DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF KERN MENTAL HEALTH PLAN
APRIL 23-24
CHART REVIEW FINDINGS REPORT

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 Sonoma 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 363 claims submitted for the months of April, May, and June of **2018**.

Contents

Assessment

REQUIREMENTS
The MHP shall ensure that the following areas are included, as appropriate, as part of a comprehensive beneficiary record when an assessment has been performed: a) Presenting Problem. The beneficiary's chief complaint, history of the presenting problem(s), including current level of functioning, relevant family history and current family information; b) Relevant conditions and psychosocial factors affecting the beneficiary's physical health and mental health; including, as applicable, living situation, daily activities, social support, cultural and linguistic factors and history of trauma or exposure to trauma; c) 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; d) 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; e) 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 shall include documentation of the absence or presence of allergies or adverse reactions to medications, and documentation of an informed consent for medications; f) Substance Exposure/Substance Use. Past and present use of tobacco, alcohol, caffeine, CAM (complementary and alternative medications) and over-the-counter, and illicit drugs; g) 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; h) Risks. Situations that present a risk to the beneficiary and/or others, including past or current trauma; i) A mental status examination; j) A complete diagnosis from the most current DSM, or a diagnosis from the most current ICD-code shall be documented, consistent with the presenting problems, history, mental status examination and/or other clinical data; and, k) Additional clarifying formulation information, as needed. (MHP Contract, Ex. A, Att. 9)

FINDINGS 2B:
One or more of the assessments reviewed did not address all of the elements specified in the MHP Contract. Below are the specific findings pertaining to the charts in the review sample:

a) Medications: **Line number [1].**

b) A mental status examination: **Line numbers [2].**

Specifically, Mental Status Examinations were specifically missing from Reassessment forms for the beneficiariaries cited above. The MHP reports that since June 2018, its Reassessment Forms have since been updated to include a Mental Status Examination. The MHP can submit this information as part of their POC.

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

The provider obtains and retains a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication. (MHP Contract, Ex. A., Att.9)

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:

Line number [3]: The MHP did not submit all required medication consent documentation. 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 on-site review, MHP staff were given the opportunity to locate the medication consent(s) in question but were unable to locate it/them in the medical record.*

PLAN OF CORRECTION 3A:
The MHP shall submit a POC to address actions it will implement to ensure the following:

A written medication consent form is obtained and retained for each medication prescribed and administered under the direction of the MHP.

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

REQUIREMENTS
Medication consent for psychiatric medications shall 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. (MHP Contract, Ex. A, Attachment 9)

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) Range of Frequency: **Line numbers [4].**

2) Method of administration (oral or injection): **Line number [5].**

3) Consent once given may be withdrawn at any time: **Line number [6].**

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.

REQUIREMENTS

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

All entries in the beneficiary record shall include:
1) The date of service.
2) The signature of the person providing the service (or electronic equivalent).
3) The type of professional degree, licensure, or job title of the person providing the service.
4) The date the documentation was entered in the medical record.

(MHP Contract, Ex. A, Attachment 9)

Finding 3C:
Medication Consent(s) in the chart sample did not include the signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, job title, or the date the documentation was entered into the medical record. Below are the specific findings pertaining to the charts in the review sample:

- Date of service:
  - **Line number [7].**
- Signature of the person providing the service (or electronic equivalent)
  - **Line number [8].**
- The type of professional degree, licensure, or job title of person providing the service:
  - **Line number [9].**

For Line number [10], there were two medication consents identified that appeared to be older versions of the MHP's current medication consent form. On these two forms, the signature of the provider was illegible, and did not clearly identify the provider's degree, licensure, or job title in correspondence with the signature. Additionally, a date of service was not identified on these consent forms.

PLAN OF CORRECTION 3C:
The MHP shall submit a POC that describes how the MHP will ensure that all documentation continues to include**:**

1) The signature (or electronic equivalent) with the professional degree, licensure or title of the person providing the service.
2) The signature of the qualified person (or electronic equivalent) with the professional degree, licensure or title of the person providing the service.
3) The date the signature was completed and the document was entered into the medical record.

[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

Client Plans

REQUIREMENTS
Services shall be provided, in accordance with the State Plan, to beneficiaries, who meet medical necessity criteria, based on the beneficiary's need for services established by an assessment and documented in the client plan. Services shall be provided in an amount, duration, and scope as specified in the individualized Client Plan for each beneficiary. (MHP Contract, Ex. A, Attachment 2)
The client plan shall be updated at least annually, or when there are significant changes in the beneficiary's condition. (MHP Contract, Ex. A, Attachment 9)

FINDING 4B:
Client Plans were not completed prior to the delivery of planned services and/or were 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). Below are the specific findings pertaining to the charts in the review sample:

- **Line number [11]:** There was a **lapse** between the prior and current client plans. However, this occurred outside of the audit review period.
- **Line number [12]**: There was a **lapse** between the prior and current client plans. However, no services were claimed.

PLAN OF CORRECTION 4B:
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.

REQUIREMENTS
The MHP shall ensure that Client Plans:

[11] Line number(s) removed for confidentiality
[12] Line number(s) removed for confidentiality

a) Have 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.
b) Identify the proposed type(s) of intervention/modality including a detailed description of the intervention to be provided.
c) Have a proposed frequency of intervention(s).
d) Have a proposed duration of intervention(s).
e) Have interventions that focus and address the identified functional impairments as a result of the mental disorder (from Cal. Code Regs., tit. 9, § 1830.205(b).
f) Have interventions that are consistent with the client plan goals.
g) Be consistent with the qualifying diagnoses.

(MHP Contract, Ex. A, Attachment 9)

FINDING 4C:
Client Plans did not include all of the required elements specified in the MHP Contract. Below are the specific findings pertaining to the charts in the review sample:

- 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. **Line numbers [13].**
- One or more of the proposed interventions did not indicate an expected frequency. **Line numbers [14].** In the noted line numbers, "Ad Hoc" was listed as the expected frequency on some of the proposed interventions. The MHP acknowledged at the on-site review that "Ad Hoc" is not adequate as an expected frequency.
- One or more of the proposed interventions did not indicate an expected duration. **Line numbers [15].**

PLAN OF CORRECTION 4C:
The MHP shall submit a POC that describes how the MHP will ensure that:

1) 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.).
2) All mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.

Progress Notes

[13] Line number(s) removed for confidentiality
[14] Line number(s) removed for confidentiality
[15] Line number(s) removed for confidentiality

REQUIREMENTS
The MHP shall ensure that progress notes describe how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning outlined in the client plan. Items that shall be contained in the client record related to the beneficiary's progress in treatment include: a) Timely documentation of relevant aspects of beneficiary care, including documentation of medical necessity; b) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions; c) Interventions applied, beneficiary's response to the interventions and the location of the interventions; d) The date the services were provided; e) Documentation of referrals to community resources and other agencies, when appropriate; f) Documentation of follow-up care, or as appropriate, a discharge summary; and g) The amount of time taken to provide services; and h) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, licensure, or job title. (MHP Contract, Ex. A, Attachment 9)

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

RR5. The MHP did not submit documentation substantiating that the focus of the intervention is to address the beneficiary's included mental health condition.

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

FINDING 5A:
The MHP did not submit documentation substantiating that a valid mental health service was provided to the beneficiary in the following instance:

Progress notes associated with the following line number did not describe how the focus of the intervention provided to the beneficiary is to address the beneficiary's included mental health condition. **Line number [16].**

- **Line number [17]:** Claim for service dated [18] for 9 hours, 45 minutes describes Urgent Care services related to detoxification from Methamphetamines. This is related to the beneficiary's diagnosis of Unspecified Amphetamine or Other Stimulant Use Disorder, which is not an included mental health condition. **RR5, refer to Recoupment Summary for details**

PLAN OF CORRECTION 5A:

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 5B:

Progress notes did not include timely documentation of relevant aspects of beneficiary care, including documentation of medical necessity, as required in the MHP Contract. One or more progress notes was not completed within the timeliness and/or frequency standards in accordance with the MHP Contract and the MHP's written documentation standards. Below are the specific findings pertaining to the charts in the review sample:

- Progress notes associated with the following line number(s) did not include 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). **Line numbers [19].**
  - Within each Line Number, there were a portion of progress notes completed late per the MHP's documentation standard requiring a "final approve within 48 hours". Note: the total percent of progress notes completed late per the MHP's documentation standard was greater than 35 percent.

PLAN OF CORRECTION 5B:

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

- 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.

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

REQUIREMENTS
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: 1) Documentation of each person's involvement in the context of the mental health needs of the beneficiary. 2) The exact number of minutes used by persons providing the service. 3) Signature(s) of person(s) providing the services. (CCR, title 9, § 1840.314(c).)

FINDING 5C:

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:

As stated in MHSUDS IN No. 17-040, "The progress note should include the total number of group participants (Medi-Cal and non-Medi-Cal participants) …"

- **Line number [20]**: Progress notes did not accurately document the number of group participants. The progress notes for groups held on [21] did not display the correct number of group participants.
- **Line number [22]:** Progress notes did not accurately document the number of group participants. The progress notes for groups held on [23] did not display the correct number of group participants.

PLAN OF CORRECTION 5C:

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

1) All group progress notes document the number of clients in the group, number of staff, units of time, type of service and dates of service (DOS).
2) The number of clients in the group, number of staff, units of time, type of service and dates of service (DOS) documented on the group progress notes are accurate and consistent with the documentation in the medical record and that services are not claimed when billing criteria are not met.

REQUIREMENTS
Progress notes shall be documented at the frequency by type of service indicated below:

[20] Line number(s) removed for confidentiality
[21] Date(s) removed for confidentiality
[22] Line number(s) removed for confidentiality
[23] Date(s) removed for confidentiality

a) Every Service Contact:
   i. Mental Health Services;
   ii. Medication Support Services;
   iii. Crisis Intervention;
   iv. Targeted Case Management;

b) Daily:
   i. Crisis Residential;
   ii. Crisis Stabilization (1x/23hr);
   iii. Day Treatment Intensive;

c) Weekly:
   i. Day Treatment Intensive: a clinical summary reviewed and signed by a physician, a licensed/waivered psychologist, clinical social worker, or marriage and family therapist; or a registered nurse who is either staff to the day treatment intensive program or the person directing the service;
   ii. Day Rehabilitation;
   iii. Adult Residential.

(MHP Contract, Ex. A, Attachment 9)

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

RR8. The MHP did not submit a progress note corresponding to the claim submitted to DHCS for reimbursement, as follows:

a) No progress note submitted

b) The progress note provided by the MHP does not match the claim submitted to DHCS for reimbursement in terms of the following:
   1) Specialty Mental Health Service claimed.
   2) Date of service, and/or
   3) Units of time.

(MHSUDS IN No. 17-050, Enclosure 4)

FINDING 5D:

Progress notes were not documented according to the frequency requirements specified in the MHP Contract. Below are the specific findings pertaining to the charts in the review sample:

- **Line number [24]**: 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. **RR8b1, refer to Recoupment Summary for details.**
    - **Line number [25]:** Service provided on [26] for 53 minutes was claimed as a Crisis MH visit, but the progress note describes service more consistent with a Targeted Case Management activity.
    - **Line number [27]:** Service provided on [28] for 53 minutes was claimed as Collateral, but the progress note describes service more consistent with a Targeted Case Management activity.

- **Line number [29]**: 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.
    - **Line number [30]**: Service provided on [31] for 16 minutes was claimed as a Collateral service, but the progress note describes service activity more consistent with Case Consultation (e.g. Plan Development).
    - **Line number [32]**: Service provided on [33] for 19 minutes was claimed as a Collateral service, but the progress note describes service activity more consistent with Case Consultation (e.g. Plan Development).

PLAN OF CORRECTION 5D:
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.
    b) Accurately describing the type of service or service activity as specified in the MHP Contract with the Department.

Provision of ICC and IHBS to Children and Youth

REQUIREMENTS

[24] Line number(s) removed for confidentiality
[25] Line number(s) removed for confidentiality
[26] Date(s) removed for confidentiality
[27] Line number(s) removed for confidentiality
[28] Date(s) removed for confidentiality
[29] Line number(s) removed for confidentiality
[30] Line number(s) removed for confidentiality
[31] Date(s) removed for confidentiality
[32] Line number(s) removed for confidentiality
[33] Date(s) removed for confidentiality

Each participating provider in a CFT meeting may claim for the time they have contributed to the CFT meeting, up to the length of the meeting, plus documentation and travel time, in accordance with CCR, tit. 9, § 1840.316(b)(3). (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018)

FINDING 6E:

- One or more claims were submitted for Targeted Case Management (Service Function "01") but the progress notes associated with the dates and times claimed indicated that the service provided was actually for participation in an ICC "team" meeting, or for providing another ICC-specific service activity, and should have been claimed as an ICC case managememt service (Service Function "07").

    - **Line number [34]**: Claim for service dated [35] for 79 minutes using Service Function Code "01" describes participation in a CFT meeting, which should be claimed using ICC Service Function "07".

    - **Line number [36]**: Claim for service dated [37] for 115 minutes using Service Function Code "01" describes participation in a CFT meeting, which should be claimed using ICC Service Function "07".

PLAN OF CORRECTION 6E:

The MHP shall submit a POC that describes how it will ensure that the service activity described in the body of all progress notes is consistent with the specific service activity claimed - i.e., all claims submitted must be accurate and consistent with the actual service provided in terms of type of service, date of service and time of service.

[34] Line number(s) removed for confidentiality
[35] Date(s) removed for confidentiality
[36] Line number(s) removed for confidentiality
[37] Date(s) removed for confidentiality