

**FISCAL YEAR (FY) 2017/2018 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY
MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES
FRESNO COUNTY MENTAL HEALTH PLAN REVIEW
May 7, 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 Fresno 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 493 claims submitted for the months of April, May, and June of 2017.

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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** ¹: 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.*
- **Line number(s)** ²: The initial assessment was completed late.
- **Line number(s)** ³: The updated assessment was completed late.

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.

¹ Line number(s) removed for confidentiality
² Line number(s) removed for confidentiality
³ Line number(s) removed for confidentiality

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** ⁴.
- 2) Client Strengths: **Line number(s)** ⁵.
- 3) Risks: **Line number(s)** ⁶.
- 4) A mental status examination: **Line number** ⁷.
- 5) A full DSM diagnosis or current ICD code: **Line number** ⁸.

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.)

PROTOCOL REQUIREMENTS

- 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?

⁴ Line number(s) removed for confidentiality

⁵ Line number(s) removed for confidentiality

⁶ Line number(s) removed for confidentiality

⁷ Line number(s) removed for confidentiality

⁸ Line number(s) removed for confidentiality

9) Possible side effects if taken longer than 3 months?

10) Consent once given may be withdrawn at any time?

- 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 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:

- 1) Method of administration (oral or injection): **Line number** ⁹.
- 2) Duration of taking each medication: **Line number(s)** ¹⁰.
- 3) Possible side effects if taken longer than 3 months: **Line number** ¹¹.

PLAN OF CORRECTION 3b:

The MHP shall submit a POC 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.

PROTOCOL REQUIREMENTS

3c. Do medication consents include:

- 1) The date of service?
- 2) The signature of the person providing the service (or electronic equivalent); the person’s type of professional degree, and licensure or job title?
- 3) The date the documentation was entered in the medical record?

- 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 3c:

The medication consent(s) did not include:

Signature of the person providing the service (or electronic equivalent).

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¹⁰ Line number(s) removed for confidentiality
¹¹ Line number(s) removed for confidentiality

- Line number ¹².

PLAN OF CORRECTION 3c:

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

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

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 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):

¹² Line number(s) removed for confidentiality

- 1) **Line number** ¹³: There was a **lapse** between the prior and current client plans. However, this occurred outside of the audit review period.
- 2) **Line number** ¹⁴: There was a **lapse** between the prior and current client plans. However, no services were claimed.
- 3) **Line number** ¹⁵: The medical record indicated an acute change in the beneficiary's mental health status (the beneficiary received crisis intervention services and crisis stabilization between ¹⁶ and ¹⁷. 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:

- 1) 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.
- 2) 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.

¹³ Line number(s) removed for confidentiality

¹⁴ Line number(s) removed for confidentiality

¹⁵ Line number(s) removed for confidentiality

¹⁶ Date(s) removed for confidentiality

¹⁷ 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) ¹⁸.**
- 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) ¹⁹.**
- 4b-4)** One or more of the proposed interventions did not indicate an expected duration. **Line number(s) 13 and 15.**

PLAN OF CORRECTION 4b:

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-4.) All mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.

¹⁸ Line number(s) removed for confidentiality

¹⁹ Line number(s) removed for confidentiality

PROTOCOL REQUIREMENTS

- 4e Is there documentation that the provider offered a copy of the client plan to the beneficiary?
 - 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 4e:

There was no documentation that the beneficiary or legal guardian was offered a copy of the client plan for the following: **Line number 16.**

PLAN OF CORRECTION 4e:

The MHP shall submit a POC that describes how the MHP will ensure that there is documentation substantiating that the beneficiary was offered a copy of the client plan.

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:

- 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) Line number(s) ²⁰: 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).

5a-7i) Line number(s) ²¹: The amount of time taken to provide services. There was a progress note in the medical record for the date of service claimed. However, the

²⁰ Line number(s) removed for confidentiality

²¹ Line number(s) removed for confidentiality

amount of time was missing on the progress note. **RR6b3, refer to Recoupment Summary for details.**

PLAN OF CORRECTION 5a:

1) 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-7) The claim must accurately reflect the amount of time taken to provide services.