

FISCAL YEAR (FY) 2017/2018 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL
HEALTH SERVICES AND OTHER FUNDED SERVICES
AMADOR COUNTY MENTAL HEALTH PLAN REVIEW
October 23 – 25, 2017
FINDINGS REPORT

Section K, “Chart Review – Non-Hospital Services

The medical records of five (5) adult and five (5) 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 Amador 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 160 claims submitted for the months of January, February, and March of 2017.

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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"> 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: <ol style="list-style-type: none"> 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): <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.
1d	The condition would not be responsive to physical health care based treatment.
	<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1830.205 (b)(c) • CCR, title 9, chapter 11, section 1830.210 • CCR, title 9, chapter 11, section 1810.345(c) • CCR, title 9, chapter 11, section 1840.112(b)(1-4)
	<ul style="list-style-type: none"> • 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.

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.

RR13b. Service provided did not meet definition of a specific SMHS.

FINDING 1c-1:

The medical record associated with the following Line numbers did not meet medical necessity criteria since the focus of the interventions did not address the beneficiary’s mental health condition, i.e., the service provided did not meet the definition of a specific SMHS, as specified in the CCR, title 9, chapter 11, section 1830.205(b)(3)(A):

- **Line numbers ¹: RR13b refer to Recoupment Summary for details.**

PLAN OF CORRECTION 1c-1:

The MHP shall submit a POC that describes how the MHP will ensure that intervention are focused on significant functional impairments that are directly related to the beneficiary’s mental health condition, as specified in CCR, title 9, chapter 11, section 1830.205(b)(3)(A):

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?
<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • CCR, title 9, chapter 4, section 851-Lanterman-Petris Act • MHP Contract, Exhibit A, Attachment I

FINDING 2a:

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

¹ Line number(s) removed for confidentiality

- 1) Two assessments were not completed within the update frequency requirements specified in the MHP’s written documentation standards. The following are specific findings from the chart sample:
 - **Line number ²:** There was no updated assessment found in the medical record. *During the review, MHP staff was given the opportunity to locate the missing assessment but could not locate the document in the medical record.*
 - **Line number ³:** The updated assessment was completed late, as follows: The assessment in effect during the review period was due by 10/7/2015, but was not completed until 11/5/2015.

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) <u>Presenting Problem.</u> The beneficiary’s chief complaint, history of presenting problem(s) including current level of functioning, relevant family history and current family information;
	2) <u>Relevant conditions and psychosocial factors</u> affecting the beneficiary’s physical health and mental health including, as applicable; living situation, daily activities, social support, and cultural and linguistic factors;
	3) <u>History of trauma or exposure to trauma;</u>
	4) <u>Mental Health History.</u> 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) <u>Medical History.</u> 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

² Line number(s) removed for confidentiality

³ Line number(s) removed for confidentiality

6) <u>Medications</u> . 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) <u>Substance Exposure/Substance Use</u> . Past and present use of tobacco, alcohol, caffeine, CAM (complementary and alternative medications) and over-the-counter drugs, and illicit drugs;	
8) <u>Client Strengths</u> . 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) <u>Risks</u> . Situations that present a risk to the beneficiary and/or others, including past or current trauma;	
10) <u>A mental status examination</u> ;	
11) <u>A Complete Diagnosis</u> ; 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.	
<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • CCR, title 9, chapter 4, section 851-Lanterman-Petris Act • MHP Contract, Exhibit A, Attachment I

FINDING 2b:

One assessment did not include all of the elements specified in the MHP Contract with the Department. The following required element was incomplete or missing:

- 9) Risks: **Line number 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.

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

⁴ Line number(s) removed for confidentiality

PROTOCOL REQUIREMENTS	
3.	Regarding medication consent forms:
3a	Did the provider obtain and retain a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication?
<ul style="list-style-type: none"> 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) 	<ul style="list-style-type: none"> CCR, title 9, chapter 4, section 851-Lanterman-Petris Act MHP Contract, Exhibit A, Attachment I

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:

- 1) **Line number ⁵:** 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.*

PLAN OF CORRECTION 3a:

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

- 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.

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?

⁵ Line number(s) removed for confidentiality

<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • WIC, section 5751.2 • MHP Contract, Exhibit A, Attachment I • CCR, title 16, Section 1820.5 • California Business and Profession Code, Section 4999.20
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Reasons for Recoupment (RR): Refer to the enclosed Recoupment Summary for additional details concerning disallowances

- 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 completed prior to planned services being provided and was not updated at least annually, as required in the MHP Contract with the Department:

- 1) **Line number ⁶**. There was a **lapse** in the prior client plan effective date. However, this occurred outside of the audit review period:
 - The prior client plan was due by 1/31/2016 but was not completed until 2/9/2016;
- **Line number ⁷**. There was a **lapse** between the prior and current client plans. However, this occurred outside of the audit review period:
 - The current client plan was due by 10/6/2016 but was not completed until 10/19/2016.
- 2) **Line number ⁸**. There was a **lapse** between the prior and current client plans. However, no services were claimed during the lapse:
 - Current client plan was due by 3/2/2017 but was not completed until 3/8/2017.

PLAN OF CORRECTION 4a:

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

- 1) Ensure that client plans are completed prior to planned services being provided.

⁶ Line number(s) removed for confidentiality

⁷ Line number(s) removed for confidentiality

⁸ Line number(s) removed for confidentiality

- 2) Ensure that client plans are updated at least on an annual basis as required in the MHP Contract with the Department, and within the timelines and frequency specified in the MHP’s written documentation standards.

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.
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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-4) One or more proposed interventions did not indicate an expected duration. **Line numbers** ⁹.

PLAN OF CORRECTION 4b:

The MHP shall submit a POC that describes how the MHP will ensure that all mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.

⁹ Line number(s) removed for confidentiality

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?
	5) Documentation of referrals to community resources and other agencies, when appropriate?
	6) Documentation of follow-up care or, as appropriate, a discharge summary?
	7) The amount of time taken to provide services?
	8) The signature of the person providing the service (or electronic equivalent); the person’s type of professional degree, and licensure or job title?
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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.

FINDING 5a:

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

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

5a-1) Line numbers ¹⁰: Timely documentation of relevant aspects of beneficiary care 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.

A total of 47 progress notes did not meet the MHP’s standard for timely documentation.

5a-5) Line number ¹¹: Referrals to community resources and other agencies, when appropriate.

PLAN OF CORRECTION 5a:

The MHP shall submit a POC that describes 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 by the MHP’s written documentation standards.

5a-5) Referrals to community resources, other agencies and providers, when appropriate, as specified in the MHP Contract with the Department.

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 2) Daily for: A. Crisis residential B. Crisis stabilization (one per 23/hour period) C. Day treatment intensive D. Therapeutic Foster Care 3) Weekly for: A. Day treatment intensive (clinical summary) B. Day rehabilitation C. Adult residential
•	<i>CCR, title 9, chapter 11, section 1810.254</i>
•	<i>CCR, title 9, chapter 11, sections 1840.316 - 1840.322</i> • <i>CCR, title 22, chapter 3, section 51458.1</i>

¹⁰ Line number(s) removed for confidentiality

¹¹ Line number(s) removed for confidentiality

<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• CCR, title 22, chapter 3, section 51470• MHP Contract, Exhibit A, Attachment I
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FINDING 5c:

Documentation in the medical record did not meet the following requirements:

- 1) **Line numbers** ¹²: The type and per minute rate of the specialty mental health service (SMHS) documented on the progress note was not the same type and per minute rate of SMHS claimed. **RR6b1 POC exception, see Plan of Correction section below.**

PLAN OF CORRECTION 5c:

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

- 1) Ensure that all SMHS claimed are:
 - a) Documented in the medical record.
 - b) Actually provided to the beneficiary.
 - c) Appropriate, relate to the qualifying diagnosis and identified functional impairments and are medically necessary as delineated in the CCR, title 9, chapter 11, sections 1830.205(a)(b).
 - d) Claimed for the correct service modality billing code, and units of time.
 - e) Claimed to provider who actually provided the services.
- 2) Ensure that all progress notes:
 - a) Are accurate, complete and meet the documentation requirements described in the MHP Contract with the Department.
 - b) Describe the correct type of service, date the service was provided and the amount of time taken to provide the service, as specified in the MHP Contract with the Department.

¹² Line number(s) removed for confidentiality