

FISCAL YEAR (FY) 2016/2017 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL  
HEALTH SERVICES AND OTHER FUNDED SERVICES  
KINGS COUNTY MENTAL HEALTH PLAN REVIEW  
October 17, 2016  
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 KINGS 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 **147** claims submitted for the months of **JULY, AUGUST** and **SEPTEMBER** of 2015.

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**Medical Necessity**

<b>PROTOCOL REQUIREMENTS</b>	
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): <ol style="list-style-type: none"> <li>1) A significant impairment in an important area of life functioning.</li> <li>2) A probability of significant deterioration in an important area of life functioning.</li> <li>3) A probability that the child will not progress developmentally as individually appropriate.</li> <li>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.</li> </ol>
1c.	Do the proposed and actual intervention(s) meet the intervention criteria listed below: <ol style="list-style-type: none"> <li>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).</li> <li>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):                             <ol style="list-style-type: none"> <li>A. Significantly diminish the impairment.</li> <li>B. Prevent significant deterioration in an important area of life functioning.</li> <li>C. Allow the child to progress developmentally as individually appropriate.</li> <li>D. For full-scope MC beneficiaries under the age of 21 years, correct or ameliorate the condition.</li> </ol> </li> </ol>
1d.	The condition would not be responsive to physical health care based treatment.
	<ul style="list-style-type: none"> <li style="width: 50%;"><ul style="list-style-type: none"><li>• CCR, title 9, chapter 11, section 1830.205 (b)(c)</li><li>• CCR, title 9, chapter 11, section 1830.210</li><li>• CCR, title 9, chapter 11, section 1810.345(c)</li><li>• CCR, title 9, chapter 11, section 1840.112(b)(1-4)</li></ul></li> <li style="width: 50%;"><ul style="list-style-type: none"><li>• CCR, title 9, chapter 11, section 1840.314(d)</li><li>• CCR, title 22, chapter 3, section 51303(a)</li><li>• Credentialing Boards for MH Disciplines</li></ul></li> </ul>

**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-1:**

The medical record associated with the following Line number(s) did not meet the medical necessity criteria since the focus of the proposed intervention(s) did not address the mental health condition as specified in the CCR, title 9, chapter 11, section 1830.205(b)(3)(A):

- **Line numbers <sup>1</sup>.** RR3, refer to Recoupment Summary for details

**PLAN OF CORRECTION 1c-1:**

The MHP shall submit a POC that indicates 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).

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

<b>PROTOCOL REQUIREMENTS</b>	
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?
	<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1810.204</li> <li>• CCR, title 9, chapter 11, section 1840.112(b)(1-4)</li> <li>• CCR, title 9, chapter 11, section 1840.314(d)(e)</li> <li>• CCR, title 9, chapter 4, section 851- Lanterman-Petris Act</li> <li>• MHP Contract, Exhibit A, Attachment I</li> </ul>

**FINDINGS 2a:**

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

- 1) 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 <sup>2</sup>:** The updated assessment was completed late.

**PLAN OF CORRECTION 2a:**

The MHP shall submit a POC that:

- 1) Indicates 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.

<sup>1</sup> Line number(s) removed for confidentiality

<sup>2</sup> Line number(s) removed for confidentiality

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

<b>PROTOCOL REQUIREMENTS</b>	
3b.	Does the medication consent for psychiatric medications 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?
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1810.204</li> <li>• CCR, title 9, chapter 11, section 1840.112(b)(1-4)</li> <li>• CCR, title 9, chapter 11, section 1840.314(d)(e)</li> </ul>	<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 4, section 851- Lanterman-Petris Act</li> <li>• MHP Contract, Exhibit A, Attachment I</li> </ul>

**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 forms found in the beneficiary’s medical record:

- 1) The reason for taking each medication: **Line numbers** <sup>3</sup>.
- 2) Type of medication: **Line numbers** <sup>4</sup>.
- 3) Range of frequency: **Line numbers** <sup>5</sup>.
- 4) Dosage: **Line numbers** <sup>6</sup>.
- 5) Method of administration (oral or injection): **Line numbers** <sup>7</sup>.

**PLAN OF CORRECTION 3b:**

The MHP shall submit a POC that indicates how the MHP will ensure that every medication consent includes documentation of all of the required elements specified in the MHP Contract with the Department.

<sup>3</sup> Line number(s) removed for confidentiality

<sup>4</sup> Line number(s) removed for confidentiality

<sup>5</sup> Line number(s) removed for confidentiality

<sup>6</sup> Line number(s) removed for confidentiality

<sup>7</sup> Line number(s) removed for confidentiality

**Client Plans**

PROTOCOL REQUIREMENTS	
4a	1) Has the client plan been updated at least annually and/or when there are significant changes in the beneficiary's condition?
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1810.205.2</li> <li>• CCR, title 9, chapter 11, section 1810.254</li> <li>• CCR, title 9, chapter 11, section 1810.440(c)(1)(2)</li> <li>• CCR, title 9, chapter 11, section 1840.112(b)(2-5)</li> <li>• CCR, title 9, chapter 11, section 1840.314(d)(e)</li> <li>• DMH Letter 02-01, Enclosure A</li> </ul>	<ul style="list-style-type: none"> <li>• WIC, section 5751.2</li> <li>• MHP Contract, Exhibit A, Attachment I</li> <li>• CCR, title 16, Section 1820.5</li> <li>• California Business and Profession Code, Section 4999.20</li> </ul>

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

RR6. The client plan was not completed, at least, on an annual basis or as specified in the MHP's documentation guidelines.

**FINDING 4a-2:**

The client plan was not updated at least annually or 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):

- **Line number 8:** There was a **lapse** between the prior and current client plans. However, this occurred outside of the audit review period.

*The MHP should review all services and claims identified during the audit that were claimed outside of the audit review period and for which there was no client plan in effect and disallow those claims as required.*

**PLAN OF CORRECTION 4a-2:**

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

- 1) Ensure that client plans are completed 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.
- 2) Provide evidence that all services identified during the audit that were claimed outside of the audit review period for which no client plan was in effect are disallowed.

<sup>8</sup> Line number(s) removed for confidentiality

<b>PROTOCOL REQUIREMENTS</b>	
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.
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1810.205.2</li> <li>• CCR, title 9, chapter 11, section 1810.254</li> <li>• CCR, title 9, chapter 11, section 1810.440(c)(1)(2)</li> <li>• CCR, title 9, chapter 11, section 1840.112(b)(2-5)</li> <li>• CCR, title 9, chapter 11, section 1840.314(d)(e)</li> <li>• DMH Letter 02-01, Enclosure A</li> </ul>	<ul style="list-style-type: none"> <li>• WIC, section 5751.2</li> <li>• MHP Contract, Exhibit A, Attachment I</li> <li>• CCR, title 16, Section 1820.5</li> <li>• California Business and Profession Code, Section 4999.20</li> </ul>

**FINDING 4b:**

The following Line numbers had client plans that did not include all of the items specified in the MHP Contract with the Department:

- 4b-1)** 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 number <sup>9</sup>.**
- 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 numbers <sup>10</sup>.**

**PLAN OF CORRECTION 4b:**

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

- 1) **(4b-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) **(4b-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.).

<sup>9</sup> Line number(s) removed for confidentiality  
<sup>10</sup> Line number(s) removed for confidentiality

<b>PROTOCOL REQUIREMENTS</b>	
4d.	Regarding the beneficiary's participation and agreement with the client plan:
	1) Is there documentation of the beneficiary's degree of participation and agreement with the client plan as evidenced by, but not limited to: <ul style="list-style-type: none"> <li>a. Reference to the beneficiary's participation in and agreement in the body of the client plan; or</li> <li>b. The beneficiary signature on the client plan; or</li> <li>c. A description of the beneficiary's participation and agreement in the medical record.</li> </ul>
	2) Does the client plan include the beneficiary's signature or the signature of the beneficiary's legal representative when: <ul style="list-style-type: none"> <li>a. The beneficiary is expected to be in long-term treatment, as determined by the MHP, and,</li> <li>b. The client plan provides that the beneficiary will be receiving more than one (1) type of SMHS?</li> </ul>
	3) 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, does the client plan include a written explanation of the refusal or unavailability of the signature?
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1810.205.2</li> <li>• CCR, title 9, chapter 11, section 1810.254</li> <li>• CCR, title 9, chapter 11, section 1810.440(c)(1)(2)</li> <li>• CCR, title 9, chapter 11, section 1840.112(b)(2-5)</li> <li>• CCR, title 9, chapter 11, section 1840.314(d)(e)</li> <li>• DMH Letter 02-01, Enclosure A</li> </ul>	<ul style="list-style-type: none"> <li>• WIC, section 5751.2</li> <li>• MHP Contract, Exhibit A, Attachment I</li> <li>• CCR, title 16, Section 1820.5</li> <li>• California Business and Profession Code, Section 4999.20</li> </ul>

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

RR7. No documentation of beneficiary or legal guardian participation in the plan or written explanation of the beneficiary's refusal or unavailability to sign as required in the MHP Contract with the Department.

**FINDING 4d-1:**

1. There was no documentation of the beneficiary's or legal representative's degree of participation in and agreement with the plan, and there was no written explanation of the beneficiary's refusal or unavailability to sign the plan, as required in the MHP Contract with the Department:
  - **Line number <sup>11</sup>:** 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. **RR7, refer to Recoupment Summary for details**

**PLAN OF CORRECTION 4d:**

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

- 1) Ensure that each beneficiary's participation and agreement is obtained and documented in a timely manner as specified in the MHP Contract with the Department and CCR, title 9, chapter 11, section 1810.440(c)(2).
- 2) Ensure that services are not claimed when the beneficiary's:
  - a) Participation in and agreement with the client plan is not obtained or not obtained in a timely manner and the reason for refusal is not documented.
  - b) Signature is not obtained when required or not obtained in a timely manner and the reason for refusal is not documented.

<sup>11</sup> Line number(s) removed for confidentiality

**Progress Notes**

<b>PROTOCOL REQUIREMENTS</b>	
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?
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1810.254</li> <li>• CCR, title 9, chapter 11, section 1810.440(c)</li> <li>• CCR, title 9, chapter 11, section 1840.112(b)(2-6)</li> <li>• CCR, title 9, chapter 11, section 1840.314</li> </ul>	<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, sections 1840.316 - 1840.322</li> <li>• CCR, title 22, chapter 3, section 51458.1</li> <li>• CCR, title 22, chapter 3, section 51470</li> <li>• MHP Contract, Exhibit A, Attachment I</li> </ul>

**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:

- One or more progress note was not completed within the timeliness and frequency standards in accordance with regulatory and contractual requirements.
- Progress notes did not document the following:

**5a-1) Line numbers** <sup>12</sup>: 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).

**PLEASE NOTE:** The exact same verbiage was recorded on multiple progress notes, and therefore those progress notes were not individualized, did not accurately document the beneficiary's response and the specific interventions applied, as specified in the MHP Contract with the Department for: **Line number** <sup>13</sup>.

**PLAN OF CORRECTION:**

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

- 1) Describe how the MHP will ensure that progress notes are completed in accordance with the timeliness and frequency requirements specified in the MHP's written documentation standards.
- 2) The MHP shall submit a POC that indicates 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.
- 3) The documentation is individualized for each service provided.

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<sup>12</sup> Line number(s) removed for confidentiality

<sup>13</sup> Line number(s) removed for confidentiality

**FINDING 5a3:**

The progress note for the following Line number indicates that the service provided was solely for:

- Clerical: **Line number <sup>14</sup>**. RR17, refer to Recoupment Summary for details.

**PLAN OF CORRECTION:**

The MHP shall submit a POC that indicates 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 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, chapter 11, sections 1830.205(a)(b).

<b>PROTOCOL REQUIREMENTS</b>	
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: <ol style="list-style-type: none"> <li>1) Documentation of each person’s involvement in the context of the mental health needs of the beneficiary?</li> <li>2) The exact number of minutes used by persons providing the service?</li> <li>3) Signature(s) of person(s) providing the services?</li> </ol>
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1810.254</li> <li>• CCR, title 9, chapter 11, section 1810.440(c)</li> <li>• CCR, title 9, chapter 11, section 1840.112(b)(2-6)</li> <li>• CCR, title 9, chapter 11, section 1840.314</li> </ul>	<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, sections 1840.316 - 1840.322</li> <li>• CCR, title 22, chapter 3, section 51458.1</li> <li>• CCR, title 22, chapter 3, section 51470</li> <li>• MHP Contract, Exhibit A, Attachment I</li> </ul>

**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 <sup>15</sup>**: 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 indicates how the MHP will ensure that:

- 1) Group progress notes clearly 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.
- 2) There is medical necessity for the use of multiple staff in the group setting.

<sup>14</sup> Line number(s) removed for confidentiality

<sup>15</sup> Line number(s) removed for confidentiality

**Documentation of Cultural and Linguistic Services**

PROTOCOL REQUIREMENTS	
6d.	When applicable, was treatment specific information provided to beneficiaries in an alternative format (e.g., braille, audio, large print, etc.)?
<ul style="list-style-type: none"> <li>CFR, title 42, section 438.10(c)(4),(5)</li> <li>CCR, title 9, chapter 11, section 1810.405(d)</li> </ul>	<ul style="list-style-type: none"> <li>CCR, title 9, chapter 11, section 1810.410</li> </ul>

**FINDING 6d:**

The following Line number was not provided information in an alternative format (e.g. braille, large print, or sign language as preferred by the beneficiary:

- The following Line number or the parent(s)/legal guardian(s) of the following Line number were speech impaired and there was no evidence that mental health interpreter services or sign language were offered and provided to: **Line number 16.**

**PLAN OF CORRECTION 6d:**

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

- 1) Ensure that beneficiaries/parents/legal guardians are provided information in alternative formats, when applicable.
- 2) Ensure that there is documentation substantiating that beneficiaries were provided information in an alternative format, when applicable.
- 3) Provide evidence that the requirement to provide alternative formats for beneficiaries who have special needs in including limited reading proficiency are in accordance with Title 9 and Title 42 and the MHP Contract with the Department.

<sup>16</sup> Line number(s) removed for confidentiality