachment I*
- *CCR, title 16, Section 1820.5*
- *California Business and Profession Code, Section 4999.20*

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-1) One or more of the goals/treatment objectives were not specific, observable, and/or quantifiable and related to the beneficiary's mental health needs and identified functional impairments as a result of the mental health diagnosis. **Line number(s) [7].**

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.). **Line number(s) [8].**

4b-3) One or more of the proposed interventions did not indicate an expected frequency. **Line number(s) [9].**

4b-4) One or more of the proposed interventions did not indicate an expected duration. **Line number(s) [10].**

4b-5ii) One or more client plans did not address the mental health needs and functional impairments identified as a result of the mental disorder. **Line number(s) [11].**

4b-6) One or more of the proposed interventions were not consistent with client plan goals/treatment objectives. **Line number [12].**

4b-7) One or more client plans were not consistent with the qualifying diagnosis. **Line number(s) [13].**

PLAN OF CORRECTION 4b:

[7] Line number(s) removed for confidentiality
[8] Line number(s) removed for confidentiality
[9] Line number(s) removed for confidentiality
[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

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

1) (4b-1.) All 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) (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.).
3) (4b-3, 4b-4.) All mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.
4) (4b-5.) All mental health interventions/modalities proposed on client plans address the mental health needs and identified functional impairments of the beneficiary as a result of the mental disorder.
5) (4b-6.) All mental health interventions proposed on client plans are consistent with client plan goals/treatment objectives.
6) (4b-7.) All client plans are consistent with the qualifying diagnosis.

Progress Notes

PROTOCOL REQUIREMENTS

5a. Do the progress notes document the following:

1) Timely documentation 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?

- *CCR, title 9, chapter 11, section 1810.254*
- *CCR, title 9, chapter 11, section 1810.440(c)*
- *CCR, title 9, chapter 11, section 1840.112(b)(2-6)*
- *CCR, title 9, chapter 11, section 1840.314*
- *CCR, title 9, chapter 11, sections 1840.316 - 1840.322*
- *CCR, title 22, chapter 3, section 51458.1*
- *CCR, title 22, chapter 3, section 51470*
- *MHP Contract, Exhibit A, Attachment I*

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

RR6. No progress note found for service claimed.

a) No progress note found.
b) Progress note provided does not match the claim in terms of
   1) Specialty Mental Health Service and/or Service Activity claimed.
   2) Date of Service, and/or
   3) Units of time.

RR12. The progress note was not signed (or electronic equivalent) by the person(s) providing the service.

RR13. No service was provided:

a) No show/appointment cancelled, and no other eligible service documented
b) Service provided did not meet definition of a specific SMHS.

FINDING 5a:

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

- Progress notes did not document the following**:**

5a-8ii) Line numbers [14]: The provider's professional degree, licensure or job title.

- **Line number(s) [15]**: Appointment was missed or cancelled. **RR13a, refer to Recoupment Summary for details.**

PLEASE NOTE: The exact same verbiage was recorded on multiple progress notes, and therefore those progress notes were not individualized, did not accurately document the beneficiary's response and the specific interventions applied, as specified in the MHP Contract with the Department for: **Line number [16].**

- **Dates of service: [17] TCM for 40 minutes and [18] TCM for 52 minutes.**

PLAN OF CORRECTION 5a:

1) The MHP shall submit a POC that describes how the MHP will ensure that progress notes document**:**

   5a-8) The provider's/providers' professional degree, licensure or job title

[14] Line number(s) removed for confidentiality
[15] Line number(s) removed for confidentiality
[16] Line number(s) removed for confidentiality
[17] Date(s) removed for confidentiality
[18] Date(s) removed for confidentiality

2) Documentation is individualized for each service provided.
3) Speciality Mental Health Services claimed are actually provided to the beneficiary.

PROTOCOL REQUIREMENTS

5c. Timeliness/frequency as follows:
   1) Every service contact for:
      A. Mental health services
      B. Medication support services
      C. Crisis intervention
      D. Targeted Case Management
      E. Intensive Care Coordination
      F. Intensive Home Based Services
      G. Therapeutic Behavioral Services
   a. Daily for:
      A. Crisis residential
      B. Crisis stabilization (one per 23/hour period)
      C. Day treatment intensive
      D. Therapeutic Foster Care
   b. Weekly for:
      A. Day treatment intensive (clinical summary)
      B. Day rehabilitation
      C. Adult residential

- *CCR, title 9, chapter 11, section 1810.254*
- *CCR, title 9, chapter 11, section 1810.440(c)*
- *CCR, title 9, chapter 11, section 1840.112(b)(2-6)*
- *CCR, title 9, chapter 11, section 1840.314*
- *CCR, title 9, chapter 11, sections 1840.316 - 1840.322*
- *CCR, title 22, chapter 3, section 51458.1*
- *CCR, title 22, chapter 3, section 51470*
- *MHP Contract, Exhibit A, Attachment I*

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

RR6. No progress note found for service claimed.
   c) No progress note found.
   d) Progress note provided does not match the claim in terms of
      4) Specialty Mental Health Service and/or Service Activity claimed.
      5) Date of Service, and/or
      6) Units of time.

FINDING 5c:
Documentation in the medical record did not meet the following requirements:

1. **Line number [19]**: There was no progress note in the medical record for the service claimed. **RR6a, refer to Recoupment Summary for details.**

   During the review, the MHP staff was given the opportunity to locate the documents in question but could not find written evidence of them in the medical record.

PLAN OF CORRECTION 5c:
The MHP shall submit a POC that describes how the MHP will ensure that all SMHS claimed are documented in the medical record and are actually provided to the beneficiary.

[19] Line number(s) removed for confidentiality