CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2019/2020

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE ALAMEDA COUNTY MENTAL HEALTH PLAN

CHART REVIEW FINDINGS REPORT

Review Dates: 1/28/2020 to 1/30/2020

DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF ALAMEDA MENTAL HEALTH PLAN
JANUARY 28 TO 30, 2020
CHART REVIEW FINDINGS REPORT

Chart Review – Non-Hospital Services

The medical records of ten (10) adult and ten (10) child/adolescent Medi-Cal beneficiaries receiving Specialty Mental Health Services (SMHS) were reviewed for compliance with state and federal regulations; adherence to the terms of the contract between the Alameda 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 596 claims submitted for the months of January, to March of **2019**.

Contents

Medical Necessity

REQUIREMENTS
The beneficiary must meet medical necessity criteria outlined in subsections (1-3) to be eligible for services. (CCR, title 9, § 1830.205(b).) 1) The beneficiary meets DSM criteria for an included ICD diagnosis for outpatient SMHS in accordance with the MHP contract. (MHSUDS IN Nos., 15-030, 16-016, 16-051, and 17-004E)
The beneficiary must have at least one of the following impairments as a result of the mental disorder or emotional disturbance (listed above in A1): 1. A significant impairment in an important area of functioning. 2. A probability of significant deterioration in an important area of life functioning. 3. A probability that the child will not progress developmentally as individually appropriate 4. For full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that SMHS can correct or ameliorate. (CCR, title 9, § 1830.205 (b)(2)(A-C).)
The proposed and actual intervention(s) meet the intervention criteria listed below: b) The focus of the proposed and actual intervention(s) addresses the condition identified in No. 1b (1-3)above, or for full-scope MC beneficiaries under the age of 21 years, a condition as a result of the mental disorder or emotional disturbance that the SMHS can correct or ameliorate per No. 1 (b)(4). (CCR, title 9, § 1830.205(b) (3)(A).)
c) The expectation is that the proposed and actual intervention(s) will do at least one (1) of the following (A, B, C, or D): 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. D. For full-scope MC beneficiaries under the age of 21 years, correct or ameliorate the condition. (CCR, title 9, § 1830.205 (b)(3)(B)(1-4).)
The condition would not be responsive to physical health care based treatment. (CCR, title 9, § 1830.205(b)(3)(C).)
Reasons for Recoupment (RR): ***Refer to the enclosed Recoupment Summary for additional details about disallowances.*** RR1. The Mental Health Plan (MHP) did not submit documentation substantiating it complied with the following requirements: A) The MHP uses the criteria sets in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) as the clinical tool to make diagnostic determinations. (MHP Contract, Exhibit A, Attachment 3)

B) Once a DSM-V diagnosis is determined, the MHP shall determine the corresponding mental health diagnosis, in the International Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10) and use the ICD-10 diagnosis code(s) to submit a claim for specialty mental health services (SMHS) to receive reimbursement of Federal Financial Participation (FFP) in accordance with the covered diagnoses for reimbursement of outpatient and inpatient SMHS.

RR2. Services, except for Crisis Intervention and/or services needed to establish medical necessity criteria, 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. The MHP did not submit documentation substantiating the beneficiary's need for services was established by an Assessment.

RR3. The MHP did not submit documentation substantiating that, as a result of an included ICD-10 diagnosis, the beneficiary has, at least, one of the following impairments:

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

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 beneficiaries under the age of 21 years, a condition as a result of the mental disorder that specialty mental health services can correct or ameliorate

RR6 The MHP did not submit documentation substantiating the expectation that the 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.

RR7 The progress note does not describe how services provided to the beneficiary reduced impairment, restored functioning, prevented significant deterioration in an important area of life functioning, or how services were necessary to correct or ameliorate a beneficiary's (under the age of 21) mental health condition

RR11 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;
d) Socialization that consists of generalized group activities that do not provide systematic individualized feedback to the specific targeted behaviors;
e) Transportation;
f) Clerical;
g) Payee Related.

RR15. The MHP did not submit documentation that a valid service was provided to, or on behalf of, the beneficiary:
a) No show / appointment cancelled, and no other eligible service documented (e.g., chart review to prepare for an appointment that turns out to be a "no show'), or
b) Service provided did not meet the applicable definition of a SMHS.

RR16. The service provided was not within the scope of practice of the person delivering the service.

(MHSUDS IN No. 18-054, Enclosure 4)

FINDING 1A-3b:
The actual interventions documented on three (3) progress notes for the following Line number did not meet medical necessity criteria since the interventions were not reasonably likely to result in at least one of the following: a) significantly diminish the impairment; b) prevent deterioration in an important area of life functioning; c) allow the child to progress developmentally; d) correct or ameliorate the mental health condition of a beneficiary who is under age 21. Specifically:

- **Line number [1].** The interventions documented did not meet the definition of a valid Specialty Mental Health Service. **RR15b, refer to Recoupment Summary for details.**

CORRECTIVE ACTION PLAN 1A-3b:
The MHP shall submit a CAP that describes how the MHP will ensure that all SMHS interventions are reasonably likely to correct or reduce the beneficiary's documented mental health condition, prevent the condition's deterioration, or help a beneficiary who is under age 21 to progress developmentally as individually appropriate.

FINDING 1A-3b1:
The intervention documented on one (1) progress note for the following Line number did not meet medical necessity since the service provided was solely clerical**:**

- **Line number [2]. RR11f, refer to Recoupment Summary for details.**

CORRECTIVE ACTION PLAN 1A-3b1:
The MHP shall submit a CAP that describes how the MHP will ensure that:

1) Each progress note describes how services reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning.

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

2) Services provided and claimed are not solely transportation, clerical or payee related.
3) 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, sections 1810.247, 1810.345(a), 1810.335(a)(2), 1830.205(b)(3), and MHSUDS IN. NO. 18-054, Enclosure 4.

Assessment

REQUIREMENTS
The MHP must establish written standards for (1) timeliness and (2) frequency of the Assessment documentation. (MHP Contract, Ex. A, Att. 9)

FINDING 2A:
Assessments were not completed in accordance with regulatory and contractual requirements, specifically:

One (1) assessment was not completed within the MHP's initial assessment timeliness standard of no more than 60 days after the beneficiary's Episode Opening Date (i.e., the date of first face-to-face kept appointment). Specifically:

- **Line number [3].** The beneficiary's Episode Opening Date was [4], while the Initial Assessment was not completed until [5], with no documentation of why the completion date was 15 days late.

CORRECTIVE ACTION PLAN 2A:
The MHP shall submit a CAP that:

1) Describes how the MHP will ensure that assessments are completed in accordance with the initial timeliness and update frequency requirements specified in the MHP's written documentation standards.
2) Planned Specialty Mental Health Services are not claimed in the absence of an assessment that substantiates those services.

REQUIREMENTS

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

All entries in the beneficiary record (i.e., Assessments) include:

1) Date of service.
2) The signature of the person providing the service (or electronic equivalent).
3) The person's type of professional degree, licensure, or job title.
4) Relevant identification number (e.g., NPI number), if applicable.
5) The date the documentation was entered in the medical record.

(MHP Contract, Ex. A, Att. 9)

Services (i.e., Assessments) shall be provided within the scope of practice of the person delivering the service, if professional licensure is required for the service. Services shall be provided under the direction of one or more of the following:

A. Physician
B. Psychologist
C. Licensed Clinical Social Worker
D. Licensed Marriage and Family Therapist
E. Licensed Professional Clinical Counselor
F. Registered Nurse, including but not limited to nurse practitioners and clinical nurse specialists
G. Waivered/Registered Professional when supervised by a licensed mental health professional in accordance with laws and regulations governing the registration or waiver.

(CCR, title 9, § 1840.314(e); CCR, title 9, § 1810.440(c).); State Plan, Supplement 3, Attachment 3. 1-A, pp. 2m-p, MHSUDS IN No. 17-040

FINDING 2C:

One (1) assessment was completed and signed (or electronic equivalent) by a provider whose scope of practice does not include mental health diagnosis determinations or Mental Status Examinations. Specifically:

- **Line number [6].** A Registered Pharmacist completed all elements of an Assessment on [7]. The Assessment included determining a diagnosis and performing a Mental Status Examination. While a Nurse Practitioner did co-sign the Assessment, the beneficiary was not actually seen and interviewed by the Nurse Practitioner.

CORRECTIVE ACTION PLAN 2C:

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

1) All diagnosis determinations and Mental Status Examinations are performed "by a provider, operating in his/her scope of practice under California State law, who

[6] Line number(s) removed for confidentiality
[7] Date(s) removed for confidentiality

is licensed, waivered, and … [if not licensed] … is under the direction of a LMHP" (MHSUDS IN No. 17-040, page 5).

2) The MHP's written standards regarding scope of practice are consistent with one another, the current MHP Contract, and with MHSUDS IN No. 17-040:

Currently, the Alameda MHP document, "ACBH Guidelines for Scope of Practice Credentialing (MH)" states that a Pharmacist may not determine a beneficiary's "DSM diagnosis" but is silent about performing Mental Status Examinations. This document stands in contrast to the MHP's "Alameda County Behavioral Health (ACBH) Specialty Mental Health Services (SMHS) Clinical Documentation Standards Policy & Procedure Manual", which states on page 46 that "Registered Advance Practice Pharmacists (may not conduct a MSE or diagnose)."

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 [8].** Two (2) medication consent forms, completed on [9] and [10], were not signed by the beneficiary.

CORRECTIVE ACTION PLAN 3A:
The MHP shall submit a CAP to address actions it will implement to ensure that written medication consent forms are completed in accordance with the MHP Contract with the Department, and with the MHP's written documentation standards.

REQUIREMENTS

[8] Line number(s) removed for confidentiality
[9] Date(s) removed for confidentiality
[10] Date(s) removed for confidentiality

Written medication consents shall include, but not be limited to, 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, Att. 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:

- Reasonable alternative treatments available: **Line numbers [11].**
- Range of Frequency: **Line numbers [12].**
- Method of administration (oral or injection): **Line numbers [13].**
- Duration of taking each medication: **Line numbers [14].**
- Probable side effects: **Line number [15].**
- Possible side effects if taken longer than 3 months: **Line number [16].**

CORRECTIVE ACTION PLAN 3B:

The MHP shall submit a CAP 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

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

All entries in the beneficiary record (i.e., Medication Consents) include:
1) Date of service.
2) Signature of the person providing the service (or electronic equivalent).
3) The person's type of professional degree, licensure, or job title of the person providing the service.
4) Relevant identification number (e.g., NPI number), if applicable.
5) Date the documentation was entered in the medical record.

(MHP Contract, Ex. A, Att. 9)

FINDING 3C:
One Medication Consent, completed on [17], did not include the provider's professional degree, licensure or job title: **Line number [18].**

CORRECTIVE ACTION PLAN 3C:
The MHP shall submit a CAP that describes how the MHP will ensure that all Medication Consents include the:

1) The Provider's signature (or electronic equivalent) that includes professional degree, licensure or title.
2) Date the signature was completed and the document was entered into the medical record.

Client Plans

REQUIREMENTS
The MHP shall ensure that all medically necessary SMHS are sufficient in amount, duration, or scope to reasonably achieve the purpose for which the services are furnished. MHP Contract, Ex. A, Att. 2)

FINDING 4A-2:
The medical record did not include services that were sufficient to adequately "achieve the purpose for which the services are furnished", specifically:

- **Line number [19]**: The current Client Plan did not contain services sufficient to reasonably achieve the purpose and goals documented on the Plan:
  An Assessment, completed in [20], indicated that this [21] year-old male presented with severe depression (ICD-10 33.2, Major Depressive Disorder Recurrent Severe). However, the only intervention proposed on the beneficiary's initial

[17] Date(s) removed for confidentiality
[18] Line number(s) removed for confidentiality
[19] Line number(s) removed for confidentiality
[20] Date(s) removed for confidentiality
[21] Age removed for confidentiality

Client Plan, also completed in [22], was Case Management "every other week and as needed". An updated Plan added Individual Rehabilitation "every week and as needed", but this Plan was not completed until [23], and did not include a psychiatric evaluation for possible medication or propose any additional service in order to address the beneficiary's Major Depressive Disorder.

- **Line numbers [24]**: Although more than one (1) Client Plan, developed by separate providers with the participation of the beneficiary, was in effect at the same point in time, the medical record lacked evidence for the coordination and communication of care among those separate providers.

CORRECTIVE ACTION PLAN 4A-2:

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

1) All Client Plans and actual services provided include interventions sufficient to reasonably attain the purpose and goals documented on the Plan.

2) All Client Plans and actual services provided include documentation for the coordination of care when the beneficiary receives services from multiple providers at the same point in time in order to help "achieve the purpose for which the services are furnished".

REQUIREMENTS
The MHP shall ensure that all medically necessary SMHS are sufficient in amount, duration, or scope to reasonably achieve the purpose for which the services are furnished. MHP Contract, Ex. A, Att. 2)
Monitoring and follow up activities [shall] ensure the beneficiary's client plan is being implemented and that it adequately addresses the beneficiary's individual needs. (MHSUDS IN No.17-040)

FINDING 4A-2a:

Services claimed and documented on the beneficiary's progress notes were not sufficient and consistent in amount, duration or scope with those documented on the beneficiary's current Client Plan. Specifically:

- **Line number [25].** *While a Client Plan, completed in [26], documented the need for both Individual Rehabilitation and Case Management sessions "every week",*

[22] Date(s) removed for confidentiality
[23] Date(s) removed for confidentiality
[24] Line number(s) removed for confidentiality
[25] Line number(s) removed for confidentiality
[26] Date(s) removed for confidentiality

there were no claims or progress notes for Rehabilitation sessions from [27] through [28]. In addition, while a Case Management note, completed on [29], documented that the MHP's mental health provider was planning to collaborate with the beneficiary's "community provider" in order to "assist in finding client and assess clients new needs", there were no additional Case Management progress notes until [30] when the MHP's provider "checked in on clients whereabouts and mental health status".

CORRECTIVE ACTION PLAN 4A-2a:

The MHP shall submit a CAP that describes how the MHP will ensure that services are provided in the amount, duration, and scope as specified in the Individualized Client Plan for each beneficiary.

REQUIREMENTS
The client plan has been updated at least annually and/or when there are significant changes in the beneficiary's condition. MHP Contract, Ex. A, Att. 2)
Reasons for Recoupment (RR): *Refer to the enclosed Recoupment Summary for additional details about disallowances.* RR4. Services shall be provided, in accordance with the State Plan, based on the beneficiary's need for services established by an Assessment and documented in the Client Plan. Services were claimed: 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 the planned service intervention was not on the current client plan. (MHSUDS IN No. 18-054, Enclosure 4)

FINDING 4B-1:

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). Specifically:

- **Line number [31]**: An Initial Client Plan was not completed until after one or more planned service was provided and claimed. **RR4a, refer to Recoupment Summary for details.**

[27] Date(s) removed for confidentiality
[28] Date(s) removed for confidentiality
[29] Date(s) removed for confidentiality
[30] Date(s) removed for confidentiality
[31] Line number(s) removed for confidentiality

- **Line number** [32]: An Initial Client Plan was completed late according to the MHP's written Timeliness Standard, with no explanation regarding the reason for the delay. However, this occurred outside of the audit review period. The following is the basis for this finding:

  The Alameda MHP's written timeliness standard for completion of Initial Client Plans is a maximum of 60 days following the beneficiary's Episode Opening Date. However, the Initial Plan completion date for this beneficiary was actually [33], or 72 days after the beneficiary's Episode Opening Date of [34].

- **Line numbers** [35]: There was **no** Client Plan for one or more type of claimed service. *The MHP was given the opportunity to locate the service(s) on a client plan that was in effect during the review period but could not find written evidence of it*. **RR4c, refer to Recoupment Summary for details.**
- **Line number** [36]: An Updated Client Plan, which added the planned treatment service of Individual Rehabilitation, was not completed until after two (2) of those treatment services were provided and claimed. **RR4c, refer to Recoupment Summary for details.**

CORRECTIVE ACTION PLAN 4B-1:

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

1) Client plans are completed prior to the provision of planned services.
2) Planned services are not claimed when the service provided is not included on a current Client Plan.

REQUIREMENTS
The client plan has been updated at least annually and/or when there are significant changes in the beneficiary's condition. MHP Contract, Ex. A, Att. 2)
Reasons for Recoupment (RR): *Refer to the enclosed Recoupment Summary for additional details about disallowances.* RR4. Services shall be provided, in accordance with the State Plan, based on the beneficiary's need for services established by an Assessment and documented in the Client Plan. Services were claimed: 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 the planned service intervention was not on the current client plan. (MHSUDS IN No. 18-054, Enclosure 4)

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

FINDING 4B-2:
One or more client plan(s) was not updated at least annually and/or when there were significant changes in the beneficiary's condition. Specifically:

- **Line number** [37]: There was a **lapse** between the prior and current Client Plans. However, this occurred outside of the audit review period. Specifically:

  The prior Client Plan expired on [38] while the current Client Plan was completed on [39].

CORRECTIVE ACTION PLAN 4B-2:
The MHP shall submit a CAP that describes how the MHP will ensure that:

1) Client plans are completed prior to the provision of planned services.
2) Client plans are updated at least on an annual basis, as required by the MHP Contract with the Department, and within the timelines and frequency specified in the MHP's written documentation standards.
3) Planned services are not claimed when the service provided is not included on a current Client Plan.
4) Client Plans are reviewed and updated whenever there is a significant change in the beneficiary's mental health condition.

REQUIREMENTS
C. The MHP shall ensure that Client Plans: 1) 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. 2) Identify the proposed type(s) of intervention/modality including a detailed description of the intervention to be provided. 3) Have a proposed frequency of the intervention(s). 4) Have a proposed duration of intervention(s). 5) Have interventions that focus and address the identified functional impairments as a result of the mental disorder or emotional disturbance (CCR, title. 9, § 1830.205(b). 6) Have interventions that are consistent with client plan goal(s)/treatment objective(s). 7) Have interventions consistent with the qualifying diagnosis. MHP Contract, Ex. A, Att. 9)

FINDING 4C:

[37] Line number(s) removed for confidentiality
[38] Date(s) removed for confidentiality
[39] Date(s) removed for confidentiality

Client Plans did not include all of the required elements specified in the MHP Contract. Specifically:

- One or more goal/treatment objective was not specific, observable, and/or quantifiable and related to the beneficiary's mental health needs and identified functional impairments:
  - **Line number [40].** Provider [41]: Client Plan completed [42]
  - **Line number [43].** Provider [44]: Client Plan completed [45]
- One or more proposed intervention did not include a detailed description. Instead, only a "type" or "category" of intervention was recorded.
  - **Line number [46].** Provider [47]: Client Plan completed [48]
- One or more proposed intervention did not include an expected frequency or frequency range that was specific enough:
  - **Line number [49].** Provider [50]: Client Plan completed [51]
  - **Line number [52].** Provider [53]: Client Plan completed [54]
- One or more proposed intervention did not include an expected duration:
  - **Line number [55].** Provider [56]: Day Rehab. Plan completed [57]
  - **Line number [58].** Provider [59]: Day Rehab. Plan completed [60]
  - **Line number [61].** Provider [62]: Client Plan completed [63]

[40] Line number(s) removed for confidentiality
[41] Provider number(s) removed for confidentiality
[42] Date(s) removed for confidentiality
[43] Line number(s) removed for confidentiality
[44] Provider number(s) removed for confidentiality
[45] Date(s) removed for confidentiality
[46] Line number(s) removed for confidentiality
[47] Provider number(s) removed for confidentiality
[48] Date(s) removed for confidentiality
[49] Line number(s) removed for confidentiality
[50] Provider number(s) removed for confidentiality
[51] Date(s) removed for confidentiality
[52] Line number(s) removed for confidentiality
[53] Provider number(s) removed for confidentiality
[54] Date(s) removed for confidentiality
[55] Line number(s) removed for confidentiality
[56] Provider number(s) removed for confidentiality
[57] Date(s) removed for confidentiality
[58] Line number(s) removed for confidentiality
[59] Provider number(s) removed for confidentiality
[60] Date(s) removed for confidentiality
[61] Line number(s) removed for confidentiality
[62] Provider number(s) removed for confidentiality
[63] Date(s) removed for confidentiality

CORRECTIVE ACTION PLAN 4C:

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

1) 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) 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) Mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.
4) 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) Mental health interventions proposed on client plans are consistent with client plan goals/treatment objectives.
6) Client plans are consistent with the qualifying diagnosis.

REQUIREMENTS
The MHP shall ensure that Client Plans are signed (or electronic equivalent) by: a) The person providing the service(s) or, b) A person representing a team or program providing the service(s) or, c) A person representing the MHP providing service(s). CCR, title 9, § 1810.440(c).)
Services (i.e., Plan Development) shall be provided within the scope of practice of the person delivering the service, if professional licensure is required for the service. Services shall be provided under the direction of one or more of the following: H. Physician I. Psychologist J. Licensed Clinical Social Worker K. Licensed Marriage and Family Therapist L. Licensed Professional Clinical Counselor M. Registered Nurse, including but not limited to nurse practitioners and clinical nurse specialists N. Waivered/Registered Professional when supervised by a licensed mental health professional in accordance with laws and regulations governing the registration or waiver. (CCR, title 9, § 1840.314(e); CCR, title 9, § 1810.440(c).); State Plan, Supplement 3, Attachment 3. 1-A, pp. 2m-p, MHSUDS IN No. 17-040

The Client Plan must be co-signed by the LMHP directing services, within their scope of practice under State law. If the individual providing services must be under the direction of an LMHP (from the categories above).

(CCR, title 9, § 1840.314(e); CCR, title 9, § 1810.440(c).); State Plan, Supplement 3, Attachment 3. 1-A, pp. 2m-p, MHSUDS IN No. 17-040

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

RR4. Services shall be provided, in accordance with the State Plan, based on the beneficiary's need for services established by an Assessment and documented in the Client Plan. Services were claimed:
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 the planned service intervention was not on the current client plan.

(MHP Contract, Ex A, Att. 2; MHSUDS IN No. 18-054, Enclosure 4)

FINDING 4D:

The Client Plan was not signed (or electronic equivalent) by the appropriate provider, as specified in the MHP Contract and CCR, title 9, chapter 11, section 1810.440(c)(1)(A-C):

- **Line number** [64]: The Client Plan was neither signed nor co-signed (or electronic equivalent) by an "approved category" of provider (i.e., MD/DO, RN, licensed/registered/waivered LCSW, MFT, LPCC, or licensed / waivered psychologist). **RR4b, refer to Recoupment Summary for details.**

  Note on 2nd Recoupment code of "14" recorded on the Recoupment Summary: There are six (6) Progress Notes for which Alameda MHP staff confirmed accounted for 16 claims. These notes were completed/signed by a Registered Pharmacist. For example, on [65], there were three claims for 13 min; 22 min and 15 minutes, respectively with only one (1) individual Note for that date documenting a total time of 50 minutes. The Note indicated that the Pharmacist provided 15 minutes of service, while a physician apparently provided the remainder of the service that corresponded to the other two claims.

CORRECTIVE ACTION PLAN 4D:

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

1) The appropriate provider signs the Client Plan.
2) The signature and co-signature of an approved category of provider is obtained when required as specified in the MHP Contract or the MHPs own policy.
3) The signature/co-signature of the appropriate provider is timely.

[64] Line number(s) removed for confidentiality
[65] Date(s) removed for confidentiality

REQUIREMENTS
The MHP shall ensure that Client Plans include documentation of the beneficiary's participation in and agreement with the Client Plan. (MHP Contract, Ex. A, Att. 9; CCR, title 9, § 1810(c)(2).)
The MHP shall ensure that Client Plans include the beneficiary's signature or the signature of the beneficiary's legal representative when: a. The beneficiary is expected to be in long-term treatment, as determined by the MHP, and, b. The client plan provides that the beneficiary will be receiving more than one (1) type of SMHS. (CCR, title 9, § 1810.440(c)(2)(A).)
When the beneficiary's signature or the signature of the beneficiary's legal representative is required on the client plan and the beneficiary refuses or is unavailable for signature, the client plan includes a written explanation of the refusal or unavailability of the signature. (CCR, title 9, § 1810.440(c)(2)(B).)

FINDING 4E:
There was no documentation of the beneficiary's or legal representative's degree of participation in and agreement with the Client Plan, and there was no written explanation of the beneficiary's refusal or unavailability to sign the Plan, if a signature was required by the MHP Contract with the Department and/or by the MHP's written documentation standards:

- **Line numbers [66].** The beneficiary or legal representative was required to sign the Client Plan, as required by the MHP's written documentation standards, and by the MHP Contract with the Department for a beneficiary in "long-term" treatment, if the beneficiary is receiving more than one type of SMHS. However, the signature was missing. Specifically:
  - **Line number [67]:** Client Plan completed [68]
  - **Line number [69]:** Client Plan completed [70]
  - **Line number [71]:** Client Plan completed [72]
  - **Line number [73]:** Client Plan completed [74]

[66] Line number(s) removed for confidentiality
[67] Line number(s) removed for confidentiality
[68] Date(s) removed for confidentiality
[69] Line number(s) removed for confidentiality
[70] Date(s) removed for confidentiality
[71] Line number(s) removed for confidentiality
[72] Date(s) removed for confidentiality
[73] Line number(s) removed for confidentiality
[74] Date(s) removed for confidentiality

- **Line number [75]:** Client Plan completed [76]

CORRECTIVE ACTION PLAN 4E:

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

1) Each beneficiary's participation in and agreement with all client plans are obtained and documented.
2) The beneficiary's signature is obtained on the Client Plan,
   a) Services are not claimed when the beneficiary's participation in and agreement with the Client Plan is not obtained by signature, and the reason for refusal is not documented;

REQUIREMENTS
There is documentation in the Client Plan that a copy of the Client Plan was offered to the beneficiary. MHP Contract, Ex. A, Att. 9)

FINDING 4G:

There was no documentation on the current Client Plan that the beneficiary or legal guardian was offered a copy of the Plan. Specifically:

- **Line number [77].** Provider [78]: Plan completed [79]
- **Line number [80].** Provider [81]: Plan completed [82]
- **Line number [83].** Provider [84]: Plan completed [85]
- **Line number [86].** Provider [87]: Plan completed [88]
- **Line number [89].** Provider [90]: Plan completed [91]

[75] Line number(s) removed for confidentiality
[76] Date(s) removed for confidentiality
[77] Line number(s) removed for confidentiality
[78] Provider number(s) removed for confidentiality
[79] Date(s) removed for confidentiality
[80] Line number(s) removed for confidentiality
[81] Provider number(s) removed for confidentiality
[82] Date(s) removed for confidentiality
[83] Line number(s) removed for confidentiality
[84] Provider number(s) removed for confidentiality
[85] Date(s) removed for confidentiality
[86] Line number(s) removed for confidentiality
[87] Provider number(s) removed for confidentiality
[88] Date(s) removed for confidentiality
[89] Line number(s) removed for confidentiality
[90] Provider number(s) removed for confidentiality
[91] Date(s) removed for confidentiality

- **Line number [92].** Provider [93]: Plan completed [94]
- **Line number [95].** Provider [96]: Plan completed [97]

CORRECTIVE ACTION PLAN 4G:

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

1) Ensure that there is documentation on the Client Plan substantiating that the beneficiary was offered a copy of the Client Plan.
2) Submit evidence that the MHP has an established process to document that each beneficiary is offered a copy of their current Client Plan.

REQUIREMENTS
All entries in the beneficiary record (i.e., Client Plans) include: 1) Date of service. 2) The signature of the person providing the service (or electronic equivalent); 3) The person's type of professional degree, licensure or job title. 4) Relevant identification number (e.g., NPI number), if applicable. 5) The date the documentation was entered in the medical record. (MHP Contract, Ex. A, Att. 9)

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

RR4. Services shall be provided, in accordance with the State Plan, based on the beneficiary's need for services established by an Assessment and documented in the Client Plan. Services were claimed:
   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 the planned service intervention was not on the current client plan.

(MHSUDS IN No. 18-054, Enclosure 4)

FINDING 4H:

One or more Client Plan in effect during the review period did not include signature of the person providing the service (or electronic equivalent) that includes the provider's professional degree, licensure, or job title. Specifically:

- **Line number [98]**. Provider [99]: Plan completed [100]

[92] Line number(s) removed for confidentiality
[93] Provider number(s) removed for confidentiality
[94] Date(s) removed for confidentiality
[95] Line number(s) removed for confidentiality
[96] Provider number(s) removed for confidentiality
[97] Date(s) removed for confidentiality
[98] Line number(s) removed for confidentiality
[99] Provider number(s) removed for confidentiality
[100] Date(s) removed for confidentiality

- **Line number [101].** Provider [102]: Plan completed [103]
- **Line number [104].** Provider [105]: Plan completed [106]

CORRECTIVE ACTION PLAN 4H:

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

1) Provider signature (or electronic equivalent) with the professional degree, licensure, or job title.
2) Date the provider completed the document and entered it into the medical record, as evidenced by a signature date (or electronic equivalent).

Progress Notes

REQUIREMENTS

[101] Line number(s) removed for confidentiality
[102] Provider number(s) removed for confidentiality
[103] Date(s) removed for confidentiality
[104] Line number(s) removed for confidentiality
[105] Provider number(s) removed for confidentiality
[106] Date(s) removed for confidentiality

Items that shall be contained in the client record (i.e., Progress Notes) related to the beneficiary's progress in treatment include all of the following:

a) Timely documentation of relevant aspects of client 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) with the person's type of professional degree, licensure, or job title.

(MHP Contract, Ex. A, Att. 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.

RR14. The progress note was not signed (or electronic equivalent) by the person(s) providing the service.

(MHSUDS IN No. 18-054, Enclosure 4)

FINDING 5B:

Progress notes did not include all required elements specified in the MHP Contract, and/or were not in accordance with the MHP's written documentation standards. Specifically:

- **Line numbers [107].** Multiple progress notes were not completed within the MHP's written timeliness standard of five (5) business days after provision of service. 122 or 20.5 percent of all progress notes reviewed were completed late.
- **Line number [108].** Progress notes did not document other required elements, including relevant clinical decisions, when decisions were made, and/or consideration of alternative approaches for future interventions. Specifically:

  Eleven Progress Notes from Provider [109] were not legible (2 DHCS reviewers could not make out some words). Therefore, we were unable to evaluate elements, such as the provider's clinical decisions or to clearly understand the interventions provided.
- **Line number [110].** Three (3) progress notes contained the exact same verbiage, and therefore those progress notes were not individualized in terms of the specific interventions applied, as specified in the MHP Contract with the Department. Specifically, Progress Notes documenting services provided on [111] contained essentially identical verbiage.

CORRECTIVE ACTION PLAN 5B:

1) The MHP shall submit a CAP that describes how the MHP will ensure that the MHP has written documentation standards for progress notes, including timeliness and frequency, as required by the MHP Contract with the Department.
2) The MHP shall submit a CAP that describes how the MHP will ensure that progress notes document**:**
    - Timely completion and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP's written documentation standards.
    - Beneficiary encounters, including relevant clinical decisions, when decisions are made, and alternative approaches that may be considered for future interventions, as specified in the MHP Contract with the Department.
    - Interventions applied, the beneficiary's response to the interventions and the location of the interventions, as specified in the MHP Contract with the Department.
3) The MHP shall submit a CAP that describes how the MHP will ensure that progress notes contain documentation that is individualized for each service provided.

[107] Line number(s) removed for confidentiality
[108] Line number(s) removed for confidentiality
[109] Provider number(s) removed for confidentiality
[110] Line number(s) removed for confidentiality
[111] Date(s) removed for confidentiality

5) The MHP shall submit a CAP that describes how the MHP will ensure that Specialty Mental Health Services claimed are accurate and are actually provided to the beneficiary.

REQUIREMENTS
Progress notes shall be documented at the frequency by types of service indicated below: a) Every service contact for: i. Mental health services; ii. Medication support services; iii. Crisis intervention; iv. Targeted Case Management; b) Daily for: i. Crisis residential; ii. Crisis stabilization (one per 23/hour period); iii. Day Treatment Intensive; iv. Therapeutic Foster Care c) Weekly: i. Day Treatment Intensive: (clinical summary); ii. Day Rehabilitation; iii. Adult Residential. (MHP Contract, Ex.A, Att. 9); (CCR, title 9, §§ 1840.316(a-b);1840.318(a-b), 840.320(a-b),)
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. 18-054, Enclosure 4)

FINDING 5D:
Progress notes were not documented according to the frequency requirements specified in the MHP Contract. Specifically:

- **Line number** [112]: There was no progress note in the medical record for the service claimed. **RR8a, refer to Recoupment Summary for details**.
  The MHP was given the opportunity to locate the document in question but did not provide written evidence of the document in the medical record.
- **Line numbers** [113]: 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 numbers** [114]: 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. Specifically:
  - **Line number** [115]**.** [116] – claimed as Collateral, Note content is primarily Plan Development.
  - **Line number** [117]**.** [118] – 2 Notes – claimed as Collateral, Note contents are primarily Plan Development
  - **Line number** [119]**.** [120] – claimed as Collateral, Note content is a combination of Case Management and Plan Development.
  - **Line number** [121]**.** [122] – claimed as Collateral, Note content is a combination of Individual Rehabilitation and Plan Development.
  - **Line** [123]**.** Content of 13 progress notes documented an Individual Rehabilitation intervention, but the beneficiary's Plan called for Individual Psychotherapy, not Individual Rehabilitation.

  Note: *During the Alameda site-visit, MHP staff supported the view that the choice of a "significant support person" for claiming a Collateral service is not limited to a family member or partner, and could include "teachers, case managers, social workers, board and care operators and at times prescribing medical providers". We agree that a "significant support person" may extend to those individuals.*

  However, the documentation of a Collateral service should be distinguished from "Plan Development" or "Case Conference" with colleagues or with the beneficiary's other providers. Instead, a primary purpose of a Collateral service is to "assist [the support person] in better

[112] Line number(s) removed for confidentiality
[113] Line number(s) removed for confidentiality
[114] Line number(s) removed for confidentiality
[115] Line number(s) removed for confidentiality
[116] Date(s) removed for confidentiality
[117] Line number(s) removed for confidentiality
[118] Date(s) removed for confidentiality
[119] Line number(s) removed for confidentiality
[120] Date(s) removed for confidentiality
[121] Line number(s) removed for confidentiality
[122] Date(s) removed for confidentiality
[123] Line number(s) removed for confidentiality

utilization of specialty mental health services by the beneficiary, consultation and training of the significant support person(s) to assist in better understanding of mental illness, and family counseling with the significant support person(s)" ***CCR Title 9 1810.206.***

CORRECTIVE ACTION PLAN 5D:
The MHP shall submit a CAP that describes how the MHP will:

1) Ensure that all Specialty Mental Health Services claimed are:
   a) Documented in the medical record.
   b) Actually provided to the beneficiary.
   c) Appropriate, relate to the qualifying diagnosis and identified functional impairments and are medically necessary as delineated in the CCR, title 9, chapter 11, sections 1830.205(a)(b).
   d) Claimed for the correct service modality billing code, and units of time.
2) Ensure that all progress notes:
   a) Are accurate, complete and legible and meet the documentation requirements described in the MHP Contract with the Department.
   b) Describe the type of service or service activity, the date of service and the amount of time to provide the service, as specified in the MHP Contract with the Department.

REQUIREMENTS
All entries in the beneficiary record (i.e., Progress Notes) include: 1) Date of service. 2) The signature of the person providing the service (or electronic equivalent); 3) The person's type of professional degree, licensure or job title. 4) Relevant identification number (e.g., NPI number), if applicable. 5) The date the documentation was entered in the medical record. (MHP Contract, Ex. A, Att. 9)
Reasons for Recoupment (RR): *Refer to the enclosed Recoupment Summary for additional details about disallowances.* RR14. The progress note was not signed (or electronic equivalent) by the person(s) providing the service. RR16. The service provided was not within the scope of practice of the person delivering the service. (MHSUDS IN No. 18-054, Enclosure 4)

FINDING 5E:
Documentation in the medical record did not meet the following requirements:

- Six (6) progress notes for the following Line number were signed by another staff member and not by the person providing the service, as specified in the MHP Contract with the Department: **Line number [124]. RR14, refer to Recoupment Summary for details.**

CORRECTIVE ACTION PLAN 5E:
The MHP shall submit a CAP that describes how the MHP will ensure that:

1) All documentation includes service date and dated signature (or electronic equivalent) in order to indicate when the provider completed and entered the document into the medical record.
2) All services claimed are provided by the appropriate and qualified persons within their scope of practice.
3) All providers adhere to the MHP's written documentation standards and procedures for limiting services to those within the providers' scope of practice.
4) All claims identify the person who actually provided the service.
5) Services are not claimed when they are provided by a provider whose scope of practice, credentials or qualifications do not include those services.
6) All claims for services delivered by any person who was not qualified to provide those services are disallowed.

Provision of ICC Services and IHBS for Children and Youth

REQUIREMENTS
The MHP must make individualized determinations of each child's/youth's need for ICC and IHBS, based on the child's/youth's strengths and needs. (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 6A:
The medical record associated with the following Line numbers did not contain evidence that the beneficiary received an individualized determination of eligibility and need for ICC services and IHBS, and that if appropriate, such services were included in their Client Plan:

- **Line numbers [125].**

CORRECTIVE ACTION PLAN 6A:
The MHP shall submit a CAP that describes how it will ensure that:

[124] Line number(s) removed for confidentiality
[125] Line number(s) removed for confidentiality

1) Written documentation is in place describing the process for determining and documenting eligibility and need for ICC Services and IHBS.
2) Training is provided to all staff and contract providers who have the responsibility for determining eligibility and need for ICC and IBHS.
3) Each beneficiary under age 22 who is authorized to receive Specialty Mental Health Services also receives an individualized determination of eligibility and need for ICC Service and IHBS prior to or during the development of the beneficiary's Initial Client Plan.

REQUIREMENTS
The ICC Coordinator and the CFT should reassess the strengths and needs of children and youth, and their families, at least every 90 days, and as needed. (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 6B:
The medical record for the following beneficiary who was receiving ICC services did not contain evidence that the MHP had reassessed the strengths and needs of the beneficiary, at least every 90 days, for the purpose of determining if ICC services should be modified:

- **Line number [126].**

CORRECTIVE ACTION PLAN 6B:
The MHP shall submit a CAP that describes how it will ensure that:

1) Written documentation is in place describing the process for reassessing and documenting the eligibility and need for IHBS and ICC services at least every 90-days for all beneficiaries who are already receiving ICC services.
2) All staff and contract providers who have the responsibility for determining eligibility and need for the provision of ICC services receive training about ICC service requirements.
3) All beneficiaries under age 22 who receive ICC services have a case consultation, team or CFT meeting at least every 90 days to discuss the beneficiaries' current strengths and needs.

Documentation of Cultural and Linguistic Services

REQUIREMENTS
There is evidence that mental health interpreter services are offered and provided, when applicable.

[126] Line number(s) removed for confidentiality

(MHP Contract, Ex. A, Att. 9)

FINDING 7A:
The medical record did not include evidence that oral interpretation services were made available to the beneficiary and/or the beneficiary's parent(s)/legal guardian(s). Specifically:

- **Line numbers [127].** There was no evidence in the medical record that language interpretation services were offered or provided to the beneficiary and/or to the beneficiary's parent or legal guardian whose preferred language was not English.

CORRECTIVE ACTION PLAN 7A:
The MHP shall submit a CAP that describes how the MHP will ensure that:

1) All beneficiaries and their parents/legal guardians are offered oral interpretation services, when applicable.
2) There is documentation substantiating that beneficiaries and their parents/legal guardians are offered language interpreter services, when applicable.

Provision of Day Treatment Intensive and Day Rehabilitation Services

REQUIREMENTS
Day Treatment Intensive and Day Rehabilitation programs include all the following required service components: A. Daily Community Meetings; * B. Process Groups; C. Skill-building Groups; and D. Adjunctive Therapies; E. Additionally, Day Treatment Intensive programs also require Psychotherapy. (CCR, title 9, § 1810.212, 1810.216, 1810.314(d)(e).)

FINDING 8a:
Documentation for the following Line numbers indicated the required service components for a *Day Rehabilitation* program were not included, as specified by the MHP Contract with the Department:

- **Line number [128]**: Community meetings for *Day Rehabilitation* did not occur at least once a day. Specifically:

[127] Line number(s) removed for confidentiality
[128] Line number(s) removed for confidentiality

One Weekly Summary Progress Note lacked documentation that the beneficiary attended Community Meeting on [129].

CORRECTIVE ACTION PLAN 8a:
The MHP shall submit a CAP that describes how the MHP will ensure that all program requirements for any *Day Program* under contract with, or provided by, the MHP delivers all services in accordance with regulatory and contractual requirements. For example:

1) Ensure that all the required service components including daily community meetings are provided.
2) Ensure that the community meetings occur at least once a day.
3) Ensure that all *Day Program* services claimed were actually provided to the beneficiary, as specified in the MHP Contract.

REQUIREMENTS

Documentation requirements for Day Treatment Intensive include:
1. Daily Progress Notes on activities attended.
2. Weekly Clinical Summary.

Documentation requirements for Day Rehabilitation include:
1. Weekly Progress Notes.

1) Documentation requirements for both Day Treatment Intensive and Day Rehabilitation include:

Monthly documentation of one contact with family, care-giver, or significant support person identified by an adult beneficiary or one contact per month with the legally responsible adult for a beneficiary who is a minor.
A. This contact is face-to face or by an alternative method such as email, telephone, etc.
B. This contact focuses on the role of the support person in supporting the beneficiary's community reintegration.
C. This contact occurs outside the hours of operation and outside the therapeutic program.

CCR, title 9, § 1810.112(b)(6)

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

[129] Date(s) removed for confidentiality

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 services reviewed.

(MHSUDS IN No. 18-054, Enclosure 4)

FINDING 8e:

Documentation for the following Line numbers indicated that essential requirements for a *Day Rehabilitation* program were not met, as specified by the MHP Contract with the Department:

- **Line numbers [130].** Entries in the medical record did not consistently document, during each month that *Day Rehabilitation* services were claimed, the provision of at least one (1) monthly contact with the beneficiary's family member, caregiver or other significant support person identified by an adult beneficiary, and that the documentation of one (1) monthly contact occurred outside of the Day Program's normal hours of operation.

CORRECTIVE ACTION PLAN 8e:

The MHP shall submit a CAP that describes how the MHP will ensure that *Day Program* providers consistently document the occurrence of at least one (1) monthly contact with a family member, caregiver, significant other or legally responsible person, unless there is documentation that an adult or emancipated minor beneficiary who is not LPS Conserved wished to opt out of this requirement.

REQUIREMENTS

[130] Line number(s) removed for confidentiality

There is a Written Program Description for Day Treatment Intensive and Day Rehabilitation that:

1) Describes the specific activities of each service and reflects each of the required components described in the MHP Contract.

2) Includes a Mental Health Crisis Protocol.

3) Includes a Written Weekly Schedule that:
   a) Identifies when and where services are provided and by whom; and
   b) Describes the qualifications and scope of services of program staff.

CCR, title 9, § 1810.212, 1810.213.

FINDING 8F-3:
The Written Weekly Schedule for *Day Rehabilitation* did not identify:

- **Line number [131].** All program staff, their qualifications and scope of their services.

CORRECTIVE ACTION PLAN 8F-3:
The MHP shall submit a CAP that describes how the MHP will ensure that:

- There is a Written Weekly Schedule for any *Day Program* under contract with or provided by the MHP that contains all required service activities.
- The Written Weekly Schedules for any *Day Program* under contract with or provided by the MHP identify when and where each service activity will be provided and by whom;
- The Written Weekly Schedules for any *Day Program* under contract with or provided by the MHP identify all program staff and specify their qualifications and scope of their services;
- There is a current written Weekly Schedule for any *Day Program* under contract with or provided by the MHP that is updated whenever there is any change in program staff and/or activity schedule.

[131] Line number(s) removed for confidentiality