

**FISCAL YEAR (FY) 2016/2017 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL
HEALTH SERVICES AND OTHER FUNDED SERVICES
SAN FRANCISCO COUNTY MENTAL HEALTH PLAN REVIEW
April 24, 2017
FINDINGS REPORT**

Section K, “Chart Review – Non-Hospital Services

The medical records of ten (10) adult and six (6) 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 San Francisco 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 **552** claims submitted for the months of **OCTOBER, NOVEMBER** and **DECEMBER** of 2015.

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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): <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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).
	<ol style="list-style-type: none"> 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"> 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.
	<ul style="list-style-type: none"> • CCR, title 9, chapter 11, section 1830.205 (b)(c) • CCR, title 9, chapter 11, section 1830.210 • CCR, title 9, chapter 11, section 1810.345(c) • CCR, title 9, chapter 11, section 1840.112(b)(1-4)
	<ul style="list-style-type: none"> • 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 medical record associated with the following Line number did not meet the medical necessity criteria since there was no expectation that the documented intervention 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 indicates how the MHP will ensure that the interventions provided 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?
<ul style="list-style-type: none"> • 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**: There was no updated assessment found in the medical record. *During the review, MHP staff were given the opportunity to locate the missing assessment but could not locate the document in the medical record.*
- **Line numbers ³**: The initial assessment was completed late.
- **Line numbers ⁴**: The updated assessment was completed 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

PLAN OF CORRECTION 2a:

The MHP shall submit a POC that 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.

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.
<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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) Presenting Problem(s): **Line number** ⁵.

⁵ Line number(s) removed for confidentiality

- 2) Relevant conditions and psychosocial factors affecting the beneficiary’s physical health and mental health: **Line numbers** ⁶.
- 3) Mental Health History: **Line numbers** ⁷.
- 4) Medical History: **Line number** ⁸.
- 5) Medications: **Line numbers** ⁹.
- 6) Substance Exposure/Substance Use: **Line number** ¹⁰.
- 7) Client Strengths: **Line number** ¹¹.
- 8) A mental status examination: **Line numbers** ¹².
- 9) A full DSM diagnosis or current ICD code: **Line numbers** ¹³.

PLAN OF CORRECTION 2b:

The MHP shall submit a POC that indicates 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?
<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • CCR, title 9, chapter 4, section 851- Lanterman-Petris Act • MHP Contract, Exhibit A, Attachment I

FINDING 2c:

The Assessment did not include:

Signature of the person providing the service (or electronic equivalent) that includes the person’s professional degree, licensure, or job title:

- **Line number** ¹⁴.

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
¹² Line number(s) removed for confidentiality
¹³ Line number(s) removed for confidentiality
¹⁴ Line number(s) removed for confidentiality

PLAN OF CORRECTION 2c:

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

- 1) The signature or (electronic equivalent) with the professional degree, licensure or title of the person providing the service.
- 2) The date the signature was completed and the document was entered into the medical record.

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"> • 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 	<ul style="list-style-type: none"> • 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

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 (as required in the MHP Contract with the Department and as specified in the MHP’s documentation standards):

- **Line numbers ¹⁵:** There was **no** updated client plan in the medical record. During the review, MHP staff was given the opportunity to locate the document in question but could not find written evidence of it in the medical record. **RR6, 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 in effect and disallow those claims as required.

- **Line number ¹⁶:** There was a **lapse** between the prior and current client plans and therefore, there was no client plan in effect during a portion or all of the audit review period. **RR6, 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 in effect and disallow those claims as required.

- **Line number ¹⁷:** There was a **lapse** between the prior and current client plans. However, this occurred outside of the audit review period.

¹⁵ Line number(s) removed for confidentiality

¹⁶ Line number(s) removed for confidentiality

¹⁷ Line number(s) removed for confidentiality

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

- **Line number ¹⁸:** There was **no** updated client plan for one or more type of service being claimed. During the review, MHP staff was given the opportunity to locate the services in question on a client plan but could not find written evidence of it. **RR6, 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-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) Ensure that all types of interventions/service modalities provided and claimed are recorded as proposed interventions on a current client plan.
- 3) Ensure that non-emergency services are not claimed when:
 - a) A client plan has not been completed.
 - b) The service provided is not included in the current client plan.
- 4) 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.

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.
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • WIC, section 5751.2 • MHP Contract, Exhibit A, Attachment I • CCR, title 16, Section 1820.5 • California Business and Profession Code, Section 4999.20

¹⁸ Line number(s) removed for confidentiality

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 numbers ¹⁹.**
- 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 ²⁰.**
- 4b-3)** One or more of the proposed interventions did not indicate an expected frequency. **Line numbers ²¹.**
- 4b-5)** One or more of the proposed interventions did not address the mental health needs and functional impairments identified as a result of the mental disorder. **Line number ²².**
- 4b-6)** One or more of the proposed interventions were not consistent with client plan goals/treatment objectives. **Line number ²³.**
- 4b-7)** One or more client plans were not consistent with the qualifying diagnosis. **Line number ²⁴.**

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.).
- 3) **(4b-3.)** All mental health interventions proposed on client plans indicate both an expected frequency and duration for each intervention.
- 4) **(4b-5.)** 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.

¹⁹ Line number(s) removed for confidentiality
²⁰ Line number(s) removed for confidentiality
²¹ Line number(s) removed for confidentiality
²² Line number(s) removed for confidentiality
²³ Line number(s) removed for confidentiality
²⁴ Line number(s) removed for confidentiality

- 5) (4b-6.) All mental health interventions proposed on client plans are consistent with client plan goals/treatment objectives.
- 6) (4b-7.) All client plans are consistent with the qualifying diagnosis.

PROTOCOL REQUIREMENTS	
4e.	Is there documentation that the contractor offered a copy of the client plan to the beneficiary?
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 4e:

There was no documentation that the beneficiary or legal guardian was offered a copy of the client plan for the following: **Line numbers** ²⁵.

PLAN OF CORRECTION 4e:

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

- 1) Ensure that there is documentation substantiating that the beneficiary was offered a copy of the client plan.
- 2) Submit evidence that the MHP has an established process to ensure that the beneficiary is offered a copy of the client plan.

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?
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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:

The Client plan did not include:

Signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, or job title:

- **Line number** ²⁶.

²⁵ Line number(s) removed for confidentiality

²⁶ Line number(s) removed for confidentiality

PLAN OF CORRECTION 4f:

The MHP shall submit a POC that indicates 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.

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?
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 the MHP’s own written documentation standards:

Progress notes did not document the following:

- 5a-1) Line numbers ²⁷:** 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).

PLAN OF CORRECTION:

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

- 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.

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)

²⁷ Line number(s) removed for confidentiality

	C. Day treatment intensive 3) Weekly for: A. Day treatment intensive (clinical summary) B. Day rehabilitation C. Adult residential	
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 ²⁸:** There was no progress note in the medical record for the services claimed. **RR9, refer to Recoupment Summary for details.**
During the review, the MHP staff was given the opportunity to locate the documents in question but could not find written evidence of them in the medical record.
- **Line number ²⁹:** 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.**
- **Line number ³⁰:** The required documentation timeliness/frequency for *Day Rehabilitation* was not met. Weekly progress notes were not completed.

PLAN OF CORRECTION 5c:

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

- 1) Ensure that all SMHS claimed are:
 - a) Documented in the medical record.
 - b) Actually provided to the beneficiary.
 - c) Claimed for the correct service modality and billing code.
- 2) Ensure that all progress notes are:
 - a) Accurate and meet the documentation requirements described in the MHP Contract with the Department.
 - b) Completed within the timeline and frequency specified in the MHP Contract with the Department.

PROTOCOL REQUIREMENTS	
5d.	Do all entries in the beneficiary's medical record 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?

²⁸ Line number(s) removed for confidentiality
²⁹ Line number(s) removed for confidentiality
³⁰ Line number(s) removed for confidentiality

3) The date the documentation was entered in the medical record?	
<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 5d:

The Progress notes included the following:

- Medication Support services were provided by a LMFT who was not qualified to deliver and claim for such services: **Line number** ³¹. **RR19d, refer to Recoupment Summary for details.**

The MHP should review all services and claims provided by the staff who was not qualified and disallow the claims as required.

PLAN OF CORRECTION 5d:

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

- 1) Ensure all services claimed are provided by the appropriate and qualified staff within his or her scope of practice, if professional licensure is required for the service.
- 2) Ensure that staff adheres to the MHP’s written documentation standards and policies and procedures for providing services within the staff’s scope of practice.
- 3) Ensure that services are not claimed when services are provided by staff outside the staff’s scope of practice or qualifications.
- 4) Provide evidence that all claims in which the staff was not qualified to provide services were disallowed.

Documentation of Cultural and Linguistic Services

PROTOCOL REQUIREMENTS	
6.	Regarding cultural/linguistic services and availability in alternative formats:
6a.	Is there any evidence that mental health interpreter services are offered and provided, when applicable?
<ul style="list-style-type: none"> CFR, title 42, section 438.10(c)(4),(5) CCR, title 9, chapter 11, section 1810.405(d) 	<ul style="list-style-type: none"> CCR, title 9, chapter 11, section 1810.410

FINDING 6a:

There was no evidence that mental health interpreter services were offered and provided on every occasion to the following: **Line numbers** ³².

³¹ Line number(s) removed for confidentiality

³² Line number(s) removed for confidentiality

PLAN OF CORRECTION 6a:

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

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

Service Components for Day Treatment Intensive and Day Rehabilitation Programs

PROTOCOL REQUIREMENTS	
7e.	<p>Regarding Documentation Standards:</p> <ol style="list-style-type: none"> 1) Is the required documentation timeliness/frequency for <i>Day Treatment Intensive</i> or <i>Day Rehabilitation</i> being met? <ol style="list-style-type: none"> A. For <i>Day Treatment Intensive</i> services: <ul style="list-style-type: none"> • Daily progress notes on activities; <u>and</u> • A weekly clinical summary B. For <i>Day Rehabilitation</i> services: <ul style="list-style-type: none"> • Weekly progress note 2) Do all entries in the beneficiary’s medical record include: <ol style="list-style-type: none"> 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; <u>and</u> F. The total number of minutes/hours the beneficiary actually attended the program?
<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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 essential requirements for a Day Rehabilitation program were not met, as specified by the MHP Contract with the Department:

- **Line number ³³:** For *Day Rehabilitation* services, weekly progress notes were not completed. **RR9, refer to Recoupment Summary for details.**

³³ Line number(s) removed for confidentiality

PLAN OF CORRECTION:

The MHP shall submit a POC that indicates how the MHP will ensure that the required documentation timeliness/frequency for Day Rehabilitation programs are met in accordance with regulatory and contractual requirements.

PROTOCOL REQUIREMENTS	
7f.	Regarding the Written Program Description: 1) Is there a Written Program Description for <i>Day Treatment Intensive</i> and <i>Day Rehabilitation</i> ? A. Does the Written Program Description describe the specific activities of each service and reflect each of the required components of the services as described in the MHP Contract.
	2) Is there a Mental Health Crisis Protocol?
	3) Is there a <u>Written Weekly Schedule</u> ? A. Does the <u>Written Weekly Schedule</u> : (a) Identify when and where the service components will be provided and by whom; <u>and</u> (b) Specify the program staff, their qualifications, and the scope of their services?
<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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 7f2:

There was no Mental Health Crisis Protocol for *Day Rehabilitation* for the following: **Line numbers** ³⁴.

PLAN OF CORRECTION 7f2:

The MHP shall submit a POC that provides evidence that there is Mental Health Crisis Protocol for *Day Rehabilitation*.

³⁴ Line number(s) removed for confidentiality