FISCAL YEAR (FY) 2016/2017 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES
HUMBOLDT COUNTY MENTAL HEALTH PLAN REVIEW
March 6, 2017 – March 9, 2017
FINDINGS REPORT

Section K, "Chart Review – Non-Hospital Services

The medical records of five (5) adult and five (5) child/adolescent Medi-Cal specialty mental health beneficiaries were reviewed for compliance with state and federal regulations; adherence to the terms of the contract between the Humboldt 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 **262** claims submitted for the months of October, November, and December of 2015.

Contents

Medical Necessity

PROTOCOL REQUIREMENTS	
1.	Does the beneficiary meet all three (3) of the following medical necessity criteria for reimbursement (1a, 1b, and 1c. below)?
1a.	The beneficiary has a current ICD diagnosis which is included for non-hospital SMHS in accordance with the MHP contract?
1b.	The beneficiary, as a result of a mental disorder or emotional disturbance listed in 1a, must have at least one (1) of the following criteria (1-4 below): 1) A significant impairment in an important area of life 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.
1c.	Do the proposed and actual intervention(s) meet the intervention criteria listed below: 1) The focus of the proposed and actual intervention(s) is to address 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 SMHS can correct or ameliorate per No. 1b(4).
	2) 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.
1d.	The condition would not be responsive to physical health care based treatment.

• *CCR, title 9, chapter 11, section 1830.205 (b)(c)* • *CCR, title 9, chapter 11, section1830.210* • *CCR, title 9, chapter 11, section 1810.345(c)* • *CCR, title 9, chapter 11, section 1840.112(b)(1-4)*	• *CCR, title 9, chapter 11, section 1840.314(d)* • *CCR, title 22, chapter 3, section 51303(a)* • *Credentialing Boards for MH Disciplines*

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

RR1. Documentation in the medical record does not establish that the beneficiary has a diagnosis contained in California Code of Regulations, (CCR), title 9, chapter 11, section 1830.205(b)(1)(A-R).

RR2. Documentation in the medical record does not establish that, as a result of a mental disorder listed in CCR, title 9, chapter 11, section 1830.205(b)(1)(A-R), the beneficiary has, at least, one of the identified functional impairments.

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

RR4. Documentation in the medical record does not establish the expectation that the proposed intervention will do, at least, one of the following:
a) Significantly diminish the impairment;
b) Prevent significant deterioration in an important area of life functioning;
c) Allow the child to progress developmentally as individually appropriate; or
d) For full-scope Medi-Cal beneficiaries under the age of 21 years, correct or ameliorate the condition.

FINDING 1c-2:
The claims for three (3) progress notes associated with the following Line number did not meet the medical necessity criteria since there was no expectation that the documented interventions would meet the intervention criteria as specified in the CCR, title 9, chapter 11, section 1830.205(b)(3)(B)(1-4):

- **Line number [1]. RR4, refer to Recoupment Summary for details**

PLAN OF CORRECTION 1c-2:
The MHP shall submit a POC that describes how the MHP will ensure that all interventions claimed meet the intervention criteria specified in CCR, title 9, chapter 11, section 1830.205(b)(3)(B)(1-4).

Assessment *(Findings in this area do not result in disallowances. Plan of Correction only.)*

PROTOCOL REQUIREMENTS		
2.	Regarding the Assessment, are the following conditions met:	
2a.	1) Has the Assessment been completed in accordance with the MHP's established written documentation standards for timeliness?	
	2) Has the Assessment been completed in accordance with the MHP's established written documentation standards for frequency?	
• *CCR, title 9, chapter 11, section 1810.204* • *CCR, title 9, chapter 11, section 1840.112(b)(1-4)* • *CCR, title 9, chapter 11, section 1840.314(d)(e)*		• *CCR, title 9, chapter 4, section 851- Lanterman-Petris Act* • *MHP Contract, Exhibit A, Attachment I*

FINDINGS 2a:
Assessments were not completed in accordance with regulatory and contractual requirements, specifically**:**

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

- **Line number [2]**: The initial assessment was completed **14** days late.
- **Line number [3]**: The updated assessment was completed **53** days late.
- **Line number [4]**: The updated assessment was completed **69** days late.
- **Line number [5]**: The updated assessment was completed **46** days late (signed late).

[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
[5] Line number(s) removed for confidentiality

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.

PROTOCOL REQUIREMENTS		
2b.	Do the Assessments include the areas specified in the MHP Contract with the Department? 1) Presenting Problem. The beneficiary's chief complaint, history of presenting problem(s) including current level of functioning, relevant family history and current family information;	
	2) Relevant conditions and psychosocial factors affecting the beneficiary's physical health and mental health including, as applicable; living situation, daily activities, social support, cultural and linguistic factors, and history of trauma or exposure to trauma;	
	3) Mental Health History. Previous treatment, including providers, therapeutic modality (e.g., medications, psychosocial treatments) and response, and inpatient admissions. If possible, include information from other sources of clinical data such as previous mental health records and relevant psychological testing or consultation reports;	
	4) Medical History. Relevant physical health conditions reported by the beneficiary or a significant support person. Include name and address of current source of medical treatment. For children and adolescents the history must include prenatal and perinatal events and relevant/significant developmental history. If possible, include other medical information from medical records or relevant consultation reports	
	5) Medications. Information about medications the beneficiary has received, or is receiving, to treat mental health and medical conditions, including duration of medical treatment. The assessment must include documentation of the absence or presence of allergies or adverse reactions to medications and documentation of an informed consent for medications;	
	6) Substance Exposure/Substance Use. Past and present use of tobacco, alcohol, caffeine, CAM (complementary and alternative medications) and over-the-counter drugs, and illicit drugs;	
	7) Client Strengths. Documentation of the beneficiary's strengths in achieving client plan goals related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis;	
	8) Risks. Situations that present a risk to the beneficiary and/or others, including past or current trauma;	
	9) A mental status examination;	
	10) A Complete Diagnosis; A diagnosis from the current ICD-code must be documented, consistent with the presenting problems, history, mental status examination and/or other clinical data; including any current medical diagnoses.	
• *CCR, title 9, chapter 11, section 1810.204* • *CCR, title 9, chapter 11, section 1840.112(b)(1-4)* • *CCR, title 9, chapter 11, section 1840.314(d)(e)*		• *CCR, title 9, chapter 4, section 851- Lanterman-Petris Act* • *MHP Contract, Exhibit A, Attachment I*

FINDING 2b:
One or more of the assessments reviewed did not include all of the elements specified in the MHP Contract with the Department. The following required elements were incomplete or missing:

1) Substance Exposure/Substance Use: **Line number [6].**
2) Client Strengths: **Line numbers [7].**
3) Risks: **Line numbers [8].**
4) A mental status examination: **Line number [9].**
5) A full DSM diagnosis or current ICD code: **Line number [10].**

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

PROTOCOL REQUIREMENTS		
2c.	Does the assessment include: 1) The date of service?	
	2) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, and licensure or job title?	
	3) The date the documentation was entered in the medical record?	
• *CCR, title 9, chapter 11, section 1810.204* • *CCR, title 9, chapter 11, section 1840.112(b)(1-4)* • *CCR, title 9, chapter 11, section 1840.314(d)(e)*		• *CCR, title 9, chapter 4, section 851- Lanterman-Petris Act* • *MHP Contract, Exhibit A, Attachment I*

FINDING 2c:
The Assessments did not include the signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, or job title:

- **Line numbers [11].**

PLAN OF CORRECTION 2c:
The MHP shall submit a POC that describes how the MHP will ensure that all documentation includes the signature or (electronic equivalent) with the professional degree, licensure or title of the person providing the service.

[6] Line number(s) removed for confidentiality
[7] Line number(s) removed for confidentiality
[8] Line number(s) removed for confidentiality
[9] Line number(s) removed for confidentiality
[10] Line number(s) removed for confidentiality
[11] Line number(s) removed for confidentiality

Client Plans

PROTOCOL REQUIREMENTS	
4.	Regarding the client plan, are the following conditions met:
4a.	1) Has the initial client plan been completed within the time period specified in the Mental Health Plan (MHP's) documentation guidelines, or lacking MHP guidelines, within 60 days of the intake unless there is documentation supporting the need for more time?

• *CCR, title 9, chapter 11, section 1810.205.2* • *CCR, title 9, chapter 11, section 1810.254* • *CCR, title 9, chapter 11, section 1810.440(c)(1)(2)* • *CCR, title 9, chapter 11, section 1840.112(b)(2-5)* • *CCR, title 9, chapter 11, section 1840.314(d)(e)* • *DMH Letter 02-01, Enclosure A*	• *WIC, section 5751.2* • *MHP Contract, Exhibit A, Attachment I* • *CCR, title 16, Section 1820.5* • *California Business and Profession Code, Section 4999.20*

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

RR5. Initial client plan was not completed within the time period specified in the Mental Health Plan (MHP's) documentation guidelines, or lacking MHP guidelines, within 60 days of the intake unless there is documentation supporting the need for more time.

FINDING 4a-1:

The initial client plan was not completed within the time period specified in the MHP's documentation standards, or lacking MHP standards, not within 60 days of the intake, with no evidence supporting the need for more time:

- **Line numbers** [12]: One or more type of service being claimed was entirely missing from the initial client plan. During the review, MHP staff was given the opportunity to locate the services in question on the initial client plan but could not find written evidence of it. **RR5, refer to Recoupment Summary for details**

  The MHP should review all services and claims identified during the audit for which there was no client plan for the services in question and disallow those claims as required.

PLAN OF CORRECTION 4a-1:

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

1) Ensure that initial client plans are completed in accordance with the MHP's written documentation standards.
2) Ensure that the interventions/modalities on the client plans are clear, specific, complete, and address the beneficiary's identified functional impairments as a result of the mental disorder.

[12] Line number(s) removed for confidentiality

PROTOCOL REQUIREMENTS	
4b.	Does the client plan include the items specified in the MHP Contract with the Department? 1) 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) The proposed type(s) of intervention/modality including a detailed description of the intervention to be provided.
	3) The proposed frequency of intervention(s).
	4) The proposed duration of intervention(s).
	5) Interventions that focus and address the identified functional impairments as a result of the mental disorder or emotional disturbance.
	6) Interventions are consistent with client plan goal(s)/treatment objective(s).
	7) Be consistent with the qualifying diagnoses.
• *CCR, title 9, chapter 11, section 1810.205.2* • *CCR, title 9, chapter 11, section 1810.254* • *CCR, title 9, chapter 11, section 1810.440(c)(1)(2)* • *CCR, title 9, chapter 11, section 1840.112(b)(2-5)* • *CCR, title 9, chapter 11, section 1840.314(d)(e)* • *DMH Letter 02-01, Enclosure A*	• *WIC, section 5751.2* • *MHP Contract, Exhibit A, Attachment I* • *CCR, title 16, Section 1820.5* • *California Business and Profession Code, Section 4999.20*

FINDING 4b:

The following Line number(s) had client plan(s) that did not include all of the items specified in the MHP Contract with the Department**:**

4b-2) 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 (e.g. "Medication Support Services," "Targeted Case Management," "Mental Health Services," etc.). **Line number [13].**

4b-3) One or more of the proposed interventions did not indicate an expected frequency. **Line numbers [14].**

PLAN OF CORRECTION 4b:

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

1) 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.).
2) All mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.

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

PROTOCOL REQUIREMENTS		
4f.	Does the client plan include: 1) The date of service; 2) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, and licensure or job title; AND 3) The date the documentation was entered in the medical record?	
• *CCR, title 9, chapter 11, section 1810.205.2* • *CCR, title 9, chapter 11, section 1810.254* • *CCR, title 9, chapter 11, section 1810.440(c)(1)(2)* • *CCR, title 9, chapter 11, section 1840.112(b)(2-5)* • *CCR, title 9, chapter 11, section 1840.314(d)(e)* • *DMH Letter 02-01, Enclosure A*		• *WIC, section 5751.2* • *MHP Contract, Exhibit A, Attachment I* • *CCR, title 16, Section 1820.5* • *California Business and Profession Code, Section 4999.20*

FINDING 4f:

Client plans did not include:

2) Signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, or job title:
   - **Line numbers [15].**

PLAN OF CORRECTION 4f:

The MHP shall submit a POC that describes how the MHP will ensure that all documentation includes the signature or (electronic equivalent) with the professional degree, licensure or title of the person providing the service.

[15] Line number(s) removed for confidentiality

Progress Notes

PROTOCOL REQUIREMENTS		
5a.	Do the progress notes document the following: 1) Timely documentation (as determined by the MHP) of relevant aspects of client care, including documentation of medical necessity?	
	2) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions?	
	3) Interventions applied, beneficiary's response to the interventions, and the location of the interventions?	
	4) The date the services were provided?	
	2) Documentation of referrals to community resources and other agencies, when appropriate?	
	3) Documentation of follow-up care or, as appropriate, a discharge summary?	
	4) The amount of time taken to provide services?	
	5) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, and licensure or job title?	
• *CCR, title 9, chapter 11, section 1810.254* • *CCR, title 9, chapter 11, section 1810.440(c)* • *CCR, title 9, chapter 11, section 1840.112(b)(2-6)* • *CCR, title 9, chapter 11, section 1840.314*		• *CCR, title 9, chapter 11, sections 1840.316 - 1840.322* • *CCR, title 22, chapter 3, section 51458.1* • *CCR, title 22, chapter 3, section 51470* • *MHP Contract, Exhibit A, Attachment I*

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

RR1. Documentation in the medical record does not establish that the beneficiary has a diagnosis contained in California Code of Regulations, (CCR), title 9, chapter 11, section 1830.205(b)(1)(A-R).

RR2. Documentation in the medical record does not establish that, as a result of a mental disorder listed in CCR, title 9, chapter 11, section 1830.205(b)(1)(A-R), the beneficiary has, at least, one of the identified functional impairments.

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

RR4. Documentation in the medical record does not establish the expectation that the proposed intervention will do, at least, one of the following:
a) Significantly diminish the impairment;
b) Prevent significant deterioration in an important area of life functioning;
c) Allow the child to progress developmentally as individually appropriate; or
d) For full-scope Medi-Cal beneficiaries under the age of 21 years, correct or ameliorate the condition.

RR9. No progress note was found for service claimed.

RR10. The time claimed was greater than the time documented.

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

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

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

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

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

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

RR19a. No service was provided.

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

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

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

FINDING 5a:

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

5a-1) **Line numbers** [16]: Timely documentation of relevant aspects of beneficiary care as specified by the MHP's documentation standards (i.e., progress notes completed late based on the MHP's written documentation standards in effect during the audit period).

5a-8) **Line number** [17]: The provider's professional degree, licensure or job title.

PLAN OF CORRECTION:

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

5a-1) Timely completion by the person providing the service and relevant aspects of client care, as specified in the MHP Contract with the Department and the MHP's written documentation standards.

5a-8) The provider's professional degree, licensure or job title.

PROTOCOL REQUIREMENTS		
5b.	When services are being provided to, or on behalf of, a beneficiary by two or more persons at one point in time, do the progress notes include: 1) Documentation of each person's involvement in the context of the mental health needs of the beneficiary?	
	2) The exact number of minutes used by persons providing the service?	
	3) Signature(s) of person(s) providing the services?	
• *CCR, title 9, chapter 11, section 1810.254* • *CCR, title 9, chapter 11, section 1810.440(c)* • *CCR, title 9, chapter 11, section 1840.112(b)(2-6)* • *CCR, title 9, chapter 11, section 1840.314*		• *CCR, title 9, chapter 11, sections 1840.316 - 1840.322* • *CCR, title 22, chapter 3, section 51458.1* • *CCR, title 22, chapter 3, section 51470* • *MHP Contract, Exhibit A, Attachment I*

[16] Line number(s) removed for confidentiality
[17] Line number(s) removed for confidentiality

FINDING 5b:
Documentation of services being provided to, or on behalf of, a beneficiary by two or more persons at one point in time did not include all required components. Specifically**:**

- **Line number [18]**: Five (5) progress notes did not document the contribution, involvement or participation of each staff member as it relates to the identified functional impairment and mental health needs of the beneficiary.

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

1) Group progress notes clearly document the contribution, involvement or participation of each staff member claimed as it relates to the identified functional impairment and mental health needs of the beneficiary.
2) There is medical necessity for the use of multiple staff in the group setting.

PROTOCOL REQUIREMENTS		
5c.	Timeliness/frequency as follows: 1) Every service contact for: A. Mental health services B. Medication support services C. Crisis intervention D. Targeted Case Management 2) Daily for: A. Crisis residential B. Crisis stabilization (one per 23/hour period) C. Day treatment intensive 3) Weekly for: A. Day treatment intensive (clinical summary) B. Day rehabilitation C. Adult residential	
• *CCR, title 9, chapter 11, section 1810.254* • *CCR, title 9, chapter 11, section 1810.440(c)* • *CCR, title 9, chapter 11, section 1840.112(b)(2-6)* • *CCR, title 9, chapter 11, section 1840.314*		• *CCR, title 9, chapter 11, sections 1840.316 - 1840.322* • *CCR, title 22, chapter 3, section 51458.1* • *CCR, title 22, chapter 3, section 51470* • *MHP Contract, Exhibit A, Attachment I*

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

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

[18] Line number(s) removed for confidentiality
[19] Line number(s) removed for confidentiality

PLAN OF CORRECTION 5c:

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

1) Ensure that all SMHS claimed are claimed for the correct service modality and billing code.
2) Ensure that all progress notes are accurate and meet the documentation requirements described in the MHP Contract with the Department.

Service Components for Day Treatment Intensive and Day Rehabilitation Programs

PROTOCOL REQUIREMENTS	
7b.	Regarding Attendance: 1) Is there documentation of the total number of minutes/hours the beneficiary actually attended the program?
	2) If the beneficiary is unavoidably absent: A. Is the total time (number of hours and minutes) the beneficiary actually attended the program that day documented; B. Is the beneficiary present for at least 50 percent of the scheduled hours of operation for that day; **AND**, C. Is there a separate entry in the medical record documenting the reason for the unavoidable absence?
• *CCR, title 9, chapter 11, section 1810.212* • *CCR, title 9, chapter 11, section 1810.213* • *CCR, title 9, chapter 11, section 1840.112(b)* • *CCR, title 9, chapter 11, section 1840.314(d)(e)*	• *CCR, title 9, chapter 11, section 1840.318* • *CCR, title 9, chapter 11, section 1840.360* • *MHP Contract, Exhibit A, Attachment I* • *DMH Letter No. 03-03*

FINDING 7b:
Documentation for the following Line numbers indicated that essential requirements for Day Rehabilitation and Day Treatment Intensive programs were not met, as specified by the MHP Contract with the Department:

- **Line numbers [20]**: The beneficiary was absent and there was not a separate entry in the medical record documenting a valid reason for the unavoidable absence. **RR19a, refer to Recoupment Summary for details.**

PLAN OF CORRECTION 7b:
The MHP shall submit a POC that describes how the MHP will ensure that, when the beneficiary is unavoidably absent, the total time (number of minutes and hours) the beneficiary actually attended the program that day is documented, that the beneficiary was present for at least 50 percent of the scheduled hours of operation for that day, and that there is a separate entry in the medical record documenting the reason for the unavoidable absence in order to claim for that day.

PROTOCOL REQUIREMENTS	
7e.	Regarding Documentation Standards: 1) Is the required documentation timeliness/frequency for *Day Treatment Intensive* or *Day Rehabilitation* being met? A. For *Day Treatment Intensive* services: • Daily progress notes on activities; and • A weekly clinical summary B. For *Day Rehabilitation* services: • Weekly progress note

[20] Line number(s) removed for confidentiality

2) Do all entries in the beneficiary's medical record include: A. The date(s) of service; B. The signature of the person providing the service (or electronic equivalent); C. The person's type of professional degree, licensure or job title; D. The date of signature; E. The date the documentation was entered in the beneficiary record; and F. The total number of minutes/hours the beneficiary actually attended the program?	
• *CCR, title 9, chapter 11, section 1810.212* • *CCR, title 9, chapter 11, section 1810.213* • *CCR, title 9, chapter 11, section 1840.112(b)* • *CCR, title 9, chapter 11, section 1840.314(d)(e)*	• *CCR, title 9, chapter 11, section 1840.318* • *CCR, title 9, chapter 11, section 1840.360* • *MHP Contract, Exhibit A, Attachment I* • *DMH Letter No. 03-03*

FINDING 7e:

Documentation for the following Line number indicated that an essential requirement for a Day Treatment Intensive program was not met, as specified in the MHP Contract with the Department:

- **Line number [21]**: Entries in the medical record did not consistently document, during each month Day Treatment Intensive program 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, or at least one (1) contact per month with the legally responsible adult for a beneficiary who is a minor, and that the existing documentation of one (1) monthly contact did not include evidence that the contact occurred outside of the Day Program's normal hours of operation.

PLAN OF CORRECTION 7e:

The MHP shall submit a POC that describes how the MHP will ensure that its 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, and that the documentation includes evidence that the monthly contact(s) occurred outside of the Day Program's normal hours of operation.

[21] Line number(s) removed for confidentiality