2020 DHCS Triennial Audit: Chart Review Findings

All-Staff Meeting
August 12, 2021

Lisa Nosal, LMFT, Utilization Review Manager

Most Importantly…

- No recoupments from Sonoma County Behavioral Health staff notes or services
- DHCS reviewer said we were particularly good at understanding procedure codes
- You are all amazing

Findings

Medical Necessity

Collateral and Family Services

- Services must always be for the benefit of the client.
- Collateral, Family Therapy, IHBS & other services that include support people must be provided and documented to show how they will reduce the client's functional impairments.

Correct Clients

- Services must be documented and claimed for the client for whom they were actually provided.

"Who are YOU?" said the Caterpillar.

Assessment

Timeliness

- Assessments and reassessments must be completed:
  - At least annually for the ANSA
  - At least every six months for the CANS.

Required Elements

- Assessments and reassessments must contain all required elements, including medications and a mental status examination.

Signatures

- Assessments and reassessments must be signed and include the person's professional degree, licensure, or job title.

Medication Consents

Timeliness
- Providers must obtain an updated medication consent form at least every two years.

Completeness
- There must be written medication consent for each medication prescribed.

Signatures and Dates
- The medication consent must include the provider's signature and professional degree, licensure, or job title.
- The consent must be dated.

Client Plans

Timeliness

- Client Plans must be completed prior to the delivery of planned services.

Frequency

- Client Plans must be updated at least annually or when there is a significant change in the client's condition.

Signatures

- Client Plans must contain all required signatures in order to be in effect. Those signatures must include the providers' professional degree, licensure, or job title.

Client Plans

Intervention Descriptions

- Proposed interventions must include a detailed description, not just a "type" or "category" (e.g., simply saying "TBS" or "therapy" is not sufficient).

Intervention Frequency and Duration

- Proposed interventions must include a frequency ("How often?") and duration ("For how long?").
- Interventions cannot be proposed "as needed."

Progress Notes

Timeliness

- Progress notes must be completed in accordance with the County's or agency's written documentation standards.

Completeness

- Progress notes must be completed for every service activity.

Dates

- Progress notes must include the date of service and the date the note was entered into the medical record.

Time Claimed

- The duration of service must be documented on the progress note, and that documentation must match the time claimed.
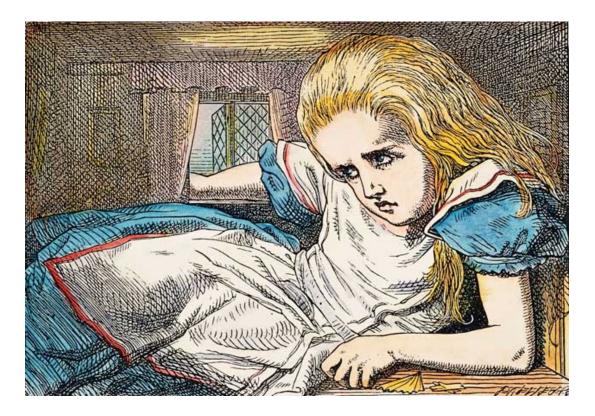
Progress Notes

Follow-Up Care

- Progress notes must document a plan for follow-up care.

- Especially in instances where the client is in potential risk, the actual follow-up care should be provided and documented.

Multiple Providers

- Documentation of services with multiple providers must clearly document the amount of time each provider spent on the service, including direct service, travel, and documentation times.

- The documentation must clearly detail the specific involvement of each provider in order to provide a clinical rationale for the involvement of multiple providers.

ICC Services & IHBS for Children and Youth

- Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) must be provided and documented for all eligible clients under age 22.

Next Steps?

- QAPI will be creating a Corrective Action Plan (CAP) to describe how we will fix (or already have fixed) issues and how we'll set up (or have already set up) monitoring going forward.

- You may see (or may already have seen) some adjustments to assessments or other documentation.

- Since 2019, we've already been putting a lot of these fixes and monitoring in place, so we're in pretty good shape.

Again…

FANTASTIC JOB!