FISCAL YEAR (FY) 2016/2017 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES
ORANGE COUNTY MENTAL HEALTH PLAN REVIEW
October 24 – 27, 2016
FINDINGS REPORT-AMENDED

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 Orange 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 425 claims submitted for the months of January, February, and March of 2016

Contents

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:	
2a.	1) Has the Assessment been completed in accordance with the MHP's established written documentation standards for timeliness?	
	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 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 38 days late.
- **Line number 10**: The updated assessment was completed 2 days late.

PLAN OF CORRECTION 2a:

The MHP shall submit a POC that indicates how the MHP will ensure that assessment are completed in accordance with the timeliness and frequency requirements specified in the MHP's written documentation standards.

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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, cultural and linguistic factors, and history of trauma or exposure to trauma;
	3) 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;
	4) 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
	5) 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;

	6) 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;	
	7) 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;	
	8) Risks. Situations that present a risk to the beneficiary and/or others, including past or current trauma;	
	9) A mental status examination;	
	10) 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) Client Strengths: **Line numbers 3 and 9.**

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

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PROTOCOL REQUIREMENTS		
2c.	Does the assessment 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 2c:
Assessments did not include:

Signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, or job title:

- **Line numbers 2, 7, 8, 9, 14 and 20.**

PLAN OF CORRECTION 2c:
The MHP shall submit a POC that indicates how the MHP will ensure that all documentation includes**:**

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

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Client Plans

PROTOCOL REQUIREMENTS	
4e.	Is there documentation that the contractor 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 numbers 2, 4, 7, 8, 14, 17 and 20.**

PLAN OF CORRECTION 4e:
The MHP shall submit a POC that indicates how the MHP will:

1) Ensure that there is documentation substantiating that the beneficiary was offered a copy of the client plan.
2) Submit evidence that the MHP has an established process to ensure that the beneficiary is offered a copy of the client plan.

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PROTOCOL REQUIREMENTS	
4f.	Does the client plan 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; AND
	3) The date the documentation was entered in the medical record?
• *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 4f:
Client plans did not include:

1) The signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, or job title:
Line numbers 7, 8, and 14.

PLAN OF CORRECTION 4f:
The MHP shall submit a POC that indicates how the MHP will ensure that all documentation includes the signature or (electronic equivalent) with the professional degree, licensure or title of the person providing the service.

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Progress Notes

PROTOCOL REQUIREMENTS		
5a.	Do the progress notes document the following: 1) Timely documentation (as determined by the MHP) 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***

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 identified functional impairments.

RR3. Documentation in the medical record does not establish that the focus of the proposed intervention is to address the functional impairment identified in CCR, title 9, chapter 11, section 1830.205(b)(2)

RR4. Documentation in the medical record does not establish the expectation that the proposed intervention 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; or
d) For full-scope Medi-Cal beneficiaries under the age of 21 years, correct or ameliorate the condition.

RR9. No progress note was found for service claimed.

RR10. The time claimed was greater than the time documented ***(excessive billing).***

RR13 The progress note indicates that the service provided was solely for one of the following:

a) Academic educational service;
b) Vocational service that has work or work training as its actual purpose;
c) Recreation; or
d) Socialization that consists of generalized group activities that do not provide systematic individualized feedback to the specific targeted behaviors.

RR15. The progress note was not signed (or electronic equivalent) by the person(s) providing the service.

RR16. The progress note indicates the service provided was solely transportation.

RR17. The progress note indicates the service provided was solely clerical.

RR18. The progress note indicates the service provided was solely payee related.

RR19a. No service was provided.

RR19b. The service was claimed for a provider on the Office of Inspector General List of Excluded Individuals and Entities.

RR19c. The service was claimed for a provider on the Medi-Cal suspended and ineligible provider list

RR19d. The service was not provided within the scope of practice of the person delivering the service.

FINDING 5a:

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

- The MHP was not following its own written documentation standards for timeliness of staff signatures (i.e., completion date) on progress notes.
- Progress notes did not document the following:

5a-7) **Line numbers 14 and 19**: The number of sessions and total amount of time taken to complete the initial Assessment was excessive (i.e., time billed was greater than what is reasonable, as determined from the documentation recorded on the claims' corresponding progress notes). **RR10, refer to Recoupment Summary for details.**

5a-8) **Line numbers 2, 6, 7, 8, 9, 11, 14 and 20**: The provider's professional degree, licensure or job title:

The number of progress notes reviewed with missing professional degree or job title was as follows:

Line #2, (8 notes); **Line #6,** (7 notes); **Line #7**, (14 notes); **Line #8**, (13 notes); **Line #9**, (8 notes); **Line #11**, (7 notes); **Line #14**, (14 notes); **Line #20**, (17 notes).

PLEASE NOTE: The same verbiage was recorded on two (2) progress notes, and therefore one (1) of those progress notes was not individualized, as specified in the MHP Contract with the Department for: **Line number 14** (service dates 3/7/2016 & 3/31/2016).

PLAN OF CORRECTION:

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

- Ensure that progress notes meet timeliness, frequency and the staff signature requirements in accordance with regulatory and contractual requirements.
- Provide evidence that the MHP has written documentation standards for progress notes, including required elements, timeliness and frequency as required in the MHP Contract with the Department.
- Describe how the MHP will ensure that progress notes are completed in accordance with the timeliness and frequency requirements specified in the MHP's written documentation standards.

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

5a-7) Ensure that all services claimed are not excessive. Suggested example initiatives include, but are not limited to: a) development of threshold measures that define services exceeding the number of sessions and total time needed to complete a given activity; b) implementation of auditing procedures to identify and review any service that is likely to be excessive, and; c) provision of staff and organizational contractor training regarding these services.

5a-8) Ensure that all progress notes include the provider's/providers' professional degree, licensure or job title.

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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 2) Daily for: A. Crisis residential B. Crisis stabilization (one per 23/hour period) C. Day treatment intensive 3) 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*

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

- **Line number 6**: There was no progress note in the medical record for the service claimed. **RR9, refer to Recoupment Summary for details.**

  MHP staff reported the service was billed to the wrong beneficiary.

- **Line numbers 1, 4, 13, 17 and 19**: The type of specialty mental health service (SMHS) documented on the progress note was not the same type of SMHS claimed. **RR9, refer to Recoupment Summary for details.**

PLAN OF CORRECTION 5c:
The MHP shall submit a POC that indicates how the MHP will:

1) Ensure that all SMHS claimed are:
   a) Actually provided to the beneficiary.
   b) Claimed for the correct service modality and billing code.
   c) Accurate and reflect services provided to the correct beneficiary.

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PROTOCOL REQUIREMENTS		
5d.	Do all entries in the beneficiary's medical record 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 1810.254* • *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*

FINDING 5d:
Assessments did not include:

- The provider's professional degree, licensure, or job title: **Line numbers 2, 7, 8, 14 and 20.**

Client Plans did not include:

- The provider's professional degree, licensure, or job title: **Line numbers 7, 8, 9, 14 and 20.**

Progress Notes did not include:

- The provider's professional degree, licensure, or job title: **Line numbers 2 (**8 notes), **#6** (7 notes)**, #7** (14 notes), **#8 (**13 notes), **#9** (8 notes), **#11** (7 notes), **#14** (14 notes) and **#20 (**17 notes)**.**

Progress Notes did not include:

- The date the documentation was entered into the medical record (completion date): **Line numbers 1** (11 notes)**, #10** (20 notes) **and #19** (8 notes)**.**

PLAN OF CORRECTION 5d:
The MHP shall submit a POC that indicates how the MHP will**:**

1) Ensure that all documentation includes the signature or (electronic equivalent) with the professional degree, licensure or title of the person providing the service.
2) Ensure that all documentation includes the date the signature was completed and the document was entered into the medical record.

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