DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF BUTTE COUNTY MENTAL HEALTH PLAN
MAY 22-23, 2019
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 Butte 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 **516** claims submitted for the months of **April**, **May** and **June** of **2018**.

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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)
2) 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).)
3) The proposed and actual intervention(s) meet the intervention criteria listed below: a) 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, § b) 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.***

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

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

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

FINDING 1A-3a:
The medical record associated with the following Line number(s) did not meet medical necessity criteria since the MHP did not submit documentation substantiating that the focus of the intervention is to address the beneficiary's included mental health condition, as specified in the CCR, title 9, chapter 11, section 1830.205(b)(3)(B)(1-4):

- **Line numbers [1]. RR5a, refer to Recoupment Summary for details.**
    - **Line number [2]:** The focus of the interventions was to link client to laboratory, link to client to financial facility to cash weekly funds, link client to pay off bills, and link client to a funeral home to purchase all end-of-life amenities.
    - **Line number [3]:** The focus of the interventions was to address a legal issue, a request for case management activities next week, link client to get certified for the food distribution center, and to remind client that she has an attorney assisting her with a social security application.
    - **Line number [4]:** The focus of the interventions addresses housing.

PLAN OF CORRECTION 1A-3b:
The MHP shall submit a POC that describes how the MHP will ensure that the focus of the intervention is to address the beneficiary's included mental health condition, as specified in CCR, title 9, chapter 11, section 1830.205(b)(3)(B)(1-4).

Assessment

REQUIREMENTS

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

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 state requirements, including the State Plan and MHP Contract requirements, specifically:

One or more assessments were not completed within the timeliness and/or frequency requirements specified in the MHP's written documentation standards. The following are specific findings from the chart sample:

- **Line number** [5]: The updated assessment was completed late. The updated assessment was due (per MHP Clinical Documentation Manual Section 4: Assessment) on [6] and it was completed on [7].

PLAN OF CORRECTION 2A:
The MHP shall submit a POC that describes how the MHP will ensure that assessments are completed in accordance with the timeliness and frequency requirements specified in the MHP's written documentation standards.

REQUIREMENTS

The MHP shall ensure that the following areas are included, as appropriate, as part of a comprehensive beneficiary record when an assessment has been performed:

a) Presenting Problem. The beneficiary's chief complaint, history of the presenting problem(s), including current level of functioning, relevant family history and current family information;
b) Relevant conditions and psychosocial factors affecting the beneficiary's physical health and mental health; including, as applicable, living situation, daily activities, social support, cultural and linguistic factors and history of trauma or exposure to trauma;
c) Mental Health History. Previous treatment, including providers, therapeutic modality (e.g., medications, psychosocial treatments) and response, and inpatient admissions. If possible, include information from other sources of clinical data, such as previous mental health records, and relevant psychological testing or consultation reports;
d) Medical History. Relevant physical health conditions reported by the beneficiary or a significant support person. Include name and address of current source of medical treatment. For children and adolescents, the history

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

must include prenatal and perinatal events and relevant/significant developmental history. If possible, include other medical information from medical records or relevant consultation reports;

e) Medications. Information about medications the beneficiary has received, or is receiving, to treat mental health and medical conditions, including duration of medical treatment. The assessment shall include documentation of the absence or presence of allergies or adverse reactions to medications, and documentation of an informed consent for medications;

f) Substance Exposure/Substance Use. Past and present use of tobacco, alcohol, caffeine, CAM (complementary and alternative medications) and over-the-counter, and illicit drugs;

g) Client Strengths. Documentation of the beneficiary's strengths in achieving client plan goals related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis;

h) Risks. Situations that present a risk to the beneficiary and/or others, including past or current trauma;

i) A mental status examination;

j) A complete diagnosis from the most current DSM, or a diagnosis from the most current ICD-code shall be documented, consistent with the presenting problems, history, mental status examination and/or other clinical data; and,

k) Additional clarifying formulation information, as needed.

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

FINDINGS 2B:

One or more of the assessments reviewed did not address the mental health history and response as specified in the MHP Contract (Exhibit A – Attachment 9). Below are the specific findings pertaining to the charts in the review sample:

- Mental Health History: **Line number [8].** The initial assessment dated [9] reports a previous diagnosis of depression and that the beneficiary received Zoloft but provides no other detail or response to treatment. Additionally, the updated assessment on [10] does not address mental health history.

PLAN OF CORRECTION 2B:

The MHP shall submit a POC that describes how the MHP will ensure that every assessment contains the mental health history and response to previous treatment as specified in the MHP Contract with the Department.

Medication Consent

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

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:

1) **Line number [11]**: There was no written medication consent form found in the medical record that was effective during the review period. The medication consent form provided was dated [12]. *During the on-site review, MHP staff was given the opportunity to locate the missing medication consent form but was unable to locate it in the medical record.*
2) **Line number [13]:** There was no written medication consent form found in the medical record. MHP reports that the medication consent form was destroyed in the Paradise Fire.
3) **Line number [14]**: The written medication consent form was not signed by the beneficiary.

PLAN OF CORRECTION 3A:

The MHP shall submit a POC to address actions it will implement to ensure the following:

1) A written medication consent form is obtained and retained for each medication prescribed and administered under the direction of the MHP.
2) Written medication consent forms are completed in accordance with the MHP's written documentation standards.

REQUIREMENTS

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

Medication consent for psychiatric medications shall include the following required elements:

1) The reasons for taking such medications.
2) Reasonable alternative treatments available, if any.
3) Type of medication.
4) Range of frequency (of administration).
5) Dosage.
6) Method of administration.
7) Duration of taking the medication.
8) Probable side effects.
9) Possible side effects if taken longer than 3 months.
10) Consent once given may be withdrawn at any time.

(MHP Contract, Ex. A, Attachment 9)

FINDING 3B:
Written medication consents did not contain all of the required elements specified in the MHP Contract with the Department. The following required elements were not documented on the medication consent form, and/or documented to have been reviewed with the beneficiary, and/or provided in accompanying written materials to the beneficiary:

- Consent once given may be withdrawn at any time: **Line numbers [15].**

PLAN OF CORRECTION 3B:
The MHP shall submit a POC that describes how the MHP will ensure that every medication consent process addresses all of the required elements specified in the MHP Contract with the Department.

Client Plans

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

[15] Line number(s) removed for confidentiality

The client plan shall be updated at least annually, or when there are significant changes in the beneficiary's condition.

(MHP Contract, Ex. A, Attachment 9)

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. 17-050, Enclosure 4)

FINDING 4A:
Client Plans were not completed prior to the delivery of planned services and/or were not updated at least annually or reviewed and updated when there was a significant change in the beneficiary's condition (as required in the MHP Contract with the Department and/or as specified in the MHP's documentation standards). Below are the specific findings pertaining to the charts in the review sample:

- **Line number [16]**: There was a **lapse** between the prior and current client plans from [17] to [18] and therefore, there was no client plan in effect during a portion of the audit review period. **RR4b, refer to Recoupment Summary for details.**
- **Line number [19]**: There was **no** client plan for one type of service being claimed. The client plan did not include Intensive Home Based Services (IHBS) until it was added to the updated plan on [20], after services had been provided. *During the on-site review, MHP staff was given the opportunity to locate an applicable client plan for the service in question, but could not find written evidence of it.* **RR4c, refer to Recoupment Summary for details**

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

1) Ensure that client plans are completed prior to planned services being provided.
2) Ensure that client plans are updated at least on an annual basis as required in the MHP Contract with the Department, and within the timelines and frequency specified in the MHP's written documentation standards.

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

3) Ensure that planned services are not claimed when the service provided is not included in the current client plan.
4) Ensure that client plans are reviewed and updated whenever there is a significant change in the beneficiary's condition.

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

FINDING 4A:
Services were not provided in an amount, duration, and scope as specified in the individualized Client Plan for each beneficiary. Below are the specific findings pertaining to the chart in the review sample:

- **Line [21]:** On the Client Plan, individual and family therapy are listed as interventions with a frequency of 1-4 times per month. During the three month review period, individual therapy was provided on two occasions ([22] and [23]). In addition, rehabilitation services are listed as interventions with a frequency of 1-4 times per month however, these services were not provided at all during the review period.

PLAN OF CORRECTION 4A:
The MHP shall submit a POC that describes how the MHP will ensure that services are provided in an amount, duration, and scope as specified in the individualized Client Plan for each beneficiary.

REQUIREMENTS
The MHP shall ensure that Client Plans: a) Have specific observable and/or specific quantifiable goals/treatment objectives related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis. b) Identify the proposed type(s) of intervention/modality including a detailed description of the intervention to be provided.

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

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

(MHP Contract, Ex. A, Attachment 9)

FINDING 4C:

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

- One or more of the goals/treatment objectives were not specific, observable, and/or quantifiable and related to the beneficiary's mental health needs and identified functional impairments as a result of the mental health diagnosis. **Line numbers [24].**
- One or more of the proposed interventions did not include a detailed description. Instead, only a "type" or "category" of intervention was recorded on the client plan. **Line numbers [25].**
    - **Line number [26]:** The intervention is described as, "Clinician will provide individual psychotherapy to treat client's MH symptoms."
    - **Line number [27]:** The intervention is described as, "Individual therapy and/or MH rehab services to teach communication and social skills."
- One or more of the proposed interventions did not indicate an expected frequency. **Line numbers [28].** Frequencies for all interventions are documented as "weekly to monthly" or "1-4 times monthly."
- One or more of the proposed interventions did not indicate an expected duration. **Line numbers [29].** All durations were listed as 12 months.
- One or more client plans did not address the mental health needs and functional impairments identified as a result of the mental disorder. **Line numbers [30].**
    - **Line number [31]:** The beneficiary is a [32]-year-old with PTSD, Major Depression, and prescribed three psychotropic medications. The client plan is vague, non-specific, and states, "Clinician will provide individual psychotherapy to treat client's MH symptoms." The frequency of these services are "weekly to monthly."

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

- **Line number [33]:** The beneficiary is a [34]-year-old diagnosed with Major Depressive Disorder and a history of family molestation. The client plan is not individualized to address the mental health needs of this beneficiary, e.g. "Process underlying reasons for depression and explore triggers for shutting-down behaviors utilizing individual and family therapy." During the review period, planned services focused on family therapy.

PLAN OF CORRECTION 4C:

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

1) All 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) All mental health interventions/modalities proposed on client plans include a detailed description of the interventions to be provided and do not just identify a type or modality of service (e.g. "therapy", "medication", "case management", etc.).
3) All mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.
4) All 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.

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

[33] Line number(s) removed for confidentiality
[34] Age removed for confidentiality

client plan includes a written explanation of the refusal or unavailability of the signature. (CCR, title 9, § 1810.440(c)(2)(B).)

The MHP shall have a written definition of what constitutes a long-term care beneficiary. (MHP Contract, Ex. A, Att. 9)

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 signature was required by the MHP Contract with the Department and/or by the MHP's written documentation standards:

- **Line numbers** [35]: There was no documentation of the beneficiary's or legal representative's participation in and agreement with the client plan for services provided during the review period.
    - **Line number** [36]**:** The client plan dated [37] references a progress note on the same date to address participation and agreement. The progress note on [38] was provided but does not address this issue.
    - **Line number** [39]**:** The written client plan dated [40] was destroyed in the Paradise Fire. The client plan references a progress note for participation and agreement dated [41] which was destroyed in the fire. The client plan was updated on [42] and this plan also does not address participation and agreement.

PLAN OF CORRECTION 4E:

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

1) Ensure that each beneficiary's participation in and agreement with all client plans are obtained and documented, as specified in the MHP Contract with the Department and CCR, title 9, chapter 11, section 1810.440(c)(2).
2) Ensure that the beneficiary's signature is obtained on the client plan, as specified in the MHP Contract with the Department and CCR, title 9, chapter 11, section 1810.440(c)(2)(A)(B).

Progress Notes

[35] Line number(s) removed for confidentiality
[36] Line number(s) removed for confidentiality
[37] Date(s) removed for confidentiality
[38] Date(s) removed for confidentiality
[39] Line number(s) removed for confidentiality
[40] Date(s) removed for confidentiality
[41] Date(s) removed for confidentiality
[42] Date(s) removed for confidentiality

REQUIREMENTS
The MHP shall ensure that progress notes describe how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning outlined in the client plan.

Items that shall be contained in the client record related to the beneficiary's progress in treatment include:

a) Timely documentation of relevant aspects of beneficiary care, including documentation of medical necessity;

b) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions;

c) Interventions applied, beneficiary's response to the interventions and the location of the interventions;

d) The date the services were provided;

e) Documentation of referrals to community resources and other agencies, when appropriate;

f) Documentation of follow-up care, or as appropriate, a discharge summary; and

g) The amount of time taken to provide services; and

h) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, licensure, or job title.

(MHP Contract, Ex. A, Attachment 9)

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

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.

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

a) No progress note submitted

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

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

FINDING 5A:
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.
Line numbers [43]. RR7, refer to Recoupment Summary for details.

- **Line number [44]:** The progress note only documents, "Client accepted at SJBH…Short-Doyle approved."
- **Line number [45]:** Two services were claimed on the same date and the corresponding progress notes document a duplicate service.

PLAN OF CORRECTION 5A:
The MHP shall submit a POC that describes how the MHP will ensure that interventions are focused on a significant functional impairment that is directly related to the mental health condition, as specified in CCR, title 9, chapter 11, section 1830.205(b)(3)(A).

FINDING 5B:
Progress notes did not include timely documentation of relevant aspects of beneficiary care, including documentation of medical necessity, as required in the MHP Contract. One or more progress notes was not completed within the timeliness and/or frequency standards in accordance with the MHP Contract and the MHP's written documentation standards. Below are the specific findings pertaining to the charts in the review sample:

[43] Line number(s) removed for confidentiality
[44] Line number(s) removed for confidentiality
[45] Line number(s) removed for confidentiality

- Progress notes associated with the following line number(s) did not include timely documentation of relevant aspects of beneficiary care, as specified by the MHP's documentation standards (i.e., progress notes were completed late based on the MHP's written documentation standards in effect during the audit period.
    - According to the Butte County Clinical Documentation Manual for Outpatient Speciality Mental Health Services (page 9.2), Progress Notes, "#10. Timeliness, Frequency… standards for Butte County Behavioral Health is Same Day/Next Day." **Line numbers [46].**
- Timeliness of the progress note could not be determined because the note was signed but not dated by the person providing the service. Therefore, the date the progress note was entered into the medical record could not be determined, and the note was considered to be late. **Line numbers [47].**
- The amount of time taken to provide services. There was a progress note in the medical record for the date of service claimed. However, the amount of time documented on the progress note to provide the service did not match the time claimed, or was missing on the progress note. **Line numbers [48].**
  RR8b3, refer to Recoupment Summary for details.

PLAN OF CORRECTION 5B:

1) The MHP shall submit a POC that describes how the MHP will ensure that progress notes document**:**
    - Timely completion by the person providing the service and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP's written documentation standards.
    - The date the progress note was completed and entered into the medical record by the person(s) providing the service in order to determine the timeliness of completion, as specified in the MHP Contract with the Department.
    - The claim must accurately reflect the amount of time taken to provide services.
2) Documentation is individualized for each service provided.
3) Each progress note describes how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning.

[46] Line number(s) removed for confidentiality
[47] Line number(s) removed for confidentiality
[48] Line number(s) removed for confidentiality

REQUIREMENTS
Progress notes shall be documented at the frequency by type of service indicated below: a) Every Service Contact: i. Mental Health Services; ii. Medication Support Services; iii. Crisis Intervention; iv. Targeted Case Management; b) Daily: i. Crisis Residential; ii. Crisis Stabilization (1x/23hr); iii. Day Treatment Intensive; c) Weekly: i. Day Treatment Intensive: a clinical summary reviewed and signed by a physician, a licensed/waivered psychologist, clinical social worker, or marriage and family therapist; or a registered nurse who is either staff to the day treatment intensive program or the person directing the service; ii. Day Rehabilitation; iii. Adult Residential. (MHP Contract, Ex. A, Attachment 9)
Reasons for Recoupment (RR): ***Refer to the enclosed Recoupment Summary for additional details about disallowances.*** RR8. The MHP did not submit a progress note corresponding to the claim submitted to DHCS for reimbursement, as follows: a) No progress note submitted b) The progress note provided by the MHP does not match the claim submitted to DHCS for reimbursement in terms of the following: 1) Specialty Mental Health Service claimed. 2) Date of service, and/or 3) Units of time. (MHSUDS IN No. 17-050, Enclosure 4)

FINDING 5D:

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

- **Line number** [49]: The type of specialty mental health service (SMHS) documented on the progress note (rescheduling an appointment) was not the same type of SMHS claimed (Crisis Intervention). **RR8b1, refer to Recoupment Summary for details.**

PLAN OF CORRECTION 5D:
The MHP shall submit a POC that describes how the MHP will:

1) Ensure that all SMHS claimed are:
   a) Documented in the medical record.
   b) Claimed for the correct service modality billing code, and units of time.

2) Ensure that all progress notes:
   a) Are accurate, complete and meet the documentation requirements described in the MHP Contract with the Department.
   b) Describe the type of service or service activity, the date the service was provided and the amount of time taken to provide the service, as specified in the MHP Contract with the Department.
   c) Are completed within the timeline and frequency 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.***
RR11. The service provided was solely for one of the following: a) Academic educational service

[49] Line number(s) removed for confidentiality

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

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

FINDING 5E2:

The progress note(s) for the following Line number(s) indicate that the service provided was solely**:**

- Clerical: **Line number [50]. RR11f, refer to Recoupment Summary for details.**
    - Progress notes document clerical services such as: "received labs..chart pulled and labs attached" and "Clt missed his scheduled apt, Clin contacted Clt via phone…Clt scheduled for post PHF followup…" and "nurse is notified that hospital discharge medication list… has not been received."

PLAN OF CORRECTION 5E2:

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

1) Each progress note describes how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning, as outlined in the client plan.
2) Services provided and claimed are not solely clerical.

[50] Line number(s) removed for confidentiality

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, chapter 11, sections 1830.205(a)(b).

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 number(s) did not contain evidence that the beneficiary received an individualized determination of eligibility and need for ICC services and IHBS:

- **Line number [51]:** The beneficiary received crisis intervention services and was placed on a 5150 hold in the ER during the review period and would appear to have qualified for ICC services, due to receiving the crisis intervention services. However, an individualized determination of eligibility and need was not made.

PLAN OF CORRECTION 6A:
The MHP shall submit a POC that describes how it will ensure that each beneficiary under the age of [52] who is authorized to receive Specialty Mental Health Services (SMHS) also receives an individualized determination of eligibility and need for ICC and IHBS, prior to or during the on-going development of the benificiary's Initial Client Plan.

[51] Line number(s) removed for confidentiality
[52] Age removed for confidentiality