

**FISCAL YEAR (FY) 2017/2018 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY  
MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES  
MODOC COUNTY MENTAL HEALTH PLAN REVIEW  
June 4, 2018  
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 Modoc 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 156 claims submitted for the months of July, August and September 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?
<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:

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 <sup>1</sup>:** 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.*
- Line number <sup>2</sup>:** 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.

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

<sup>1</sup> Line number(s) removed for confidentiality

<sup>2</sup> 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"> <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 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, 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:

- 1) Line number <sup>3</sup>:** 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(s) <sup>4</sup>:** Although there was a written medication consent form in the medical record, there was no medication consent for each of the medications prescribed. *During the review, MHP staff was given the opportunity to locate the medication consent(s) in question but was unable to locate it/them in the medical record.*

**PLAN OF CORRECTION 3a:**

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

- A written medication consent form is obtained and retained for each medication prescribed and administered under the direction of the MHP.
- Written medication consent forms are completed in accordance with the MHP’s written documentation standards.

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)?

<sup>3</sup> Line number(s) removed for confidentiality

<sup>4</sup> Line number(s) removed for confidentiality

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 form, and/or documented to have been reviewed with the beneficiary, and/or provided in accompanying written materials to the beneficiary:

- 1) Reasonable alternative treatments available, if any: **Line number(s) <sup>5</sup>**.
- 2) Type of medication: **Line number <sup>6</sup>**.
- 3) Range of Frequency: **Line number(s) <sup>7</sup>**.
- 4) Dosage: **Line number(s) <sup>8</sup>**.
- 5) Method of administration (oral or injection): **Line number(s) <sup>9</sup>**.
- 6) Duration of taking each medication: **Line number(s) <sup>10</sup>**.
- 7) Probable side effects: **Line number(s) <sup>11</sup>**.
- 8) Possible side effects if taken longer than 3 months: **Line number(s) <sup>12</sup>**.
- 10) Consent once given may be withdrawn at any time: **Line number(s) <sup>13</sup>**.

**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.

<sup>5</sup> Line number(s) removed for confidentiality  
<sup>6</sup> Line number(s) removed for confidentiality  
<sup>7</sup> Line number(s) removed for confidentiality  
<sup>8</sup> Line number(s) removed for confidentiality  
<sup>9</sup> Line number(s) removed for confidentiality  
<sup>10</sup> Line number(s) removed for confidentiality  
<sup>11</sup> Line number(s) removed for confidentiality  
<sup>12</sup> Line number(s) removed for confidentiality  
<sup>13</sup> Line number(s) removed for confidentiality

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?
<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 3c:**

The medication consents did not include:

- 1) (a) Signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, or job title:
  - **Line number(s)** <sup>14</sup>.
- (b) Signature of the person providing the service (or electronic equivalent).
  - **Line number(s)** <sup>15</sup>.

**PLAN OF CORRECTION 3c:**

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

- 1) Signature (or electronic equivalent) of the qualified person providing the service with the professional degree, licensure or title.
- 2) The provider's signature date / the date the signature was completed and entered into the medical record.

***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?

<sup>14</sup> Line number(s) removed for confidentiality  
<sup>15</sup> Line number(s) removed for confidentiality

<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>
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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 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):

**Line number(s) <sup>16</sup>:** There was a **lapse** between the prior and current client plans. However, this occurred outside of the audit review period.

**PLAN OF CORRECTION 4a:**

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

<b>PROTOCOL REQUIREMENTS</b>	
4b	<p>Does the client plan include the items specified in the MHP Contract with the Department?</p> <ul style="list-style-type: none"> <li>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.</li> </ul>

<sup>16</sup> Line number(s) removed for confidentiality

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-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)** <sup>17</sup>.
- 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)** <sup>18</sup>.
- 4b-3)** One or more of the proposed interventions did not indicate an expected frequency. **Line number(s)** <sup>19</sup>.
- 4b-4)** One or more of the proposed interventions did not indicate an expected duration. **Line number(s)** <sup>20</sup>.
- 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** <sup>21</sup>.

<sup>17</sup> Line number(s) removed for confidentiality  
<sup>18</sup> Line number(s) removed for confidentiality  
<sup>19</sup> Line number(s) removed for confidentiality  
<sup>20</sup> Line number(s) removed for confidentiality  
<sup>21</sup> Line number(s) removed for confidentiality

**4b-6)** One or more of the proposed interventions were not consistent with client plan goals/treatment objectives. **Line number <sup>22</sup>**.

**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-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.

***Progress Notes***

<b>PROTOCOL REQUIREMENTS</b>	
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?

<sup>22</sup> Line number(s) 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**

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)**<sup>23</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 5a:**

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

<sup>23</sup> Line number(s) removed for confidentiality

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.

<b>PROTOCOL REQUIREMENTS</b>	
5b	When services are being provided to, or on behalf of, a beneficiary by two or more persons at one point in time, do the progress notes include: <ol style="list-style-type: none"> <li>1) Documentation of each person’s involvement in the context of the mental health needs of the beneficiary?</li> <li>2) The exact number of minutes used by persons providing the service?</li> <li>3) Signature(s) of person(s) providing the services?</li> </ol>
<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>

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

RR10. The claim for a group activity, which is provided as a Mental Health Service, Medication Support, Crisis Intervention, or TCM service, was not properly apportioned to all clients present.

RR11. Progress notes for group activities involving two (2) or more providers did not clearly document the following:

- a) The specific involvement of each provider in the context of the mental health needs of the beneficiary;
- b) The specific amount of time of involvement of each group provider in providing the service, including travel and documentation time if applicable; and
- c) The total number of group participants

**FINDING 5b:**

Documentation of services being provided to, or on behalf of, a beneficiary by two or more persons at one point in time did not include all required components. Specifically:

- **Line number <sup>24</sup>:** Progress notes did not document the specific involvement of each provider in the context of the mental health needs of the beneficiary. **RR11a, refer to Recoupment Summary for details.**

<sup>24</sup> Line number(s) removed for confidentiality

**PLAN OF CORRECTION 5b:**

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

- 1) Group progress notes clearly document the contribution, involvement or participation of each staff member as it relates to the identified functional impairment and mental health needs of the beneficiary.
- 2) A clinical rationale for the use of more than one staff in the group setting is documented.

<b>PROTOCOL REQUIREMENTS</b>	
<p>5c. Timeliness/frequency as follows:</p> <ol style="list-style-type: none"> <li>1) Every service contact for:                             <ol style="list-style-type: none"> <li>A. Mental health services</li> <li>B. Medication support services</li> <li>C. Crisis intervention</li> <li>D. Targeted Case Management</li> <li>E. Intensive Care Coordination</li> <li>F. Intensive Home Based Services</li> <li>G. Therapeutic Behavioral Services</li> </ol> </li> <li>a. Daily for:                             <ol style="list-style-type: none"> <li>A. Crisis residential</li> <li>B. Crisis stabilization (one per 23/hour period)</li> <li>C. Day treatment intensive</li> <li>D. Therapeutic Foster Care</li> </ol> </li> <li>b. Weekly for:                             <ol style="list-style-type: none"> <li>A. Day treatment intensive (clinical summary)</li> <li>B. Day rehabilitation</li> <li>C. Adult residential</li> </ol> </li> </ol>	
<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>

**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.

RR18. Required DTI/DR documentation was not present as follows:

- a) There was not a clinical summary present for Day Treatment Intensive Services for the week of the service reviewed
- b) There was not a daily progress note present for Day Treatment Intensive Services for the day of the service reviewed
- c) There was not a weekly progress note present for Day Rehabilitation Services for the week of the service reviewed.

**FINDING 5c:**

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

- 1. a. **Line number** <sup>25</sup>: The type of specialty mental health service (SMHS) (e.g., Medication Support, Targeted Case Management) documented on the progress note was not the same type of SMHS claimed. Refer to **RR6b-1 exception letter for details**.
- b. **Line number** <sup>26</sup>: For Mental Health Services claimed, the service activity (e.g., Assessment, Plan Development, Rehab) identified on the progress note was not consistent with the specific service activity actually documented in the body of the progress note.

**PLAN OF CORRECTION 5c:**

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

- 1) Ensure that all SMHS claimed are:
  - a) Claimed for the correct service modality billing code, and units of time.
- 2) Ensure that all progress notes:
  - a) Are accurate, complete and meet the documentation requirements described in the MHP Contract with the Department.
  - b) Accurately describe the type of service or service activity, the date the service was provided and the amount of time taken to provide the service, as specified in the MHP Contract with the Department.

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<sup>25</sup> Line number(s) removed for confidentiality

<sup>26</sup> Line number(s) removed for confidentiality