

Ask QM FAQs
Presented by
BHRS Quality Management
Nov 18, 2020

V11.19.20

TRIENNIAL MEDI-CAL CHART AUDIT FINDINGS MENTAL HEALTH

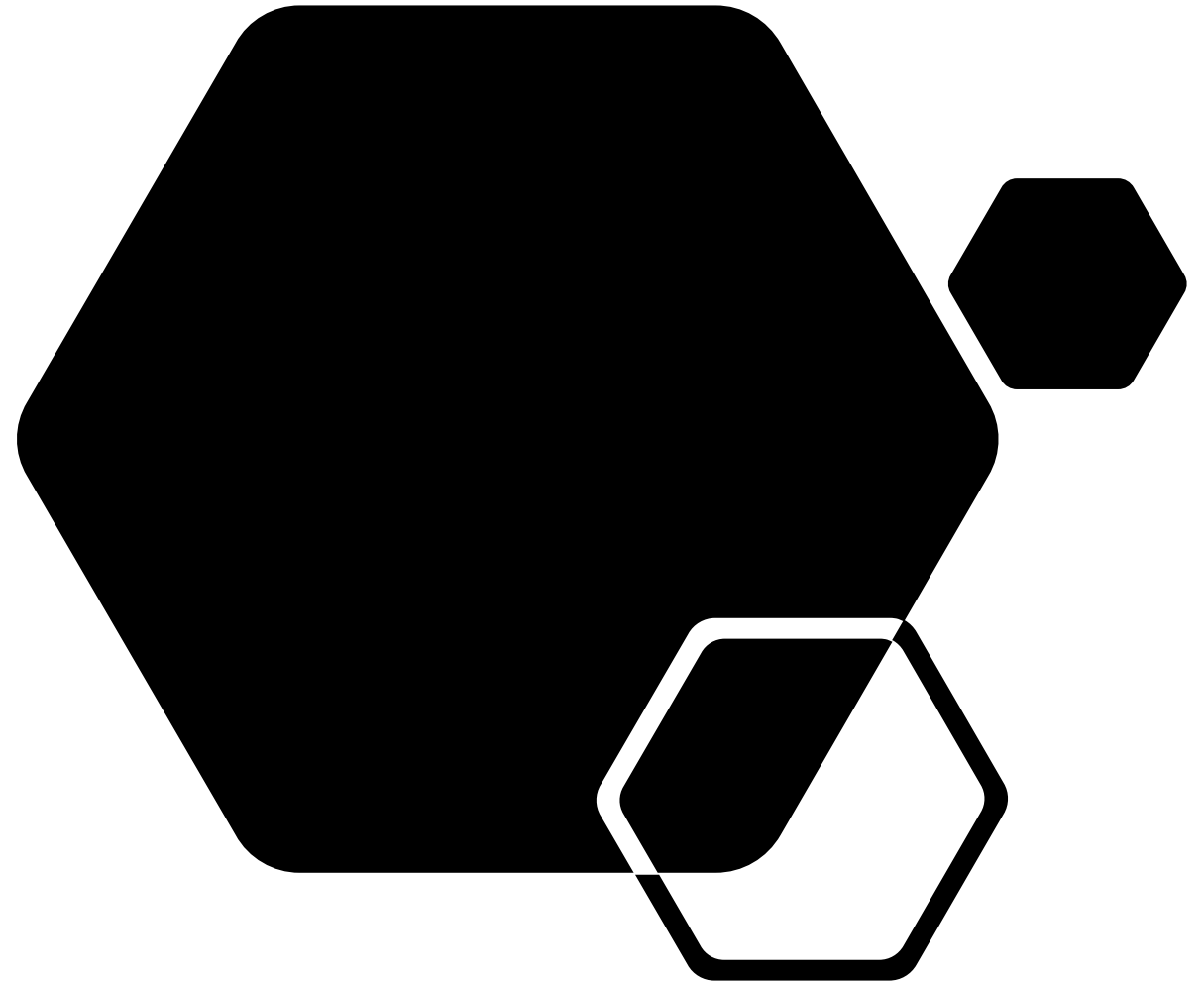


SAN MATEO COUNTY HEALTH

**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

Department of Health Care
Services Review of San
Mateo Mental Health
Plan/BHRS

**Review Occurred
7/21/2020-7/23/2020**

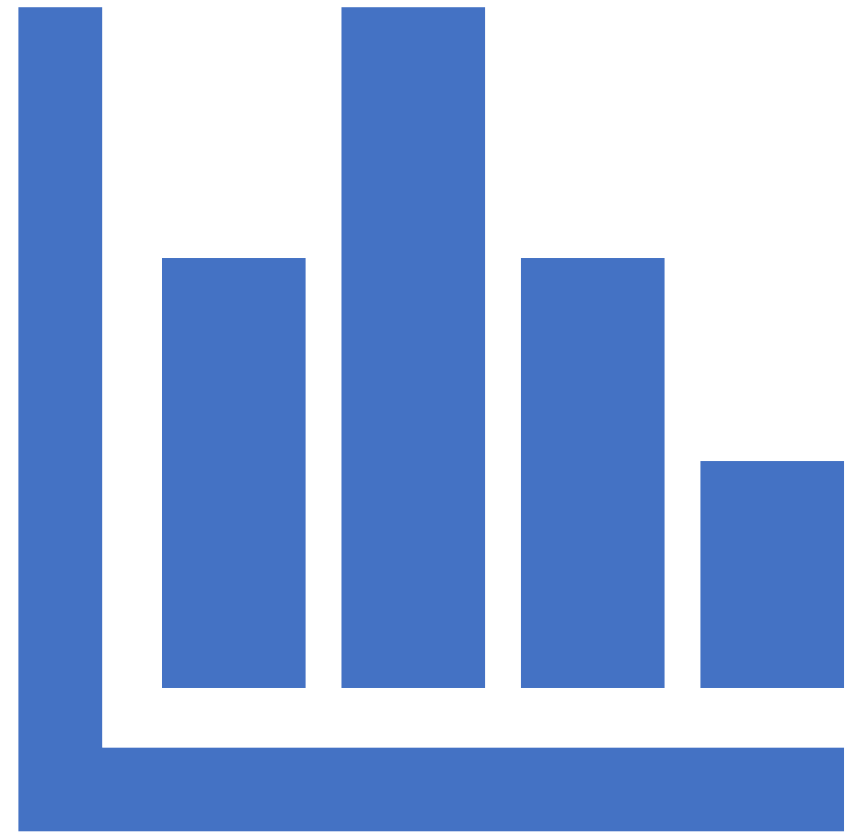


Medical Records Reviewed

Medi-Cal clients receiving
Specialty Mental Health
Services (SMHS)

(10) Adult
(10) Child/Adolescent

458 Claims
(Billings/Progress Notes)
for January, February,
March 2019



CURRENT SPECIALTY
MENTAL HEALTH SERVICE
(SMHS) PROGRAMS

May 2020 SMHS

BHRS Received Payment
From DHCS As Of
11.11.20

61302 - County Youth

410000 NORTH COUNTY YOUTH
410303 CENTRAL YOUTH TEAM
410304 YOUTH CASE MANAGEMENT
411100 YOUTH SERVICES CENTER
411114 YSC - COMMUNITY BASED SVCS
416803 EAST BAYSHORE YOUTH
417003 COASTSIDE YOUTH
418820 BADEN TDS OUTPATIENT UNBUNDLED
419020 SERRAMONTE TDS OPT UNBUNDLED
419100 PALOS VERDES
419101 CENTRAL ASSESSMENT TEAM
41PY00 SOUTH YOUTH SHASTA
41PY01 YTAC - SHASTA
924102 CHILD WELFARE-BHRS
924104 PRE TO THREE
924110 PARTNERS TEAM
924111 AFLP
929401 CANYON OAKS OP

61403 - County Adult

410101 NORTH COUNTY ADULT
410108 NORTH COUNTY TOTAL WELLNESS
410301 CENTRAL COUNTY ADULT
410322 PUENTE CLINIC
410328 CENTRAL CO. TOTAL WELLNESS
410401 SOUTH COUNTY ADULT
410402 INTERFACE
410421 SOUTH CO. TOTAL WELLNESS PROGRAM
416800 EAST BAYSHORE ADULT
416828 EPA TOTAL WELLNESS
417000 COASTSIDE ADULT
417028 COASTSIDE TOTAL WELLNESS
41BH00 PATHWAYS
41C300 SERVICE CONNECT MH
41CZ00 SAN MATEO MEDICAL CENTER - PES
924120 P.E.R.T
924125 HEAL

61601 - County Senior

410307 OASIS

61201 - Managed Care

410326 ACCESS TREATMENT REMOTE
41A100 FFS NURSE MSO
41AY00 FFS MFCC MSO
41AZ00 FFS LCSW-MAN.CARE
41DD00 FEE FOR SERVICE LPOC MSO
41EN01 STAR VISTA COUNSELING CENTER MSO
41EO00 STARVISTA PACIFICA MSO
41PX00 EDGEWOOD CENTER SSF - KINSHIP MSO
920505 FFS PSYCHIATRIST PRO FEES MSO
920600 FFS PSYCHOLOGIST-MSO


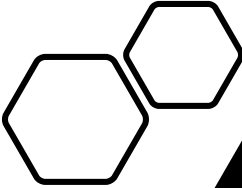
61301 -CBO Youth

419500 YMCA-YSB SO.SAN FRANCISCO-JSR
41A302 EDGEWOOD TURNING PT FSP 6
41C400 (RE) MIND FELTON INSTITUTE PREP
41C401 (RE) MIND FELTON INSTITUTE BEAM
41CO00 STAR VISTA GIRLS PROGRAM
41PX01 EDGEWOOD TRNG PT. FSP CHILD YTH
41PX08 Edgewood FSP Clinic Based SAYFE
921400 DALY CITY YOUTH HEALTH CTR
921500 EDGEWOOD CHILD CTR DIAGNOS OPT
924801 FRED FINCH BRIDGES TBS

61401 -CBO Adult

412900 CAMINAR EUCALYPTUS HOUSE
415600 CAMINAR HAWTHORNE HOUSE
417703 MENTAL HEALTH ASSOC. SAYAT
417705 MENTAL HEALTH ASSOC. 14SLOT SUPRT
417706 MENTAL HEALTH ASSOC - ST. MATTHEW
417707 MENTAL HEALTH ASSOC. CASE MGMNT
418152 CAMINAR NEW VENTURES SOUTH AMPHL
418400 CAMINAR REDWOOD HOUSE CRISIS RES.
419900 MATEO LODGE WALLY'S RESIDENTIAL
419901 MATEO LODGE WALLY'S PLACE OPT
41A500 MENTAL HEALTH ASSOC. BELMONT
41AK00 CAMINAR NEW VENTURES COLMA RIDGE
41BA00 ADULT FSP - TELECARE
41BA01 OLDER ADULT FSP - TELECARE
41C500 MENTAL HEALTH ASSOC. CEDAR ST.
41CM00 PSYNERGY OPT MORGAN HILL
41E100 MENTAL HEALTH ASSN WAVERY PLC APT
41EU00 PSYNERGY SACRAMENTO
41EW00 PSYNERGY SACRAMENTO CLINIC B
920103 CAMINAR REACH FSP BHRS
920104 CAMINAR AOT FSP
920107 CAMINAR REACH SUPPLEMENTAL NORTH
920108 CAMINAR FSP MHSA
920109 CAMINAR REACH SUPPLEMENTL CENTRAL
925800 CAMINAR YAIL

Review Areas




- Medical Necessity Assessments**
- Medication Consents**
- Client Plans**
- Progress Notes**
- ICC & IHBS Services For Youth**

Line/ Chart #	Adult / Youth	Recouped \$	# Recouped	Assessment Issue	Client Plan Issue	Progress Note Issue	Medication Note Issue	ICC/HBS Issue	Chart had an Issue
1	A	☒	1		☒	☒			☒
2	A	☒	3		☒	☒	☒		☒
3	A	☒	1	☒	☒	☒	☒		☒
4	A	☒	3			☒			☒
5	A				☒	☒	☒		☒
6	A	☒	5	☒	☒	☒	☒		☒
7	A	☒	14	☒	☒	☒			☒
8	A				☒	☒			☒
9	A	☒	10			☒			☒
10	A	☒	1	☒	☒	☒	☒		☒
11	Y					☒		☒	☒
12	Y			☒	☒		☒		☒
13	Y	☒	3	☒	☒	☒			☒
14	Y	☒	6	☒	☒	☒			☒
15	Y	☒	1	☒	☒	☒		☒	☒
16	Y	☒	2	☒		☒			☒
17	Y			☒		☒			☒
18	Y					☒			☒
19	Y					☒			☒
20	Y				☒				☒
Totals	20	12	50	10	13	18	6	2	20

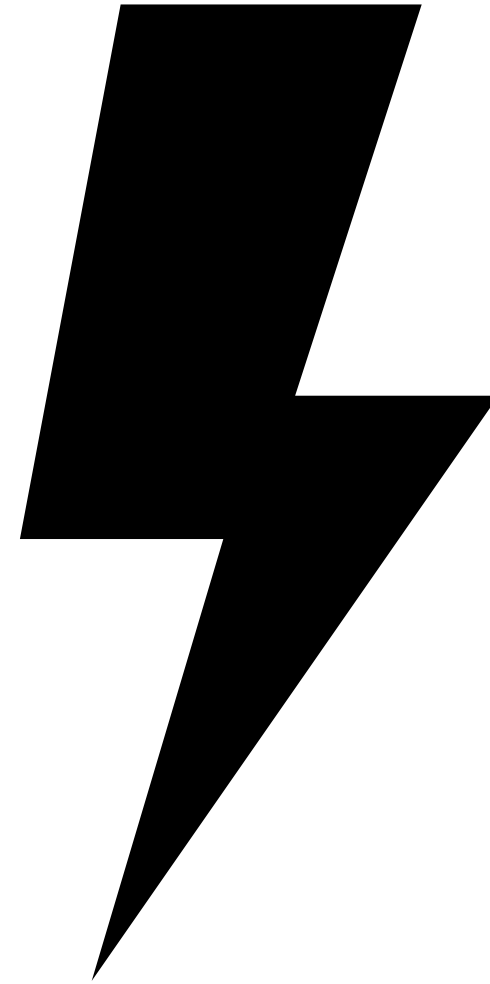
Results


Main Areas of Recoupment
(taking money back)



Progress Note Content:
6 Recoupments

(12% of Recoupments)

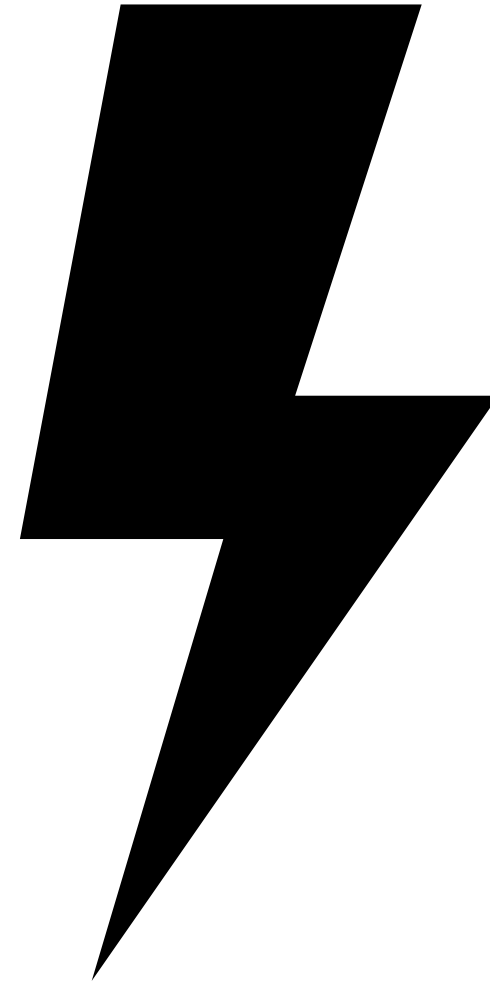





Missing Contractor MD
Hospital Progress Notes
and Missing Billing
Information:

14 Recoupments

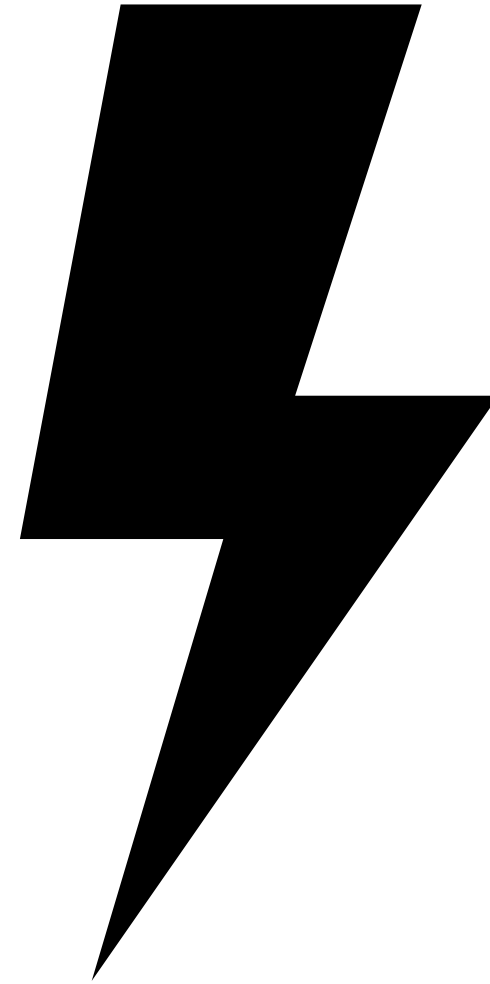
(28% of Recoupments)





Treatment Plans'
Content:
30 Recoupments

(60% of Recoupments)



PROGRESS NOTES REQUIREMENTS

- Timely documentation of relevant aspects of client care, including documentation of **medical necessity**;
- Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions;
- **Interventions** applied, beneficiary's **response** to the interventions and the location of the interventions;
- The **date** the services were provided;
- Documentation of **referrals** to community resources and other agencies, when appropriate;
- Documentation of **follow-up care**, or as appropriate, a discharge summary; and
- The amount of **time in exact minutes** (not rounded off) taken to provide services; and
- The dated **signature** of the person providing the service (or electronic equivalent)

Out of 20
charts, 18 had
an issue with
**PROGRESS
NOTES**

Main issues:

Late Progress Notes (21%) not completed and submitted within 3 business days

Service Billed was Not on Client Plan
(Recouped)

Missing Billing Information - Contractor MD Hospital Progress Notes (Recouped)

Missing Staff Credentials on Contractor Progress Notes

Contractor Group progress notes did not contain the number of clients participating
(Recouped)

Service Type Incorrect (e.g., Group Rehabilitation or Group Psychotherapy)
(Recouped)

PROGRESS NOTES

18 OF 20 CHARTS
(LINE #) HAD
ISSUES

Line 1: late notes; case management note billed as collateral **(1 recouped)**

Line 2: late notes; 2 notes claim rehab but not on plan **(2 recouped)**; one non-billable service **(1 recouped)**

Line 3: non-billable service **(1 recouped)**

Line 4: 1 note not present in chart **(1 recouped)**; illegible notes **(2 recouped)**

Line 5: late notes; notes billed as group therapy (not on plan) – more appropriate as group rehab (not recouped)

Line 6: individual therapy but not on tx plan **(5 recouped)**

Line 7: group therapy but not on tx plan **(10 recouped)**; collateral but not on tx plan **(1 recouped)**; group rehab but not on tx plan **(3 recouped)**

Line 8: late notes

Line 9: notes not included in chart **(10 recouped)**

Line 10: late notes; time incorrectly split **(1 recouped)**

Line 11: late notes; missing license/title info; notes billed as family therapy (not on plan) – more appropriate as collateral (not recouped); this case should have been evaluated for ICC/IHBS due to high needs

Line 13: late notes; missing license/title info; rehab claimed but not on tx plan **(3 recouped)**

Line 14: notes recouped for late tx plan **(6 recouped)**

Line 15: 1 note not present in chart **(1 recouped)**; note billed as family therapy (not on plan) – more appropriate as collateral (not recouped); this case should have been evaluated for ICC/IHBS due to high needs

Line 16: late notes; billed service as collateral but not on plan – would be more appropriate as family therapy (not recouped); notes with no medical necessity **(2 recouped)**

Line 17: late notes

Line 18: late notes

Line 19: late notes

PROGRESS NOTE: BILLABLE OR NOT?

Not Billable!	Staff contacted the caregiver to share when a letter would be completed and an appointment was rescheduled. There were no specialty mental health interventions provided.
Not Billable!	Staff interpreted a letter to an immigration attorney for the caregiver. There were no specialty mental health interventions provided.
Not Billable!	Staff received a voice mail from the beneficiary and left a voice mail for the beneficiary.
Not Billable!	Staff sent a copy of lab results to beneficiary's PCP.

PROGRESS NOTES

BHRS must submit a **CORRECTIVE ACTION PLAN** to DHCS to ensure the following:

- Each progress note describes how services reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning
- Services provided and claimed are not solely transportation, clerical or payee-related
- All services claimed are appropriate, relate to the qualifying diagnosis and identified functional impairments, and are medically necessary as delineated in the CCR, title 9

CLIENT PLAN REQUIREMENTS

- 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
- Identify the proposed type(s) of intervention/modality, including a **detailed description of the intervention** to be provided
- Have a proposed **frequency** of the intervention(s)
- Have a proposed **duration** of intervention(s)
- Have interventions that focus on and **address the identified functional impairments** as a result of the mental disorder or emotional disturbance [CCR, title. 9, § 1830.205(b)]
- Have interventions that are consistent with client plan goal(s)/treatment objective(s)
- Have interventions consistent with the qualifying diagnosis
- The client plan has been updated at least annually and/or when there are significant changes in the beneficiary's condition
- Client plans are **completed prior to the provision of Planned Services**

Out of 20 charts, **13** had an issue with CLIENT PLANS

Main issues

Late client plans, gaps between plans
(**Recouped**)

Planned Services not on client plans
(**Recouped**)

TREATMENT PLAN: TRUE OR FALSE?

FALSE!	Collateral service does not need to be on the treatment plan to bill
FALSE!	Group therapy and group rehab are the same thing
FALSE!	It is okay to have gaps between treatment plans
FALSE!	If you didn't write the treatment plan you don't need to review it before providing a service

CLIENT PLANS

13 OF 20 CHARTS
(LINE#)
HAD TREATMENT
PLAN ISSUES

- Line 1: services (case management and collateral) named as daily but only 3 total claims, intervention not described
- Line 2: insufficient services (missing rehab and therapy), rehab not on plan **(2 claims recouped)**
- Line 3: service (case management) named as daily but no claims, intervention not described
- Line 5: lapse in plans (no coverage 5/16/18-5/20/18), interventions combined with no individual description of each modality
- Line 6: individual therapy not on plan **(5 claims recouped)**, lapse in plans (no coverage 3/30/18-6/27/18), intervention not described
- Line 7: rehab, group therapy, collateral not on plan **(14 claims recouped)**, intervention not described
- Line 8: no provider degree/license/title (but later verified)
- Line 10: lapse in plans (no coverage 12/13/18-12/20/18)
- Line 12: intervention missing frequency
- Line 13: rehab not on plan **(3 claims recouped)**, lapse in plans (no coverage 3/14/18-3/20/18)
- Line 14: late tx plan **(6 claims recouped)**, intervention not described
- Line 15: acute change (hospitalization, SI/attempt) but no update to tx plan
- Line 20 : intervention frequency is “1x weekly or as needed”

CLIENT PLANS

BHRS must submit a **CORRECTIVE ACTION PLAN to DHCS** to ensure the following:

- Client plans are completed prior to the provision of Planned Services
- Client plans must be updated at least on an annual basis
- Client Plans must be reviewed and updated whenever there is a significant change in the beneficiary's mental health condition
- Mental health interventions/modalities proposed on client plans include a detailed, mental health diagnosis-linked description of the interventions to be provided; they do not just identify a type or modality of service (e.g., "therapy", "medication", "case management", etc.)
- Mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention

ASSESSMENT REQUIREMENTS

- 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) History of trauma or exposure to trauma;
- d) Mental Health History: Previous treatment, including providers, therapeutic modality (e.g., medications, psychosocial treatments) and response, and inpatient admissions;
- e) Medical History, including: Relevant physical health conditions reported by the beneficiary or a significant support person; 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;
- f) Medications, including: Information about medications the beneficiary has received, or is receiving, to treat mental health and medical conditions, including duration of medical treatment; Documentation of the absence or presence of allergies or adverse reactions to medications; Documentation of informed consent for medications;
- g) 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;
- h) Client Strengths: Documentation of the beneficiary's strengths in achieving client plan goals related to their mental health needs and functional impairment(s);
- i) Risks: Situations that present a risk to the beneficiary and others, including past or current trauma;
- j) Mental Status Examination;
- k) Complete Diagnosis: a diagnosis from the current ICD-code list.

ASSESSMENT: TRUE OR FALSE?

FALSE!	If you are not a medical staff, you don't need to document the client's medications.
FALSE!	If you are not an LPHA and complete the assessment, it is done when you finish, not when the LPHA signs.
FALSE!	Being strengths-based means avoiding too many details about the client's problems and issues.
FALSE!	It is better to complete the treatment plan before the assessment so that we can bill

ASSESSMENTS

10 OF THE 20
CHARTS (LINE#)
HAD ASSESSMENT
ISSUES

- Line 3: missing impact on functioning, hx of trauma, mental health hx, strengths
- Line 6: missing impact on functioning, hx of trauma, medication information
- Line 7: missing medication information, client strengths
- Line 10: missing medication information
- Line 12: missing impact on functioning
- Line 13: missing client strengths
- Line 14: Episode Opening Date (EOD) is 12/28/2018 and the initial assessment was not completed until 04/16/2019; missing medication information
- Line 15: missing medication information
- Line 16: missing medication information. MSE
- Line 17: missing medication information

ASSESSMENT

BHRS must submit a **CORRECTIVE ACTION PLAN** to **DHCS** to ensure the following:

- Assessments are completed in accordance with the initial timeliness and update frequency requirements specified in the MHP's written documentation standards
- Planned Specialty Mental Health Services are not claimed in the absence of an assessment that substantiates those services
- Every assessment contains all required elements specified in the MHP Contract with DHCS

MEDICATION CONSENTS

6 OF THE 20 CHARTS
(LINE#) HAD A
MEDICATION
CONSENT ISSUE

Written medication consents did not contain all of the required elements:

- Line 3: reasonable alternative treatments available, if any
- Lines 2, 3, 5, 6, 10, and 12: duration of taking each medication
- Lines 6, 10, and 12: The type of professional degree, licensure, or job title of person providing the service

ICC SERVICES AND IHBS FOR CHILDREN AND YOUTH

2 OF THE 10 YOUTH
CHARTS (LINE#) HAD
AN ISSUE WITH ICC
& IHBS

- Line 11 and 15: The MHP must make individualized determinations of each child's/youth's need for ICC (Intensive Care Coordination) and IHBS (Intensive Home Based Services), based on the child's/youth's strengths and needs





FY 19-20 DHCS RESULTS

Program Grouping	Service Recouped	Service Allowed	Total Services Reviewed	% of Program Group Recouped	% of total Disallowance
County Adult	30	112	142	21.1%	60%
MD Pro-Fees/PES	14	37	51	27.5%	28%
County Youth	5	144	149	3.4%	10%
CBO Adult	1	54	55	1.8%	2%
CBO Youth	0	62	62	0.0%	0%
Grand Total	50	409	459	10.9%	100%

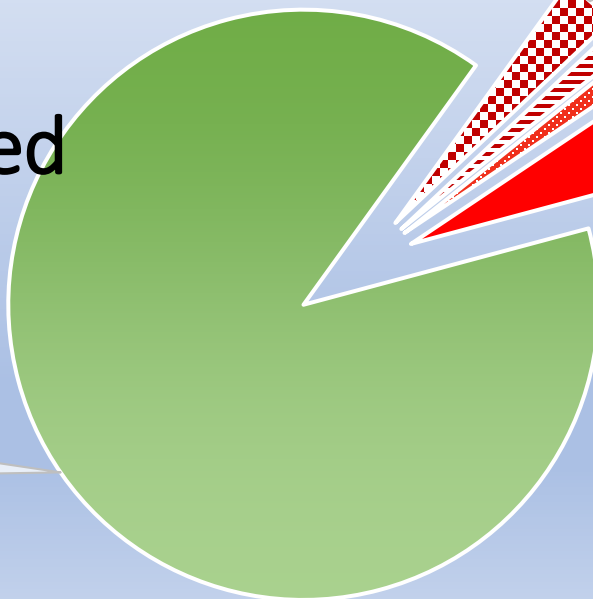
**Overall Triennial Medi-Cal Chart Audit Findings
Mental Health FY 2019-2020**

50 of 458 Services Recouped: 10.9% or 89.1% Allowed

which is still over the DHCS expected rate of less than 3% disallowance

**Services Reviewed
FY 2019-2020**

Approved Claims
89%



Disallowed - No progress note/Missing Billing Information
3%

Disallowed - Progress Note Content
2%

Disallowed - Late Client Plan
1%

Disallowed - Service Type Not on Treatment Plan
5%



The Good News is that we
keep getting better!

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW RESULTS

